



## UMASS BOSTON INFANT-PARENT MENTAL HEALTH POSTGRADUATE FELLOWSHIP/CERTIFICATE PROGRAM

### Applications Now Available

**Boston, MA.** - The Infant-Parent Mental Health Postgraduate Fellowship/Certificate Program at the **University of Massachusetts, Boston** is now accepting applications for its 2020-2021 program scheduled to begin in January 2020. The Fellowship is a part-time post-graduate program consisting of 12 intensive, interactive three-day weekends, meeting every other month (Jan, Mar, May, July, Sept, Nov.) over the course of two years. Our highly accomplished cohorts of Fellows have been unique in their diversity, representing over 12 different disciplines, from over 25 different states and 20 different countries. The IPMH program fulfills the Alliance for Infant Mental Health Training and Reflective Supervision/Consultation requirements for the credential: *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health*® as an Infant/Early Childhood Mental Health Specialist (Category III) and the Infant/Early Childhood Mental Health Mentor (Category IV). In addition, Fellows earn a Postgraduate Certificate in Infant-Parent Mental Health from the University of Massachusetts.

This exceptional and highly acclaimed program is designed to advance the quality of mental health services for infants and young children in the context of their earliest relationships. Fellows have the opportunity to learn directly from world luminaries, including Chief Faculty, Ed Tronick, Alicia Lieberman, Stephen Porges, Peter Fonagy, Bruce Perry, Charles Zeanah, Joy Osofsky, Brenda Harden Jones, Linda Gilkerson, Arietta Slade, Stephen Seligman, Kevin Nugent, Lynne Murray, Peter Cooper, Beatrice Beebe, George Downing, and many more.

Comprehensive training (over 260 hours of direct classroom learning) in infant and early childhood mental health (Birth to Six), research, theory, assessment, and interventions, including:

- Neurodevelopment models of risk and resilience, effects of trauma on early relationships and early brain development
- Therapeutic interventions with infants and families (including neurodevelopmental models of intervention, dyadic and family systems psychotherapies, such as Child-Parent Psychotherapy, Parent-Child Interaction Therapy, DIR/Floortime; therapeutic use of videotape with families, Circle of Security, The SCERTS Model, Attachment Biobehavioral Catch-up Intervention, *and more*)
- Infant and early childhood screening and assessment tools and measures (including NBO training, NCAST Parent-Child Interaction Scales training, DC:0-5 training, and dozens of additional other screening and diagnostic tools commonly used across disciplines)
- Research, diagnosis and multidisciplinary approaches to treating infant regulatory disorders, developmental and social communication disorders, mood and anxiety disorders, post-traumatic stress disorder, attention-deficit hyperactivity disorder and other behavioral disturbances in early childhood.
- Postpartum mood disorders and therapeutic interventions to support parents and parent-child relationships.
- Reflective practice/facilitated integration of course material with individuals' practice at every session.
- Faculty support on an independent project of Fellow's choosing, showing a unique contribution to the IPMH field in assessment, intervention, policy or research.

*"I really enjoy the multidisciplinary perspectives shared by speakers and fellows. It broadens my exposure to research and clinical aspects of infant-parent mental health and encourages me to look beyond my own disciplinary lens and consider issues I may not have thought about before." Current IPMH fellow*

*"This is by far the most amazing learning experience I have ever had; it's a unique program, there is nothing else like it anywhere in the world." IPMH Graduate fellow*

#### **For More Information:**

Visit our website: [www.umb.edu/ipmh](http://www.umb.edu/ipmh) or call (617)287-6996. You may also email us at: [ipmh@umb.edu](mailto:ipmh@umb.edu).



# UNIVERSITY OF MASSACHUSETTS BOSTON

## INFANT-PARENT MENTAL HEALTH FELLOWSHIP/CERTIFICATE PROGRAM ADMISSIONS APPLICATION FORM (Please type or use black ink to complete form.)

**Ed Tronick, Ph.D**

*University Distinguished Professor, Chief Faculty  
Director of the Child Development Unit Children's  
Hospital Harvard Medical School, Boston*

**University of  
Massachusetts Boston  
College of Liberal Arts  
Department of Psychology**

**Dorothy T. Richardson, Ph.D**

*Program Director, Core Faculty*

**Marilyn Davillier, LCSW**

*Associate Program Director, Core Faculty*

### PERSONAL DATA

1. Name:

\_\_\_\_\_  
Last (Family)

\_\_\_\_\_  
First (Given)

\_\_\_\_\_  
Middle

2.

Other names that may appear on credentials:

3. Sex (Please circle):

Female

Male

Date of Birth: (Month/Day/Year)

4. U.S. Social Security Number:

Country of Citizenship:

5. Preferred Mailing Address:

City:

State:

Zip:

Country:

6. Residence Address:

City:

State:

Zip:

Country:

7. Telephone Numbers: Home ( )

Work: ( )

Cell: ( )

8. Email address (if applicable)

9. Ethnic Origin (optional)  Hispanic

Cape Verdean

White (Not of Hispanic Origin)

Black (Not of Hispanic Origin)

Asian or Pacific Islander

American Indian

### PROFESSIONAL LICENSE AND/OR CREDENTIAL DATA (attach photocopies of each license and credential)

Granting Institution	City / State/ Country	Date Received	License (Please indicate number)

### ACADEMIC BACKGROUND

Activities and Work Experience: Please list in chronological order every institution of higher education you have attended, indicating dates of attendance. Indicate any degrees or certificates earned or expected, and give dates earned or expected. Be sure to include any institution you have attended as a non-degree-seeking student.

College / University	City / State/ Country	Dates attended	Degree	Major

**DISCIPLINE:**

- Occupational Therapist
- Physician, specialty:  
\_\_\_\_\_
- Physical Therapist
- Nurse
- Psychologist
- Social Worker/LCSW

- Marriage & Family Therapist/LMHC
- Educator, specialty:  
\_\_\_\_\_
- Speech/Language Clinician
- Early Intervention Specialist
- Other, please list:  
\_\_\_\_\_

**SETTING:**

- Private/not for profit agency
- Public School System
- Private School
- Private Practice
- Community Clinic
- Public or governmental agency
- Hospital
- Child Care
- Self employed
- Other, please specify:  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES AND WORK EXPERIENCE (Please attach CV and 2 Professional References using Attached Form)****EXPERIENCE AND WORK WITH INFANTS AND YOUNG CHILDREN**

*1. Setting* ..... *Ages* ..... *Dates* ..... *Position* .....

*Description* .....

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*1. Setting* ..... *Ages* ..... *Dates* ..... *Position* .....

*Description* .....

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*1. Setting* ..... *Ages* ..... *Dates* ..... *Position* .....

*Description* .....

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**EXPERIENCE AND WORK WITH PARENTS AND ADULTS**

*1. Setting* ..... *Ages* ..... *Dates* ..... *Position* .....

*Description* .....

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*2. Setting* ..... *Ages* ..... *Dates* ..... *Position* .....

*Description* .....

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*3. Setting* ..... *Ages* ..... *Dates* ..... *Position* .....

*Description* .....

.....

**STATEMENT OF INTEREST:** *Please 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. What do you consider to be your personal and professional strengths that will contribute to your work with children and families, within your discipline? (Essay should be less than 2 pages, may attach one additional page).*

**APPLICATION CHECKLIST:**

- 1.) I understand that upon acceptance to the program a \$3,000 deposit will be due. I understand that this deposit is non-refundable to confirm space. **Initial here:** \_\_\_\_\_
- 2.) As a registered fellow, I am expected to make a full tuition payment in order to receive my certificate. The program Directors reserve the right to prohibit fellows' continued attendance for failure of tuition payment 30 days after payment deadlines. Payment breakdown: \$3,000 deposit - upon acceptance to the program; an additional tuition of \$3,000 is due by December 1, 2019; remaining tuition of \$5,000 is due by January 1, 2021. Similarly, If I decide to withdraw from the program, I am still obligated to complete full payment of my \$11,000.00 tuition. **Initial here:** \_\_\_\_\_
- 3.) 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. Meeting dates for 2020 will be posted by November 2019 and 2021 dates by September 2020. **Initial here:** \_\_\_\_\_
- 4.) I understand that my certificate 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. **Initial here:** \_\_\_\_\_
- 5.) I have read the program description packet, including the information entitled "Responsibility of Trainees," and I understand and agree to my responsibilities. **Initial here:** \_\_\_\_\_
- 6.) 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. **Initial here:** \_\_\_\_\_
- 7.) I understand that while I am attending the IPMHPCP, completing course assignments, completing practicum/integration hours, 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, or any other sponsor, partner or faculty. Further, I agree to hold these entities harmless 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 IPMHFP. 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. **Initial here:** \_\_\_\_\_
- 8.) 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. **Initial here:** \_\_\_\_\_
- 9.) 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 also consent to my name, picture and biography on the program website as a "Current Fellow." **Initial here:** \_\_\_\_\_
- 10.) I understand that the Director reserves the right to cancel speakers/program if there is insufficient enrollment. **Initial here:** \_\_\_\_\_

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

*Printed Name*

*Signature*

*Date*

**Two professional references are required**  
*(please complete and return separate reference form provided)*

**Application Fee: \$100**  
*Please make check payable to:*  
**"University of Massachusetts"**

*Mail to:*

**UMB IPMH**  
c/o Rouzan Khachatourian  
Program Manager  
University of Massachusetts, Boston  
Psychology Department –  
McCormack Building 4<sup>th</sup> Floor  
100 Morrissey Blvd.  
Boston, MA 02125-3393

FOR ADDITIONAL INFORMATION,  
PLEASE CONTACT THE PROGRAM DIRECTOR:

*Dr. Dorothy Richardson:*  
[dorothy@dtrichardson.com](mailto:dorothy@dtrichardson.com)  
*Or Call: 617-287-6996*

**IMPORTANT:**

*Please call or email five (5) days after mailing your application to assure it was received.*

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



**PROFESSIONAL REFERENCES:** *(Please submit two references)*

**Applicants:** Please complete the following information and sign this form before giving it to your reference.

Name of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of reference writer: \_\_\_\_\_

Address of reference writer: \_\_\_\_\_

**Reference:** The above applicant has given your name as someone who will serve as a reference in his/her application to the Infant-Parent Mental Health Fellowship/Certificate Program at the University of Massachusetts, Boston. Please note that your reference will be used as part of the admissions process. The University will not forward the reference to other programs, universities or to prospective employers.

It will help us greatly if you would give us your opinion of the applicant in the situation in which you have known him / her. Of particular interest to us are such factors:

	<i>(Needs Improvement)</i>					<i>(Strong)</i>
	1	2	3	4	5	
Academic Aptitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Resilience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal skills and relationships with both children and adults:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outstanding strengths:	_____					
Areas for further development:	_____					

**An early reply will be much appreciated. We suggest that you attach this form to your own letterhead or write your reply on the back of this form. Please send your reference to us in a sealed envelope.**

Reference Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form and letter or reference to:**

**UMB IPMH**  
c/o Rouzan Khachatourian  
Program Manager  
University of Massachusetts, Boston  
Psychology Department –  
McCormack Building 4<sup>th</sup> Floor  
100 Morrissey Blvd.  
Boston, MA 02125-3393

For questions, or more information, please visit our website: [www.umb.edu/ipmh](http://www.umb.edu/ipmh) • Phone: (617) 287-6996 • Email: [ipmh@umb.edu](mailto:ipmh@umb.edu)



## FELLOWS RESPONSIBILITIES:

*(Fellows will be expected to complete the following activities independently and at their own expense unless otherwise noted)*

1. **Course Attendance:** Attend all training sessions (see the accompanying schedule) for the course meetings. Fellows missing more than 24 hours of course attendance will not be eligible to receive a certificate of completion. For any sessions missed, Fellows will be asked to submit a plan for acquiring the information missed in the session.
2. **Special Project:** Course completion requires fellows to attend a final Fall Colloquium weekend in November of 2021 to present an original Special Project. Over the 22 month course of study each fellow will determine a specific focus of interest within the field of infant-parent mental health and the scope of their discipline and complete a special project related to that focus area. Each fellow will prepare a 30 minute oral presentation for their IPMH colleagues and core faculty along with a written report or summary of their Special Project at a special colloquium weekend in November 2021.
3. **Practicum/Integration Experience:** IPMHPCP Fellows are asked to 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 should include working closely with care providers (parents and/or practitioners) so that inter-disciplinary work and mutual-mentorship skills can be expanded. The practicum/integration hours may be accomplished in the participant's usual work setting or in another location. The practicum should include a minimum of 8 hours/month up to full-time employment for the duration of the 22 month program, and should generate cases for case studies and peer-to-peer mentorship. 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. Arrangement of practicum experience and supervision is the responsibility of the IPMHPCP participant.
4. **Professional Meeting Related to Infant-Parent Mental Health:** Fellows must attend at least one regional, national, or international professional IMH meeting, convention, or training during the IPMHPCP. Conferences may be local, national or international, such as the Boston Institute for the Development of Infants and Parents (BIDIP), Zero to Three's National Training Institute, the ICDL International Conference, the World Association of Infant Mental Health (WAIMH) international meeting.
5. **Course tuition of \$11,000:** Payment breakdown: \$3,000 deposit - upon acceptance to the program; an additional tuition of \$3,000 is due by December 1, 2019; remaining tuition of \$5,000 is due by January 1, 2021.
6. **Readings and Required Texts:** Acquire and read required articles assigned throughout the course, and acquire "Required Texts" and a general child development text of the trainee's choice.