

A TWO DAY EVENT
INFANT RESEARCH AND ADULT TREATMENT

With Beatrice Beebe, PhD

November 7 & November 14, 2020

11 AM - 2 PM PST

DAY 1

THREE MODELS OF MOTHER-INFANT TRAUMA

The first model is a treatment case; the second and third are based in research studies in community samples. All three have illustrative video material. (1) Case of Linda and Dan: Mother suicidal at birth; (2) Origins of disorganized attachment at 4 months; (3) Pregnant and widowed on 9/11. For each model of mother-infant trauma, the audience will be led through an embodied interactive role-play of the patterns of interaction.

Current approaches to mother-infant treatment deal broadly with relational disturbance, but not specific patterns of interactive disturbance. Increased specificity in describing patterns of disturbance associated with different forms of mother-infant trauma can facilitate more focused clinical intervention, across a range of clinical settings.

Awareness of nonverbal communication will be enhanced by (a) understanding results from infant research; (b) seeing/discussing films & frame-by-frame analyses of mother-infant communication as well as films and vignettes of adult treatment; (c) role-playing brief interactions identified by infant research.

LEARNING OBJECTIVES:

1. Describe how frame-by-frame analysis of video provides a microscope into the details of mother-infant interaction
2. Describe ways in which mother-infant research can inform mother-infant treatment
3. Describe different pictures of mother-infant trauma

CONTRIBUTIONS OF THIS SEMINAR:

1. Ways in which mother-infant research can inform mother-infant treatment
2. The widely differing pictures of mother-infant trauma (with mothers experiencing different kinds of crises (interpersonal, intrapsychic, situational/event trauma)
3. The importance of learning to see interaction patterns. Whereas some treatment approaches privilege the mother's representations of herself and her infant, in this approach the interaction patterns themselves and their careful description are seen as essential to the treatment, along with the mother's representations. However, learning to see interaction patterns is difficult and is the first step before symbolized description can occur. Description, one form of mentalization, is necessary before interpretation can occur.
4. The value of video in mother-infant treatment: (a) the clinician can more comprehensively discern the specific interaction patterns that are disturbed; (b) with an experienced clinician's careful, delicate, protective use of the video, the mother can see with her own eyes what is happening while the clinician protects her self-esteem.
5. Experiential learning that highlights preverbal, embodied experience, and multiple modes of non-verbal communication.

PRICING

One day:

\$100 - Non Members
\$90 - Members
\$50 - Students/ residents/ interns/
community mental health professionals

Both days:

\$175 - Non Members
\$157.50 - Members
\$87.50 - Students/ residents/ interns/
community mental health professionals

BIOGRAPHY:

Beatrice Beebe Ph.D. is Clinical Professor of Psychology (in Psychiatry), College of Physicians & Surgeons, Columbia University; Department of Child and Adolescent Psychiatry, New York State Psychiatric Institute. She directs a basic research lab on mother-infant communication. She is faculty at several psychoanalytic institutes, and she has a private practice for adults and mother-infant pairs. She is author or co-author of 6 books and 73 peer-reviewed articles. The most recent book is *The mother-infant interaction picture book: Origins of attachment* (Beebe, Cohen & Lachman, Norton, 2016). For a decade she directed a pro bono primary prevention project for mothers who were pregnant and widowed on 9-11 (Beebe, Cohen, Sossin, & Markese, Eds., *Mothers, infants and young children of September 11, 2001: A primary prevention project*, 2012). A documentary film about her research is available (website of the Psychoanalytic Electronic Publishing [PEPweb], *Mother-Infant Communication: The Research of Dr. Beatrice Beebe*, by Karen Dougherty, 2016). She has a half-hour internet talk, *Decoding the nonverbal language of babies* ([click here to view](#)) and an hour-long internet interview about her work: ([Part one](#)), ([Part two](#)).



DAY 2

VIDEO FEEDBACK THERAPY FOR A TRAUMATIZED PATIENT WHO DOES NOT LOOK

I explore processes of nonverbal communication in adult treatment through a project, "Videotaping the Therapist's Face." By turning the lens on the therapist, we can learn more about how and what the therapist communicates to her patient. The therapist's face, as well as bodily gestures of head and hands, and the background vocal rhythm of the narrative, are relatively unexplored avenues of therapeutic action in adult treatment. To illustrate this process, I present a case in which I use the videotaped sessions of the analyst's face for "video feedback" therapy with a patient who does not look at the faces of other people. I am the video feedback consultant to an ongoing 20+ year intensive treatment by Dr. Larry Sandberg.

A great deal of what the patient experiences well as what the therapist experiences can be seen in the face, head and hand gestures of the therapist. During the feedback portion of the session, the therapist and patient together look at the video they just made and try to understand both what the therapist feels and what the patient might feel, and what the therapist might be reacting to in the patient. Watching the video gives the patient who cannot look a chance to see the therapist's face without having to be directly in the conversation. We will discuss how this process helped this patient, across 10 years of video feedback therapy.

LEARNING OBJECTIVES:

1. Participants will learn about the potential role of video for traumatized patients who cannot look directly into the face of another person.
2. Participants will learn about how a video feedback therapy can facilitate an understanding of both verbal and nonverbal communication in an adult treatment.
3. Participants will learn about the role of video feedback therapy as an adjunct to an ongoing treatment.

CONTRIBUTIONS OF THE SEMINAR:

Nonverbal interpersonal/communication skills are procedural skills which improve patient care/psychoanalytic practice. This seminar will enhance clinician ability to sense nonverbal patterns (procedures) in his/her own body and patient's body (face/ head/ hands/vocal rhythm/prosody), relevant to treatments on the couch as well as face-to-face.

Continuing Medical Education

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychoanalytic Association and the Oregon Psychoanalytic Center. The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians.

The American Psychoanalytic Association designates this Live Activity for a maximum of 6.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

IMPORTANT DISCLOSURE INFORMATION FOR ALL LEARNERS: None of the planners and presenters of this CME program have any relevant financial relationships to disclose.