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:

1. Theories of the relationship between early parent-infant interaction and subsequent development.
2. Consequences of failures or disruptions of the attachment process for both parent and child.
3. Strategies for effective intervention to strengthen early attachment.
4. 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 (Found in Pages):

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

Prep for Class Two (Found in Pages):


Optional:


**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. You will briefly respond to one of two clinical vignettes of problematic infant-parent interaction, provided in class.

2. Describe the **working model of relationships** that the infant may be constructing based on the 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 likely corresponding internal working model (i.e. AAI state of mind regarding attachment). What might that tell you about their ideas about caregiving, and their capacity to be sensitive and responsive to the baby?

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:

- What observations and/or questions might you use? Be specific.
- How would you, as the therapist, work directly with the parent infant interaction? Describe the therapeutic framework you would be thinking about.
- What obstacles will the parent’s working model create for your working alliance?
- 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?
- What would these feelings communicate to you about the client’s experiences?
- How can you use these inferences to guide your treatment? Be specific.
- How would the parent’s working model intersect with or evoke something in you...what of your own countertransference might be evoked?

Length: 5-6 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.

Papers are due on Canvas by Sunday 2/25 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 deducted per every 2 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.*