



**Theory and Practice of Infant Mental Health**

**Fall 2015**

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Office hours -

Monday 12:30 - 1:30

**Course Domain and Boundaries**

This is an *introductory* course on the relationship between theory and practice in infant mental health. It is intended for graduate students in Social Work, Education, Nursing and Psychology. Its purpose is to furnish a conceptual framework, based upon recent developments in attachment theory, for understanding how the emotional qualities of the infant-parent dyad influence the infant's development, the parent's capacity to give care, and finally the professional's state of mind regarding the family. Emphasis is given to how the experiences of early childhood persist over time, and how they are summoned up again by the presence of a baby. This understanding becomes in turn the basis for learning how to plan a treatment approach which takes into account the family's capacities for change.

**Specific Knowledge and Skill Objectives**

The students should learn:

- A. Theories of the relationship between early parent-infant interaction and subsequent development.
- B. Consequences of failures or disruptions of the attachment process for both parent and child.
- C. Strategies for effective intervention to strengthen early attachment.
- D. Transference and countertransference issues pertinent to infant mental health work.

## **Class Agenda**

### Day One

Morning –

Class Introductions; course parameters

Attachment Theory

Afternoon-

Attachment Theory

Adult Attachment Interview

Assessment - Observing infants and parents – what do we look for; what do we see?

### Day Two

Morning –

Assessment

Strategies for intervention

Infant-Parent Psychotherapy

Afternoon-

Strategies for intervention

Watch, Wait and Wonder

Working Cross-culturally

Transference and Countertransference

## **Reading Requirements (All readings available in the Files tab of Canvas)**

### **In prep for Class One:**

- Fraiberg, S., Adelson, E., Shapiro, V., (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*. 14: 387-421
- Zeanah, C., Berlin, L, and Boris, N., (2011). Practitioner Review: Clinical applications of attachment theory and research for infants and young children. *Journal of Child Psychology and Psychiatry* 52: 819–833.

- SSP – Scoring (just peruse – no need to read in depth)

### Optional (but helpful for paper)

- Lyons-Ruth, K & Jacobvitz, D. (2008). Attachment disorganization: Genetic factors, parenting contexts and developmental transformations from infancy to adulthood. In J. Cassidy & P.R. Shaver (Eds.) *Handbook of Attachment, 2<sup>nd</sup> edition* (pp. 666 – 697).

### In prep for Class Two:

- Weatherston, D. (1995). “She does love me, doesn’t she?” *Zero to Three*, February/March 1995.
- Seligman, S. (1993). Why How You Feel Matters: Countertransference Reactions in Intervention Relationships. *The Signal*. Vol. 1, No. 2
- **ANY one of the following chapters (most are brief) from Case Studies in Infant Mental Health:** Pp. 27-39 (Ulrich Chapter single mother and 5 month old), pp. 67-84 (Crockett Chapter – pre and post-natal work mo. with FASD) and pp. 187-199 (Weatherston Chapter – isolated young mother who had spent years in foster care, pre and post natal work).

### Additional Suggested Reading:

Kermoian, R. and Leiderman, P. H. (1986). Infant Attachment to mother and child caregiver in an East African community. *International Journal of Behavioral Development*.

Hoffman, et. al. (2006). Changing Toddlers’ and Preschoolers’ Attachment Representations: The Circle of Security Intervention. *Journal of Consulting and Clinical Psychology*, 74, 1017-1026. (Focus on the introduction and intervention sections the most).

### Paper Requirement

- I. Briefly describe a vignette of problematic infant-parent interaction, observed or imagined (Please note which it is). The described interaction may be short, lasting only minutes. It is usually easier to write about an interaction that is problematic. It will be helpful if you have formulated this by the second class, so you can enter into discussions with this in mind.
- II. Describe the **working model of relationships** that the infant may be constructing based on the above interaction.
  - A. How would you characterize the infant’s model in terms of attachment categories? What behavioral markers of attachment did you notice? What are the specific behaviors you would anticipate seeing in the Strange Situation.
- III. Describe **the parent’s corresponding internal working model** (i.e. AAI state of mind regarding attachment). How might this parent talk about their attachment experiences in the Adult Attachment Interview?

IV. How would you attempt to modify this working model as it is played out between parent and infant? Organize your description as follows:

- A. What observations and/or questions might you comment on or ask? Be specific.
- B. How would you, as the therapist, work directly with the parent-infant interaction? Describe the therapeutic framework you would be thinking about.

V. What obstacles will the parent's working model create for the working alliance?

- A. What problematic feelings are likely to be induced in you - generally (i.e., in any therapist) and specifically - i.e., what might be especially evocative for you?
- B. What would these feelings communicate to the therapist?
- C. How could you use these inferences to guide your treatment? Be Specific.
- D. How would the parent's working model intersect with or evoke something in you...what of your own countertransference might be evoked?

Length: 4 to 6 double-spaced pages. Brevity is appreciated. Papers beyond that limit may not be read in their entirety. This is NOT intended to be an in-depth, clinical case study but a demonstration of your *grasp of the concepts* taught in this course.

Due Date: Papers are due on Canvas by Sunday, 10/4 at midnight. Please upload as a Word Document - not a PDF. If your paper is unavoidably late, write me at [jribaudo@umich.edu](mailto:jribaudo@umich.edu) and I will deal with it on a case-by-case basis.

**I grade papers based on evidence of understanding of markers of attachment-related behavior, knowing how adult states of mind and infant attachment intersect, and ability to construct a strong therapeutic hypothesis and frame for intervention, as well as evidence of beginning level of understanding of transference and countertransference. Students' whose papers that do not show such evidence will be asked to meet with me and to re-write their paper. Additionally, I must see evidence that you have read and integrated assigned course readings or your paper will not pass.**