

# COURSE OF INFANT PSYCHOPATHOLOGY. CHILD PSYCHOTHERAPISTS

Instructor. Martin Maldonado-Duran MD

Where. Operation Breakthrough . 3039 Troost Avenue Troost. Kansas City, Missouri. 64 109

First Thursday of the month 1-4 PM. (3 hours per session, see schedule below)

Rationale. There is a need for mental health professionals who work with young children in various child care settings to deepen their understanding of the emotional and behavioral problems that affect infants in the context of their caregiving environment. The course will cover the most frequent disturbances during the first three years of life together with parent infant relational difficulties

Presenter. Martin Maldonado-Duran MD. (see attached curriculum vitae)

Planning Committee. 1. Martin Maldonado-Duran, MD. Infant and child psychiatrist. Truman Medical Center. Associate professor, UMKC School of Medicine Department of psychiatry. 2. Tamara Graves , Head Start Mental Health/Disability Specialist. 3. Liz Smith, Mid-America Head Start Child Health and Development Manager. Kansas City, Missouri. ( Mid America Regional Council)

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| Session 1 | February 4, 2010 1-4 | Attachment theory and implications for infant psychopathology |
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## Educational objectives

1. Identify the components of attachment between infant and primary caregiver
2. Describe the biological roots of attachment behavior
3. Discuss implications of attachment theory for infant psychopathology

## Reading suggestions

Lickliter R. Theories of attachment: the long and winding road to an integrative developmental science. Integrative Psychological & Behavioral Science. 2008. Vol. 42(4):397-405.

van der Horst FC. Leroy HA. van der Veer R. When strangers meet": John Bowlby and Harry Harlow on attachment behavior. Integrative Psychological & Behavioral Science. 2008. Vol. 42(4):370-388.

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| Session 2 | March 4, 2010 | Risk and protective factors for infant psychopathology<br>Resilience and early intervention |
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#### Educational Objectives

1. Describe the concepts of risk and protective factors in infant mental health
2. Describe factors that can easily be changed and those that are difficult to change in risk factors
3. Conceptualize the implications of these concepts for early intervention and prevention

#### Suggested articles

Luthar SS. Sawyer JA. Brown PJ. Conceptual issues in studies of resilience: past, present, and future research. Annals of the New York Academy of Sciences. 2006. Vol. 1094:105-115.

Easterbrooks, M. Ann; Driscoll, Joan Riley; Bartlett, Jessica Dym. Resilience in infancy: A relational approach. Research in Human Development. 2008. Vol.5(3), 139-152

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| Session 3 | April 1 <sup>st</sup> , 2010 | The classification of infancy disorders and relationship disorders . Zero to Three |
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#### Educational Objectives

1. Identify the hierarchical nature of diagnostic categories of emotional and behavioral disorders in infancy
2. Recognize the most common emotional and behavioral disorders in infancy
3. Describe the nature of the multi-axial classification.

#### Suggested references

Maldonado-Duran, Martin; Helmig, Linda; Moody, Chris; Fonagy, Peter; Fulz, Jim; Lartigue, Teresa; Saucedo-Garcia, J. Manuel; Karacostas, Velissarios; Millhuff, Charles; Glinka, Jill. The Zero-to-Three diagnostic classification in an

infant mental health clinic: Its usefulness and challenges. *Infant Mental Health Journal*. 2003| Vol.24(4), pp. 378-397.

Skovgaard, AM, Houmann, T]; Christiansen, E. Landorph, S, Jorgensen, T, Olsen, E. M.,Heering, K. Kaas-Nielsen, S., Samberg, V., Lichtenberg, A.; CC 2000 Study Team The prevalence of mental health problems in children 1 1/2 years of age - the Copenhagen Child Cohort 2000. *Journal of Child Psychology & Psychiatry*.2007. Vol. 48(1). 62-70.

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| Session 4 | May 6, 2010 | Emotional trauma in early childhood. Manifestations and intervention |
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**Educational objectives**

1. Identify the main manifestations of psychological in early trauma
2. Describe the mechanisms of the effects of trauma in terms of physiology and the infant’s brain
3. Identify strategies for psychological intervention for trauma during early childhood

**Reading suggestions**

Dutra L, Bureay JF, Holmes B, Luybchik A, Lyons-Ruth K. Quality of Early Care and Childhood Trauma A Prospective Study of Developmental Pathways to Dissociation. *Journal of Nervous & Mental Disease*. 2009. Vol. 197(6). 383-390

Heide KM, Solomon EP. Biology, childhood trauma, and murder: rethinking justice. *International Journal of Law & Psychiatry*. 2006. Vol. 29(3):220-233

Charuvastra A. Cloitre M. Safe enough to sleep: sleep disruptions associated with trauma, posttraumatic stress, and anxiety in children and adolescents. *Child & Adolescent Psychiatric Clinics of North America*. 2009. 18(4):877-91, 2009

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| Session 5 | July 1 <sup>st</sup> 2010 | Regulatory disturbances in early childhood. Manifestations and intervention |
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**Educational Objectives**

1. Identify the nature of sensory integration difficulties in infancy

2. Conceptualize the nature of regulatory disturbances and its subtypes
3. describe intervention strategies to deal with regulatory disturbances

Suggested readings

Vargas S, Camilli G. A meta-analysis of research on sensory integration treatment. *American Journal of Occupational Therapy*.1999. 53(2):189-98,

Underdown A, Barlow J, Chung V, Sewart-Brown S, Massage intervention for promoting mental and physical health in infants aged under six months. *EBM Reviews - Cochrane Database of Systematic Reviews Cochrane Developmental, Psychosocial and Learning Problems Group Cochrane Database of Systematic Reviews*. 4, 2009.

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| Session 6 | August 5 <sup>th</sup> , 2010 | Sleep physiology and sleep disturbances in infancy. |
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Educational objectives

- 1 Describe the features of dysomnias and parasomnias
- 2 Identify the most common sleep disturbances in infancy
3. Conceptualize strategies for clinical intervention with sleep disturbances

Suggested readings

Ramchandani P, Wiggs L, Webb V, Stores G. A systematic review of treatments for settling problems and night waking in young children. *British Medical Journal* 2000. Vol. 22;320:209-213.

Skuladottir A, Thome M. Changes in infant sleep problems after a family-centered intervention. *Pediatric nursing*. 29(5):375-8, 2003 Sep-Oct. *Pediatric nursing*.

Higley E, Dozier M. Nighttime maternal responsiveness and infant attachment at one year. *Attachment & Human Development*. 2009. vol. 11(4):347-363.

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| Session 7 | September 2, 2010 | Development of eating skills , feeding and eating disturbances in infancy |
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Educational objectives

- To describe the maturation of eating abilities in the infant
- To describe the most common feeding disturbances in infancy and failure to thrive
- Conceptualize a multimodal clinical intervention for feeding problems

### Suggested readings

Maldonado-Duran JM, Fonagy P, Helmig L, Millhuff C, Moody C, Rosen L, VanSickle G. In-Depth Mental Health Evaluation of a Community Sample of Nonreferred Infants with Feeding Difficulties. *International Journal of Eating Disorders*. 2008; Vol. 41:513–519

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| Session 8 | October 7, 2010 | Maternal depression and other psychopathology. Unresolved mental states and effects on the child |
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### Educational objectives

1. identify the most common mental health problems in the perinatal period and their impact on the infant
2. describe the importance of “unresolved mental states” in determining frightening behavior in the mother
3. Identify the “in utero programming effects” of stress and depression

### Suggested readings

Dennis CL, Ross LE, Grigoriadis S. Psychosocial and psychological interventions for treating antenatal depression. *Cochrane Database of Systematic Reviews* Cochrane Pregnancy and Childbirth Group Cochrane Database of Systematic Reviews. 4, 2009.

Yonkers KA, Wisner KL, Stewart DE, Oberlander TF, Dell DL, Stotland N, Ramin S, Chaudron L, Lockwood C. The management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. *General Hospital Psychiatry*. 2009. Vol. 31(5):403-413

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| Session 9 | November 4, 2010 | Separation and loss. The infant in foster care. Manifestations and intervention |
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### Educational objectives

1. Describe the main emotional and behavioral manifestations of disruptions in attachment and foster care placement in young children

2. Identify the “regressive” effects of such loss, as well as the nature of disruptive behavior
3. Describe strategies to ameliorate the negative effects of such disruptions

### Suggested readings

Moulson MC. Fox NA. Zeanah CH. Nelson CA. Early adverse experiences and the neurobiology of facial emotion processing. *Developmental Psychology*. 2009. Vol. 45(1):17-30.

Dozier M. Peloso E. Lewis E. Laurenceau JP. Levine S. Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Development & Psychopathology*. 2008. vol. 20(3):845-859.

Dozier M. Bick J. Changing caregivers: coping with early adversity. *Pediatric Annals*. 2007. vol. 36(4):205-208

Suchman NE. McMahon TJ. Zhang H. Mayes LC. Luthar S. Substance-abusing mothers and disruptions in child custody: an attachment perspective. *Journal of Substance Abuse Treatment*. 2006. Vol. 30(3):197-204,

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| Session 10 | December 2, 2010 | Infant parent psychotherapy<br>. Multimodal approach |
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### Educational objectives

Identify the components of an infant parent psychotherapy approach, i.e. different therapeutic modalities

Recognize the need to modify the approach to the clinical situation

Identify various situations that merit different approaches

### Suggested readings

Tarabulsky GM. Pascuzzo K. Moss E. St-Laurent D. Bernier A. Cyr C. Dubois-Comtois K. Attachment-based intervention for maltreating families. *American Journal of Orthopsychiatry*. 2008. Vol. 78(3):322-332

Maldonado-Durán, JM, Lartigue T. Multimodal Parent Infant Psychotherapy. In: Maldonado-Durán, JM (ed.) *Infant and Toddler Mental Health. Models of Clinical Intervention with Infants and their Families*. Washington DC. American Psychiatric Press. 2002. pp 129-160

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| Session 11 | January 6, 2011 | Mentalization based approaches to infant parent psychotherapy |
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#### Educational objectives

1. Identify the concept of mentalization.
2. describe the technical aspects of psychotherapy based on mentalization strategies
3. describe the concept of “minding the baby’.

#### Suggested readings

Slade, Arietta; Sadler, Lois; De Dios-kenn, Cheryl; Webb, Denise; Currier-Ezepchick, Janice; Mayes, Linda. Minding the baby: A reflective parenting program. *The Psychoanalytic Study of the Child*. 2005. Vol.60. pp. 74-100.

Lieberman, Alicia F. Treatment of attachment disorders in infant-parent psychotherapy. Maldonado-Duran, J. Martin (Ed). (2002). *Infant and toddler mental health: Models of clinical intervention with infants and their families*. (pp. 105-128). xxvii, 392 pp. Arlington, VA, US: American Psychiatric Publishing, Inc.

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| Session 12 | February, 2, 2011 | Perinatal mental health |
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#### Educational objectives

1. Describe the main mental health challenges in the perinatal period
2. Identify the complexity of parental psychopathology and its impact on infants
3. Describe intervention strategies for these conditions

#### Suggested readings

Austin, Marie-Paule, Priest, Susan. New developments in perinatal mental health *Acta Psychiatrica Scandinavica*. 2004. 110(5). 321-322.

Seng, Julia S; Sperlich, Mickey; Low, Lisa Kane. Mental health, demographic, and risk behavior profiles of pregnant survivors of childhood and adult abuse. *Journal of Midwifery & Women's Health*. 2008. Vol.53(6),, pp. 511-521.