

MARCH 2021 PROGRAM LAUNCH

*“There is no such thing as a baby;
there is a baby and someone.”*—Donald Winnicott¹

WHAT IS THE ACT PROGRAM AT THE UNIVERSITY OF WASHINGTON?

The **Advanced Clinical Training (ACT) Program** at the **Barnard Center for Infant and Early Childhood Mental Health** is an intensive, 15-month professional development program for post-graduate, licensed, or license-eligible mental health professionals. The ACT Program is designed as a cohort-based learning community grounded in the principles of diversity-informed practice.

The ACT Program is crosswalked with the **Washington Association for Infant Mental Health (WA-AIMH)** **endorsement competencies** and offers over 270 contact hours of continuing education units with approximately 60 hours of reflective practice consultation in small groups.

THE PROGRAM DELIVERS

- Comprehensive foundational knowledge in infant and early childhood mental health principles, concepts, and practice
- Integrated system perspective content
- Reflective practice and observation
- Diversity-informed, relationship-focused clinical mental health training
- Community learning cohort relationship

TUITION

Tuition for the ACT Program is \$6,000 for the inaugural cohort and estimated to be begin at \$8,000 for subsequent cohorts. Need- and criteria-based partial tuition waivers are available for a limited number of ACT Program clinicians.

CLINICAL MENTAL HEALTH PRACTICE WITH INFANTS AND YOUNG CHILDREN

The field of Infant and Early Childhood Mental Health (IECMH) strives to support every infant and young child’s capacity “to experience, express, and regulate emotions; form close and secure relationships; and explore the environment and learn, all in the context of cultural expectations”². As Winnicott suggests, every aspect of a baby’s developmental process, prenatally and onward, unfolds within the context of relationships³. IECMH professionals attend to the relationships with and in which children live such as with their parents and caregivers, homes and neighborhoods, as well as the institutions and systems that interact with their families. Engaging infants, young children, and families within this dynamic, multi-layered social-relational context is foundational to diversity-informed infant and early childhood mental health practice. Diversity-informed professionals recognizes the historical and contemporary importance of race, ethnicity, class, gender, sexuality, age, ability, nationality, immigration status, and other social positioning identities and circumstances in the development and lived experience of infants, young children, and families. We strive for the highest standards of equitable access and inclusivity in all spheres of infant and early childhood mental health practice including, teaching and training, policy and advocacy, research and writing, and direct services.⁴

barnardcenter.nursing.uw.edu | BCact@uw.edu

Due to COVID-19, we do not have an active phone number.
Please send an E-mail with questions or to setup a meeting with us.

2020 VIRTUAL OPEN HOUSE DATES

FRIDAY, DECEMBER 11
9–10 AM & 4–5 PM

WEDNESDAY, DECEMBER 16
9–10 AM & 4–5 PM

WEDNESDAY, JANUARY 6
9–10 AM & 4–5 PM

WEDNESDAY, JANUARY 20
12–1 PM & 4–5 PM

E-mail us at BCact@uw.edu to sign up!

ACT PROGRAM CURRICULUM SUMMARY

MONTHS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PHASE	Phase 1—Foundations of IECMH							Phase 2— Advanced Clinical Training							
SUPPORTING ACTIVITIES	Infant Observation														
	Reflective Practice Group														

PHASE 1—FOUNDATIONS OF IECMH

MONTH		HOURS
1	Introduction and Framing	18
2	Diversity-Informed Practice & Principles	18
3	Foundations of Reflective Practice	9
3–4	Child Development & Early Relational Health and Well-being: Prenatal to 5	27
5	Developmental Diversity, Differences, and Disabilities	6
	Attachment Theory and Concepts	12
6	Foundations of IECMH Assessment	9
	Foundations of IECMH Interventions	9
	DIR Floortime 101 ICDL training	12
7	Trauma, Resiliency & Healing in IECMH Practice	6
	Neurorelational Framework	12

PHASE 2—ADVANCED CLINICAL TRAINING

8	Psychoanalytic/Psychodynamic Developmental and Treatment Lens	18
9	Pre-history of Case and Family Engagement	18
10	IECMH Clinical Assessment	18
11	Critical Reflective Practice + IECMH Clinical Treatment	18
12	Special Topics—Relational Implications of Caregiver Specific Treatment Concerns	18
13	Special Topics—Relational Implications of Treatment Contextual Concerns	18
14	Full Case Framing and Consultation	18
15	Evaluation of Practice	18

SUPPORTING ACTIVITIES

1–12	Infant Observation—Over 12 months (1 hour per month)	12
1–12	Infant Observation Reflection Group (2 hours per month)	24
1–15	Facilitated Reflective Practice Group—Over 15 months (1.5–2 hours every other week)	45–60

*Preliminary summary: The first six months are planned to be online based on current projected public health recommendations.

- 1 Winnicott, D.W. (1962). *The child, the family, and the outside world*. Reading, MA: Addison-Wesley Publishing.
- 2 ZERO TO THREE Infant Mental Health Task Force. (2001, December). Definition of infant mental health. Unpublished manuscript.
- 3 Osofsky, J. D., & Lieberman, A. F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. *American Psychologist*, 66(2), 120.
- 4 Tenets Initiative (2018). *Core Concepts*. Chicago, IL: Irving Harris Foundation.