

# University of Massachusetts Boston

## Infant-Parent Mental Health Post-Graduate Certificate Program

UNIVERSITY OF  
MASSACHUSETTS BOSTON  
Departments of Psychology &  
Corporate, Continuing & Distance  
Education

• DR. ED TRONICK  
University Distinguished Professor  
University of Massachusetts Boston  
Director of the Child Development Unit Children's Hospital  
Harvard Medical School, Boston

• DR. KRISTIE BRANDT  
PROGRAM DIRECTOR FOR THE  
UMASS BOSTON IPMHPCP IN NAPA, CA  
Director of the Parent-Infant & Child Institute  
ChildTrauma Academy Fellow

### 2010-2011 Program offered in Napa, California

Dear Applicant:

This letter accompanies the application packet for the University of Massachusetts Boston Infant-Parent Mental Health Post-Graduate Program (IPMHPCP) to be held in Napa, CA from January 2010 through April 2011. The application packet contains:

- *IPMHPCP Program Course Description*
- *IPMHPCP Training 2010-2011 Dates & Schedule*
- *Faculty Description*
- *Application for Program Admission*

The IPMHPCP is a remarkable opportunity, unlike any in the nation. The University of Massachusetts Boston (UMB) offers a 15-month Post-Graduate Certificate program in Infant-Parent Mental Health that provides working professionals the opportunity to engage in this outstanding program through classes offered primarily on weekends in California's Napa Valley. The program's Faculty Chief, Dr. Ed Tronick, is the University Distinguished Professor at the UMB, Director of the Child Development Unit Children's Hospital Boston, and Lecturer in Pediatrics at Harvard Medical School. The Program Director and co-Developer of the IPMHPCP, Dr. Kristie Brandt, directs the Parent-Infant & Child Institute, is a ChildTrauma Academy Fellow, and was the Chief Public Health Manager for Napa County and retired from that position after nearly 25 years overseeing Maternal-Child Health and general public health services in California's Napa Valley. The materials in this packet apply to the 2010-2011 UMass Boston IPMHPCP in Napa, CA. A second "sister" program of the IPMHPCP is offered in Boston, MA under the program direction of Dr. Dorothy Richardson.

The IPMHPCP was first conceived in Napa, CA in 2002 to address the rising need for infant-parent mental health services by building community capacity. As a result, Drs. Ed Tronick and Kristie Brandt developed the 15-month inter-disciplinary post-graduate training curriculum for specialization in Infant-Parent Mental Health. The first IPMHPCP graduated 32 Fellows in 2004 and received both state and national awards of excellence. Since then, over 100 professionals have completed the full 15-month course and 12 early childhood educators completed a companion training track.

The IPMHPCP is committed to inter-disciplinary training with a philosophical belief that young children and their families are best served in the context of existing professional relationships where referral and consultation are used to address specific issues rather than moving children and their families from provider to provider without a comprehensive and collaborative approach to care. The training is based on a practice model encompassing promotion, prevention, early intervention, pan-disciplinary services, and discipline-specific care. Admission is open to licensed or credentialed providers at the graduate through post-doctoral level. The course tuition is \$6,000 for the 15-month program.

The goal of the IPMHPCP is to train professionals to understand relationship-oriented therapies and to focus therapeutic efforts on the infant-parent relationship. The program's graduates are among a small group of providers in the U.S. formally trained in this important field. Infant-parent mental health is an emerging field and therapeutic methods for the treatment of relational problems are just beginning to take shape. To explore models of care, the IPMHPCP has engaged some of the most recognized luminaries in the field as faculty for the program. The opportunity to think with these experts and explore models of care is not only rare, but places the Napa IPMHPCP graduates on the leading edge of this emerging field.

The IPMHPCP is a training program dedicated to working on the parent-child relationship. This relationship is the milieu of development: it is where development happens moment-by-moment and day-by-day. It is also where development becomes derailed: moment-by-moment, day-by-day. Thus the Fellows will be taking on the task of understanding this enormously complex process, then learning and creating ways to work on this process moment-by-moment. We believe it is the most exciting of challenges, and one that will have a long-term and profound impact on infants, parents, providers, and systems.

You are invited to apply for the 2010-2011 University of Massachusetts Infant-Parent Mental Health Post-Graduate Certificate Program in Napa.

Sincerely,

**Dr. Ed Tronick**, Chief Faculty  
857-218-4360

**Dr. Kristie Brandt**, Program Director  
707-227-8900

# University of Massachusetts Boston

## Infant-Parent Mental Health Post-Graduate Certificate Program

### offered in Napa, CA

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#### **General Program Description**

The Infant-Parent Mental Health Post-Graduate Certificate Program (IPMHPCP) is an intense 15-month interdisciplinary learning experience designed for professionals working with children age 0-5 years and their families. The IPMHPCP curriculum was co-developed in 2002 by Dr. Ed Tronick, University Distinguished Professor at the University of Massachusetts Boston, Director of the Child Development Unit at Children's Hospital Boston, and Lecturer at Harvard Medical School. Dr. Kristie Brandt, Director of the Parent-Infant & Child Institute in Napa, CA and a ChildTrauma Academy Fellow with Dr. Bruce Perry. The training program was developed to address the increasing need for thoughtful, skilled, invested, and appropriately trained professionals to provide infant-parent mental health services for children age 0-5 years, their families, and other caregivers.

The goal of the IPMHCP is to support professionals in enhancing their understanding of infant-parent mental health concepts and developing skills, *relevant to their scope of practice*, that support infants, children and their families in optimal social-emotional development through: (a) programs to promote optimal infant-parent mental health and provide preventive interventions; (b) surveillance, early detection, and early intervention; (c) direct therapeutic work; (d) interdisciplinary collaboration; (e) research; (f) consultation to providers and caregivers serving children; and, (g) advancement of public policy related to all aspects of infant-parent health. This IPMHPCP was constructed on a primary public health preventive and intervention model that recognizes the association between the functionality and health of early relationships and lifelong health and well-being for the child, the parent, and the community.

Therefore, the principal focus of the IPMHPCP is the infant-parent relationship and factors impacting this relationship. Learning will focus on the development of the infant-parent relationship and optimizing the functionality and resilience of this relationship through preventive interventions, assessment, monitoring, support, treatment, and population-based policies before dysfunctional patterns emerge and/or become entrenched, and in providing pan-disciplinary and discipline-specific evaluation, diagnosis, therapeutic planning, and treatment. Participants will gain experience in diagnosing and treating social-emotional, developmental, attachment-relationship, and regulatory conditions in children age 0-5 and their caregivers, and in screening for conditions in the parent and child that require referral for specialized assessment or treatment beyond the scope of the primary or index clinician.

The philosophical underpinning for the program is Tronick's Mutual Regulation Model (MRM) and the concept of Dyadic States of Consciousness (DSC), in addition to Brazelton's Touchpoints (1992) concepts and approach for children age 0-5. The IPMHPCP is grounded in the belief that just as children develop within the context of the family, providers grow and develop within the context of the provider community where learning and professional development are optimized in an environment of support, nurturance, and respect.

**Eligibility:** The IPMHPCP is open to licensed or credentialed professionals at the post-baccalaureate through post-doctoral level with 1 year of clinical experience providing services for children age 0-5 years, their parents (including pregnant women), and/or other caregivers for children age 0-5 years. Eligibility is open but not limited to: psychologists, physicians, social workers & LCSWs, marriage-family therapists, educators, occupational therapists (OTs), physical therapists (PTs), nurses, speech/language pathologists, dietitians, speech/language pathologists (SLPs) and other professionals. All applicants must hold a minimum of a bachelor's degree in a field related to infant-parent work. Non-clinicians (e.g. administrators, researchers, academics) may apply for admission with a waiver of the clinical license/credential requirement. Applications requesting a waiver will be considered on a case-by-case basis with a clear understanding that the IPMHCP does not train such individuals to become clinical professionals.

**Course Components:** The IPMHPCP consists of: 287 didactic/classroom hours, 100 practicum/ integration hours; 100-200 independent special project hours; 50 reflective practice facilitation (RPF) group hours; and, 24 hours of psychometrics. As part of the scheduled didactic sessions, participants will complete the 8-hour Newborn Behavioral Observation (NBO) training program and are expected to complete 15 independent hours of newborn assessments for NBO certification. The course also includes 24-40 hours of training on infant and child behavioral cues and administration of the NCAST Parent-Child Interaction Feeding Scale with the option to complete training on the Teaching Scale. The general sections of the IPMHPCP training are:

**JANUARY 2010 - JANUARY 2011.....Intensive Didactic & Experiential Coursework**

**FEBRUARY 2011 - APRIL 2011.....Independent Special Project Work & Presentation Preparation**

**APRIL 2011.....Colloquium and Graduation**

**IPMHPCP Course Objectives:** The IPMHPCP intends to have an immediate and lasting impact on communities through an intense involvement of Participants in programs serving children age 0-5. The Course Objectives are to train an interdisciplinary group of professionals to:

- Support and employ promotion, prevention, and early intervention strategies to optimize social-emotional and cognitive development, and the relationship of infants and their caregivers;
- Provide consultation and advocacy in a variety of settings, including schools, child care, pediatric practices, home visiting programs, etc.;
- Forward, support, and develop policies that address the primacy of early relationships as fundamental to lifelong individual and community health, well-being, and learning;
- Improve resource depth, capacity, and access within communities to a wider range of assessment and intervention modalities through professionals that are skilled and qualified to administer and interpret assessments, and plan and implement interventions;
- Promote reflective practice and interdisciplinary professional support;
- Comprehensively assess infants, children and their caregivers, including assessment of development, mutual and self-regulatory capacities, and attachment relationships, and develop comprehensive service plans to address prevention, early intervention, and treatment needs;
- Within the scope of the provider's discipline and licensing, treat infants, young children and/or parents with a variety of emotional, social and constitutional disorders;
- Use the Revised Diagnostic Codes for 0-3 (DC:03R), DSM-IV, and ICDL diagnostic codes in the evaluation and diagnostic process, and understand and contribute to the IEP/IFSP process;
- Develop community-based interdisciplinary teams able to provide preventive interventions, screening and comprehensive evaluation and assessment, develop and implement intervention plans for children 0-5 and their parents, and influence policy development related to IPMH.

**Learning Goals for the Participants:** The IPMHPCP goals are to prepare individual professionals who:

- Are highly skilled and invested in infant-parent work;
- Have an integrated understanding of infant-parent relationships, regulatory, and social-emotional/mental health concepts and theories;
- Have an understanding of the major theorists, researchers, and clinicians in the area of social-emotional development, infant-parent mental health, and infant-caregiver relationships;
- Are invested in an interdisciplinary approach to promotion, prevention, screening, assessment, treatment, monitoring, and policy development; and,
- Are able, within their scope of practice, to provide promotion, prevention, screening, assessment, treatment, and monitoring of children age 0-5, their parents and other caregivers.

**Training Dates, Locations & Schedule of Course Meetings:** Scheduled training dates and times are listed in the accompanying "*IPMHPCP Training Dates & Schedule 2010-2011.*" Training locations will be in Napa, CA including the Queen of the Valley Medical Center, the Napa County Office of Education, and other locations in Napa. All training dates and locations are subject to change. In the event that a session cannot be held due to circumstances beyond the control of the sponsors (e.g. natural disaster, strike, fire, severe weather, illness of the speaker, speaker cancellation, national emergency, acts of war, etc.), the dates will be rescheduled, if possible, or an alternate speaker chosen and scheduled.

**Program Director & Faculty Chief Description:** The IPMHPCP Program Director, Dr. Kristie Brandt, is the co-developer of the program and works in partnership with Dr. Ed Tronick, the program's Faculty Chief. The Program Director oversees the scheduling of faculty and facilities, program operations, and student and alumni relations, in addition to coordinating components of the program that are open to the public for registration. The faculty chief provides academic oversight of the IPMHPCP and in this capacity will, in collaboration with the Program Director, provide the following: (1) Acts as chair of committee to review applications and prioritize applicants for acceptance; (2) Reviews the program and endorses program content as appropriate for preparation of professionals to work within their disciplines as Infant-Parent Mental Health specialists; (3) Provide academic counseling and guidance to Participants throughout the program, as needed; (4) Provide consultation to the Program Director and Reflective Practice Facilitators; (5) Chair the committee for evaluating the colloquium presentations and determine satisfactory completion of all course components, including satisfactory colloquium presentation; (6) Assist Participants in remedial plan to complete course requirements if incomplete or unsatisfactory status is determined in April 2011; and, (7) Issue letters and certificates of completion bearing the endorsement of the institutional affiliation.

**Program Faculty:** Throughout the program, a variety of nationally and internationally recognized experts in the field of Infant-Parent Mental Health are scheduled to join the Participants and provide training, engage in dialogue, and participate in a case discussion related to their area of expertise. Faculty have been carefully selected to provide learners with the opportunity to meet and think with experts and luminaries in the field that have a wide range of disciplines, academic and clinical backgrounds, research expertise, and theoretical approaches. The 2010-2011 IPMHPCP faculty are:

*Ed Tronick, PhD*  
*Kristie Brandt, CNM, DNP*  
*Alexandra Harrison, MD*  
*George Downing, PhD*  
*Ruby Salazar, LCSW*  
*Penny Knapp, MD*  
*Connie Keefer, MD*  
*and Dr. Stanley Greenspan, MD for online training only*

*T. Berry Brazelton, MD (invited)*  
*Dan Siegel, MD, PhD*  
*Ron Lally, EdD*  
*Connie Lillas, RN, MFT, PhD*  
*Linda Gilkerson, PhD*  
*Cherise Northcutt, PhD*  
*Sue Minear, MD*

*Bruce D. Perry, MD, PhD*  
*Marie Anzelone, ScD, OTR*  
*Stephen Seligman, DMH (invited)*  
*Larry Gray, M.D.*  
*Kevin Nugent, PhD*  
*Barbara Stroud, PhD*  
*Mary Beth Steinfeld, MD*

Select sessions of the IPMHPCP will be opened for public registration. This is done in recognition of the contribution of the community and region to the success of this program, to increase IPMH expertise in the region, and to help offset the costs associated with the speaker's honoraria and travel expenses.

**Evaluation & Academic Review:** A comprehensive evaluation and academic review of the IPMHPCP will be undertaken to determine the program's quality, impact, and student satisfaction, and to demonstrate accountability to external constituencies. Specific course content objectives have been developed from qualitative work done to develop the curriculum of the 2003-2004 IPMHPCP and to revise the curriculum for the 2006-2007 and the 2008-2009 programs. In addition, core competencies for IPMH work have been developed nationally and within California, and participants will be asked at the conclusion of the course to rate the extent to which these core competencies have been achieved. Achievement of core competencies will also be evaluated through specific tools and measures. The evaluation components will be overseen by the program director and by evaluation consultant, Dr. J. Michael Murphy, Associate Professor of Psychiatry at Massachusetts General Hospital, Harvard Medical School.

**Continuing Education:** A letter of conferral summarizing the coursework completed and a graduate certificate will be issued to participants after meeting all of the IPMHPCP requirements established by sponsors, the program director, and the chief faculty. For an additional fee of \$75, continuing education units will be available through *The Institute for Continuing Education* for the disciplines of psychology, social work, marriage/family therapy, counseling, nursing, and drug & alcohol counseling. The program has been approved for 212 contact hours (see page 7 for additional information).

**For California Residents:** It is projected that starting in July 2010, the endorsement process will be available in California for Infant-Family/Early Childhood Mental Health *Core Providers & Specialists*. Fellows completing the IPMHPCP will accrue sufficient hours to satisfy the endorsement requirements in "Domain 1: Knowledge & Training Hours" that requires 120 hours for *Core Providers* & 260 hours for *Specialists*. In addition, Fellows will complete a 12-hour Reflective Practice Facilitation Basic Training Workshop that will fulfill this requirement for those planning to apply to be IFECMH Reflective Practice Facilitators in California. For more information on this process and to view the document entitled "*Revised Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health*" visit <http://www.idaofcal.org/pdf/IFECMHTrainingGuidelines101909.pdf>

**Academic Graduate Units:** Participants are eligible to pursue 16 non-matriculated semester graduate units through the Fielding Graduate University in Santa Barbara, CA as part of their completion of the IPMHPCP. After acceptance into the IPMHPCP, applicants seeking this option will work directly with Dr. Ed Tronick in clarifying their goals and developing a personalized academic contract. This option will require registration at the Fielding Graduate Institute and information regarding this will be provided at the first class meeting.

1. **Responsibility of Participants:** Participants will be expected to complete the following activities independently and at their own expense (except where otherwise noted):
2. **Course Attendance:** Students must attend all scheduled training sessions (see accompanying schedule). *Participants missing more than 24 hours of scheduled class attendance will not be eligible to receive a certificate of completion.* For any missed sessions, participants will submit a plan for acquiring the information presented in the session. Also, see #5 for information on missed RFP hours. Some sessions of the IPMHPCP are mandatory and attendance at these sessions is required in order to complete the program. These are indicated by an asterisk (\*) after the date on the IPMHPCP Training Schedule.
3. **Special Project Focus:** Each Fellow will consult with their Reflective Practice Facilitator in determining a specific focus or interest within the field of infant-parent mental health and will complete a special project related to this focus area. Fellows will complete a brief written special project report and deliver a 30-minute oral presentation on the special project to their IPMHPCP colleagues and other attendees at the Spring 2010 IPMH Colloquium.

4. **Special Targeted Training:** Each participant must complete the following targeted trainings:
- Neonatal Behavioral Observation (NBO) System Certification:** This mandatory 8-hour training is scheduled in March 2010. Training and practice assessments total approximately 15 hours.
  - NCAST Feeding training & reliabilities** (24 hours): This mandatory training is scheduled in February 2010.
  - Basic Course on the DIR/Floortime Model for Infancy & Early Childhood** with Stanley Greenspan, M.D. This 15-hour mandatory online training will be held in April & May 2010.
  - Brazelton's Touchpoints (1992 & 2002) concepts:** Introductory training will be offered as part of the IPMHPCP training sessions scheduled in March 2010. Wherever possible, participants are encouraged to complete training in the Touchpoints Approach<sup>TM</sup> through an Individual Level Training (ILT) in their local community or at a National ILT site. Participants may also attend a TP's training held in Napa, CA and information on these sessions and the associated cost will be provided during the course.
  - Tools & Measures:** Training, competence and, where applicable, certification in the use of at least one tool or measure for use with children age 0-5 and/or their parent or caregiver will be completed. Examples of such tools include, *but are not limited to:* Ages & Stages Questionnaire (ASQ), Ages & Stages Social Emotional (ASQ:SE), Bayley Scales of Infant Development, Functional Emotional Assessment Scale, Neonatal Behavioral Assessment Scale (NBAS), Denver Developmental Screening, Battelle Developmental Inventory, Minnesota Child Development Inventory, Eyberg Child Behavior Inventory, Pediatric Symptom Checklist, Bigance Screen, NICU Network Neurobehavioral Scale, Parent Evaluation of Developmental Status, Stanford-Binet Intelligence Scale, Vineland, OUNCE, Wechsler Intelligence Scale, etc. On 11-6-2010, participants will provide a brief training for their colleagues on their selected tool. This is not intended to be a defense or endorsement of the tool, but rather a learning experience in psychometrics. This presentation will follow an organized outline that will be provided to participants at the first class meeting.
  - Child Development Course:** A 3-unit course in child or human development, developmental psychology, or a closely related course, must be completed in order to meet the IPMHPCP graduation requirements. A plan for meeting this requirement during the IPMHPCP or evidence of prior completion of this requirement must be submitted with the IPMHPCP application. Satellite and on-line courses are acceptable to meet this requirement and this course can also be arranged through the Fielding Graduate Institute and Dr. Ed Tronick.
  - Must have access to e-mail and be able to open and process Word, PowerPoint, and pdf files. Have the equipment and connectivity to participate in online training.
5. **Practicum/Integration - 100 hours:** Each IPMHPCP scholar will identify a practicum/integration site as a setting where infant-parent mental health concepts explored in the training program can be applied to practice. The practicum/integration site must include working closely with care providers (parents and/or practitioners) so that inter-disciplinary work, mutual-mentorship skills, and reflective practice can be expanded. The practicum/integration hours may be accomplished in the participant's usual work setting or in another location. The practicum is expected to include at least 8 hours per month and should generate cases for case studies and RFP sessions. Examples of sites for the practicum experience include Head Start, child care centers, family child care settings, pediatric or family medical practice offices, hospital maternity and newborn units, home visiting programs, special education classrooms and programs, developmental centers, etc.
6. **Reflective Practice Facilitation (RPF) – 50 hours:** All participants will be assigned to a RPF group of 6-8 Fellows coordinated by an infant-parent specialist skilled in reflective practice facilitation. Over 50 hours of group RPF will occur in coordination with the monthly IPMHPCP sessions. These 50+ hours are paid for as part of the IPMHPCP tuition. California participants are also encouraged to complete at least 10 additional individual (one-to-one) RPF hours with a skilled RF Facilitator in order to meet California training guidelines for the field. The IPMHPCP Reflective Practice Facilitators will be available to schedule such individual time with the Fellows at a rate of \$60 per hour (paid directly to the facilitator). Fellows can select an IPMH Facilitator of their choosing such as someone associated with their work setting, a supervisor associated with their pre- or post-licensure work, a RF Facilitator in their geographic area, a member of the faculty to complete individual hours, etc. At the first class meeting, standards for selecting a RP Facilitator will be provided to the Fellows. **IMPORTANT NOTE: In order to receive a Certificate of Completion at the end of the IPMHPCP, no more than 6 hours of the scheduled RPF hours may be missed and ALL missed hours must be made up with the assigned Facilitator. Making up missed hours will be paid by the Fellow directly to the Facilitator at a rate of \$60/hour and arrangements must be made directly with the Facilitator.**

7. To the extent possible, commit to practice with the 0-5 population during the 15-month course and at least 1 year after course completion; and agree to participate in evaluation of the IPMHPCP.
8. Participants must attend one major regional, national, or international 2-3 day professional IMH meeting, training, or convention during the IPMHPCP. Participants are encouraged to attend Zero to Three's (ZTT) National Training Institute (NTI) in Phoenix, AZ on December 8-11, 2010. Other options to meet this requirement include events of the: Society for Research in Child Development (SRCD), CA Infant Development Association (IDA), Brazelton Touchpoints Center, Interdisciplinary Council on Developmental & Learning Disorders, World Association of Infant Mental Health (WAIMH), etc.
9. Course tuition of \$6,000 must be paid in full within 14 days after the letter of acceptance is sent or by January 6, 2010 at 5pm, whichever is earlier. All tuition by all participants must be paid by 1/6/2010.
10. Acquire and read "Required Texts" for the course and the articles assigned throughout the course. Also, have a general child development text of the participant's choice.

**Scholarships:** There are no scholarships available from the program. Potential applicants in California can contact their local First 5 Commission and/or their Mental Health Services Act (MHSA) coordinator to explore the possibility of tuition assistance. All faculty associated with the IPMHPCP have agreed to participate at significantly reduced payment levels and/or are providing services pro bono in order to reduce the cost of the program for participants. This gift from the faculty reflects their unanimous belief in and dedication to high caliber IPMH training programs, and results in the tuition being less than 50% of what such a program would typically cost without this faculty contribution. In addition, Napa community partners provide meeting locations for the IPMHPCP that further reduces costs.

**Application and Selection Process:** The first round of application review and offers to eligible candidates will occur on Tuesday, November 24, 2009. Those accepted for admission to the IPMHPCP will be notified by phone, e-mail or in writing beginning December 8, 2009. After that date, applications will be processed, considered, and notified as they arrive until a class of 30 has been selected. A fifty dollar (\$50) non-refundable must accompany each application and is deductible from the total tuition if the applicant is accepted into the program.

**Admission and Selection criteria will include:**

- A complete application.
- A minimum of a Bachelor's degree or a more advanced degree (Master's and/or Doctorate) in the fields of medicine, psychology, nursing, sociology/social work, education, counseling, occupational therapy, or physical therapy, speech/language pathology, child development, nutrition, or other field closely related to care and services for children age 0-5, their families, or caregivers.
- At least 1 year of experience working with the 0-5 population
- Possession of a license or credential in a field or discipline providing services for the 0-5 population. These include a professional license or credential as a psychologist, social worker, LCSW, MFT, SLP, OT, PT, RD, MD/DO, Multiple Subject Teaching Credential, Education Specialist Instruction Credential, etc.

***IMPORTANT NOTE:*** *Applicants without a license or credential, but meeting the other admission criteria, may apply for admission and request a waiver of the requirement for possession of a professional license or credential. Those admitted with this waiver will not be trained as a result of the IPMHPCP to provide clinical services, but will be able to apply IPMH concepts and principles in their roles with the 0-5 population (e.g. policy & program development, early care & education, program administration, etc.). Those without 1 year of clinical experience with the 0-5 population may also request a waiver and will be considered on a case-by-case basis.*

**From the eligible candidates, final admission decisions will also be based on:**

- Date completed application was postmarked;
- Selecting applicants that collectively represent: a wide range of disciplines; a wide range of practice sites; service provision across a wide range of client demographics; service to all ages within the 0-5 population; responsibilities across the entire continuum of care from direct service through administration and public policy levels; and, service provision across the continuum of promotion, prevention, early intervention and treatment.

**General Disclosures:**

1. The purpose of the IPMHPCP is to increase the number of providers serving children and families who are willing and trained to provide infant-parent mental health services. The IPMHPCP is overseen by Dr. Ed Tronick, University Distinguished Professor University of Massachusetts Boston, Director of the Child Development Unit at Children's Hospital Boston, and the program is affiliated with the University of Massachusetts Boston, Departments of Psychology and Corporate, Continuing & Distance Education. The program is locally assisted by the Parent-Infant & Child Institute in Napa, CA. Funds raised from the registration, special fees, and tuition will be used to pay the fees for specific trainings, reflective practice facilitation, faculty, consultants, speakers, facilities fees, and evaluation.



2. Applications will be reviewed and selection decisions will be made by Dr. Ed Tronick, Dr. Kristie Brandt, and a committee of application reviewers chosen by Dr. Tronick. All decisions of the committee are final.
3. If at least 25 qualified applicants cannot be selected for the IPMHPCP, the program reserves the right to cancel the training or to alter the faculty in order to reduce costs.
4. No promises or guarantees are expressed or implied regarding employment, career advancement, licensing, credentialing or graduate units based on the completion of the IPMHPCP.
5. If a speaker or session cannot be held due to circumstances beyond the control of the sponsors (e.g. natural disaster, strike, fire, severe weather, illness of the speaker, speaker cancellation, national emergencies, acts of war, etc.) the dates will be rescheduled, if possible, or an alternate speaker chosen and scheduled.
6. Some sessions of the IPMHPCP will be open for public registration. This is done in recognition of and appreciation for the local community's support, to increase IPMH skills within the region, and to help offset the costs associated with the speaker's honoraria and travel. The IPMHPCP is not for profit and is an academic endeavor. Any proceeds in excess of the cost of the program will be applied to other IPMH educational activities.
7. Only those registered in the IPMHPCP, the program's staff, faculty, and RP Facilitators may attend the closed sessions of the program. Special guests, including former IPMHPCP graduates may attend with pre-approval by the program director or faculty chief. Training sessions are closed to all others (e.g. colleagues, employers, partners, children, etc.).
8. No session of the IPMHPCP may be audiotaped, videotaped, digitally or electronically recorded in any way. Laptops, PDAs and similar devices may not be used in the class when faculty are presenting. Cellphones must be turned off or placed in silent mode during all sessions.
9. Handouts for most sessions will be provided to participants electronically via e-mail. Participants must have an e-mail account and the ability to open and process documents sent as Word, PowerPoint files, and pdf files. Participants must also have equipment and connectivity necessary to participate in online trainings.

### **Continuing Education**

The Infant-Parent Mental Health Post-Graduate Certificate Program (IPMHPCP) is overseen by Dr. Ed Tronick, University Distinguished Professor University of Massachusetts Boston, and Director of the Child Development Unit at Children's Hospital Boston. The continuing education component of the program is co-sponsored by the Institute for Continuing Education. Continuing education credit (CE) is offered as listed on the course schedule. CE credit is awarded on a session-by-session basis, with full attendance required for each session attended. On the opening weekend of the IPMHPCP, program staff will provide CE registration packets. The processing fee is \$75 per person for a maximum of 212 CE contact hours for full attendance at all sessions. If you have questions regarding CE contact hours offered, the program, or the presenters, or for a listing of learning objectives by session, please contact The Institute for Continuing Education at: (Phone) 800-557-1950; (Fax) 866-990-1960; or (E-Mail) [InstContEd@AOL.com](mailto:InstContEd@AOL.com).

**Psychology:** The Institute for Continuing Education is an organization approved by the *American Psychological Association* (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

**Nursing:** The Institute for Continuing Education is accredited as a provider of continuing education in nursing by the California Board of Registered Nursing, Provider No. CEP 12646.

**Counseling:** The Institute for Continuing Education is a National Board for Certified Counselors (NBCC) approved CE provider and a co-sponsor of this event. The Institute for Continuing Education may award NBCC approved clock/contact hours for programs that meet NBCC requirements. The Institute for Continuing Education maintains responsibility for this program and its content. NBCC Provider No. 5643. California Board Behavioral Sciences Provider No. PCE 636.

**Marriage/Family Therapy:** The Institute for Continuing Education is an organization recognized as a provider of continuing education activities by the California Board of Behavioral Sciences. Provider No. PCE 636.

**Social Work:** The Institute for Continuing Education is approved as a provider for social work CE by the Association of Social Work Boards (ASWB), through its Approved Continuing Education (ACE) program. The ICE maintains responsibility for the program. ASWB Provider No. 1007; California Board of Behavioral Sciences Provider No. PCE 636.

**Drug/Alcohol:** The Institute for Continuing Education is approved by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) to provide continuing education for alcohol and drug abuse counselors. NAADAC Provider No. 00243.

**Skills Level:** Intermediate to Advanced

**Learning Objectives:** A listing of learning objectives by session will be available to interested participants 30 days prior to each training session. In addition, at the first class meeting of the program, enrolled participants will receive a full listing of the learning objectives for each session in their program syllabus. If you wish to receive a listing of the learning objectives, please contact The Institute for Continuing Education at: (Phone) 800-557-1950; (Fax) 866-990-1960; or (E-Mail) [InstContEd@AOL.com](mailto:InstContEd@AOL.com)

## Required Texts

1. The Neurobehavioral & Social Emotional Development of Infants & Children (2007) by Ed Tronick; Norton, W. W. & Co., Inc.; ISBN-13: 9780393705171
2. Handbook of Infant Mental Health, 2nd Edition (2005) Charles Zeanah, Editor; Guilford; ISBN-13: 9781593851712
3. Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies (Jan 2009) by Connie Lillas & Janiece Turnbull's; Norton, W.W. & Co., Inc.; ISBN 13:978-0-393-70425-9
4. Touchpoints: Birth to Three: Your Child's Emotional and Behavioral Development (2006) by T. Berry Brazelton; DaCapo Press; ISBN 978-0-7382-1049-0
5. Touchpoints: 3 to 6 (2001) by T. Berry Brazelton & Joshua Sparrow; Perseus Publishing; ISBN 0-7382-0678-4
6. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy & Early Childhood Revised (DC:0-3R) (2005); Zero to Three; ISBN: 9780943657905
7. DSM-IV Made Easy: The Clinician's Guide to Diagnosis (1995) by James Morrison; Guilford Publications, Inc.; ISBN-13: 9780898625684
8. ICDL Diagnostic Manual for Infancy & Early Childhood/ICDL-DMIC (2005) by Stanley Greenspan; ICDL Publishing; ISBN 0-9767758-0-8
9. The Boy Who Was Raised as a Dog & Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach Us about Loss, Love & Healing (2006) by Bruce Perry; Basic Books; ISBN-13: 9780465056521
10. Sensory Integration and Self-Regulation in Infants & Toddlers: Helping Very Young Children Interact with their Environment (2001) by Gordon Williamson & Marie Anzalone; Zero To Three; ISBN-13: 9780943657066
11. The Mindful Brain : Reflection and Attunement in the Cultivation of Well-Being (2007) by Daniel Siegel; Norton, W.W. & Company; ISBN-13: 9780393704709
12. Facilitating the Reflective Process: An Introductory Workbook for the Infant-Parent & Early Childhood Field (2009) by Kristie Brandt; PICI Press; ISBN-13:9780578030326 **(will be provided)**

## Highly Recommended Texts

1. Affect Regulation & the Repair of the Self (2003) by Alan Schore; Norton; ISBN-13: 9780393704075.
2. Affect Regulation, Mentalization, and the Development of the Self (2005) by Fonagy, Gyorgy & Jurist; Other Press; ISBN-13: 9781590511619 (or choose: Attachment Theory & Psychoanalysis; 2001)
3. Attachment (1982) by John Bowlby; ISBN-13: 9780465005437
4. Being in Charge: Reflective Leadership in Infant/Family Programs (2001) by Rebecca Parlakian & Nancy Seibel; Zero to Three; ISBN-13: 9780943657035
5. Emotional Life of the Toddler (1995) by Alicia F. Lieberman; Simon & Schuster; ISBN-13: 9780028740171
6. From Neurons to Neighborhoods (2000) Jack Shankoff, Editor; National Academies Press; ISBN-13: 9780309069885
7. Handbook of Attachment: Theory, Research, and Clinical Applications (2008) by Jude Cassidy; Guilford Press; ISBN 1-57230-826-5
8. How You are is as Important as What You Do (1998) by Jeree Pawl & Maria St. John; Zero to Three; ISBN-13: 9780943657394
9. Look, Listen, and Learn: Reflective Supervision and Relationship-Based Work (2001) by Rebecca Parlakian; Zero to Three; ISBN-13: 9780943657110
10. Pediatric Disorders of Regulation in Affect and Behavior (2000) by DeGangi; Elsevier; ISBN-13: 9780122087707
11. The Magic Years (1987) by Selma Fraiberg; Simon & Schuster; ISBN-13: 9780684825502
12. The Birth of a Mother (1998) by Daniel N. Stern & Nadia Bruschiweiler-Stern; Basic Books
13. The Scientist in the Crib: What Early Learning Tells Us about the Mind (2001) by Gopnik, Meltzoff & Kuhl; HarperCollins; ISBN-13: 9780688177881
14. Understanding, Developing, and Writing Effective IEPs: A Step-by-Step Guide for Educators (2007) by Roger Pierangelo, George Giuliani; SAGE Publications; ISBN-13: 9781412917865



## ***Frequently Asked Questions***

1. **Are lodging and travel costs included in the tuition?** No, the cost of lodging and travel is up to the individual participant. Some local hotels will negotiate with enrollees and provide a lower rate for their stays in Napa. Also, some past graduates living in or near the Napa area offer rooms in their home for trainees. If you are accepted into the training program, information on local lodging options will be sent to you.
2. **What airports serve the Napa area and how do I get around in Napa?** Sacramento International Airport (SMF) is 60 miles east of Napa, San Francisco Airport (SFO) is 60 miles southwest of Napa, and Oakland International Airport is 50 miles south. Due to heavy traffic patterns in the Bay Area, Sacramento is almost always the most convenient airport to get to and from the Napa area with a driving time of about 1 hour. There are scheduled shuttles from Napa to SFO and OAK. There are no regular shuttles to SMF. While in Napa, be advised that Napa has on-call taxis, but no circulating taxis to hail from the street. Parking is free at all hotel and training locations.
3. **How will I know if this kind of training is right for me?** The IPMHPCP is a very intense training program that may work extremely well for learners who thrive on 3-day immersion sessions with intense exposure to new material followed by an extended period of time for incorporation and consolidation. Such a format may not work well for learners who thrive on a typical college-type schedule of shorter sessions of exposure to new material with small breaks for incorporation and consolidation (e.g. 3 class hours per week). The class sessions consist of didactic presentations and extended sessions of processing and discussing material. Potential applicants may want to consider their comfort level related to process-oriented learning, talking in a class setting, and thoughtfully considering the ideas of others in a non-competitive environment. Also, potential applicants should consider that this type of learning consists of long hours of sitting, listening, and discussing.
4. **Can I audio or video tape the sessions?** No, audio and/or videotaping are not allowed in the sessions. Also, participants are asked not to take notes on laptops, PDAs or other electronic devices during lectures and discussions. This policy is in place for the privacy, safety, and comfort of the learners and faculty, to help assure that the program meets the safety requests of the agencies and establishments hosting training sessions, and out of respect for cases being discussed. Also, since the nature of the program is relationship-based, the goal is to promote group interaction in the moment with active consideration of thoughts and idea.
5. **Is there scholarship money available from the IPMHPCP or any of its sponsors?** No, the sponsors and faculty do not have scholarship funds available. Potential applicants are encouraged to explore scholarship opportunities with their employers, professional organizations, local hospitals, and local philanthropic organizations. California residents may want to contact their county First 5 Commission for information on scholarship options, and/or contact the local County Mental Health Department for information on possible scholarships through Mental Health Services Act funds.
6. **Are breakfasts and lunches provided?** No. Sessions are usually held in locations with immediate access to a cafeteria and other locations where food and beverages can be purchased.
7. **How is seating arranged in the class sessions?** Each faculty is asked how s/he would like the room arranged. For most sessions, a “classroom” style arrangement is used with tables and chairs facing forward, but occasionally a large “conference” table (rectangular table with chairs) is used, and a theater-style (chairs only, no tables) arrangement is used for Dr. George Downing’s training sessions.
8. **What are the attendance requirements?** In order to receive a Certificate of Completion, participants cannot miss more than 24 hours of class time, cannot miss any mandatory session [marked by an asterisk (\*) on the course schedule], and cannot miss more than 4 Reflective Practice Facilitation hours. **Applicants should carefully review the training schedule to assure that they can attend all scheduled training dates. Potential conflicts may include family or personal obligations, graduation dates, birthdays, religious observances, anniversaries, business commitments, etc. Those missing more than 24 hours of classroom training and/or more than 4 hour Reflective Practice Facilitation will not be eligible to receive a Certificate of Completion, but will receive a Letter of Conferral documenting the hours completed.**
9. **What are the training dates for the 2010-2011 IPMHPCP in Napa, CA?** The IPMHPCP will meet in Napa, CA on:  

January 13-15, 2010 ( <i>non-weekend meeting</i> )	February 19-21, 2010	March 26-28, 2010
April 23-25, 2010	May 21-23, 2010;	June 4-6, 2010
July 16-18, 2010	August 6-8, 2010	September 10-12, 2010
October 8-10, 2010	November 5-7, 2010	December 9-11, 2010 ( <i>optional non-weekend meeting</i> )
January 14-16, 2010	April 7-9, 2010	

A full detailed schedule should accompany this 2010-2011 IPMHPCP Napa Course Description or a copy can be received by e-mailing: [dr.kristiebrandt@sbcglobal.net](mailto:dr.kristiebrandt@sbcglobal.net)

# **Infant-Parent Mental Health Post-Graduate Certificate Program Philosophy & Theoretical Description**

**Dr. Ed Z. Tronick & Dr. Kristie Brandt  
November 2002**

Infants develop within complex, multi-level and interacting contexts from the child's genetic endowment to the family culture and global community. Within this assemblage of factors, a fundamental construct is that the primary parent-infant\* relationship is critical to the infant's and child's normal development and mental health. In this first relationship, the infant and caregiver engage in mutually regulated affective communication that immediately begins to develop and shape the infant's experience of relationship, the infant's self-regulatory capacities and sense of "self." The Napa Infant-Parent Mental Health Post-Graduate Certificate Program (NIPMHPCP) uses this conceptualization of infant-parent regulatory processes to guide the training program. The goal of the NIPMHPCP is to increase the clinical competencies of professionals who work with infants and parents as a strategy for optimizing child development and infant mental health.

The NIPMHPCP will focus on developing clinical interventions for enhancing the affective communication of the parent-infant interaction in order to optimize the child's development and parent-child and family relationships. The approach is to focus the therapeutic process on those portions of the interaction that are well regulated and affectively connected with the goal of assisting the parent and the child to overcome their individual internal obstacles and external challenges to relationship that might otherwise generate disconnection and developmental derailment.

The NIPMHPCP conceptualizes the parent and the child as having implicit, unconscious as well as conscious internal processes that may block or compromise the co-creative affective improvisation that is the core of a healthy interaction. Thus, though educational approaches will be examined and utilized, the NIPMHPCP does not take an educational clinical approach. Rather, the NIPMHPCP clinical training model values caregiver-infant interaction as more than a mere set of clinical techniques governed by an agenda that can be codified into a set of rules or interactive 'prescriptions.' The model focuses on understanding, supporting and therapeutically intervening in those portions of the interaction that are well regulated and affectively improvisational, holding the promise of the parent and infant creating new ways of being together.

The parenting process and infant-parent relationship is complex and dynamic, and many factors can enhance or perturb it. Maternal conditions that create obstacles to adequate parenting are varied and include depression, anxiety, other affective disorders, high levels of stress, trauma, splitting between home and work, problematic and horrific affective histories, ill health, fatigue syndromes, sensory and motor limitations, and social and non-verbal learning disorders and syndromes, amongst others. These maternal conditions affect the mother's affect and regulatory behavior in the interaction in three ways. First, the condition limits what the mother can do with her child (e.g., depression limits positive affect, sensory limitations limit detection of signals and cues). Second, these conditions generate anxiety in the mother about her state, and anxiety limits her responsiveness (e.g. an anxious mother's hyper-vigilant concern that the infant may fall). Third, these conditions heighten a mother's normal concern for how her infant is developing and how her way of being with her child may not be "good enough." These direct, secondary and tertiary effects will all become manifest in the interaction and will exacerbate the normal developmental issues and disorganizations that the infant and the parent must navigate together.

The infant, too, brings challenges to the relationship such as prematurity, motor or sensory limitations, chronic medical conditions, repeated acute conditions, or a difficult temperament. As is the case of the mother, the infant's vulnerabilities play out in the interaction directly and indirectly. Direct effects such as motor limitations impact the interaction (e.g., the infant cannot make certain gestures). These vulnerabilities indirectly affect the interaction because they utilize energy that could have been used for other purposes. Thus, accomplishing tasks may require more effort, and the infant's sense of mastery may be compromised because of this added challenge or because they are more likely to fail. As a result, normal developmental disorganizations are likely to be more intensely disorganizing in an infant with any form of functional compromise. For example, infants with attention problems need more energy to attend and they have less sense of control over themselves and the world, resulting in their being more likely to have difficulty regulating the interaction with their parents. As a consequence, interactions become more disorganized and the dysregulation more difficult to manage.

Infant or parent conditions, be they behavioral or physiologic (e.g. heart disease, bipolar disorder, asthma, seizures, attention deficit disorders, anxiety, colic, motor impairment or depression, etc.), require specialized care in their own right. Maternal depression, for example, is not treatable simply by intervening in the mother-infant interaction, though optimizing the interaction may relieve some of the pressure on the depression. Rather, mothers suffering affective disorders require specialized therapeutic care. The hypersensitive infant also requires specialized treatment independent of any interventions needed to enhance the infant-parent interaction. Similarly, the problems of the parent-child relationship require a relationship-oriented therapy. The therapeutic methods for the treatment of relational problems are just beginning to take shape, but there are emerging useful models. The goal of the IPMHPCP is to train professionals to understand these relationship-oriented therapies and to focus therapeutic efforts on the infant-parent relationship. This focus notwithstanding, parent-infant relationally focused professionals must simultaneously maintain surveillance for and an awareness of primary, secondary and tertiary conditions of the parent and child that can affect the relationship and may require specialized care, treatment or monitoring from the therapist or referral to other colleagues.

The model adopted in the NIPMHPCP focuses on attending to treatment in three domains. One domain is to arrange for or provide (depending on the therapist's discipline) appropriate therapy to alleviate parental disorders (e.g. psychotherapy, counseling, trauma work, medication, physical therapy, etc.). The second is to arrange for or provide (depending on the therapist's discipline) appropriate interventions for the infant (e.g. physical therapy, occupational therapy, therapeutic child care, medication, therapeutic diet, etc.). The third, and primary area, is infant-parent interactive therapy. Interactive therapy focuses on the interactional, relational and parenting issues between the parent and the infant. Some of these issues are manifestations of or are generated by the parent's or the infant's condition(s). However, the therapist's focus is on working with the parent and infant to improve their affective exchange and their relationship. Again, relational forms of therapy are only beginning to take shape so that a special exciting challenge for those in the NIPMHPCP will be to add to our understanding, knowledge and armamentarium for relational treatment.

In the NIPMHPCP model, the IPMH therapist will likely not be the provider of services for all of the individual conditions or challenges that the parent and infant may bring into their interaction. Many services may be provided by others. For example, a depressed mother may be seen by a clinical psychologist or psychiatrist who will work with her on the depression, while an infant with motor delays may be seen by a physical therapist (PT). The condition(s) of the mother and the infant will affect their interaction and it will be the therapeutic role of the IPMH Specialist (who may be the psychologist, the PT, or another clinician altogether) to work on the infant-parent relationship, while being especially aware of how each of their individual issues is impacting the relationship. This model is not unlike that of a pediatrician who is treating a child's asthma, and suspects or detects a heart problem. The pediatrician refers the child to a cardiologist who assesses and treats the cardiac condition, but the pediatrician, in consultation with the cardiologist, continues to treat the asthma while drawing upon a basic understanding of the heart condition and seeking new levels of knowledge and understanding of the condition in order to provide optimal care for the child.

The Napa IPMHPCP is a training program dedicated to working on the parent-child relationship. The relationship is the milieu of development: it is where development happens moment-by-moment and day-to-day. It is also where development becomes derailed: moment-by-moment, day-by-day. Thus the IPMHPCP Participants will be taking on the task of understanding this enormously complex process and then learning and creating ways to work on this process moment-by-moment. We believe it is the most exciting of challenges, and one that will have a long-term and profound impact on infants, parents, and communities everywhere.

*\* Parent or caregiver is used to represent the caregiver with whom the infant forms a primary attachment; Infant and child are used interchangeably for a child from birth to age 5.*

## 2010-2011 University of Massachusetts Boston Infant-Parent Mental Health Post-Graduate Certificate Program, Napa, California

### Chief Faculty

**Ed Tronick, PhD:** Dr. Tronick is a world class researcher and teacher recognized internationally for his work on the neurobehavioral and social emotional development of infants and young children, parenting in the U.S. and other cultures, and infant-parent mental health. He is a developmental and clinical psychologist, and author of the book *The Neurobehavioral and Social-Emotional Development of Infants and Children* (2007). He has also authored and co-authored over 150 scientific papers and chapters. Dr. Tronick developed the "Still-Face" paradigm that has become a standard experimental paradigm for studying social-emotional development in the fields of pediatrics, psychiatry, clinical and child psychology, and nursing. In his studies using the still-face, he revolutionized the understanding of the emotional capacities and coping of infants and the effects of factors such as maternal anxiety and depression on infant social emotional development. Dr. Tronick has conducted research on child rearing and development in Zaire, Peru, and India. In his Zaire study of the Efe foragers, he discovered the most extensive naturally occurring system of multiple caretaking yet described. In his research on neurodevelopment, he has demonstrated the effects of substance exposure and obstetric medication on the infant, the parent and their relationship. His studies of low birthweight infants with white matter disorder have found key modules of behavior that are disturbed by the lesion. Recently, he and Dr. Barry Lester published the NICU Network Neurobehavioral Assessment, a standardized instrument for assessing the neurobehavioral status of the newborn. The goals of Dr. Tronick's research are to understand the nature of normal and abnormal developmental processes which are embedded in the moment by moment emotional and social exchanges of infants and young children and their caregivers. And further, to determine the factors from malnutrition to drug exposure to parenting to affective disorders that disrupt and derail the normal developmental process. Dr. Tronick received his PhD from the University of Wisconsin, Madison, and was a Postdoctoral Fellow with Professor Jerome Bruner at the Center for Cognitive Studies at Harvard University. He is the University Distinguished Professor University of Massachusetts Boston, Director of the Child Development Unit at Children's Hospital Boston, and Lecturer at Harvard Medical School. With Dr. T. Berry Brazelton, Tronick co-founded the Child Development Unit at Boston Children's Hospital, and is a master trainer on the Brazelton Neonatal Behavioral Assessment Scale. He is a Fellow of the American Psychological Association and recipient of an Award for Excellence from the Boston Institute for the Development of Parents & Infants. He co-developed the Napa Infant-Parent Mental Health Post-Graduate Certificate Program that won the 2005 National Association of Counties Award for programs serving children.

### Program Director & Core Faculty

**Kristie Brandt, CNM, MSN, DNP:** Dr. Brandt is Director of the Parent-Infant & Child Institute, a ChildTrauma Academy Faculty Fellow with Dr. Bruce Perry, and teaches with Dr. Brazelton on the National Seminar Series. She is a consultant providing training, program development services, and evaluation around the country, and has worked with entities including Proctor & Gamble and New Screen Concepts Video Productions. She was Chief Public Health Manager for Napa County Public Health and retired in January 2007 after nearly 25 years overseeing MCH and other public health services. In that position, she developed and oversaw the Therapeutic Child Care Center, the first such full-day, full-year center of its kind in the country for high-risk children with parents in recovery, mental health, CPS, and CalWORKs services with the county. The TCCC opened in 2001 and immediately received international acclaim, and won state and national awards of excellent. From 1996-2005, she developed, implemented and conducted research on the Touchpoints nurse home visiting project, and she has provided consultation for home visiting programs nationwide, including assisting with the 2002 launch of Santa Barbara's WEB home visiting project. She has experience in assessing infants and parents using a range of modalities including videotaped encounters, and in the early 1990's, studied the association of breastfeeding duration to maternal-infant interaction, attachment behaviors, and other variables in the first week after birth. She has studied factors influencing maternal prenatal infant feeding decisions, and contributed to a national familial breast and ovarian cancer research project. Her special interest is in parent-child interaction and understanding, as a primary public health concern, the lifelong implications of early care and relationships on the health and well-being of the child, the parent, and the community, and in understanding the impact of the environmental in self and mutual regulation. In 2002, she co-developed the Infant-Parent Mental Post-Graduate Certificate Program (IPMHPCP) curriculum with Dr. Ed Tronick, a state and national award winning and innovative training approach for graduate through post-doctoral working professionals. She is now the Program Director and Principal Faculty that same program which has become the University of Massachusetts Boston Infant-Parent Mental Health Post-Graduate Program in Napa, CA. She has authored numerous chapters and articles, and is author of the book *Facilitating the Reflective Process: An Introductory Workbook for the Infant-Parent & Early Childhood Mental Health Field* (2009). She is coordinator of the Napa Touchpoints Project, an NCAST instructor, and works in a private Ob/Gyn practice. Dr. Brandt is a board certified nurse-midwife licensed in California since 1984, a board certified nurse practitioner since 1981, and holds a California Public Health Nursing certificate. She earned both her Master's and a Doctorate in nursing at Case Western Reserve University.

**T. Berry Brazelton, MD** (invited): Dr. Brazelton graduated from Columbia University College of Physicians and Surgeons in New York City did his pediatric residency at Boston Children's Hospital. His interest in child development led to training in child psychiatry at Massachusetts General Hospital and the James Jackson Putnam Children's Center. He subsequently served as a Fellow with Professor Jerome Bruner at the Center for Cognitive Studies at Harvard University. There, the process of integrating his dual interests - primary care pediatrics and child psychiatry - culminated in 1972 when he established the Child Development Unit, a pediatric training and research center, at Boston Children's Hospital. Over the years, Dr. Brazelton has published more than 200 scientific papers and chapters. His research has focused on (1) individual differences among newborns and the contribution of the neonate to the parent-infant dyad, (2) the development of attachment between parent and infant over the first four months, (3) cross-cultural studies of infant behavior and early parenting practices, (4) the importance of early intervention to at-risk infants and their parents, and (5) the opportunities presented in early infancy for strengthening families. Sixty pediatric Fellows from the Child Development Unit now conduct research and head training units in pediatric departments throughout the United States. Dr. Brazelton was president of the Society for Research in Child Development for the 1987-1989 term, and the National Center for Clinical Infant Programs from 1988-1991. In recent years, his growing concern about the pressures and stresses that families face in the 1990s and beyond has led to his frequent appearances before Congressional committees in support of parental and medical leave bills, and he has worked to improve child care support for all working parents. In 1989, he was appointed to the National Commission on Children by the U.S. Congress, where he advocated with vigor for disadvantaged children. One of his foremost achievements is the Neonatal Behavioral Assessment Scale (NBAS), published in 1973 and revised in 1984 and 1995. Known as "the Brazelton," this evaluation tool is used worldwide, clinically and in research, to assess not only the physical and neurological responses of newborns but also their emotional well-being and individual differences. Increasingly, the NBAS is being used as an intervention to help parents understand and relate to their new babies, and new research is underway to study how it can be used to enhance early discharge from the newborn hospital. Since 1988, Dr. Brazelton has held appointments as Clinical Professor of Pediatrics Emeritus at Harvard Medical School, where he still teaches and conducts research, and Professor of Psychiatry and Human Development at Brown University. In 1995, Harvard University Medical School established the T. Berry Brazelton Chair in Pediatrics. The first incumbent is Dr. Judith Palfrey, Chief of General Pediatrics at Children's Hospital. Dr. Brazelton is actively involved with The Brazelton Touchpoints Center, a preventive outreach program that trains professionals nationwide to better serve families of infants and toddlers. He is also on the faculty of the Brazelton Institute where he continues to be involved in teaching and research with the Neonatal Behavioral Assessment Scale.

**Linda Gilkerson, PhD:** Professor Linda Gilkerson is director of both the Irving B. Harris Infant Studies Program and the Faculty Development Project on the Brain at the Erickson Institute in Chicago, IL. Her area of specialization is early intervention and her research addresses the needs of infants and families in a range of settings including neonatal intensive care units, Early Head Start, childcare and early intervention. She also directs the Fussy Baby Network, Erikson's first clinical initiative. The network provides support for families who have concerns about their baby's crying, sleeping, feeding, or temperament. She directs Project Connect, an initiative that provides parent-child therapeutic services to young children in the foster care services and their families, with the goal of strengthening and reuniting families. Gilkerson has served on the Illinois Interagency Council for Early Intervention and has chaired the Early Care and Education Committee of the Futures for Kids Initiative. A board member of Zero to Three, she also chairs their Infant Mental Health Task Force. Her areas of expertise include early intervention with infants and families, with special emphasis on high-risk children in hospital settings; teacher and caregivers education about the brain development; and supporting the parents of fussy babies. She received her M.Ed. in special education at the University of Missouri and her Ph.D. in early childhood/special education at the University of Illinois.

**Larry Gray, MD:** Dr. Gray is an Assistant Professor of Pediatrics at the University of Chicago and a Developmental & Behavioral Pediatrician at the University of Chicago's Comer Children's Hospital. He also serves as the medical director for the Erickson Institute's "Fussy Baby Network." His research interests focus on using a mother's natural soothing abilities to provide analgesia to her newborn infant during minor painful procedures, and he has studied several components of the mother-infant breastfeeding interaction shown to be effective in providing infants with pain reduction during the pain of a heel prick procedure. He believes that while mother's calming has no doubt protected infants throughout evolutionary time, the mechanisms of this protection and the possible physiological and regulatory benefit of this protection is far from being understood. Dr. Gray completed his M.D. at Northwestern University, his pediatric residency at Northwestern Memorial Hospital, and his Developmental & Behavioral Pediatrics Fellowship at Boston Medical Center. He is board certified in Pediatrics and Developmental & Behavioral Pediatrics.

**Connie Lillas, PhD, MFT, RN:** Dr. Lillas is an infant mental health and early intervention specialist with a background in maternal-child nursing, family systems, and developmental psychoanalysis. She was a 2003-2004 National Graduate Zero to Three Leadership Fellow, has a private practice as a 0-5 specialist and an adult psychoanalyst, and is the Director of the Interdisciplinary Training Institute (ITI) in Los Angeles that offers a variety of parent and inter-disciplinary professional training spanning infant mental health and early intervention audiences. She co-authored the soon-to-be-released book entitled: *Infant/Child Mental Health, Early Intervention and Relationship-based Therapies: A Neurorelational Framework for Interdisciplinary Practice* from W.W. Norton, with a forward by Dr. Dan Siegel, that advances an integrated non-linear approach to neurobiology and clinical services. She was the recipient of the first Evis Coda Award for Building Hope for Families from the Los Angeles Child Guidance Center for her outstanding work in the infant mental health field.

**Bruce D. Perry, MD, PhD:** Dr. Perry is the Senior Fellow of the ChildTrauma Academy, a not-for-profit organization that promotes innovations in service, research and education in child maltreatment and childhood trauma. Over the last 15 years, he has been an active teacher, clinician and researcher in children's mental health and the neurosciences holding a variety of academic positions. He was on the faculty of the Departments of Pharmacology and Psychiatry at the University of Chicago Medical School from 1988-1991. From 1992-2001, Perry served as the Trammell Research Professor of Child Psychiatry and Chief of Psychiatry for Texas Children's Hospital at Baylor College of Medicine in Houston, Texas. From 2001-2003, he served as the Medical Director for Provincial Programs in Children's Mental Health for the Alberta Mental Health Board. His neuroscience research has examined the effects of prenatal drug exposure on brain development, the neurobiology of human neuropsychiatric disorders, the neurophysiology of traumatic life events, and basic mechanisms related to the development of neurotransmitter receptors in the brain. His clinical research and practice has focused on high-risk children, examining long-term cognitive, behavioural, emotional, social, and physiological effects of neglect and trauma in children, adolescents and adults. This work has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain – and, thereby, the health of the child. His experience as a clinician and a researcher with traumatized children has led community and governmental agencies to consult Dr. Perry following high-profile incidents involving traumatized children, including the Branch Davidian siege, the Oklahoma City bombing, the Columbine school shootings, and the September 11<sup>th</sup> terrorist attacks. He has authored of over 200 journal articles, book chapters and scientific proceedings, and is author of the book *The Boy who was Raised as a Dog* (2006). He is the recipient of numerous professional awards including the T. Berry Brazelton Infant Mental Health Advocacy Award. Dr. Perry has been featured on National Public Radio, The Today Show, Good Morning America, and the Oprah Winfrey Show. His work has been featured in documentaries produced by Dateline NBC, 20/20, the BBC, Nightline, CBC, PBS, as well as Japanese, German and French Public TV. Dr. Perry, a native of Bismarck, North Dakota, was an undergraduate at Stanford University and Amherst College. He attended medical and graduate school at Northwestern University, receiving both M.D. and Ph.D. degrees. Dr. Perry completed a residency in general psychiatry at Yale University School of Medicine and a fellowship in Child and Adolescent Psychiatry at The University of Chicago.

**George Downing, PhD:** Dr. George Downing lives and works in Paris, France, and is widely known throughout Europe and worldwide as an expert on infant mental health and analyzing the infant-parent relationship. Dr. Downing's research includes a focus on the use of Videotape Microanalysis Therapy (VMT), a method he developed, for assessment, intervention and other therapeutic care in infancy and early childhood. His work includes frame-by-frame and normal-speed viewing of videotapes of typical daily parent and child activities, and analyzing these segments for pivotal moments to be used in therapeutic sessions. His therapeutic technique incorporates a triadic approach with the therapist, the client, and the monitor displaying the videotaped segment for mutual viewing and discussion. His work is internationally renowned and he has conducted VMT training worldwide. Dr. Downing is the chief psychologist and member of the medical teaching faculty at the Infant Psychiatric Unit in Salpêtrière Hospital in Paris, France. He is a research consultant at the University of Heidelberg, Germany, and professor of clinical psychology at the University of Klagenfurt, Austria. He received his Ph.D. in Psychology at Yale University.

**Marie Anzalone, ScD, OTR, FAOTA:** Dr. Anzalone is Assistant Professor of Occupational Therapy at Virginia Commonwealth University and a LEND Faculty member at Albert Einstein College of Medicine in the Bronx, NY. She was previously on the faculty of the Occupational Therapy Program at Columbia University. Marie has presented and published extensively in the area of sensory processing in infants and young children. Dr. Anzalone is a Graduate Fellow of Zero-to-Three: National Center for Infants, Toddlers, and Families (she was the first occupational therapist to have received this honor), and a Fellow of the American Occupational Therapy Association. She has served as a consultant to the New York State Department of Education in the development of preschool service guidelines, the New York Early Intervention system in the development of practice guidelines, and a contributor to the Zero-to-Three and ICDL diagnostic taskforces, is a member of the Early Head Start Infant Mental Health Taskforce, and the American Occupational Therapy Association Taskforce on neonatology. Her current research focuses on mother child interaction during play, goodness of fit between parents and children with regulatory or sensory processing disorders, and the efficacy of sensory integration intervention with children who have autism. She, along with Gordon Williamson, is the author of *Sensory Integration and Self-Regulation in Infants and Toddlers: Helping Very Young Children Interact with their Environment*, published by Zero-to-Three.

**Ruby Salazar, LCSW, BCD:** Ruby M. Salazar is a nationally renowned child & family psychotherapist who has committed her work of over 30 years to understanding, developing and disseminating "best practices" in working with children and families. A graduate of the Smith College School of Social Work, Northampton, MA, she holds a child psychoanalytic certificate from the Karen Horney Institute, NY, NY. She is certified in Touchpoints and the Brazelton Neonatal Assessment Scale, and has worked with 3 Pennsylvania governors to establish quality services in her home state. As a highly regarded lecturer and consultant in child and family practice, Ruby has designed multiple programs and authored numerous articles and manuals on best practice. She was the first recipient of the Zero to Three National Center for Infants, Toddlers & Families Sally Provence Award for Excellence in Infant/Family Practice. She is the director and Senior Clinician at Salazar Associates, a private, family-focused practice of developmental and mental health professionals in Clarks Summit and Philadelphia, Pennsylvania, and she is currently working on Touchpoints projects in Pennsylvania. Ruby is an Advisory Board Member of the Interdisciplinary Council on Developmental & Learning Disorders (ICDL), and senior faculty and committee planner for the ICIDL's Summer Training Institute. She has the highest level certificate in the Developmental Individual-Difference, Relationship-Based (DIR) Floor Time Model. Ruby has worked with the pioneers of dynamic developmental practice, including Stanley I. Greenspan, M.D., Serena Wieder, Ph.D. and T. Berry Brazelton, M.D.

**Alexandra Murray Harrison, MD:** Dr. Harrison is an Associate Clinical Professor of Psychiatry at Harvard Medical School, and a training and supervising analyst at the Boston Psychoanalytic Society and Institute. She is board certified in child & adolescent and general psychiatry, and holds both a certificate in psychoanalysis and in child & adolescent psychoanalysis from the American Psychoanalytic Association. Her research and scholarly interests include study of the change process in psychotherapy and in normal development, use of videotape in the study of the psychotherapeutic process in child play therapy, and in evaluation and treatment of families of preschool children using videotape as a tool. She has authored and co-authored numerous articles and chapters. She has a private practice in both child & adolescent psychiatry and in child & adolescent psychoanalysis, and she provides consultation to hospitals and programs in the Boston area. She is a Training & Supervisory Analyst for the Boston Psychoanalytic Society and Institute. She received her medical training at Harvard School of Medicine and interned in pediatrics at the Bronx Municipal Hospital. She completed her general psychiatric training at Massachusetts General Hospital, her child & adolescent psychiatric training at McLean, and her psychoanalytic training through the Boston Psychoanalytic Society and Institute.

**Daniel J Siegel, MD:** Dr. Siegel received his medical degree from Harvard University and completed his postgraduate medical education at UCLA with training in pediatrics and child, adolescent and adult psychiatry. He served as a National Institute of Mental Health Research Fellow at UCLA, studying family interactions with an emphasis on how attachment experiences influence emotions, behavior, autobiographical memory and narrative. Dr. Siegel's psychotherapy practice includes children, adolescents, adults, couples, and families. An award-winning educator, he formerly directed the training program in child psychiatry and the Infant and Preschool Service at UCLA. He is the recipient of the psychiatry department's teaching award and several honorary fellowships. He is currently an associate clinical professor of psychiatry at the UCLA School of Medicine where he is on the faculty of the Center for Culture, Brain, and Development. He is also the Director of the Center for Human Development, an educational organization that focuses on how the development of individuals, families and communities can be enhanced by examining the interface of human relationships and basic biological processes. Dr. Siegel is the co-editor of a handbook of psychiatry and the author of numerous articles, chapters, and the internationally acclaimed text, *The Developing Mind: Toward a Neurobiology of Interpersonal Experience* (1999). This book introduces the idea of interpersonal neurobiology and has been of interest to and utilized by a number of organizations, including the U.S. Department of Justice, the Vatican's Pontifical Council for the Family, the Council on Technology and the Individual, early intervention programs and a range of clinical and research departments worldwide. Dr. Siegel serves as the Founding Editor-in-Chief for the Norton Series on Interpersonal Neurobiology. His book with Mary Hartzell, M.Ed., *Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive* (2003) explores the application of this newly emerging view of the mind, the brain, and human relationships. Dr. Siegel's integrated and accessible developmental approach has led him to be invited to local, national and international organizations to address groups of educators, parents, public administrators, healthcare providers, policy-makers, clergy, and neuroscientists. The overall goal of these educational efforts is to provide a scientifically grounded view of human experience to a wide audience that can help facilitate the development of psychological well-being and emotional resilience across the lifespan.

**J. Ron Lally, EdD:** Dr. Lally is a national expert on early childhood development and has been developing programs and policies for young children since 1966. He has directed child and family programs at WestEd since 1978, and currently serves as Co-Director of WestEd's [Center for Child & Family Studies](#), a program that improves the quality of child care for children 0-3; advocates for children and families living in poverty; and influences national, regional, and local policies and practices that impact young children and their families. In addition, he has directed the work of WestEd's [Program for Infant/Toddler Caregivers \(PITC\)](#) since 1985 and is executive producer of 17 PITC training videos that provide techniques to ensure secure and intellectually engaging group child care. As a result of early efforts with development of PITC, the CA Department of Education and WestEd have been at the forefront of national efforts to improve infant/toddler care. The National Center for Children in Poverty in 2002 selected PITC as a model initiative to support infants, toddlers, and their families. With Zero-to-Three based in Washington, D.C., he and his staff operate the [Early Head Start](#) National Resource Center (EHS). Lally is one of the founders and on the Board of Directors of Zero-to-Three: National Center for Infants, Toddlers, and Families. He is on the national advisory committees of the Ounce of Prevention Fund, the Mailman Family Center at Nova/Southeastern University, and "Stop Crime: Invest in Kids." He has participated in 2 White House Conferences on Early Childhood and Brain Development in the late 1990s and has authored numerous publications on early childhood development. Prior to joining WestEd, he was a professor at Syracuse University and chair of its Department of Child & Family Studies. Lally received a BA in social science and an MA and Ed.D. in educational psychology from the University of Florida, and holds a postdoctoral certificate of Infant Testing from the Child Development Research Center in London.

**Stephen Seligman, DMH:** Dr. Seligman has been writing and teaching at the interface of infancy research and psychoanalysis for the past 25 years. He is a practicing psychoanalyst and psychotherapist, working with adults, children, and infants. He is co-editor in chief of *Psychoanalytic Dialogues*; Clinical Professor of Psychiatry at the Infant-Parent Program, University of California, San Francisco; Personal and Supervising Analyst at the Psychoanalytic Institute of Northern California; and a faculty member at several psychoanalytic institutes, including the SFCP and the NYU Postdoctoral Program in Psychoanalysis and Psychotherapy. He has nearly 50 publications in the psychoanalytic and infant mental health areas.

#### **Neonatal Behavioral Observation (NBO) System Training Faculty**

**J. Kevin Nugent, PhD:** Dr. Nugent is the Founder and Director of the Brazelton Institute at Children's Hospital in Boston and is on the faculty of the Harvard Medical School in the Department of Pediatrics. He is also Professor of Child and Family Studies at the University of Massachusetts at Amherst. Dr. Nugent was educated in Ireland and received his doctorate in Developmental Psychology from Boston College. He has worked at the Children's Hospital in Boston since 1978, conducting research on newborn behavior and early parent-infant relations. Dr. Nugent is co-author with Dr. Brazelton, of the Neonatal Behavioral Assessment Scale, third edition, published by Mac Keith Press, London and has been the director of training on the Neonatal Behavioral Assessment Scale since 1978. He and his colleagues, Drs. Keefer, O'Brien, Johnson and Blanchard, developed the Newborn Behavioral Observations (NBO) system, formerly known as the CLNBAS. This observational set is intended for use by clinicians in pediatric and intervention settings, as a way of sensitizing parents to the competencies and individuality of their infants. It is comprised of 18 neurobehavioral observations and is based on an individualized, infant-focused, family-centered approach to working with infants and families in the early months of life. Dr. Nugent's areas of research include the effects of a range of prenatal teratogens on neonatal and developmental outcome, the impact of melatonin on newborn behavior, the transition to parenthood and the role of fathers. He is involved in a study of the origins of temperament, with Jerome Kagan and Nancy Snidman.

**Constance Helen Keefer, MD:** Dr. Keefer is an assistant professor of pediatrics at Harvard Medical School. She received a BA from Allegheny College in Meadville, Pa., in 1965. She received her MD at the University of Pittsburgh, studying pediatric neurology with Isabelle Rapin, MD, at the Albert Einstein College of Medicine and child psychoanalysis at the Hampstead Clinic in London. After her residency, she studied and taught for six years in a child development fellowship with T. Berry Brazelton, MD, at Children's Hospital in Cleveland. Before her return to the Children's Hospital in 1991, she practiced pediatrics for 11 years in Boston, where she received the Joseph L. Dorsey award. Keefer is a faculty member at Brigham and Women's Hospital and director of a newborn primary care curriculum for Children's Hospital pediatric residents. She is on the faculties of the Brazelton Institute and Brazelton Touchpoints Center. In addition, she directs the Healthy Connections Program at Children's Hospital, a perinatal intervention program. Keefer's research has been on culture, parenting, child development, and newborn behavior. She has contributed textbook chapters on development, cultural issues in behavior and development, the shy child, and nursery care on the newborn.

**Susan Minear, MD:** Dr. Minear is Assistant Professor of Pediatrics at Boston University School of Medicine and a Fellow of the American Academy of Pediatrics. She is the Medical Director of, Baby Steps, a program for high risk infants. She is a hospitalist at the Boston Medical Center (BMC) Birth Place, a practicing pediatrician at Boston Medical Center. She is a Board Certified Behavioral Developmental Pediatrician and is certified in the Newborn Behavioral Assessment Scale. She served as a Co-Chair of the Boston Medical Center Baby-Friendly Task Force, which successfully led BMC to Baby-Friendly designation in 1999 and is a 2001 graduate Fellow of the Zero to Three Leadership Development Initiative. Dr. Minear attended medical school at the University of Chicago and completed her internship and residency at Tufts Medical Center, Boston Massachusetts.

#### **BASIC SKILLS FACULTY**

**CHERISE NORTHCUTT, PH.D.**

**PENNY KNAPP, M.D.**

**MARY BETH STEINFELD, M.D.**

**BARBARA STROUD, PH.D.**



# University of Massachusetts Boston

## Infant-Parent Mental Health Post-Graduate Certificate Program

UNIVERSITY OF  
MASSACHUSETTS BOSTON  
Departments of Psychology &  
Corporate, Continuing & Distance  
Education

DR. ED TRONICK  
University Distinguished Professor  
University of Massachusetts Boston  
Director of the Child Development Unit Children's Hospital  
Harvard Medical School, Boston

DR. KRISTIE BRANDT  
PROGRAM DIRECTOR FOR THE  
UMASS BOSTON IPMHPCP IN NAPA, CA  
Director of the Parent-Infant & Child Institute  
ChildTrauma Academy Fellow

### 2010-2011 Program offered in Napa, California

#### IPMHPCP Training Schedule & Locations 2010-2011 Page 1 of 2

Month	Day	Hours	Faculty	Activity	Class Hours	MRF	CE Hours
1-13-2010*	Wed	8a-5p	Dr. Brandt	Pre-Course Survey & Orientation	8		7
1-14-2010*	Thu	8a-5p	Dr. Tronick	Neurobehavioral & Social-Emotional Development	8		7
1-15-2010	Fri	8a-5p	Dr. Ron Lally (invited)	IPMH Consultation Model	8		7
2-19-2010*	Fri	8a-5p	Dr. Kristie Brandt	NCAST Feed	8		7
2-20-2010*	Sat	8a-5p	Dr. Kristie Brandt	NCAST Feed	8		7
2-21-2010*	Sun	8a-5p	Dr. Kristie Brandt	NCAST Feed	8		7
3-26-2010*	Fri	8a-5p	Dr. Kevin Nugent, et al.	Newborn Behavior Observation (NBO) Training	8		7
3-27-2010	Sat	8a-5p	Drs. Linda Gilkerson & Larry Gray	Fussy Babies: Assessment & Intervention	8		7
3-28-2010	Sun	8a-11a	Dr. Brazelton (invited)	The Touchpoints Approach (teleconference)	3		3
		11a-12n & 1-4p	Dr. Brandt	Brazelton's Concepts in Clinical Practice	4		4
4-23-2010	Fri	8a-5p	Dr. Cherise Northcutt	Diagnostic Codes: DC:03R; DSM-IV; ICD-9; CPT	8		7
4-24-2010	Sat	8a-12n	Dr. Penny Knapp	Policy & Funding for IF/ECMH Mental Health Services	4		3
4-25-2010	Sun	1p-5p	Dr. MaryBeth Steinfeld	Developmental & Behavioral Pediatrics & IF/ECMH	4		3
	Sun	8a-4p	Dr. Barbara Stroud	Basics of Counseling in the Infant-Parent Field	7		7
5-21-2010*	Fri	8a-5p	Dr. Kristie Brandt	Reflective Practice Facilitation in IFECMH	8		7
5-22-2010*	Sat	8a-5p	Dr. Kristie Brandt	Reflective Practice Facilitation in IFECMH	8		7
5-23-2010*	Sun	8a-5p	Facilitators	Reflective Practice Facilitation	0	8	0
		Online course	Dr. Stanley Greenspan	Basic Course on the DIR/FloorTime Model for Infancy & Early Childhood – 15 hour course	15	0	0
6-4-2010	Fri	8a-5p	Dr. Bruce Perry	Neurosequential Model of Therapeutics (NMT)	8		7
6-5-2010	Sat	8a-12:30p	Dr. Bruce Perry	Neurobiology & Trauma	4		3.5
	Sat	1p-5p	Dr. Kristie Brandt	Physical Environment & Regulation	4		3.5
6-6-2010	Sun	8a-5p	Facilitators	Reflective Practice Facilitation	0	8	0
7-16-2010	Fri	8a-5p	Dr. Ed Tronick	Relational Psychophysiology & Meaning Making	8		7
7-17-2010	Sat	8a-5p	Dr. Connie Lillas	Neuro Relational Framework (NRF)	8		7
7-18-2010	Sun	8a-12n	Drs. Connie Lillas	Case Studies Using NMT	4		3
	Sun	12n-4p	Facilitators	Reflective Practice Facilitation	0	4	0
8-6-2010	Fri	9:30a-5p	Dr. George Downing	Video Intervention Therapy (VIT)	6		6
8-7-2010	Sat	9a-5p	Dr. George Downing	Video Intervention Therapy (VIT)	7		6
8-8-2010	Sun	9a-4p	Dr. George Downing	Video Intervention Therapy (VIT)	6		6
<b>TOTAL PAGE 1</b>					<b>180</b>	<b>20</b>	<b>146</b>

## IPMHPCP Training Schedule & Locations 2010-2011 *Page 2 of 2*

Month	Day	Hours	Faculty	Activity	Class Hours	MRF	CE Hours	
9-10-2010	Fri	8a-5p	Drs. Harrison & Tronick	Psychoanalytic & Psychodynamic Models	8		7	
9-11-2010	Sat	8a-12n	Drs. Harrison & Tronick	Family Consultation Model and Psychoanalysis	4		3	
	Sat	1p-5p	Dr. Kristie Brandt	Case Studies	4		3	
9-12-2010	Sun	8a-5p	Facilitators	Reflective Practice Facilitation	0	8	0	
10-8-2010	Fri	8a-5p	Dr. Anzalone & Salazar	Sensory Processing, PDD & ASD	8		7	
10-9-2010	Sat	8a-5p	Dr. Anzalone & Salazar	Sensory Processing, PDD & ASD	8		7	
10-10-2010	Sun	8a-12n	Dr. Kristie Brandt	Case Studies	4	4	3	
	Sun	12n-4p	Facilitators	Reflective Practice Facilitation	0	4	7	
11-5-2010	Fri	8a-5p	Dr. Dan Siegel	Mindsight: A New Understanding of Human Development	8		7	
11-6-2010	Sat	8a-12n	Dr. Stephen Seligman	Attachment, Intersubjectivity & Mentalization: Clinical and Developmental Implications	8		7	
		1p-5p	Dr. Brandt & Facilitators	Tools & Measures presentations	4	4	3.5	
11-7-2010	Sun	8a-5p	Facilitators	Reflective Practice Facilitation	0	8	0	
12-9-2010	Fri	Full day	Zero to Three NTL or equivalent	Attendance at the ZTT NIT or other equivalent 16 hour regional, national or international training, convention, or conference (e.g. IDA, SRCD, WAIMH, etc.), Though the ZTT NTL occurs in Dec, attendance at an alternative event does not have to occur in December.	8		0	
12-10-2010	Sat	Full day	Zero to Three NTL or equivalent		8		0	
12-11-2010	Sun	Full day	Zero to Three NTL or equivalent		0		0	
1-14-2011	Fri	8a-5p	Panel of graduate Fellows	Infant-Family & Early Childhood Mental Health Forum	8		7	
1-15-2011	Sat	8a-12n	Dr. Kristie Brandt	Clinical Case Studies	4		4	
	Sat	1p-5p	Dr. Kristie Brandt	Final Project Preparation	4		4	
1-16-2011	Sun	8-12n	Facilitators	Reflective Practice Facilitation	0	8	0	
4-7-2011	Thu	8a-5p	Drs. Tronick & Brandt	Colloquium & Graduation	8		0	
4-8-2011	Fri	8a-5p	Drs. Tronick & Brandt	Colloquium & Graduation	8		0	
4-9-2011	Sat	8a-4p	Drs. Tronick & Brandt	Colloquium & Graduation	7		0	
	Sat	5:30p-9p		Commencement				
* indicates mandatory session for course completion					Total this page	107	36	66
					Total from page 1	180	20	146
					COURSE TOTAL	287	56	212

### TOTAL HOURS:

**Didactic/Classroom Program: 287**

**Mentorship & Reflective Facilitation: 50 hours (minimum)**

**Maximum Continuing Education Contact Hours = 212**

**+ Additional hours for NBO assessments, Integration, Tools & Measures Preparation & Special Project Activities**

It is projected that starting in July 2010, the endorsement process will be available in California for Infant-Family/Early Childhood Mental Health Core Providers & Specialists. Fellows completing the IPMHPCP will accrue sufficient hours to satisfy the endorsement requirements in "Domain 1: Knowledge & Training Hours" that include 120 hours for Core Providers & 260 hours for Specialists. In addition, Fellows will complete a 12-hour Reflective Practice Facilitation Basic Training Workshop that will fulfill this requirement for those planning to apply to be IFECMH Reflective Practice Facilitators in California. For more information on this process and to view the document entitled "Revised Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health" visit: <http://www.idaofcal.org/pdf/IFECMHTrainingGuidelines101909.pdf>

**2010-2011**

**University of Massachusetts Boston**

**Infant-Parent Mental Health**

**Post-Graduate**

**Certificate Program**

**Napa, CA**

**APPLICATION**

# University of Massachusetts Boston

## Infant-Parent Mental Health Post-Graduate Certificate Program

UNIVERSITY OF  
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Departments of Psychology &  
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University Distinguished Professor  
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PROGRAM DIRECTOR FOR THE  
UMASS BOSTON IPMHPCP IN NAPA, CA  
• Director of the Parent-Infant & Child Institute  
ChildTrauma Academy Fellow

**2010-2011 Program offered in Napa, California**

**APPLICATION FOR ADMISSION TO THE 2010-2011 NAPA PROGRAM**  
**PROGRAM COST: \$6,000**  
**APPLICATION FEE: \$50**

### Personal Data

Name: \_\_\_\_\_  
*First Middle Last*

Other names that may appear on credentials: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip*

Residence Address (only if different from above): \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Pager: \_\_\_\_\_

### Educational Data - Use chronological order starting with most recent. ATTACH COPY OF DIPLOMA FROM HIGHEST DEGREE.

Name of College or University:	City & State	Units Completed	Major	Graduation Date	Degree Received

### Professional License and/or Credential Data - ATTACH A PHOTOCOPY OF EACH LICENSE & CREDENTIAL

Type of License or Credential	Issuing State Board or Professional Organization	License or Credential #	Effective Date	Expiration Date

<b>Employment Data</b> - List employment that totals at least 2 years of work experience with children age 0-5. It is not necessary to list employment beyond that needed to show the 2 years of work experience.	
Employer (list "self" if applicable)	
Employment Address	
Employment title or job (role)	
Date you started this employment	
Date employment ended (if applicable)	
Hours per week typically worked	
Typical percent of time dedicated to serving children age 0-5 and their families	
Briefly describe your work in this setting:	

It is not necessary to list employment beyond that needed to show 2 years of work experience with children 0-5.

Employer (list "self" if applicable)	
Employment Address	
Employment title or job (role)	
Date you started this employment	
Date employment ended (if applicable)	
Hours per week typically worked	
Typical percent of time dedicated to serving children age 0-5 and their families	
Briefly describe your work in this setting:	

Employer (list "self" if applicable)	
Employment Address	
Employment title or job (role)	
Date you started this employment	
Date employment ended (if applicable)	
Hours per week typically worked	
Typical percent of time dedicated to serving children age 0-5 and their families	
Briefly describe your work in this setting:	

Employer (list "self" if applicable)	
Employment Address	
Employment title or job (role)	
Date you started this employment	
Date employment ended (if applicable)	
Hours per week typically worked	
Typical percent of time dedicated to serving children age 0-5 and their families	
Briefly describe your work in this setting:	

Use additional sheets, if needed.

**Statement of Interest** - Briefly describe your interest in the infant-parent mental health field and the relevance of this course of study to your work with children and families (**no more than 100 words**):

**Diversity** - For purposes of this IPMHPCP, "diversity" will be construed as encompassing: values, beliefs, practices, age, gender, sexual orientation, ethnicity, race, class, country or place of origin, religious and spiritual beliefs, physical characteristics and attributes, motor abilities, cognitive ability, socio-economic status, living location and situation, communication abilities (e.g. speaking and reading), functional challenges, family constellation, and other perceived differences. Each individual and family has a unique experience and expression of culture, and no single element or variable can be generalized to describe the cultural experience and expression of any group or individual (e.g. Hispanics, women, special needs, etc.). Given this definition, briefly describe the range of diversity in the children you serve age 0-5 and their families and how your work reflects awareness of cultural differences (**no more than 100 words**):

**A. Indicate the discipline(s) in which you are licensed, certified and/or credentialed. Check all that apply:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Psychologist                | <input type="checkbox"/> Speech/Language           |
| <input type="checkbox"/> Physical therapist     | <input type="checkbox"/> Social worker/LCSW          | <input type="checkbox"/> Dietician                 |
| <input type="checkbox"/> Physician              | <input type="checkbox"/> Marriage & family therapist | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Educator                    |  |

**B. Indicate the type of practice setting(s) you work in. Check all that apply:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Private/not-for-profit agency | <input type="checkbox"/> Community clinic              | <input type="checkbox"/> Child Care                |
| <input type="checkbox"/> Public school system          | <input type="checkbox"/> Kaiser                        | <input type="checkbox"/> Self-employed             |
| <input type="checkbox"/> Private school                | <input type="checkbox"/> Public or governmental agency | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Private practice              | <input type="checkbox"/> Hospital                      |  |

**C. Estimate the PERCENT of your time in a typical workweek spent in the following activities:**

_____	_____	_____	_____	_____	_____	=	100%
Direct services	Supervising Staff	Administering Programs	Training	Influencing Public Policy	Other/List		Total

**D. When performing the activities in "C" (above), estimate the PERCENT of your time in a typical work week spent serving or performing activities for children of the following ages or their parents:**

_____	_____	_____	_____	_____	_____	_____	=	100%
Prenatal	Birth to 12 months	12 to 24 months	24 to 36 months	36 to 48 months	48 to 60 months	Other		Total

**E. When performing the activities in "C" (above), estimate the PERCENT of your time in a typical workweek spent serving or performing activities in the following areas for children 0-5 or their parents:**

_____	_____	_____	_____	_____	_____	=	100%
Preventive Services	Screening	Early intervention	Formal Assessments	Assessment-driven Therapy	Other/List		Total



## Application Checklist

1. YOUR INITIALS I have reviewed the course training dates. I understand that missing more than 24 hours of course time or missing any mandatory training will result in me not being eligible for my certificate of completion.
2. YOUR INITIALS I understand that I must show evidence of completing a 3-unit course in infant/child development, developmental psychology, human development or similar course in order to complete the IPMHPCP. [If you have already met this requirement, attach a photocopy of the transcript for verification (a certified copy is not needed), or attach a page to this application outlining your plan for completing this course requirement by March 2011.]
3. YOUR INITIALS I understand that my letter of completion from the University of Massachusetts Boston and the Child Development Unit at Children's Hospital Boston for the Infant-Parent Mental Health Post-Graduate Certificate Program will be provided only after I have completed all course requirements on the timeline explained in the program description.
4. YOUR INITIALS I have read the program description packet, including the information entitled "Responsibility of Trainees," and I understand and agree to my responsibilities.
5. YOUR INITIALS I understand that my tuition of \$6,000 is due 14 days after a letter of acceptance is received or by January 6, 2010, whichever is earlier. I understand that \$3,500 can be returned to me if I provide written notice to the program as (described in my letter of acceptance) that is received by 3pm on Monday, January 11, 2010 that I wish to withdraw my enrollment from the program. If notification of withdrawal is received after that date, I will receive no reimbursement of any portion of my tuition and fees regardless of the reason for my withdrawal.
6. YOUR INITIALS I understand that no promises or guarantees are expressed or implied regarding employment, career advancement, licensing, credentialing, endorsement, or graduate units based on the completion of the IPMHPCP.
7. YOUR INITIALS I understand that while I am attending the IPMHPCP, completing course assignments, completing practicum/integration hours, participating in mentorship & reflective practice sessions, meetings with colleagues, and in all other activities related to the IPMHPCP, I will not be covered by any student insurance, liability insurance or coverage, malpractice insurance or coverage, or other insurance held by the Child Development Unit at Boston Children's Hospital and/or the University of Massachusetts Boston, or any other affiliated entity, partner or faculty. Further, I agree to hold harmless these entities and all training locations including, but not limited to, the Napa County Office of Education, Queen of the Valley Medical Center, and other locations including private homes and other community facilities in the event of any accident, illness, or injury to or by me, or in any legal action against me arising from my activities while participating in the IPMHPCP. I understand that I am solely responsible for my professional actions and decisions in all activities associated with the IPMHPCP, and that I am solely responsible for practicing within the licensing, credentialing, code of ethics, and professional scope of my profession.
8. YOUR INITIALS I understand that the purpose of the IPMHPCP is to increase the number of providers willing and trained to provide infant-parent mental health service for children age 0-5, their families and other caregivers, and for pregnant women. To the extent possible, I commit to continue to work with the 0-5 population throughout the IPMHFP and for at least 1 year after completing the training.
9. YOUR INITIALS I consent to listing my name, mailing address, phone numbers, e-mail address, my discipline, work setting, and degree on a class roster that may be distributed to class members, mentors, faculty, and guest speakers either in electronic or hardcopy format.

**I hereby state that the above information is true and correct and I request admission to the UMB Infant Parent Mental Health Post-Graduate Certificate Program. I agree to the conditions and responsibilities, as described.**

*Printed Name*

*Signature*

*Date*

**Mail completed application with \$50 non-refundable application fee made out to "University of Massachusetts Boston" to:**

**The Parent-Infant & Child Institute  
P.O. Box 2555  
Napa, CA 94558**

***Please be sure to include a copy of your diploma and your license(s) and/or credential(s) as noted on page 1. Applications will not be processed without these documents.***

### **IMPORTANT:**

**Please call (707) 227-8900 five (5) days after mailing your application to assure it was received.**

**Please make a complete copy of your application before submission.**

**FOR ADDITIONAL INFORMATION, PLEASE CONTACT:**

**Dr. Kristie Brandt: 707-227-8900 or [dr.kristiebrandt@sbcglobal.net](mailto:dr.kristiebrandt@sbcglobal.net)**

**Betty Woo: 617-355-4616 [Betty.Woo@childrens.harvard.edu](mailto:Betty.Woo@childrens.harvard.edu)**