

**Summer Dual-Title Course Learning Goals, Key Assignments, Readings and Ideas for
Helping Interns see the
Clinical Relevance of Course Material**

Infant Mental Health Theory to Practice: ELE 7025

Course Learning Objectives

1. Students are exposed Selma Fraiberg's work and the birth of Infant Mental Health. They learn about Michigan's IMH Model including core beliefs and pillars.
 - Key Readings:
 - Fraiberg, S., Adelson, E., & Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In S. Fraiberg (Ed.), *Clinical studies in infant mental health: The first years of life*. (pp. 164-196). New York: Basic Books.
 - Weatherston, Deborah (2000). The infant mental health specialist. *Journal of Zero to Three*, Oct/Nov, pp. 3-10.
 - Key Assignment:
 - Read 2 case studies from the *Clinical Case Studies in Infant Mental Health: Risk, Resiliency & Relationships*. Provide a brief summary of the case and identify IMH pillars used by the therapist (e.g.: Concrete Assistance, Developmental Guidance, etc.) and strategies used by the therapist (e.g. speaking for the baby, empathic listening, listening for the past as it is carried out in the present). They also reflect on their own thoughts and feelings about the case material.

2. Students learn the basics of observation, reflection and reflective practice
 - Key Readings:
 - Weatherston, D., Weigand, R.F. & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency. *Journal of Zero to Three*, Vol. 31(2), pp. 22-30.
 - Heller, S. S. (2012). Reflective supervision In S. J. Summers & R. Chazan-Cohen (Eds.) *Understanding Early Childhood Mental Health: A Practical Guide for Professionals* (pp. 199-216). Baltimore, MD: Brookes Publishing
 - Key Assignment:
 - Observe 2 parent-infant dyads in the home, keep a running record of behavior paying careful attention to eye contact, body orientation, facial expressions without making interpretations about emotions or motives. Describe any secure base or haven of safety behaviors. Reflect on the experience of being with the family, paying particular attention to thoughts, emotions, and memories.

3. Students are introduced to research on social-emotional development, attachment, caregiving sensitivity and risk and protective factors.
 - Key Readings:
 - Davies, D. (2011). Attachment as a context of development. *Child Development: A Practitioner's Guide, 3rd Edition*, pp. 8-30. New York: The Guilford Press (week 2).
 - Rosenblum, K., Dayton, C., Muzik, M. (2005). Infant social and emotional development: Emerging competence in a relational context

- Kochanska, G., & Kim, S. (2013). Early attachment organization with both parents and future behavior problems: From infancy to middle childhood. *Child development, 84*(1), 283-296.
- Key Assignments:
 - Masters students read an assigned research article, complete an annotated bibliography that includes the research questions, why they are important, the findings and how the findings fit into material learned in course lecture and reading. They describe the paper to the class.
- 4. Students learn about mentalization and mental state language as predictors of reflective capacity, parent sensitivity and child attachment.
 - Key Readings:
 - Laranjo, J., Bernier, A., Meins, E. (2008). Associations between maternal mind-mindedness and infant attachment security: Investigating the mediating role of maternal sensitivity. *Infant Behavior and Development, 31*, 688-695.
 - Key Assignments:
 - Students watch a video of a still face interaction and listen for mental state language and indicators of sensitivity and insensitivity. Then they read portions of a reflective functioning interview with the parent and note mental state language and contextualize risks and protective factors that might explain mother-infant interactions.
- 5. Students are introduced to Great Start, Early On and Early Head Start.
 - Panel presentation including Great Start and Early Head Start. Students watched a video about Early On.

Ideas to Help Interns see the Clinical Relevance of Course Material

1. When interns shadow you on home visits talk to them about the work you have been doing with the family, highlighting IMH pillars and strategies. On the car ride home, encourage them to think about what pillars and strategies you used during the visit.
2. If therapists at your agency video tape families interacting, watch a video with your intern and ask them to describe what they see the parents doing and if they notice any secure base or haven. Share with them what you see. Ask if they hear the parent using mental state language.
3. When someone at your agency is attending an Early On or Great Start meeting invite your intern to attend. Take your intern to an Early Head Start site when you do classroom observations. If you attend an IFSP for Early On consider including your intern.