SW 790
Theory and Practice of Infant Mental Health
Fall 2017

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Office hours -

    Monday 12:30- 1:30
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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 that 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.
**Course Agenda**

**Day One**
- **Morning –**
  - Class Introductions; course parameters
  - Attachment Theory
- **Afternoon –**
  - Attachment Theory
  - Adult Attachment Interview

**Day Two**
- **Morning –**
  - Assessment
  - Strategies for intervention
    - Infant-Parent Psychotherapy
- **Afternoon –**
  - Strategies for intervention
    - Watch, Wait and Wonder
    - Transference and Countertransference

**Reading Requirements**

**Prep for Class One (all found in Files):**

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

**Prep for Class Two:**


**Additional resources in Prep for Paper:**

• Case Studies in Infant Mental Health: Risk, Resiliency, and Relationships - (In files tab of Canvas). 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).


**Paper Requirement**

1. 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.

2. Describe the **working model of relationships** (i.e. attachment template/internal feelings and procedures about relationships) that the infant may be constructing based on the above interaction.

3. How would you characterize the infant’s model in terms of attachment categories? What are the specific behaviors you would anticipate seeing in the Strange Situation?

4. 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?

5. How would you, as the therapist, 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 use? 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.

6. 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 you about the client’s experiences?

C. How can 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: 5 - 7 pages, double spaced. 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.

Papers are due on Canvas by Sunday 10/1 at 11:59 p.m. Please upload as a Word Document - not a PDF. If your paper is unavoidably late, write me at jribaudo@umich.edu and I will deal with it on a case-by-case basis. In all instances, a half a grade will be deduct per every 5 days late. If beyond 5 days late, your paper may not receive written feedback.

I grade papers based on evidence of:

• Integrating the readings in a thoughtful fashion (i.e., you show evidence of having “digested” the reading and utilized some portion of them to form your impressions/response to the paper),
• Understanding of markers of attachment-related behavior,
• Knowing how adult states of mind and infant attachment intersect,
• Ability to construct a strong therapeutic hypothesis and frame for intervention,
• Evidence of beginning level of understanding of transference and countertransference.

Excellent papers (A papers) will show strong writing, strong clinical thinking and marked evidence of having read and integrated course materials. ‘B’ papers will show understanding of same concepts and at least some level of clinical thinking. Students’ whose papers that do not show such evidence will be asked to meet with me and to re-write their paper. ONLY Papers under a B- will be accepted for revision and the revised grade can only be as high as the lowest passing grade in the class.

Sample papers can be found in Files.