



DR. ED TRONICK

University Distinguished Professor University of Massachusetts Boston & Director of the Child Development Unit Children’s Hospital, Harvard Medical School, Boston

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

DR. KRISTIE BRANDT

Director, Parent-Infant & Child Institute
Assist. Clinical Professor of Pediatrics VCF UC Davis Medical School
Child Trauma Academy Fellow

Application Packet for the Napa Program January 2011 – April 2012

The University of Massachusetts Boston Infant-Parent Mental Health Post-Graduate Certificate Program (IPMHPCP) is a remarkable opportunity, unlike any in the U.S. This program provides working professionals the opportunity to engage in an outstanding 15-month specialty training program through classes offered on weekends in California’s Napa Valley. This state and national award winning program was co-developed by Dr. Kristie Brandt and Dr. Ed Tronick. The program’s Faculty Chief, Dr. Tronick, is the University Distinguished Professor at the UMB, Director of the Child Development Unit Children’s Hospital Boston, Lecturer in Pediatrics at Harvard Medical School, and an internationally renowned researcher and lecturer. The IPMHPCP co-developer and Napa Program Director, Dr. Brandt, also directs the Parent-Infant & Child Institute, is an Assistant Clinical Professor of Pediatrics VF at U.C. Davis Medical School, a ChildTrauma Academy Fellow, visiting faculty with the Brazelton Touchpoints Center at Children’s Hospital Boston, and spent 25 years in Public Health service. The IPMHPCP was developed in Napa, CA in 2002 where it has operated continuously since its inception and now also has a Boston-based program on the UMass Boston campus.

The IPMHPCP is a 15-month intensive interdisciplinary program designed for professionals working with children 0-5 and their families that meets in Napa, CA for 3 days each month (Friday-Sunday). 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 while maintaining 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 services. Admission is open to licensed or credentialed providers at the graduate through post-doctoral level. The 2011-2012 course tuition is \$5,800.

The goal of the IPMHPCP is to support professionals in 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. To explore current theoretical thinking, research findings and models of care, the IPMHPCP has engaged some of the most recognized luminaries in their fields as faculty for the program. The opportunity to think with these experts and explore models of care for an extended period of time and in a small group is not only rare, but places the Napa IPMHPCP graduates on the leading edge of this developing field.

The IPMHPCP is founded in the belief that just as children develop within the context of the family, providers develop within the context of the provider community where learning and professional development are optimized in an environment of support and respect. The IPMHPCP is a program dedicated to the task of supporting practitioners to effectively treat disorders of infancy and early childhood within the milieu of relationship and family - - the milieu of development. This 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 everywhere.

Since 2002, the IPMHPCP in Napa has enrolled psychologists, nurses, physicians, OTs, PTs, speech-language pathologists, educators, marriage-family therapists, social workers, administrators, and many other disciplines. Fellows have attended the program from 31 California counties and 11 states including North Carolina, Wisconsin, Wyoming, Alaska, Illinois, New Mexico, Utah, Oregon, Massachusetts, and Nevada. Graduate Fellows have provided services internationally at sites that include Africa, the Philippines, Mexico, Central & South America, Europe, China, New Zealand, Canada, Israel, Australia and United Kingdom. They teach and train in universities and other settings across the country and around the world, present in national and international forums, and provide services to thousands of children and families worldwide. You are invited to join them! Apply for the 2011-2012 University of Massachusetts Infant-Parent Mental Health Post-Graduate Certificate Program in Napa, CA.

Dr. Kristie Brandt
Program Co-Developer
Napa Program Director
Napa Lead Faculty
707-227-8900

Dr. Ed Tronick
Program Co-Developer
Chief Faculty Napa & Boston
Boston Lead Faculty
857-218-4360

General Program Description

The Infant-Parent Mental Health Post-Graduate Certificate Program is designed for professionals working with children age 0-5 and their families, and consists of 14 intensive 3-day weekends of training in the form of interactive and dynamic didactic (classroom) hours. Each weekend addresses a larger topic area within the field of Infant-Parent Mental Health and includes theoretical foundations and research, assessment, and video-tape observation with a heavy emphasis on clinical application of the material and dyadic work. The theoretical framework of the program is Tronick's Mutual Regulation Model (MRM), ideas on meaning making, the dyadic expansion of consciousness hypothesis, Brazelton's Touchpoints (1992) concepts and approach for children age 0-5, and other neurorelational and neurodevelopmental models (Perry, Siegel, Lillas, Fonagy, and others).

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 IPMHCP 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.*

Throughout the IPMHCP, the principal focus will be on infant-parent relationships and factors impacting these relationships. Learning will focus on the primacy, emergence, and development of dyadic relationships, and optimizing their functionality and resilience through preventive interventions, assessment, monitoring, support, and treatment, ideally before dysfunctional patterns emerge and/or become entrenched. Fellows will gain experience in diagnosing and treating social-emotional, developmental, attachment, and regulatory conditions in infants, young children, and their caregivers, and in screening for conditions in the parent and child that may require referral for specialized assessment or treatment beyond the scope of the primary or index clinician. The IPMHCP includes training on mental health, the neurobiology of mental health challenges, and prevention and treatment of mental illness. The following are a sampling of other topics that will be covered in this program, representing a balance of theory, assessment, clinical practice, research, and intervention:

- *Neuro-relational Models of Development*
- *Therapeutic Use of Video*
- *Developmental Risk and Resilience*
- *Effects of Trauma and Maltreatment*
- *Sensory Processing Challenges*
- *Dyadic Infant-Parent Psychotherapy*
- *Neonatal Assessment*
- *Regulatory Disorders of Infancy (Sleeping, Feeding, Crying)*
- *Disorders of Relating & Communicating (ASD)*
- *The Parental Depression and Mental Illness*
- *The Meaning and Influence of Culture*
- *Family Systems Theory and Interventions*
- *Diagnostic Classification Systems*
- *Reflective Practice*

Eligibility: The IPMHCP is open to licensed or credentialed professionals at the graduate 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 & communication therapists, dieticians, 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 and applications 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. Particular attention is paid to creating a diverse inter-disciplinary class of Fellows.

Course Components: The 2011-2012 IPMHCP consists of: 270 didactic/classroom hours, 100 practicum/integration hours; 100-200 independent special project hours; 50 reflective practice facilitation (RPF) group hours; 24 hours of psychometrics; and, special targeted trainings, such as learning to assess neonates using the Newborn Behavioral Observation, and observing and coding child behavioral cues using the NCAST Parent-Child Interaction Feeding Scale. The general sections of the IPMHCP training are:

JANUARY 2011 - JANUARY 2012.....Intensive Didactic & Experiential Coursework
FEBRUARY 2012 - APRIL 2012.....Independent Special Project Work & Presentation Preparation
APRIL 2012.....Colloquium and Graduation

IPMHPCP Course Objectives: The IPMHPCP intends to have an immediate and lasting impact on communities through an intense involvement of Fellows 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;
- Increase awareness of the dynamics involved in comprehensive assessment of infants, children and their caregivers, including development, mutual and self-regulatory capacities, and the attachment relationships, and in the development of comprehensive service plans to address prevention, early intervention, and treatment needs;
- 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 processes;
- 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: 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 relationship, regulatory, social-emotional, developmental, and 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.

2011-2012 Training Dates: Scheduled training dates and times are listed on page 9 of this packet. *All training dates and faculty 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 Napa Program Director and Lead Napa Faculty, 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, coordinates components of the program that are open to the public for registration, and as the Lead Faculty in Napa, has a substantial teaching and training role in the Napa program. The faculty chief provides academic oversight of the IPMHPCP and in this capacity, in collaboration with the Program Director: (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) Provides academic counseling and guidance to Fellows throughout the program, as needed; (4) Co-chairs the committee for evaluating the colloquium presentations and determining satisfactory completion of all course components, including satisfactory colloquium presentation; (5) Assists Fellows in remedial planning to complete course requirements if incomplete or unsatisfactory status is determined after the Colloquium presentation in April 2012; and, (6) Issue letters and certificates of completion bearing the endorsement of the University of Massachusetts Boston.

Program Faculty: Throughout the program, nationally and internationally recognized experts in the Infant-Parent Mental Health field are scheduled to join the Fellows and provide training, engage in dialogue, and participate in case discussions. Faculty have been carefully chosen to provide Fellows with the opportunity to meet and think with IPMH experts and luminaries that have a wide range of disciplines, academic and clinical backgrounds, research expertise, and theoretical approaches. A brief bio or full C.V. can be obtained by contacting the Napa Program Director. The 2011-2012 IPMHPCP faculty members are:

Ed Tronick, PhD	Kristie Brandt, CNM, DNP	T. Berry Brazelton, MD
Bruce D. Perry, MD, PhD	Dan Siegel, MD (invited)	Stephen Seligman, DMH
Linda Gilkerson, PhD	Peter Fonagy, PhD	Alexandra Harrison, MD
Ron Lally, EdD	George Downing, PhD	Ruby Salazar, LCSW
Larry Gray, MD	Connie Lillas, RN, MFT, PhD	Carol George, PhD
Penny Knapp, MD	Cherise Northcutt, PhD	Barbara Stroud, PhD
Mary Beth Steinfeld, MD	Josh Sparrow, M.D.	Rosemary White, OTR
Cheryl Polk, PhD (invited)	Kevin Nugent, PhD	Sue Minear, MD & Connie Keefer, 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 is continuously conducted 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, Assistant Professor of Psychiatry at Massachusetts General Hospital, Harvard Medical School.

Endorsement - FOR THOSE IN CALIFORNIA: The endorsement process for Infant-Family & Early Childhood Mental Health (IFECMH) providers is summarized in the *"California Revised Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health"* and this document can be found at: <http://www.wested.org/cpei/forms/training-guidelines.pdf>. Fellows completing the Napa IPMHPCP will accrue sufficient hours to satisfy the endorsement requirements in "Domain 1: Knowledge & Training Hours" of 120 hours for *Core Providers* and 260 hours for *Specialists*, and will accrue 50 hours of the Reflective Practice Facilitation required for endorsement. 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 THOSE IN OTHER STATES:** Through the Michigan Association of Infant Mental Health (MI-AIMH), Michigan and 13 other states are either offering or preparing to offer endorsement in the Infant Mental Health field. The IPMHPCP prepares participants to meet the requirements and competencies that must be documented in a Professional Portfolio as part of this endorsement process. More information on endorsement through the MI-IMH and the League of States is available at: http://www.mi-aimh.org/endorsements_overview.php.

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. Also, see "Frequently Asked Questions" #4 on page 8.

IPMHPCP Program Requirements – Fellow's Responsibilities

1. **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 RPF 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.
2. **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 2012 IPMH Colloquium.

3. **Special Targeted Training:** Each participant must complete the following targeted trainings:
 - a. **Neonatal Behavioral Observation (NBO) System Certification:** This mandatory 8-hour training is scheduled in March 25, 2011, and independent practice assessments will total approximately 8-15 additional hours.
 - b. **NCAST Feeding training & reliabilities (24 hours):** This mandatory training is scheduled in February 18-20, 2011.
 - c. **Brazelton's Touchpoints (1992 & 2002) concepts:** Introductory training will be offered as part of the IPMHPCP training sessions scheduled in April 2011. Wherever possible, participants are encouraged to complete training in the Touchpoints Approach™ through an Individual Level Training (ILT) in their local community or at a National ILT. Participants may also attend the TPs training held in Napa, CA on March 9-11, 2011. Information on Touchpoints training opportunities and the associated costs will be provided during the course.
 - d. **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, Stanford-Binet Intelligence Scale, Vineland, OUNCE, Wechsler Intelligence Scale, etc. On November 5 & 6, 2011, participants will display a poster on their selected measure/tool for review by their colleagues. This is not intended to be a defense or endorsement of the tool, but rather a learning experience in psychometrics and professional poster presentations. The poster session will include a written handout following an organized outline that will be provided to participants at the first class meeting.
 - e. **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. On-line and distance learning courses are acceptable to meet this requirement.
4. **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 mental health programs, Head Start, child care settings, pediatric medical practice offices, hospital maternity and newborn units, home visiting programs, special education classrooms and programs, developmental centers, etc.
5. **Reflective Practice Facilitation (RPF) - 50 hours:** All participants will participate in an RPF group of 6-8 Fellows coordinated by an infant-parent specialist skilled in RPF. 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 RP 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 4 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.**
6. **Commitment to Practice:** To the extent possible, enrolled Fellows are asked to commit to practice with the 0-5 population during the 15-month course and for at least 1 year after course completion. Also, all enrolled Fellows must agree to participate in IPMHPCP's evaluation process.
7. **National & International Engagement:** Participants must attend one major regional, national, or international 2-3 day professional IMH meeting, training, or convention between January 7, 2011 and March 31, 2012. Participants are encouraged to attend Zero to Three's (ZTT) National Training Institute (NTI) in Washington on December 9-11, 2012. 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.
8. **Texts:** Enrolled Fellows must read the "Required Texts" for the course and the articles assigned throughout the program.
9. **Internet Access & Electronic Media:** All Fellows must have access to e-mail, be able to participate in online training, and be able to receive, open and process Word, PowerPoint, and pdfs.

Admission, Selection & Tuition

APPLICATION & SELECTION PROCESS: Applications will be processed and considered on an ongoing basis until a class of 30 Fellows is filled. Applicants will be notified by e-mail or in writing by posted mail of the committee's decision after their application has been reviewed. A Waiting List will be kept in the event of any candidates withdraw from the program in writing. A fifty dollar (\$50) non-refundable fee must accompany each application.

ADMISSION AND SELECTION CRITERIA INCLUDE:

- A complete application (included in this packet).
- Possession of a license or credential in a field or discipline providing services for the 0-5 population, such as a psychologist, social worker, LCSW, MFT, SLP, OT, PT, RD, MD/DO, Multiple Subject Teaching Credential, etc.
- Completion of Bachelor's, Master's, and/or Doctoral degree in the fields of medicine, psychology, nursing, education, sociology/social work, occupational therapy, physical therapy, or other closely related field.
- At least 1 year of experience working with the 0-5 population

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.).

FROM THE ELIGIBLE APPLICANTS, FINAL ADMISSION DECISIONS WILL ALSO BE BASED ON:

(1) Date completed application was postmarked; and, (2) 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.

PROGRAM TUITION: \$5,800: Upon receiving a Letter of Acceptance, candidates will have 14 days to submit a written acceptance notice accompanied by a \$2,000 tuition deposit to secure their enrollment in the program. In the event program enrollment must be canceled, half of this deposit (\$1,000) will be returned if a written notice of intention to withdraw is received on or before December 1, 2010. After that date, no amount of the deposit may be returned. The remaining tuition payment (\$3,800 balance) is due by 3pm on Tuesday, December 7, 2010. This process will be detailed in the Letter of Acceptance.

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 managed by the University of Massachusetts, Boston. In Napa, the program is locally assisted by the Parent-Infant & Child Institute, the Napa County Office of Education, Queen of the Valley Medical Center, and First 5 Napa. Funds raised from the registration, special fees, and tuition are used to pay the fees for specific trainings, reflective practice facilitation, faculty, consultants, speakers, facilities, and evaluation. Any and all profit realized will be dedicated to other educational or training programs;
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, as needed, 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, endorsement, 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. Participants must also have equipment and connectivity necessary to participate in online trainings.

Continuing Education

A Letter of Conferral summarizing the coursework completed and a graduate certificate will be issued to Fellows that meet all of the IPMHPCP requirements. For an additional fee of \$75, continuing education hours 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 IPMHPCP is overseen by Dr. Ed Tronick and the University of Massachusetts Boston. The continuing education component of the program is co-sponsored by the Institute for Continuing Education. CE contact hours are 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. For the processing fee of \$75, a maximum of 172 CE contact hours can be awarded for full attendance at all sessions. If you have questions regarding CE contact hours offered, the program, the presenters, or the 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. **Skills Level: Intermediate to Advanced**

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: ICE is an organization recognized as a provider of continuing education activities by the California Board of Behavior 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.

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) 251-990-2665; (Fax) 251-990-2665; or (E-Mail) InstContEd@AOL.com

Textbooks

Required Texts

- [The Neurobehavioral & Social Emotional Development of Infants & Children](#) (2007) by Ed Tronick; Norton, W. W. & Co., Inc.; ISBN-13: 9780393705171
- [Handbook of Infant Mental Health](#), 2nd Edition (2005) Charles Zeanah, Editor; Guilford; ISBN-13: 9781593851712
- [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
- [Touchpoints: Birth to Three: Your Child's Emotional and Behavioral Development](#) (2006) by T. Berry Brazelton; DaCapo Press; ISBN 978-0-7382-1049-0
- [Touchpoints: 3 to 6](#) (2001) by T. Berry Brazelton & Joshua Sparrow; Perseus Publishing; ISBN 0-7382-0678-4
- [Diagnostic Classification of Mental Health and Developmental Disorders of Infancy & Early Childhood Revised \(DC:0-3R\)](#) (2005); Zero to Three; ISBN: 9780943657905
- [Born for Love: Why Empathy is Essential and Endangered](#) (2010) by Bruce Perry; Basic Books; ISBN: 9780061656781
- [Mindsight: The New Science of Personal Transformation](#) (2009) by Dan Siegel; Random House; ISBN:978-0-553-80470-6 (0-553-80470-7)

Provided Text

- [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 distributed at 8-11 session*)

Highly Recommended Texts

- [Affect Regulation, Mentalization, and the Development of the Self](#) (2005) by Fonagy, Gyorgy & Jurist; Other Press; ISBN-13: 9781590511619
- [Attachment](#) (1982) by John Bowlby; ISBN-13: 780465005437
- [Emotional Life of the Toddler](#) (1995) by Alicia F. Lieberman; Simon & Schuster; ISBN-13: 9780028740171
- [From Neurons to Neighborhoods](#) (2000) Jack Shonkoff, Editor; National Academies Press; ISBN-13: 9780309069885
- [Handbook of Attachment: Theory, Research, and Clinical Applications](#) (2008) by Jude Cassidy; Guilford Press; ISBN 1-57230-826-5
- [How You are is as Important as What You Do](#) (1998) by Jeree Pawl & Maria St. John; Zero to Three; ISBN-13: 9780943657394
- [The Magic Years](#) (1987) by Selma Fraiberg; Simon & Schuster; ISBN-13: 9780684825502

Frequently Asked Questions

- 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.
- 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 in an indoor conference room setting.
- 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, faculty, and material (including cases) being discussed, and to help assure that the program meets the safety requests of the agencies and establishments hosting training sessions. Finally, 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.
- 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.
- HOW IS SEATING ARRANGED FOR THE CLASS SESSIONS?** Each faculty is asked how s/he would like the room arranged. For most sessions, either a “U-shaped” or a “classroom” style arrangement is used, but occasionally a large “conference” table (rectangular table with chairs) or a theater-style (chairs only, no tables) arrangement is used.
- WHAT ARE THE ATTENDANCE REQUIREMENTS?** In order to receive a Certificate of Completion, participants cannot miss more than 24 hours of class time, 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 not completing at least 50 hours of Reflective Practice Facilitation with a Napa IPMHPCP Reflective Practice Facilitator will not be eligible to receive a Certificate of Completion, but will receive a Letter of Conferral documenting the hours completed.***
- WHAT ARE THE TRAINING DATES FOR THE 2011-2012 IPMHPCP IN NAPA, CA?** The IPMHPCP will meet in Napa, CA on:

January 7-9, 2011	February 18-20, 2011	March 25-27, 2011	April 15-17, 2011
May 13-15, 2011	June 10-12, 2011	July 22-24, 2011	August 12-14, 2011
September 9-11, 2011	October 7-9, 2011	November 4-6, 2011	December 9-11, 2011 (NTI Washington DC)
January 13-15, 2012	April 12-14, 2012		

A full detailed schedule for the 2011-2012 IPMHPCP in Napa, CA is included in this packet.
- 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.
- ARE BREAKFASTS AND LUNCHES PROVIDED?** No. Most Saturday and Sunday sessions are held in a location with immediate access to a cafeteria where food and beverages can be purchased. Friday sessions are held in a location with food vendors within a 1 mile drive.

2011-2012 University of Massachusetts Boston Infant-Parent Mental Health Post-Graduate Certificate Program in Napa, CA

DR. ED TRONICK

University Distinguished Professor University of Massachusetts Boston & Director of the Child Development Unit Children's Hospital, Harvard Medical School, Boston

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

DR. KRISTIE BRANDT

Director, Parent-Infant & Child Institute
Assist. Clinical Professor of Pediatrics VCF UC Davis Medical School
Child Trauma Academy Fellow

Schedule for 2011-2012 Napa IPMHPCP Trainings

Sessions are from 8a-5p on Friday & Saturday, and 8a-4:30p on Sunday

Month	Core Theme	Day	Faculty	Activity
January 7-9, 2011 <i>Infant-Parent Mental Health Core Concepts and IPMHPCP Orientation</i>		Fri	Dr. Kristie Brandt	Pre-Course Survey & Introductions*
		Sat	Dr. Ed Tronick	Neurobehavioral & Social-Emotional Development in a Cultural Context*
		Sun	Dr. Tronick & Brandt	Core Concepts in IPMH & Course Orientation*
January 15, 2011 (Optional)		Sat	Dr. Peter Fonagy (<i>teleconference</i>)	Prevention of Psychological Problems Based in Early Childhood
February 18-20, 2011 <i>Primacy of the Early Relationship: Cueing, Interaction & Coding</i>		Fri	Dr. Kristie Brandt	NCAST Feed Training*
		Sat	Dr. Kristie Brandt	NCAST Feed Training*
		Sun	Dr. Kristie Brandt	NCAST Feed Training*
March 25-27, 2011 <i>Observing Neonates, Supporting Regulation & Interacting with Families</i>		Fri	Dr. Kevin Nugent, et al.	Newborn Behavior Observation (NBO) Training*†
		Sat	Drs. Linda Gilkerson & Larry Gray	Fussy Babies: Assessment & Intervention†
		Sun	Dr. Barbara Stroud	Basics of Counseling in the Infant-Parent Field
April 15-17, 2011 <i>Diagnostics, Attachment, Screening, Assessment, and Brazelton's Touchpoints Model for Working with Families</i>		Fri	Dr. Cherise Northcutt	Diagnostic Codes: DC:03R; DSM-IV; ICD-9; CPT*†
		Sat	Dr. Carol George	Child & Adult Attachment, and the Mental Health Implications†
		Sat	Dr. MaryBeth Steinfeld	Developmental/Behavioral & General Pediatrics & IFECMH
		Sun	Drs. Brazelton & Sparrow	Neuro-Relational/Neuro-Developmental Touchpoints
May 13-15, 2011 <i>IFECMH Relationship-Based Therapies and Trans-Disciplinary Work</i>		Fri	Dr. Connie Lillas	Neuro Relational Framework (NRF)†
		Sat	Dr. Connie Lillas	Case Studies Using NMT
		Sun	Dr. Brandt & Facilitators	Case Studies with Reflective Practice Facilitation
June 10-12, 2011 <i>Neurobiology of Trauma, Relational Psychophysiology and Meaning Making</i>		Fri	Dr. Bruce Perry	Neurosequential Model of Therapeutics (NMT)†
		Sat	Drs. Perry & Tronick	NMT Case Studies & Relational Psychophysiology
		Sun	Dr. Brandt & Facilitators	Case Studies with Reflective Practice Facilitation
July 22-24, 2011 <i>Use of Video in Therapeutic Work with Children 0-5, their Families & Caregivers</i>		Fri	Dr. George Downing	Video Intervention Therapy (VIT)†
		Sat	Dr. George Downing	Video Intervention Therapy (VIT)†
		Sun	Dr. George Downing	Video Intervention Therapy (VIT)†
August 12-14, 2011 <i>Reflective Practice Facilitation in Infant-Family & Early Childhood Mental Health</i>		Fri	Dr. Kristie Brandt	Reflective Practice Facilitation in IFECMH†
		Sat	Dr. Kristie Brandt	Reflective Practice Facilitation in IFECMH†
		Sun	Dr. Brandt & Facilitators	Case Studies with Reflective Practice Facilitation
September 9-11, 2011 <i>Psychodynamic, Psychoanalytic & Family Systems Concepts in Infant-Parent Work</i>		Fri	Drs. Harrison & Tronick	Psychoanalytic & Psychodynamic Models
		Sat	Drs. Harrison & Tronick	Family Consultation Model & Psychoanalysis
		Sun	Dr. Brandt & Facilitators	Case Studies with Reflective Practice Facilitation
October 7-9, 2011 <i>The IFEMCH Implications of Sensory Processing Differences & Spectrum Disorders</i>		Fri	Rosemary White	Sensory Processing & Regulatory Challenges†
		Sat	Ruby Salazar (invited)	Clinical Perspectives in PDD, ASD, DIR & Floortime
		Sun	Dr. Brandt & Facilitators	Case Studies & Reflective Practice Facilitation
November 4-6, 2011 <i>Mindfulness, Mindsight, Attachment, Intersubjectivity & Mentalization in IFECMH</i>		Fri	Dr. Dan Siegel (invited)	Mindsight, Personal Transformation & the Mindful Therapist†
		Sat	Dr. Stephen Seligman	Attachment, Intersubjectivity & Mentalization
		Sun	Dr. Brandt & Facilitators	Tools & Measures presentations & RPF
December 9-11, 2011 <i>Engaging with the National & International IMH Professional Community</i>		<i>Zero to Three National Training Institute in Washington DC or attendance at another equivalent 2-3 day regional, national or international training, convention, or conference (e.g. IDA, SRCD, WAIMH, etc.); Though the ZTT NTI occurs in December, attendance at an alternative event does not have to occur in Dec.</i>		
January 13-15, 2012 <i>Advocating for Policies, Funding & Practices that Support Infants, Children, Parents and Families</i>		Fri	Dr. Ron Lally	IFECMH Considerations in Group Settings
		Sat	Dr. Cheryl Polk (invited)	Being a Voice for Babies in Policy Development
		Sat	Dr. Penny Knapp	Policy and Funding for IFECMH Services
		Sun	Dr. Brandt & Facilitators	Case Studies with Reflective Practice Facilitation
April 12-14, 2012 <i>IPMH Colloquium: Relationships, Development, Risk, Intervention & Outcome</i>		Thu	Drs. Tronick & Brandt	Colloquium & Graduation*
		Fri	Drs. Tronick & Brandt	Colloquium & Graduation*
		Sat	Drs. Tronick & Brandt	Colloquium & Graduation*

† Session open for public registration or to other selected providers; * Mandatory session that must be completed to receive a Certificate of Completion

TOTAL HOURS:

Didactic/Classroom Program: 270

Mentorship & Reflective Facilitation: 50 hours minimum (56 scheduled)

Maximum Continuing Education Contact Hours = 172

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



2011-2012 University of Massachusetts Boston Infant-Parent Mental Health Post-Graduate Certificate Program in Napa, CA



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APPLICATION FOR ADMISSION

2011-2012 NAPA PROGRAM

PROGRAM COST: \$5,800

APPLICATION FEE: \$50*

**Checks made out to the University of Massachusetts Boston*

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

Please only attach copies of your professional license(s) or credential(s). Do not attach copies of continuing education certificates or certificates of attendance, membership or completion.

Employment Data - 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 1 year 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 – must fit in the box below**):

Diversity & Culture - 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 – must fit in the box below**):

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 read the program description packet, including the information entitled "Responsibility of Trainees," and I understand and agree to my responsibilities. I have reviewed the course training dates. I understand that missing more than 24 hours of course time or missing more than 4 hours of Reflective Practice Facilitation will result in me not being eligible for my Certificate of Completion.
2.

_____ YOUR INITIALS

 I understand that my letter of completion from the University of Massachusetts 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. I understand that I am enrolling in a 15-month program for which all requirements must be completed by April 14, 2012, and that the rights and privileges of enrollment in the IPMHPCP conclude on April 14, 2012.
3.

_____ YOUR INITIALS

 I understand that upon notification of acceptance into the program, a \$2,000 deposit is due within 14 days. I understand that half of this deposit (\$1000) will be returned to me if I provide written notice to the program that is received by 3pm on December 1, 2010 (as described in the Letter of Acceptance) that I wish to withdraw my enrollment from the program. If notification of withdrawal is received on or after December 2, 2010, I will receive no reimbursement of any portion of my tuition and fees. I understand that the balance of my full tuition payment is due by December 7, 2010 or my position in the program and my \$2,000 deposit will be forfeited.
4.

_____ 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 31, 2012.]
5.

_____ 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.
6.

_____ 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 University of Massachusetts Boston, the Parent-Infant & Child Institute 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.
7.

_____ 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.
8.

_____ 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, contact: *Dr. Kristie Brandt*: dr.kristiebrandt@sbcglobal.net or call 707-227-8900

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

**Dr. Ed 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 NIPMHPCP 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.*