



**Rhode Island Association for  
Infant Mental Health (RIAIMH)**

**Competency Guidelines**

**Endorsement for Culturally Sensitive,  
Relationship-Focused Practice Promoting  
Infant Mental Health®**



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# INTRODUCTION TO THE MICHIGAN ASSOCIATION FOR INFANT MENTAL HEALTH (MI-AIMH)

## **COMPETENCY GUIDELINES® AND ENDORSEMENT®**

### **A HISTORICAL REVIEW**

#### **MI-AIMH**

The Michigan Association for Infant Mental Health (MI-AIMH) is an interdisciplinary, professional organization established to promote and support the optimal development of infants, young children, and families through a variety of activities including relationship-focused workforce development and advocacy efforts. Incorporated in 1977, MI-AIMH has offered training and education related to infant and early childhood mental health principles and practices to individuals and groups for almost 40 years. Hundreds of service providers participate annually in state, local, and regional trainings that are designed to build a more skillful and confident workforce. Over 600 professionals attend the highly acclaimed MI-AIMH Conference every other year. Many more professionals benefit from MI-AIMH publications such as the *Infant Mental Health Journal* and *The Infant Crier*, as well as materials and learning tools that support early relationship development. With an annual membership of over 1,200 infant and family professionals and 13 chapters, MI-AIMH is proud of its role as an association promoting infant and early childhood mental health principles and practices.

#### **COMPETENCY GUIDELINES®<sup>1</sup>**

Inspired by the work of Selma Fraiberg and her colleagues who coined the phrase “infant mental health” (Fraiberg, 1980), practitioners in Michigan designed a service model to identify and treat developmental and relationship disturbances in infancy and early parenthood. The pioneering infant mental health specialists were challenged to understand the emotional experiences and needs of infants while remaining curious and attuned to parental behavior and mental health needs within the context of developing parent-child relationships. Specialists worked with parents and infants together, most often in clients’ homes but also in clinics and settings for assessment and service delivery. Intervention and treatment strategies varied, including concrete assistance, emotional support, developmental guidance, early relationship assessment and support, infant parent psychotherapy, and advocacy, as appropriate to the child and family. (Weatherston, 2001).

As infant mental health practice evolved in Michigan, clinicians, university faculty, and policymakers became increasingly concerned about the training needs of all infant-family professionals related to infant mental health principles and practices. Competency, as determined by expert consensus, required the development of a unique knowledge base, clinical assessment, and intervention/treatment skills specific to infancy and early parenthood, as well as reflective supervisory experiences that would lead to best practice. These basic components were approved by the MI-AIMH Board of Directors in 1983 and outlined in the MI-AIMH *Training Guidelines* (1986) to guide pre-service, graduate, and in-service training of infant mental health specialists in institutes, colleges, universities, and work settings.

In 1990, the National Center for Infants, Toddlers, and Families (now known as ZERO TO THREE) published *Preparing Practitioners to Work with Infants, Toddlers, and Their Families: Issues and Recommendations for the Professions*, emphasizing specialized knowledge, areas of skill, and direct service experiences with infants and young children that would promote competency among professionals in the infant and family field. Although not focused on the practice of infant mental health, the ZERO TO THREE publication reinforced the importance of theory and supervised practice for the development of competency for professionals serving infants, young children, and their families (ZERO TO THREE, 1990).

1. Excerpted and updated from Weatherston D, Kaplan-Estrin M, Goldberg S. Strengthening and recognizing knowledge, skills, and reflective practice: the Michigan Association for Infant Mental Health *Competency Guidelines®* and Endorsement® process. *Infant Mental Health Journal*. 2009; 30(6):648-663

By the mid-1990s, federal legislation under the *Individuals with Disabilities Education Act* (IDEA) (1990) and Public Law 99-457-Part H (1994) gave further impetus across the country to serve infants and young children from a family perspective and to identify core competencies to prepare the personnel working with them. By 1996, the Michigan Department of Education (MDE), the lead agency for Part H, recognized five areas of competency for early interventionists across many disciplines who work with children from birth to three years and their families. These areas included theoretical and legal/ethical foundations, as well as interpersonal/team skills, direct service skills, and advocacy skills.

In 1996, a group of MI-AIMH members in the Detroit area discussed the role of infant mental health practitioners and concluded that there was a need for an endorsement or certification process for these practitioners in Michigan. When their conclusions were presented to the MI-AIMH Board, most board members were not convinced that the organization should work toward such a process. Nevertheless, recognizing the work done by ZERO TO THREE, federal legislation, and the MDE in relation to early intervention and understanding that infant mental health is a specialization within the early intervention field, a group of MI-AIMH members in Detroit formed a work group in 1997 to identify early intervention competencies specific to infant mental health, expanding the five core areas identified by the MDE. The 12-member group was comprised of experts in the infant mental health field, including seasoned practitioners, program supervisors, university faculty, and policy experts. They represented many disciplines including social work, psychology, early childhood, special education, child and family development, and nursing.

By 1997, the group had drafted a set of competencies that were approved by the 40-member MI-AIMH Board. This set of competencies was framed around eight areas of expertise, linking the competencies identified in the MI-AIMH Training Guidelines (1986) with the TASK Documents published by ZERO TO THREE (1990) and the competencies developed by the MDE (1996).

The eight areas included:

1. Theoretical Foundations
2. Law, Regulation, and Agency Policy
3. Systems Expertise
4. Direct Service Skills
5. Working With Others
6. Communicating
7. Thinking
8. Reflection

The work on the competencies reflected the following belief (ZERO TO THREE, 1990): “The development of competence to work with infants, young children, and their families involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential as the acquisition of scientific knowledge and therapeutic skill” (p. 18). Significant to these standards was the inclusion of reflection as integral to best practice in the infant and family field.

During the next few years, the MI-AIMH work group expanded the competencies to detail the practice of professionals from multiple disciplines who worked in many different ways with infants, young children, and families. MI-AIMH hired a professional skilled in the development of workforce credentialing to work directly with MI-AIMH members to determine service strategies specific to the promotion of infant mental health.

These strategies reflected commitment to the definition of infant mental health as developed by Zeanah and Zeanah (2001):

“The field of infant mental health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural context” (p. 14).

Members drew on the significant understanding of other leaders in the field (Fitzgerald and Barton, 2000; Lieberman, Silverman, and Pawl, 2000; McDonough, 2000; Shirilla and Weatherston, 2002; Trout, 1985). To capture service strategies thoroughly, committee members reviewed work details included in personal work journals and held focus groups to discuss the relevance of the competencies to the promotion of infant mental health principles and practices across disciplines and in multiple practice settings. Interdisciplinary work groups reviewed the materials and reached consensus around a set of eight core competency domains and organized the document into four domains:



- Infant Family Associate
- Infant Family Specialist
- Infant Mental Health Specialist
- Infant Mental Health Mentor

Their efforts resulted in the first detailed publication of the competencies promoting infant mental health for the infant and family field, the MI-AIMH *Competency Guidelines*® (2000). Experts agreed that these guidelines provided a framework for identifying knowledge, skills, and reflective practice approaches that best supported the development of competency across disciplines and in multiple practice settings. By 2002, MI-AIMH completed and introduced the MI-AIMH *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*®. Central to this work force plan were the MI-AIMH *Competency Guidelines*®.

We gratefully acknowledge the original members of the MI-AIMH Endorsement® Committee who guided the development of the *Competency Guidelines*® and the Endorsement® process:

Sheryl Goldberg, LMSW, IMH-E® (Chair)

Brooke Foulds, MA, IMH-E®

Judith Fry McComish, PhD, IMH-E®

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Sally Stinson, MA, IMH-E®

Deborah Weatherston, PhD, IMH-E®

We thank Valerie Brown, Consultant, Triad Performance Technologies, Inc., for her organizational efforts.

We give special thanks to the W.K. Kellogg Foundation for generous support toward the completion of the MI-AIMH Endorsement®.



## ENDORSEMENT®

Endorsement® is intended to recognize experiences that lead to competency in the infant-family field. It does not replace licensure or certification, but instead is meant as evidence of a specialization in this field. Endorsement® is cross-sector and multidisciplinary, including professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, social work, and others. Endorsement® indicates an individual's efforts to specialize in the promotion and practice of infant or early childhood mental health within his/her own chosen discipline.

Earning Endorsement® demonstrates that an individual has completed specialized education, work, in-service training, and reflective supervision/consultation experiences (as defined in Endorsement® criteria) that have led to competency in the promotion and/or practice of infant mental health. Endorsement® does not guarantee the ability to practice as a mental health professional, although many who have earned Endorsement® are licensed mental health professionals.

Endorsement® offers career paths that focus on principles, best practice skills, and reflective work experiences that lead to increased confidence and credibility. Endorsement® will inform prospective employers, agencies and peers about culturally sensitive, relationship-focused practice promoting infant mental health.

The categories of Endorsement® are:

- Infant Family Associate (IFA)
- Infant Family Specialist (IFS)
- Infant Mental Health Specialist (IMHS)
- Infant Mental Health Mentor (IMHM)
  - Clinical (IMHM-C)
  - Policy (IMHM-P)
  - Research/Faculty (IMHM-R/F)

It may be helpful to think of the categories as tied to an individual's scope of practice. In most cases, IFA is a good fit for professionals in promotion, IFS for professionals in prevention, IMHS for professionals in intervention/treatment, and IMHM for leaders in the infant-family field. Detailed information about the requirements for specialized education, work, in-service training, and reflective supervision/consultation experiences are different in each category and can be found within this publication.

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Endorsement<sup>®</sup> is meant to honor professionals who apply infant and early childhood mental health principles to their practice. It is granted through documentation and verification of the required specialized education, work, in-service training, and reflective supervision/consultation experiences. Endorsement<sup>®</sup> is not a license but an overlay that complements one's professional license and/or other credentials.



# RHODE ISLAND ASSOCIATION FOR INFANT MENTAL HEALTH (RIAIMH)

The Rhode Island Association for Infant Mental Health (RIAIMH) is a non-profit membership organization that offers expertise in infant and early childhood mental health.

## OUR MISSION

To foster the mental health and well-being of pregnant women, young children, and their families by supporting the discipline of infant mental health in Rhode Island.

Through training, reflective supervision/consultation, research, and advocacy, we promote reflective, culturally competent, relationship-based practices that equip professionals to nurture strong relationships among young children and all of the adults who care for them.

We also advocate for resources and informed practices within government and regulatory institutions that further the social and emotional well-being of young children and their families in Rhode Island.

## HISTORY

RIAIMH was founded in 2002 and received 501c(3) status in 2003. We are an affiliate of the World Association for Infant Mental Health and a founding member of the Alliance for the Advancement of Infant Mental Health®.

## ENDORSEMENT®

RIAIMH is committed to helping professionals incorporate best practices for infant mental health into all programs that serve Rhode Island infants, young children, and their families. To achieve this goal, we promote a standard set of Infant Mental Health Competencies for our diverse infant/family workforce. We also offer *Endorsement For Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*® (RI-IMH-Endorsement®). This internationally recognized credential is supported by the Alliance for the Advancement of Infant Mental Health® and reflects our community's commitment to supporting a high-quality infant and early childhood workforce.

RIAIMH is working with an array of partners to align the competencies and RI-IMH-Endorsement® process with existing professional development standards for individuals serving infants, toddlers, and their families in Rhode Island.

The Endorsement® materials used by RIAIMH are copyrighted by the Michigan Association for Infant Mental Health (MI-AIMH). RIAIMH is able to make these materials available to our membership and collaborators through a licensing agreement with the MI-AIMH.

For more information about applying for RI-IMH-Endorsement®, please see the RIAIMH website ([www.riaimh.org](http://www.riaimh.org)).

### BENEFITS OF RI-IMH-ENDORSEMENT®

- Participate in an internationally recognized workforce development system that can advance you along multiple career pathways in the infant, early childhood, and family field.
- Develop your ability to apply infant mental health principles to your practice.
- Receive recognition for your commitment to high-quality practice and for your specialized education, work experiences, training, and reflective supervision/consultation experiences.

For more information on RIAIMH and RI-IMH-Endorsement®  
please contact us via email at [info@riaimh.org](mailto:info@riaimh.org)  
Or find us online at [www.riaimh.org](http://www.riaimh.org)







# COMPETENCY DETAILS

## INFANT FAMILY ASSOCIATE (IFA)

### 1. Theoretical Foundations

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#### *Knowledge Areas:*

- pregnancy and early parenthood
- infant/young child development and behavior
- infant/young child and family-centered practice
- relationship-focused practice
- family relationships and dynamics
- attachment, separation, trauma, grief, and loss
- cultural competence

#### *As Demonstrated by:*

For infants, young children, and families referred and enrolled for services:

- Informally (and in some cases, formally) observes and assesses the infant or young child, parent, and their relationship to identify landmarks of typical child development; behavior; and healthy, secure relationships
- Supports and reinforces parent's ability to seek appropriate care during pregnancy
- Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions
- Demonstrates awareness of conditions that optimize early infant brain development
- Recognizes conditions that require the assistance of other service providers and refers these situations to the supervisor
- Shares with families an understanding of infant and family relationship development
- Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture





## 2. Law, Regulation, and Agency Policy

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### *Knowledge Areas:*

- ethical practice
- government, law, and regulation
- agency policy

### *As Demonstrated by:*

- Exchanges complete and unbiased information in a supportive manner with families and other team members
- Practices confidentiality with each family's information in all contexts, with the only exception being when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn)
- Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency
- Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children's Protective Services after discussion with supervisor
- Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families
- Is knowledgeable about the rights of citizen children of non-citizen parents
- Personally works within the requirements of:
  - Federal and state law
  - Agency policies and practices
  - Agency code of conduct

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## 3. Systems Expertise

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### *Knowledge Areas:*

- service delivery systems
- community resources

### *As Demonstrated by:*

- Assists families to anticipate and obtain the basic requirements of living and other needed services from public agencies and community resources
  - Collaborates and communicates with other service agencies to ensure that the child(ren) and family receive services for which they are eligible and that the services are coordinated
  - Helps parents build the skills they need to access social support from extended family, neighbors, and friends as needed and as available in the community
  - Makes families and service providers/agencies aware of community resources available to families during pregnancy, the newborn period, and the early years
-

## 4. Direct Service Skills

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### *Knowledge Areas:*

- observation and listening
- screening and assessment
- responding with empathy
- advocacy
- life skills
- safety

### *As Demonstrated by:*

For infants, young children, and families referred and enrolled for services:

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates needed change
- Uses example, encouragement, and, when appropriate, own life experience to:
  - Empower families to become socially and emotionally self-sufficient
  - Create nurturing, stable infant/young child-caregiver relationships
- Provides direct care and teaching/developmental activities to infants, young children, and families with multiple, complex risk factors to help ensure healthy pregnancy outcomes and the optimal development of the child in all domains (eg. physical, social, emotional, cognitive)
- Participates in formal and informal assessments of the development infant/young child, in accordance with standard practice
- Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change
- Provides information and assistance to parents or caregivers to help them:
  - Understand their role in the social and emotional development of infants/young children
  - Understand what they can do to promote health, language, and cognitive development in infancy and early childhood
  - Find pleasure in caring for infants/young children
- Promotes parental competence in:
  - Facing challenges
  - Resolving crises and reducing the likelihood of future crises
  - Solving problems of basic needs and familial conflict

*Please note:* In some organizations, this may be the responsibility of the supervisor/Infant Family Specialist practitioner

- Advocates for services needed by infants, child(ren) and families with the supervisor, agencies, and programs
- Recognizes environmental and caregiving risks to the health and safety of the infant/young child and parents and takes appropriate action

## 5. Working With Others

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### *Skill Areas:*

- building and maintaining relationships
- supporting others
- collaborating
- resolving conflict
- empathy and compassion

### *As Demonstrated by:*

- Builds and maintains effective interpersonal relationships with families and professional colleagues by:
  - Respecting and promoting the decision-making authority of families
  - Understanding and respecting the beliefs and practices of the family's culture
  - Following the parents' lead
  - Following through consistently on commitments and promises
  - Providing regular communication and updates
- Works with and responds to families and colleagues in a tactful and understanding manner
- Collaborates and shares information with other service providers and agencies to ensure the safety of the infant/young child, coordinated services, and to promote awareness of relationship-focused approaches to working with children
- Works constructively to find “win-win” solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)

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## 6. Communicating

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### *Skill Areas:*

- listening
- speaking
- writing

### *As Demonstrated by:*

- Actively listens to others and asks questions for clarification
- Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior
- Communicates honestly, sensitively, and empathically with families, using non-technical language
- Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier
- Writes clearly, concisely, and with the appropriate style (eg, business, conversational, etc) in creating notes, reports, and correspondence



## 7. Thinking

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### *Knowledge Areas:*

- analyzing information
- solving problems
- exercising sound judgment
- maintaining perspective
- planning and organizing

### *As Demonstrated by:*

- Sees and can explain the “big picture” when analyzing situations
- Sees and can explain the interactions of multiple factors and perspectives
- Assigns priorities to needs, goals, and actions
- Considers difficult situations carefully
- Evaluates alternatives prior to making decisions
- Integrates all available information and consults with others when making important decisions
- Generates new insights and workable solutions to issues related to effective, relationship-focused, family-centered care
- Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families
- Employs effective systems for tracking individual progress, ensuring follow-up, and monitoring the effectiveness of service delivery as a whole

## 8. Reflection

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### *Skill Areas:*

- contemplation
- self-awareness
- curiosity
- professional/personal development
- emotional response

### *As Demonstrated by:*

- Regularly examines own thoughts, feelings, strengths, and growth areas
- Seeks the ongoing support and guidance of the supervisor to:
  - Ensure that the family's progress and issues are communicated and addressed
  - Determine actions to take
  - Help maintain appropriate boundaries between self and families
- Seeks a high degree of agreement between self-perception and the way others perceive him/her
- Remains open and curious
- Identifies and participates in appropriate learning activities
- Keeps up-to-date on current and future trends in child development, behavior, and relationship-focused practice
- Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work
- Understands capacity of families to change
- Recognizes areas for professional and/or personal development





# ENDORSEMENT® REQUIREMENTS INFANT FAMILY ASSOCIATE (IFA)

## EDUCATION AND/OR WORK EXPERIENCE

1. Official transcripts from any academic coursework including Associate's, Bachelor's, Master's, and/or Doctorate degrees
- OR
2. Official transcript/certificate from Child Development Associate (CDA) program
- OR
3. Two years of infant<sup>2</sup>-related paid work experience<sup>3</sup>

## TRAINING

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infancy, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant and early childhood mental health
- **Minimum** 30 clock hours required
- Typically, successful IFA applications include 40 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

## REFLECTIVE SUPERVISION/CONSULTATION

Encouraged, but not required for Infant Family Associate

## PROFESSIONAL REFERENCE RATINGS

Total of three required:

1. One must come from a current supervisor
2. At least one must come from an individual who is IMH or ECMH endorsed, meets Endorsement® Requirements, or is familiar with the *Competency Guidelines*® and vetted by an Endorsement® Coordinator<sup>4</sup>
3. One can come from a colleague, or a parent/recipient of services (paid or volunteer), teacher, CDA mentor, or Board member

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

2. Infant, for the purposes of this Endorsement®, is defined as birth to 36 months

3. Volunteer experience may meet this criterion if it was: a) supervised experience with infants/toddlers (birth to 36 months) and families *and* b) included specialized training. Examples include court-appointed special advocate (CASA) and Child Life Specialist. Please contact your association's Endorsement® Coordinator to see if your volunteer experience fits

4. The vetting of a reference rater who is not endorsed consists of a phone call with the proposed rater so the Endorsement® Coordinator can determine if proposed rater has a copy of the *Competency Guidelines*® and is familiar enough with them to rate the applicant's knowledge and skills as defined in them. The decision to accept the vetted reference rater will be documented by an Endorsement® Coordinator in the References section of the applicant's Endorsement® Application System (EASy) application

## DEMONSTRATION OF COMPETENCIES

Application will demonstrate that competencies have been adequately met through course work, in-service training and work/volunteer experiences. Reflective supervision/consultation, although not required, is recommended and will support demonstration of competencies. Written examination not required for applicants seeking Infant Family Associate Endorsement®

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association

# ENDORSEMENT® RENEWAL REQUIREMENTS INFANT FAMILY ASSOCIATE (IFA)

## EDUCATION AND TRAINING

Minimum of 15 clock hours per year of relationship-based education and training pertaining to the promotion of social-emotional development, in the context of family and other caregiving relationships, of children from birth to the age of 36 months, including the principles of infant and early childhood mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, or community practice). Documentation of training hours submitted with membership renewal

## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

All endorsed professionals are encouraged to seek reflective supervision or consultation



Note: It is recognized that some IFA practitioners have rather limited contact with parents/caregivers. For these practitioners, key responsibilities involving interactions with parents/caregivers are still expected, but should be demonstrated within the limits of their parent/caregiver contact.

# Infant Family Associate Impact Map

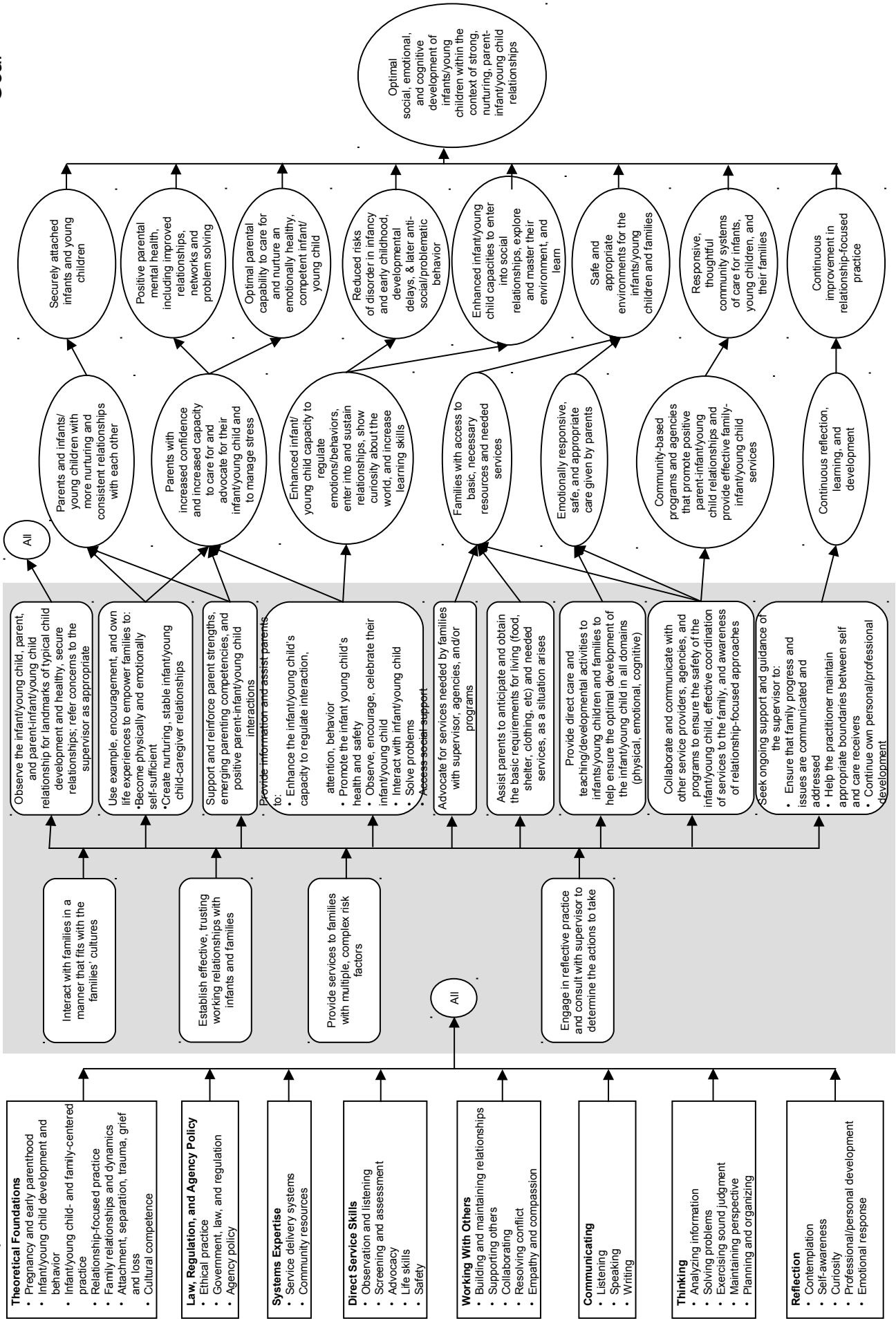
Service Goal

Service Objectives

Results

Key Responsibilities

Competencies





# COMPETENCY DETAILS

## INFANT FAMILY SPECIALIST (IFS)

### 1. Theoretical Foundations

---

#### *Knowledge Areas:*

- pregnancy and early parenthood
- infant/young child development and behavior
- infant/young child and family-centered practice
- relationship-focused, therapeutic practice
- family relationships and dynamics
- attachment, separation, trauma, grief, and loss
- disorders of infancy/early childhood
- cultural competence

#### *As Demonstrated by:*

For infants, young children, and families referred and enrolled for services:

- During observations and assessments, identifies emerging competencies of the infant and young child within a relationship context
- Supports and reinforces parent's capacity to seek appropriate care during pregnancy
- Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions and relationships
- Helps parents to:
  - “See” the infant/young child as a person, as well as all the factors (eg, playing, holding, teaching) that constitute effective parenting of that child
  - Derive pleasure from daily activities with their children
- Shares with families the realistic expectations for the development of their infants/young children and strategies that support those expectations
- Demonstrates familiarity with conditions that optimize early infant brain development
- Recognizes risks and disorders of infancy/early childhood conditions that require the assistance of other professionals from health, mental health, education, and child welfare systems
- Shares with families an understanding and appreciation of family relationship development
- Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture



## 2. Law, Regulation, and Agency Policy

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### *Knowledge Areas:*

- ethical practice
- government, law, and regulation
- agency policy

### *As Demonstrated by:*

- Exchanges complete and unbiased information in a supportive manner with families and other team members
- Practices confidentiality with each family's information in all contexts, with the only exception being when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn)
- Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency
- Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children's Protective Services
- Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families and other service providers working with these families
- Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents
- Personally works within the requirements of:
  - Federal and state law
  - Agency policies and practices
  - Professional code of conduct

---

## 3. Systems Expertise

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### *Knowledge Areas:*

- service delivery systems
- community resources

### *As Demonstrated by:*

- Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources
- Actively seeks resources to address infant/young child and family needs
- Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receive services for which they are eligible and that the services are coordinated
- Helps parents build the skills they need to access social support from extended family, neighbors, and friends as needed and as available in the community
- Makes families and service providers/agencies aware of community resources available to families

## 4. Direct Service Skills

---

### *Knowledge Areas:*

- observation and listening
- screening and assessment
- responding with empathy
- advocacy
- life skills
- safety

### *As Demonstrated by:*

For infants, young children, and families referred and enrolled for services:

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates needed change
- Provides services to children and families with multiple, complex risk factors
- Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change
- Conducts formal and informal assessments of infant/young child development, in accordance with established practice
- Effectively implements relationship-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children
- Provides information and assistance to parents and/or caregivers to help them:
  - Understand their role in the social and emotional development of infants/young children
  - Understand what they can do to promote health, language, and cognitive development in infancy and early childhood
  - Find pleasure in caring for their infants/young children
- Nurtures the parents' relationship with each other, if one exists; alternatively, helps the custodial parent manage appropriate contact with the non-custodial parent
- Promotes parental competence in:
  - Facing challenges
  - Advocating on behalf of themselves and their children
  - Resolving crises and reducing the likelihood of future crises
  - Solving problems of basic needs and familial conflict
- Advocates for services needed by children and families with the supervisor, agencies, and other available programs
- Recognizes environmental and caregiving risks to the health and safety of the infant/young child and parents and takes appropriate action

## 5. Working With Others

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### *Skill Areas:*

- building and maintaining relationships
- supporting others/mentoring
- collaborating
- resolving conflict
- empathy and compassion

### *As Demonstrated by:*

- Builds and maintains effective interpersonal relationships with families and professional colleagues by:
  - Respecting and promoting the decision-making authority of families
  - Understanding and respecting the beliefs and practices of the family's culture
  - Following the parents' lead
  - Following through consistently on commitments and promises
  - Providing regular communications and updates
- Works with and responds to families and colleagues in a tactful and understanding manner
- Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families
- Assists families to develop the skills they need to become their own advocates
- Models appropriate behavior and interventions for new staff as they observe home visits
- Encourages parents to share with other parents (eg, through nurturing programs, parent-child interaction groups)
- Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services
- Works constructively to find “win-win” solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)
- Provides emotional support to parents/caregivers and children when sad, distressed, etc



## 6. Communicating

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### *Skill Areas:*

- listening
- speaking
- writing

### *As Demonstrated by:*

- Actively listens to others and asks questions for clarification
  - Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior
  - Communicates honestly, sensitively, and empathetically with families using non-technical language
  - Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier
  - Writes clearly, concisely, and with the appropriate style (eg, business, conversational) in creating notes, reports, and correspondence
- 

## 7. Thinking

---

### *Skill Areas:*

- analyzing information
- solving problems
- exercising sound judgment
- maintaining perspective
- planning and organizing

### *As Demonstrated by:*

- Sees and can explain the “big picture” when analyzing situations
  - Sees and can explain the interactions of multiple factors and perspectives
  - Assigns priorities to needs, goals, and actions
  - Considers difficult situations carefully
  - Evaluates alternatives prior to making decisions
  - Integrates all available information and consults with others when making important decisions
  - Generates new insights and workable solutions to issues related to effective, relationship-focused, family-centered care
  - Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families
  - Employs effective systems for tracking individual progress, ensuring follow up, and monitoring the effectiveness of service delivery as a whole
-



## 8. Reflection

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### *Skill Areas:*

- contemplation
- self-awareness
- curiosity
- professional/personal development
- emotional response

### *As Demonstrated by:*

- Regularly examines own thoughts, feelings, strengths, and growth areas and discusses issues, concerns, actions to take with supervisor, consultants, or peers
- Consults regularly with supervisor, consultants, and peers to understand own capacities and needs as well as the capacities and needs of families
- Seeks a high degree of agreement between self-perception and the way others perceive him/her
- Remains open and curious
- Identifies and participates in learning activities related to the promotion of infant mental health
- Keep up to date on current and future trends in child development and relationship-focused practice
- Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development



# ENDORSEMENT® REQUIREMENTS

## INFANT FAMILY SPECIALIST (IFS)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. The minimum requirement is a Bachelor of Arts (BA), Bachelor of Science (BS), Bachelor of Social Work (BSW), or a Bachelor of Nursing (BSN) degree. Other accepted degrees include a Master of Arts (MA), Master of Science (MS), Master of Social Work (MSW), Master of Education (MEd), Master of Nursing (MSN), Master of Applied Studies (MAS), Doctor of Philosophy (PhD), Doctor of Education (EdD), or Doctor of Psychology (PsyD)

### TRAINING

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infant mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health
- **Minimum** 30 clock hours required
- Typically, successful IFS applications include 50 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

### WORK EXPERIENCE

Minimum two years of paid, post-Bachelor's, professional work experience providing prevention and/or early intervention services that promote infant mental health. Work experience meets this criterion as long as the applicant has:

1. Served a minimum of 10 families where the target of services is an infant/toddler (birth to 36 months),
- AND
2. A primary focus of the services provided is the social-emotional needs of the infant/toddler,
- AND
3. Services focus on the promotion of the relationships surrounding the infant/toddler

### REFLECTIVE SUPERVISION/CONSULTATION

Minimum 24 clock hours within a one- to two-year timeframe of post-Bachelor's, relationship-based, reflective supervision or consultation, individually or in a group while providing services to infants/toddlers (birth to 36 months) and families

Applicants for Endorsement® as an IFS will receive reflective supervision/consultation from someone who is endorsed as an IMHS or IMHM-C. A Bachelor's prepared IFS applicant should receive reflective supervision/consultation from an IMHS or an IMHM-C and may seek reflective supervision/consultation from a Master's prepared person who has earned IFS Endorsement® if there is no one with an IMHS Endorsement® or IMHM-C Endorsement® available to provide this. The master's prepared IFS reflective supervision/consultation provider must receive reflective supervision/consultation while providing supervision to others

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one rating must come from endorsed IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing reflective supervision/consultation
3. One from another supervisor, teacher, trainer, consultant, or colleague

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

## DEMONSTRATION OF COMPETENCIES

Application will demonstrate that competencies have been adequately met through course work, work/volunteer experience, in-service training, and reflective supervision/consultation experiences. Written examination not required for applicants seeking Infant Family Specialist Endorsement®

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association

# ENDORSEMENT® RENEWAL REQUIREMENTS INFANT FAMILY SPECIALIST (IFS)

## EDUCATION AND TRAINING

Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships, of children during the prenatal period up to 36 months of age, including the principles and practices of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community practice, mentorship group)

Documentation of training hours submitted with membership renewal

For those who are Master's prepared and earn an IFS Endorsement® and provide reflective supervision/consultation to others, at least three of the hours of specialized training must be about reflective supervision/consultation

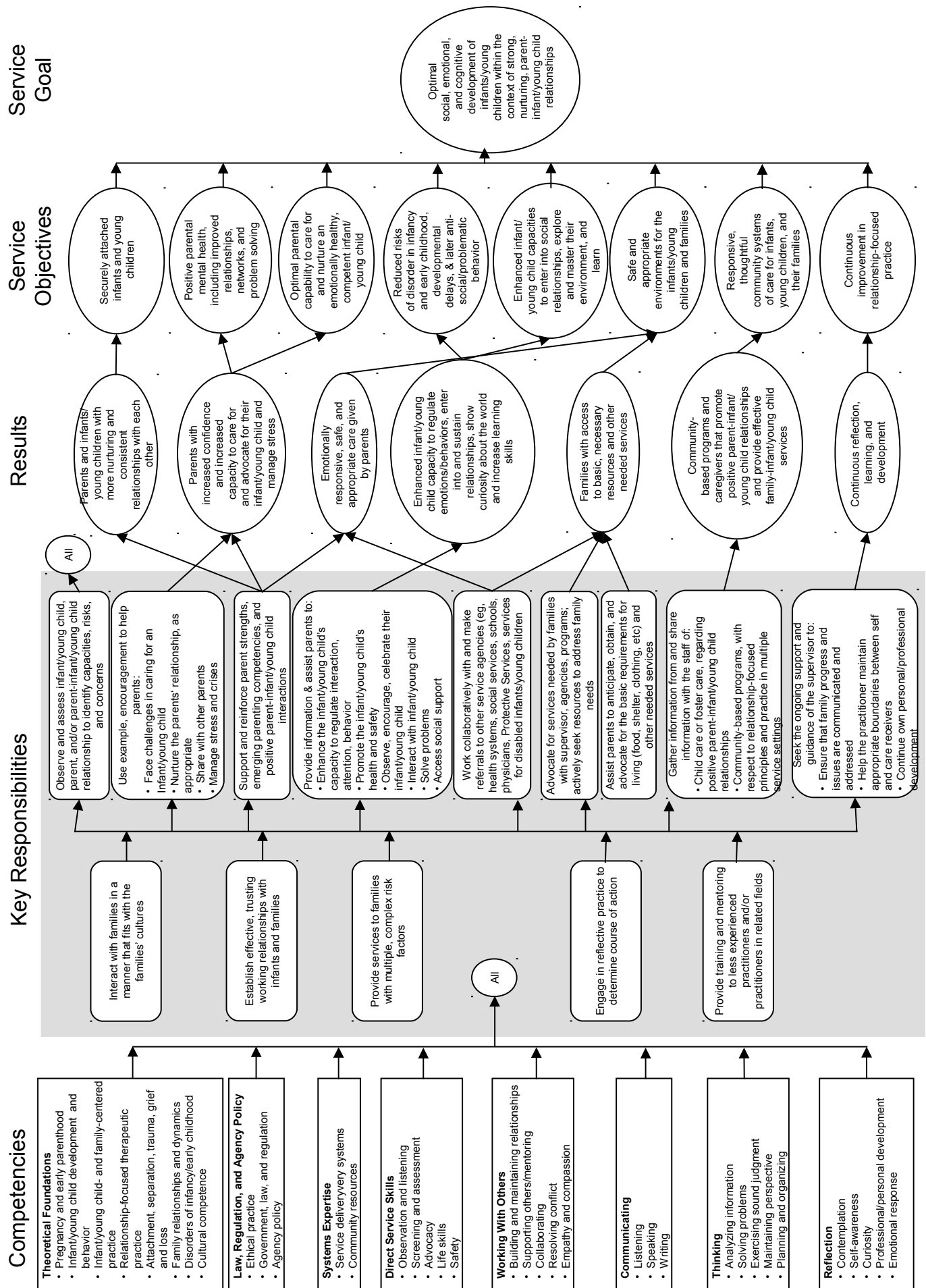
## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

It is required that all professionals endorsed as Infant Family Specialists receive a minimum of 12 hours of reflective supervision or consultation annually

# Infant Family Specialist Impact Map



The Endorsement® system is one of the first and most comprehensive efforts, nationally and internationally, to identify best practice competencies across disciplines and practice settings, offering multiple career pathways for professional development in the infant, early childhood, and family field.





# COMPETENCY DETAILS

## INFANT MENTAL HEALTH SPECIALIST (IMHS)

### 1. Theoretical Foundations

#### *Knowledge Areas:*

- pregnancy and early parenthood
- infant/young child development and behavior
- infant/young child and family-centered practice
- relationship-focused, therapeutic practice
- family relationships and dynamics
- attachment, separation, trauma, grief, and loss
- psychotherapeutic and behavioral theories of change
- disorders of infancy/early childhood
- mental and behavioral disorders in adults
- cultural competence

#### *As Demonstrated by:*

For infants, young children, and families referred and enrolled for services:

- Supports and reinforces parent's capacity to seek appropriate care during pregnancy
- Identifies both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and day-to-day interactions with the infant/young child and family
- Provides information, guidance, and support to families related to the development and care of infants/young children to further develop parenting capabilities and the parent-infant/young child relationship and *ensures that information is provided in the family's language*
- Develops service plans that take into account the unique needs, desires, history, lifestyle, concerns, strengths, resources, cultural community, and priorities of each infant/young child and family
- During observations and assessments, identifies emerging competencies of the infant and young child within a relationship context
- Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions and relationships
- Helps parents to:
  - “See” the infant/young child as a person, as well as all the factors (eg, playing, holding, teaching) that constitute effective parenting of that child
  - Derive pleasure from daily activities with their children
- Shares with families the realistic expectations for the development of their infants/young children and strategies that support those expectations
- Demonstrates familiarity with conditions that optimize early infant brain development
- Recognizes risks and disorders of infancy/early childhood conditions that require treatment, intervention, and/or the assistance of other professionals from health, mental health, education, and child welfare systems

*As Demonstrated by:*

- Shares with families an understanding and appreciation of family relationship development
- Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture
- Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths as well as developmental delays and/or emotional disturbances in infants and young children served
- Provides services that reinforce and nurture the caregiver-infant/young child relationship
- Engages in parent-infant/young child relationship-based therapies and practices to explore issues including attachment, separation, trauma, and loss that affect the development and care of the infant/young child



## 2. Law, Regulation, and Agency Policy

---

### *Knowledge Areas:*

- ethical practice
- government, law, and regulation
- agency policy

### *As Demonstrated by:*

- Exchanges complete and unbiased information in a supportive manner with families and other team members
- Practices confidentiality with each family's information in all contexts, with the only exception being when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn)
- Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency
- Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children's Protective Services
- Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families, child or foster care staff, and community-based programs
- Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents
- Personally works within the requirements of:
  - Federal and state law
  - Agency policies and practices
  - Professional code of conduct

---

## 3. Systems Expertise

---

### *Knowledge Areas:*

- service delivery systems
- community resources

### *As Demonstrated by:*

- Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources
- Actively seeks resources to address child and family needs
- Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receive services for which they are eligible and that the services are coordinated
- Helps parents build the skills they need to access social support from extended family, neighbors, and friends as needed and as available in the community
- Makes families and service providers/agencies aware of community resources available to families

## 4. Direct Service Skills

---

### *Knowledge Areas:*

- observation and listening
- screening and assessment
- responding with empathy
- intervention/treatment planning
- developmental guidance
- supportive counseling
- parent-infant/young child relationship-based therapies and practices
- advocacy
- life skills
- safety

### *As Demonstrated by:*

For infants, young children, and families referred and enrolled for services:

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates change
- Works with the parent(s) and the infant/young child together, often in the home, in accordance with accepted practice
- Observes the parent(s) or caregiver(s) and infant/young child together to understand the nature of their relationship, developmental strengths, and capacities for change
- Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
- Observes and articulates the infant's and parent's perspectives within a relationship context
- Recognizes and holds multiple viewpoints, (eg, infant, parent, and service provider)
- Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:
  - Identify and share with the parent(s) or caregiver(s) the strengths, capacities, needs, and progress of the infant/young child and family/caregiver(s)
  - Develop mutually agreed upon service plans incorporating explicit objectives and goals
  - Formulate clinical recommendations to guide best practice
- Effectively implements relationship-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children
- Helps parents identify goals and activities that encourage interaction and can be woven into the daily routines of the infant/young child and family
- Uses multiple strategies to help parents or caregivers:
  - Understand their role in the social and emotional development of infants/young children
  - Understand what they can do to promote health, language, and cognitive development in infancy and early childhood
  - Find pleasure in caring for infants/young children
- Promotes parental competence in:
  - Facing challenges
  - Resolving crises and reducing the likelihood of future crises
  - Solving problems of basic needs and familial conflict



- Uses toys, books, media, etc, as appropriate to support developmental guidance
- Identifies/diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (eg, *Diagnostic and Statistical Manual of Mental Disorders* [DSM-V], *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* [DC:0-5™])
- Attends and responds to parental histories of loss as they affect the care of the infant/young child, the parent's development, the emotional health of the infant/young child, and the developing relationship
- Recognizes environmental and caregiving threats to the health and safety of the infant/young child and parents, and takes appropriate action



## 5. Working With Others

---

### *Skill Areas:*

- building and maintaining relationships
- supporting others/mentoring
- collaborating
- resolving conflict
- empathy and compassion
- consulting

### *As Demonstrated by:*

- Builds and maintains effective interpersonal relationships with families and professional colleagues by:
  - Respecting and promoting the decision-making authority of families
  - Understanding and respecting the beliefs and practices of the family's culture
  - Following the parents' lead
  - Following through consistently on commitments and promises
  - Providing regular communications and updates
- Works with and responds to families and colleagues in a tactful and understanding manner
- Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families
- Encourages parents to share with other parents (eg, through nurturing programs, parent-child interaction groups)
- Provides emotional support to parents/caregivers and children when sad, distressed, etc
- Assists families to develop the skills they need to become their own advocates
- Models appropriate behavior and interventions for new staff as they observe home visits
- Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services
- Works constructively to find “win-win” solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)
- Training/coaching of caregivers and/or other professionals (eg, childcare teacher, foster parent, health, mental health, legal)



## 6. Communicating

---

### *Skill Areas:*

- listening
- speaking
- writing

### *As Demonstrated by:*

- Actively listens to others and asks questions for clarification
  - Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior
  - Communicates honestly, sensitively, and empathetically with families using non-technical language
  - Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier
  - Writes clearly, concisely, and with the appropriate style (eg, business, conversational) in creating notes, reports, and correspondence
- 

## 7. Thinking

---

### *Skill Areas:*

- analyzing information
- solving problems
- exercising sound judgment
- maintaining perspective
- planning and organizing

### *As Demonstrated by:*

- Sees and can explain the “big picture” when analyzing situations
  - Sees and can explain the interactions of multiple factors and perspectives
  - Assigns priorities to needs, goals, and actions
  - Considers difficult situations carefully
  - Evaluates alternatives prior to making decisions
  - Integrates all available information and consults with others when making important decisions
  - Generates new insights and workable solutions to issues related to effective, relationship-focused, family-centered care
  - Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families
  - Employs effective systems for tracking individual progress, ensuring follow up, and monitoring the effectiveness of service delivery as a whole
-

## 8. Reflection

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### *Skill Areas:*

- contemplation
- self awareness
- curiosity
- professional/personal development
- emotional response
- parallel process

### *As Demonstrated by:*

- Regularly examines own thoughts, feelings, strengths, and growth areas and discusses issues, concerns, and actions to take with supervisor, consultants, and peers
  - Consults regularly with supervisor, consultants, and peers to understand own capacities and needs, as well as the capacities and needs of families
  - Seeks a high degree of agreement between self-perception and the way others perceive him/her
  - Remains open and curious
  - Identifies and participates in learning activities related to the promotion of infant mental health
  - Keeps up to date on current and future trends in infant/young child development and relationship-focused practice
  - Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development
  - Recognizes and responds appropriately to parallel process
- 



# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH SPECIALIST (IMHS)

### EDUCATION

Official transcripts from all degrees and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Medical Doctor (MD), Doctor of Osteopathy (DO), or other degree specific to one's professional focus in infant mental health; university certificate program; and/or course work in areas such as infant development (prenatal up to 36 months), family-centered practice, cultural sensitivity, family relationships and dynamics, assessment, and intervention must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infant mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training received will include the promotion of social-emotional development and the relationship-based principles and practices of infant mental health
- **Minimum** 30 clock hours required
- Typically, successful IMHS applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Two years of postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialized work experience must be with both the infant/toddler (birth to 36 months) and his/her biological, foster, or adoptive parent(s) or guardian(s) on behalf of the parent-infant relationship. Infant mental health services will include parent-infant/child relationship-based therapies and practices and early relationship assessment and can include concrete assistance, advocacy, emotional support, and developmental guidance<sup>5</sup>

These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and loss as they affect the attachment relationship, development, behavior, and care of the infant/child. The unresolved losses, or “ghosts,” might be from adverse childhood experiences that occurred during the caregivers’ own early childhood or may be related to more current circumstances for the infant/child and family, such as a difficult labor and delivery. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay, or disability

Professionals from a variety of disciplines, not only licensed mental health professionals, may earn Endorsement® if they have performed the work that meets these criteria. However, the applicant must have received the training necessary to provide this level of treatment/intervention AND must receive reflective supervision/consultation from an IMHS or IMHM-C about the treatment/intervention

5. Infant mental health services that meet IMHS specialized work criteria are provided by professionals whose role includes intervention or treatment of the child's primary caregiving relationship (ie, biological, foster, or adoptive parent or guardian); these experiences are critical to the development of a specialization in infant mental health. The Infant Family Specialist Endorsement® is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to early care and education providers or whose intent is primarily to educate parents



In some cases, one year of a supervised graduate internship with direct infant mental health practice experience as described above may be counted toward the two years of paid work experience requirement if the supervisor of the internship is an endorsed professional (IMHM or IMHS). Applicants must submit a description of the internship for application reviewers' consideration

## **REFLECTIVE SUPERVISION/CONSULTATION**

Relationship-focused, reflective supervision/consultation, individually or in a group, post-Masters, while providing services to infants/toddlers (birth to 36 months) and families. Provider of reflective supervision/consultation must have earned/maintained Endorsement® as IMHS, ECMHS, IMHM-C, or ECMHM-C

Minimum 50 clock hours required within a one- to two-year timeframe

## **PROFESSIONAL REFERENCE RATINGS**

*Please note:* At least one reference rating must come from someone who has earned Endorsement® as IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing reflective supervision/consultation
3. One from another supervisor, teacher, trainer, consultant, colleague, or supervisee (if applicant is a supervisor)

## **CODE OF ETHICS STATEMENT AND ENDORSEMENT® AGREEMENT**

Signed

## **DEMONSTRATION OF COMPETENCIES**

1. Application will demonstrate that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple choice and an essay portion

## **PROFESSIONAL MEMBERSHIP**

Membership in the Infant Mental Health Association

# **ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH SPECIALIST (IMHS)**

## **EDUCATION AND TRAINING**

Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships, of prenatal up to 36 months old, including the principles and practices of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group). For those who earn IMHS Endorsement® and provide reflective supervision or consultation to others, at least three of the hours of specialized training must be about reflective supervision/consultation

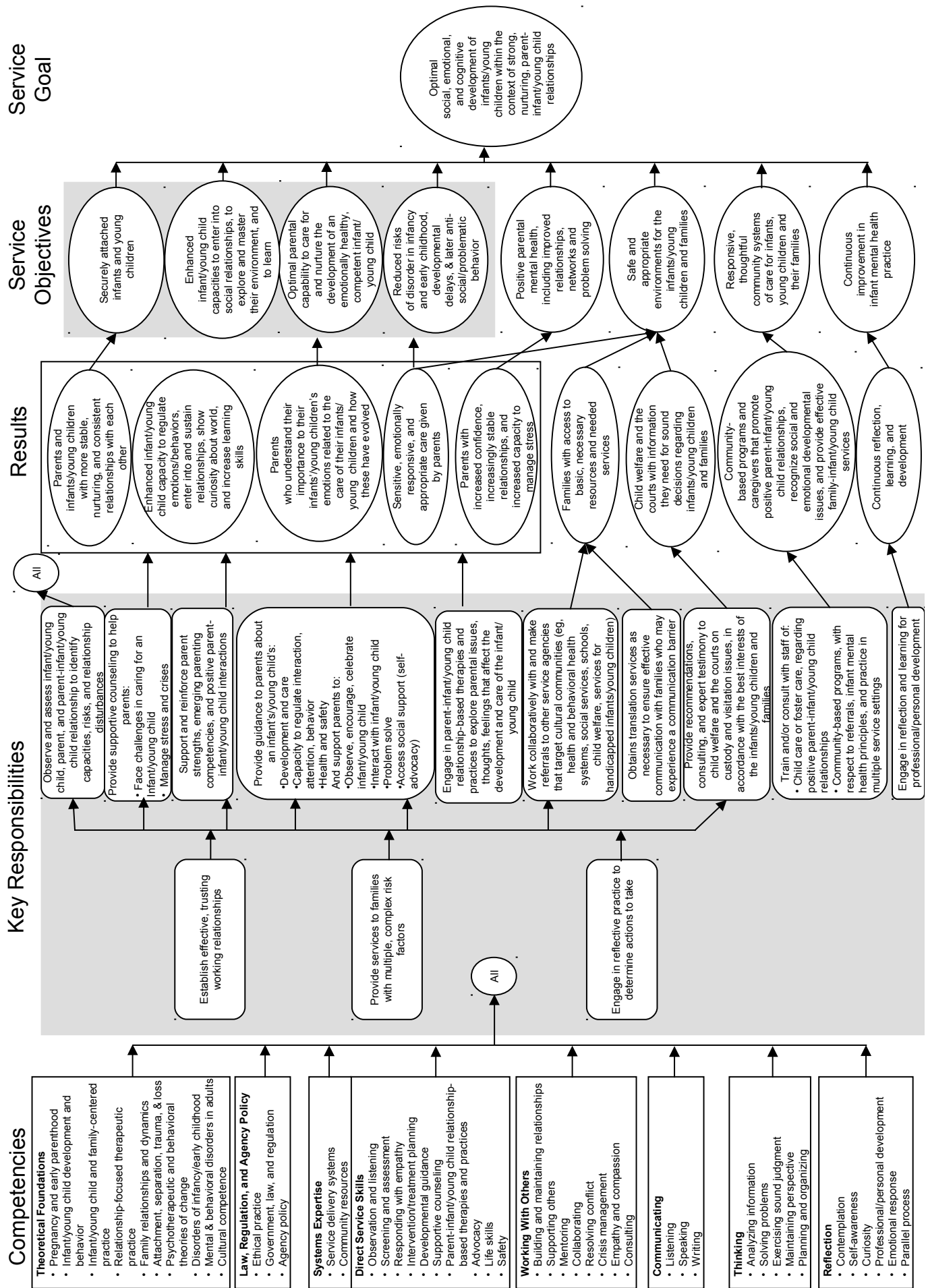
## **PROFESSIONAL MEMBERSHIP**

Annual renewal of membership in the Infant Mental Health Association

## **REFLECTIVE SUPERVISION/CONSULTATION**

It is required that all professionals endorsed as an IMHS receive a minimum of 12 hours of reflective supervision/consultation annually

# Infant Mental Health Specialist Impact Map





# COMPETENCY DETAILS

## INFANT MENTAL HEALTH MENTOR (IMHM)

There are three designations under Infant Mental Health Mentor including Clinical, Policy, and Research/Faculty. In both the Competency Detail and the Impact Map, alphabetic codes in parentheses beside certain competencies indicate the specific area(s) of responsibility that the competency most directly impacts, as follows:

**A:** Applies to all designations

**C:** Clinical: practice leaders who provide reflective supervision or consultation to practitioners in the infant and family field

**P:** Policy: practice leaders in policies and programs

**R/F:** Research/Faculty: practice leaders in research, evaluation, and teaching

### 1. Theoretical Foundations

#### *Knowledge Areas:*

- pregnancy and early parenthood
- infant/young child development and behavior
- infant/young child- and family-centered practice
- relationship-focused, therapeutic practice
- family relationships and dynamics
- attachment, separation, trauma, grief, and loss
- psychotherapeutic and behavioral theories of changes
- disorders of infancy/early childhood
- mental and behavioral disorders in adults
- cultural competence
- adult learning theory and practice
- statistics
- research and evaluation

#### *As Demonstrated by:*

**May practice each of the following on his/her own but, more importantly, facilitates these skills in novice practioners, students, clients, and other colleagues**

#### **Applies to all designations (A):**

- Understands both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and in day-to-day interactions with the infant/young child and family
- Supports provision of information, guidance, and support to families related to the development and care of infants and young children to further develop parenting capabilities and the attachment relationship
- Understands the conditions that optimize early infant brain development
- Supports communication in languages that meet community's needs
- Supports informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, risks, developmental delays, and/or emotional disturbances in infants and young children served
- Supports development of service plans that account for the unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities of each infant/young child and family



*As Demonstrated by:*

- Promotes services that reinforce and nurture the caregiver-infant/young child relationship
- Supports parent-infant/young child relationship-based therapies and practices to explore issues including attachment, separation, trauma, and loss that affect the development and care of the infant/young child
- Recognizes conditions that require the assistance of other professionals from health, mental health education, and child welfare systems
- Understands family relationship development, with sensitivity to cultural differences

**Typically demonstrates these skills on his/her own:**

- Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organizations (A)
- Writes articles and books on infant mental health principles and practice (P, R/F)
- Promotes, develops, and delivers effective learning interventions as part of conferences, workshops, university courses, and other opportunities to educate on effective infant mental health principles and practice (P, R/F)
- Facilitates monitoring and evaluation of service process and outcomes (P, R/F)
- Promotes research projects intended to increase the body of knowledge about infant mental health, early development, and effective interventions (P, R/F)
- Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (P)







## 2. Law, Regulation, and Agency Policy

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### *Knowledge Areas:*

- ethical practice
- government, law, and regulation
- agency policy

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- Exchanges complete and unbiased information in a supportive manner with service recipients, colleagues, agency representatives, legislators, and others
- Promotes the maintenance of confidentiality of each family's information in all contexts with the only exception being when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn)
- Respects and advocates for the rights of infants, young children, and families
- Understands, utilizes, and facilitates adherence to provisions and requirements of federal, state, and local laws affecting infants/young children and families (eg, early intervention, child protection) within infant mental health programs, community groups, etc, including the rights of citizen children of non-citizen parents
- When consulting/providing expert testimony to agencies, service systems, legislative bodies, and programs, develops conclusions and recommendations that reflect the needs and best interests of the infant/young child within the context of the family
- Understands and makes effective use of federal, state, and agency funding, contracting, and reporting requirements to enhance service availability and effectiveness

### 3. Systems Expertise

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#### *Knowledge Areas:*

- service delivery systems
- community resources

#### *As Demonstrated by:*

##### **Applies to all designations (A):**

- Understands the services available through formal service delivery systems (eg, child welfare, education, mental health, health, etc), through other community resources (eg, churches, food banks, child care services), and through informal supports (eg, family members, friends, other families)
  - Utilizes an expert knowledge of the formal service delivery systems and community resources to make decisions and recommendations
- 

### 4. Direct Service Skills

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#### *Knowledge Areas:*

- observation and listening
- screening and assessment
- responding with empathy
- intervention/treatment planning
- developmental guidance
- supportive counseling
- parent-infant/young child relationship-based therapies and practices
- advocacy
- safety
- reflective supervision

#### *As Demonstrated by:*

##### **Models, coaches, promotes, and otherwise instructs in the following competencies**

##### **Applies to all designations (A):**

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates change
- Works with the parent(s) and infant/young child together, primarily in the home, in accordance with accepted practice
- Observes the parent(s) or caregiver(s) and infant/young child together to understand the nature of their relationship, culture, developmental strengths, and capacities for change
- Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
- Interprets information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:
  - Identify and share feedback with the parent(s) or caregiver(s) the strengths, capacities, needs and progress of the infant/young child and family/caregivers
  - Develop mutually agreed upon service plans incorporating explicit objectives and goals
- Effectively implements relationship-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children
- Helps parents identify goals and activities that encourage interaction and can be woven into the daily routines of the infant/young child and family

*As Demonstrated by:*

- Uses multiple strategies to help parents/caregivers:
  - Understand their role in the social and emotional development of infants and young children
  - Understand what they can do to promote health, language, and cognitive development in infancy and early childhood
  - Find pleasure in caring for infants/young children
- Promotes parental competence in:
  - Facing challenges
  - Resolving crises and reducing the likelihood of future crises
  - Solving problems of basic needs and familial conflict
- Uses toys, books, media, etc as appropriate to support developmental guidance
- Identifies/diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (eg, *Diagnostic and Statistical Manual of Mental Disorders* [DSM-V], *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* [DC: 0-5™])
- Attends and responds to parental histories of loss as they affect the care of the infant/young child, the parent's development, the emotional health of the infant/young child, and the developing relationship
- Recognizes environmental and caregiving threats to the health and safety of the infant/young child and parents and takes appropriate action
- Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including:
  - Observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings, and
  - Effects of treatment relationships and of specific interventions
- Promotes an infant mental health service delivery that includes screening, referral assessment, use of diagnostic tools, development of trusting relationships, service planning, relationship-based therapeutic parent-infant/young child interventions; and interagency collaboration
- Promotes reflective supervision
- Encourages use of data to improve practice

## 5. Working With Others

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### *Skill Areas:*

- building and maintaining relationships
- supporting others
- coaching and mentoring
- collaborating
- resolving conflict
- crisis management
- empathy and compassion
- consulting

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- Builds and maintains effective interpersonal relationships with a broad range of people including families, colleagues, agency and community representatives, and/or legislators, as the individual role requires by:
  - Being proactive in establishing connections
  - Sharing information
  - Partnering on projects (eg, research, publication, program development, legislation, education initiatives)
  - Identifying and reaching out to families of cultures not being served or being underserved
- Deals with all people in a tactful and understanding manner
- Promotes supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow
- Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups
- As an expert resource, provides guidance and feedback to novice staff, graduate students, and other colleagues as requested
- Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, and service systems, taking into account needs, goals, context, and constraints to:
  - Develop policy and procedure that support relationship-focused work
  - Advocate for policy, program, and/or system improvements
  - Obtain funding and other resources

#### **Applies to Clinical designation (C):**

- Training/coaching of caregivers and/or other professionals (eg, child care teacher, foster parent, health, mental health, legal)



## 6. Leading People

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### *Skill Areas:*

- motivating
- advocacy
- developing talent

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- Models personal commitment and empathy in promotion of all aspects of the practice of infant mental health
- Uses influencing and persuading skills, backed by own and others' expert knowledge, to promote effective infant mental health principles, practice, and programs
- Coaches novice practitioners, students, colleagues, reporting employees, and clients in a range of skills to help them become:
  - Highly effective infant mental health practitioners/professionals
  - Positively contributing human beings
  - Culturally sensitive individuals

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## 7. Communicating

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### *Skill Areas:*

- listening
- speaking
- writing
- group process

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- Actively listens to others and clarifies others' statements to ensure understanding
- Appropriately uses and interprets non-verbal behavior
- Communicates honestly, professionally, sensitively, and empathetically with any audience
- Demonstrates clarity, focus, accuracy, and diplomacy when speaking at workshops, meetings, conferences, legislative sessions, and/or committee meetings
- Writes clearly, concisely, and with the appropriate style (eg, business, conversational) in creating books, policy memoranda, contracts, articles, research, web content, grant applications, instructional and meeting materials, reports, and correspondence
- Effectively facilitates small groups (eg, interdisciplinary or interagency teams)



## 8. Thinking

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### *Skill Areas:*

- analyzing information
- solving problems
- exercising sound judgment
- maintaining perspective
- planning and organizing

### *As Demonstrated by:*

**Practices each of the following on his/her own, but also nurtures these skills in novice practitioners, students, and other colleagues**

#### **Applies to all designations (A):**

- Sees and can explain the “big picture” when analyzing situations
- Sees and can explain the interactions of various factors
- Assigns priorities to needs, goals, and actions
- Considers difficult situations carefully
- Evaluates alternatives prior to making decisions
- Integrates all available information and own expertise in making decisions
- Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care
- Defines, creates a sequence for, and prioritizes tasks necessary to perform role and achieve goals (especially goals related to complex, organizational initiatives)
- Employs effective systems for tracking progress and ensuring follow-up





## 9. Reflection

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### *Skill Areas:*

- contemplation
- self awareness
- curiosity
- professional/personal development
- emotional response
- parallel process

### *As Demonstrated by:*

**Practices each of the following his/her own, but also nurtures these skills in novice practitioners, students, and other colleagues**

#### **Applies to all designations (A):**

- Regularly examines own thoughts, feelings, strengths, and growth areas and discusses issues and/or concerns with supervisor or mentor
- Seeks a high degree of congruence between self-perception and the way others perceive him/her
- Consults regularly with others to understand own capacities and needs as well as the capacities and needs of families
- Encourages others (eg, peers, supervisees) to examine their own thoughts, feelings, and experiences in determining a course of action
- Remains open and curious
- Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities
- Keeps up-to-date on current and future trends in infant/young child development and infant mental health practice
- Regularly examines effectiveness of policies and procedures
- Utilizes statistics and other data to assess service effectiveness and appropriate use of resources
- Modifies policies and procedure to enhance service effectiveness and appropriate use of resources
- Utilizes training and research resources to enhance service effectiveness
- Recognizes and responds appropriately to parallel process



## 10. Administration

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### *Skill Areas:*

- program management
- program development
- program evaluation
- program funding

### *As Demonstrated by:*

#### **Applies to Policy designation (P):**

- Promotes relationship-focused service and infant/young child- and family-centered practice by identifying options and opportunities
- Identifies opportunities and needs for program improvements, expanded services, and new services
- Partners with agencies, programs, legislative bodies, and/or service systems to develop new services and/or achieve improvements
- May take the lead in facilitating new programs or improvements to existing programs
- Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to agencies
- Assists agencies, programs, legislative bodies, and service systems in obtaining funding, including grant development and preparation
- Advocates for funds/programming for effective service delivery to families outside of the dominant culture
- Promotes research and evaluation for program improvements
- Applies research findings to culturally sensitive, relationship-focused policies promoting infant mental health
- Shares his/her generated knowledge with others via publication in infant-family related books, journals, and/or conference presentations

## 11. Research and Evaluation

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### *Skill Areas:*

- study of infant relationships and attachment
- study of infant development and behavior
- study of families

### *As Demonstrated by:*

#### **Applies to Research/Faculty (R/F):**

- Generates research questions that promote infant mental health
- Generates new knowledge and understanding of infants, parents, caregivers, and relationship-focused practice based on sound research
- Assists programs and agencies in measuring outcomes related to the optimal well-being of infants, young children, families, and their caregiving communities
- Generates research that reflects cultural competence in the infant-family field
- Applies research findings to culturally sensitive, relationship-focused policies promoting infant mental health
- Shares his/her generated knowledge with others via publication in infant-family related books, journals, and/or conference presentations





# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH MENTOR - CLINICAL (IMHM-C)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health, postgraduate specialization, or university certificate program must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

*Please note:* There is an expectation that applicants for IMHM-C have the same foundational knowledge as IMHM-P and IMHM-R/F related to infant and early childhood mental health principles and practices. All IMHM applicants will take the same multiple-choice exam

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infant mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health
- **Minimum** 30 clock hours required
- A minimum of 15 hours must be didactic training about the provision of reflective supervision/consultation
- Typically, successful IMHM-C applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Meets specialized work experience criteria as specified for IMHS<sup>6</sup> plus three years of postgraduate experience providing infant mental health reflective supervision/consultation (RS/C)

6. Two years of postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialized work experience must be with both the infant/toddler (birth to 36 months old) and the biological, foster, or adoptive parent(s) or guardian(s) on behalf of the parent-child relationship. Infant mental health services will include parent-child, relationship-based therapies and practices and early relationship assessment and can include concrete assistance, advocacy, emotional support, and developmental guidance. These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and losses as they affect the attachment relationship, development, behavior, and care of the child. The unresolved losses, or "ghosts," might be from adverse childhood experiences that occurred during the caregivers' own early childhood or may be more recent for the child. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay, or disability. Infant mental health services that meet IMHS specialized work criteria are provided by professionals whose role includes intervention or treatment of the child's primary caregiving relationship (ie, biological, foster, or adoptive parent or guardian); these experiences are critical to the development of a specialization in infant mental health. The Infant Family Specialist Endorsement® is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to early care and education providers or whose intent is primarily to educate parents



## LEADERSHIP ACTIVITIES AT THE REGIONAL OR STATE LEVEL

*Please note:* Though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience. These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive. Also, applicants would not need to engage in all the activities listed to earn Endorsement® as an IMHM

- Organize and facilitate reflective practice groups and/or infant mental health study groups
- Participate in system of care planning initiatives
- Participate in planning for regional, statewide, or national infant mental health specific conferences
- Represent infant mental health interests in planning for national early childhood, social service, child welfare, behavioral health, and public health conferences
- Work to increase the preference for endorsed personnel in contracts for services, child care rating schemes
- Work to address reimbursement issues for infant mental health services
- Serve in a leadership role or as an active committee member in a local/state Infant/Early Childhood Mental Health (IECMH) association
- Volunteer contributions that promote infant mental health
- Provide training on infant mental health principles and/or practices to regional, state, or national groups
- Teach about infant mental health principles and practices at a college or university

## REFLECTIVE SUPERVISION/CONSULTATION

Minimum 50 clock hours of relationship-focused, reflective supervision/consultation (RS/C) within a one- to two-year timeframe; post-Masters degree, individually or in a group while providing RS/C to infant-family professionals

Applicant's provider of RS/C must have earned/maintained IMHM-Clinical Endorsement®

A minimum of 25 hours of the RS/C received should be about the RS/C that the applicant provides to others

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone who has earned Endorsement® as IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing RS/C to the applicant
3. One from person receiving RS/C from the applicant

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that requirements and competencies have been adequately met through specialized education, in-service training, work, and through RS/C experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay portion. While the multiple-choice exam is the same for all categories of Endorsement®, the essay portion of the exam differs for Clinical, Policy, and Research/Faculty applicants

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association

# **ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH MENTOR - CLINICAL (IMHM-C)**

## **EDUCATION AND TRAINING**

Minimum of 15 clock hours per year of relationship-based education and training pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships of children (prenatal up to 36 months). This includes the principles and practices of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group). For those who earn IMHM-C Endorsement® and provide reflective supervision or consultation to others, at least three of the hours of specialized training must be about reflective supervision/consultation

## **PROFESSIONAL MEMBERSHIP**

Annual renewal of membership in the Infant Mental Health Association

## **REFLECTIVE SUPERVISION/CONSULTATION**

It is required that all professionals endorsed at IMHM - Clinical receive a minimum of 12 hours of RS/C annually. Professionals who maintain IMHM-C for a minimum of 3 years are not required to continue receiving RS/C, but it is strongly recommended if the professional is providing direct service and/or RS/C



# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH MENTOR - POLICY (IMHM-P)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health; postgraduate specialization; or university certificate program must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

*Please note:* There is an expectation that applicants for IMHM-P have the same foundational knowledge as IMHM-C and IMHM-R/F related to infant and early childhood mental health principles and practices

All IMHM applicants will take the same multiple-choice exam

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infant mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health
- **Minimum** 30 clock hours required
- Typically, successful IMHM-P applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Three years of postgraduate experience as a leader in policy and/or program administration related to the promotion of early childhood mental health principles and practices, in the context of family and other caregiving relationships, in and across systems and other leadership activities at the regional or state level



## LEADERSHIP ACTIVITIES AT THE REGIONAL OR STATE LEVEL

*Please note:* Though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience. These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive. Also, applicants would not need to engage in all the activities listed to earn Endorsement® as an IMHM

- Provide feedback to state agencies on current and proposed policies that promote infant and early childhood mental health (IECMH) practices
- Provide presentations on IECMH and its role in all early childhood disciplines/systems, including school readiness
- Participate in planning groups promoting IECMH within early childhood systems
- Participate in regional, state, and national policy making groups representing IECMH principles
- Publish policy briefs or position statements addressing IECMH
- Provide analysis of proposed legislation/policy on populations served through IECMH service delivery systems
- Work to address reimbursement issues for IECMH services
- Work to increase preference for endorsed personnel in contracts for services
- Work to increase preference for endorsed personnel in quality rating improvement systems and child care licensing regulations
- Serve in a leadership role or as an active committee member in local/state IECMH association
- Participate in planning for regional, statewide, or national IECMH-specific conferences
- Engage in reflective consultation

## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Policy

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone who has earned Endorsement® as IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant and early childhood mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing RS/C, if applicable
3. If no one available from first two categories, applicant may ask three colleagues

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that requirements and competencies have been adequately met through specialized education, in-service training, and work experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice section and an essay section. While the multiple-choice exam is the same for all categories of Endorsement®, the essay portion of the exam differs for Clinical, Policy, and Research/Faculty applicants

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association



# **ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH MENTOR - POLICY (IMHM-P)**

## **EDUCATION AND TRAINING**

Minimum 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships of children (prenatal up to 36 months old). This includes the principles and practices of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group)

## **PROFESSIONAL MEMBERSHIP**

Annual renewal of membership in the Infant Mental Health Association

## **REFLECTIVE SUPERVISION/CONSULTATION**

Optional for Policy





# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH MENTOR - RESEARCH/FACULTY (IMHM-R/F)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health; postgraduate specialization; or university certificate program must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

*Please note:* There is an expectation that applicants for IMHM-R/F have the same foundational knowledge as IMHM-C and IMHM-P related to infant and early childhood mental health principles and practices. All IMHM applicants will take the same multiple-choice exam

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infant mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health
- **Minimum** 30 clock hours required
- Typically, successful IMHM-R/F applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Three years of postgraduate experience as a leader in university: teaching and/or publishing research related to infant mental health principles and practices, in the context of family and other caregiving relationships, and other leadership activities at the regional or state level

### LEADERSHIP ACTIVITIES AT THE REGIONAL OR STATE LEVEL

*Please note:* Though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience. These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive. Also, applicants would not need to engage in all the activities listed to earn Endorsement® as an IMHM

- Provide leadership in higher education infant and early childhood mental health (IECMH) programs
- Serve as instructor for higher education for IECMH courses
- Participate in interdepartmental efforts to integrate IECMH competencies into appropriate syllabi
- Participate as a member of a doctoral applicant's committee when IECMH-related topics are proposed
- Participate in planning for regional, statewide, or national IECMH-specific conferences
- Present and/or publish on topics related to the promotion or practice of IECMH
- Serve in a leadership role or as an active committee member in local/state IECMH association
- Engage in reflective consultation

## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Research/Faculty

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone who is endorsed as an IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant and early childhood mental health principles into practice

Total of three required:

1. One from current department supervisor or chair if he/she is familiar with infant mental health. If not, applicant may ask a colleague
2. One from person providing RS/C, if applicable. If not applicable, applicant may ask a colleague
3. One from a student taught and/or supervised by the applicant

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that requirements and competencies have been adequately met through specialized education, in-service training, and work experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice section and an essay section. While the multiple-choice exam is the same for all categories of Endorsement®, the essay portion of the exam differs for Clinical, Policy, and Research/Faculty applicants

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association

## ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH MENTOR - RESEARCH/FACULTY (IMHM-R/F)

## EDUCATION AND TRAINING

Minimum 15 clock hours per year of relationship-based education and training pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships of children (prenatal up to 36 months old). This includes the principles and practices of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group)

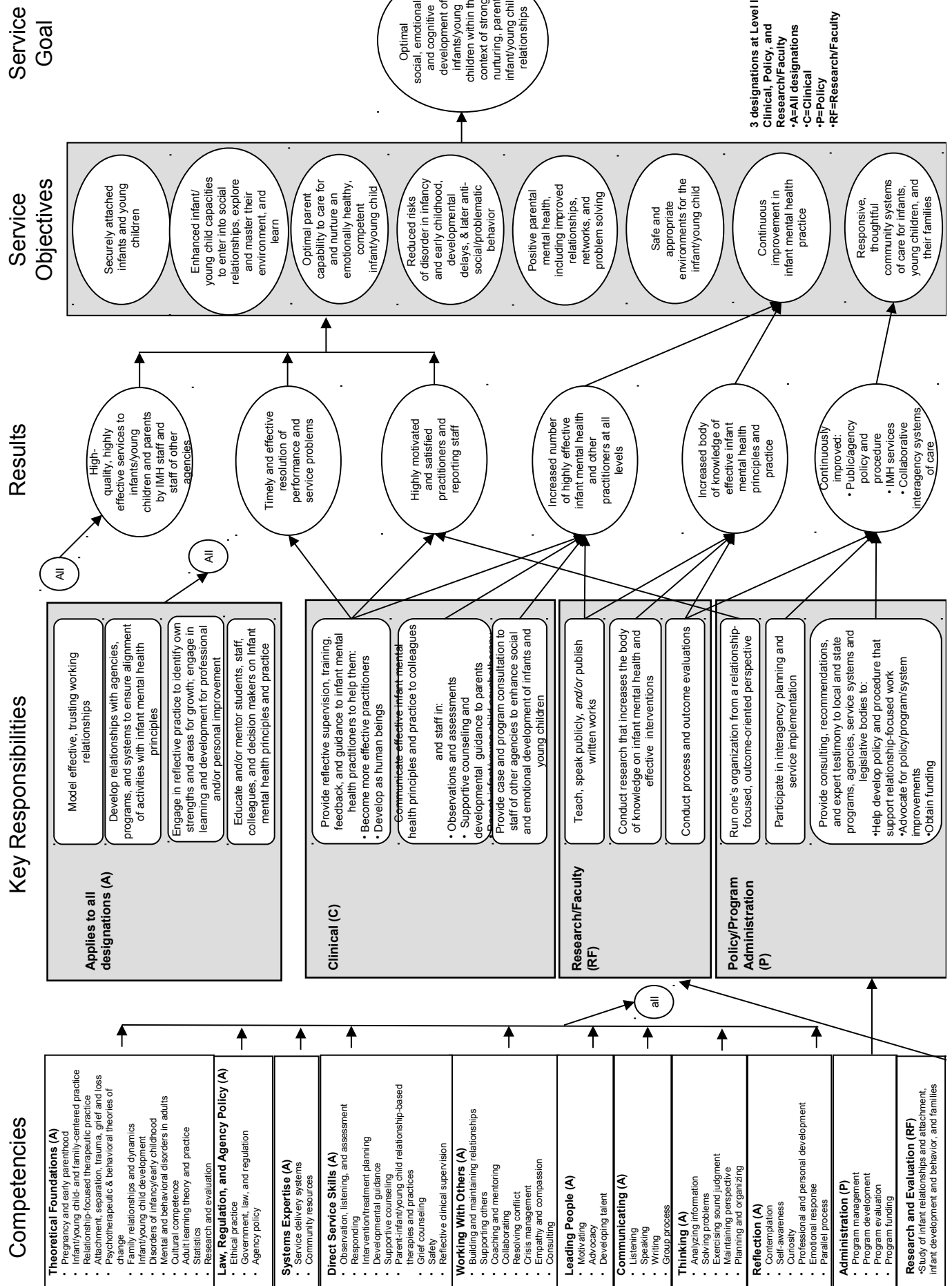
## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Research/Faculty

# Infant Mental Health Mentor Impact Map



# STATE EXCEPTIONS: RHODE ISLAND ENDORSEMENT®

## Rhode Island Association for Infant Mental Health (RIAIMH)

While the Rhode Island Association for Infant Mental Health (RIAIMH) is in the process of building Reflective Supervision/Consultation (RS/C) capacity, applicants for the RIAIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® may have received or may be receiving RS/C from a provider who is qualified, but not yet endorsed. To determine if providers are qualified, RIAIMH will follow a process to vet/approve providers.

As part of this process, the applicant for RI-IMH-Endorsement® will:

- Submit the provider's resume or CV and contact information to the RIAIMH Endorsement® Coordinator (endorsement@riaimh.org).
- Ensure that the provider has a copy of the Best Practice Guidelines for Reflective Supervision/Consultation (www.riaimh.org).
- Inform the provider that a call will be scheduled to learn more about the provider's qualifications, as they relate to RI-IMH-Endorsement® requirements.

The RIAIMH Endorsement® Coordinator will:

- Arrange a phone interview to vet the provider.
- Provide feedback to the provider and applicant regarding decisions that are made.

Please note, applicants for RI-IMH-Endorsement® may count RS/C hours received by any IMH-Endorsed® RS/C provider (who is a match for the applicant's requirements).

### **Limitations for RS/C provided by professionals who are vetted/approved but not yet endorsed:**

1. Applicants for RI-IMH-Endorsement® may "count" RS/C hours received from vetted/approved (but not yet IMH-Endorsed®) RS/C providers that were (or will be) offered anytime between January 1, 2012 and December 31, 2017.
2. Each vetted/approved (but not yet IMH-Endorsed®) RS/C provider will be encouraged to seek IMH-Endorsement® within one year of their vetted/approval date. In the interim (and/or if the provider chooses not to pursue IMH-Endorsement®), RIAIMH will place a time limit on how long RS/C provided by the professional may be counted on an Endorsement® application. This will be determined on a case-by-case basis to support the applicant's engagement with an IMH-Endorsed® RS/C provider.
3. Starting January 1, 2019 (and going forward), applicants' RS/C hours will be "counted" for their Endorsement® only if offered by an IMH-Endorsed® RS/C provider. (Any hours obtained before that time will be considered as described above.)
4. Vetted providers will be approved to provide RS/C only to those applicants for whom the provider's qualifications match the applicant's RS/C requirements (determined during the vetting interview).
5. Vetted/approved RS/C providers will be listed on the RIAIMH website.

For more information about RIAIMH and Infant Mental Health Endorsement® please contact us via email at [info@riaimh.com](mailto:info@riaimh.com) or find us online at [www.riaimh.org](http://www.riaimh.org)

# GLOSSARY

## **Administrative Supervision**

The oversight of federal, state, and agency regulations, program policies, rules, and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives: hire, train/educate, oversee paperwork, write reports, explain rules and policies, coordinate, monitor productivity, and evaluate

## **Alliance for the Advancement of Infant Mental Health®**

The Alliance for the Advancement of Infant Mental Health® (The Alliance) is an organization that includes infant and early childhood mental health associations who have licensed the use of the *Competency Guidelines®* and the *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®* under their associations' names

## **Applicant**

A professional who is applying for Endorsement® as an:

- Infant Family Associate (IFA)
- Early Childhood Family Associate (ECFA)
- Infant Family Specialist (IFS)
- Early Childhood Family Specialist, (ECFS)
- Infant Mental Health Specialist (IMHS)
- Early Childhood Mental Health Specialist (ECMHS)
- Infant Mental Health Mentor (IMHM)
- Early Childhood Mental Health Mentor (ECMHM)

## **Applicant's Waiver**

An agreement signed by an Endorsement® applicant waiving the right to review professional reference forms. The waiver is included when applicant identifies each person who will provide a reference rating

## **Attachment**

An emotional bond between a parent/primary caregiver and infant/young child that develops over time and as a result of positive care-seeking behaviors (eg, crying, smiling, vocalizing, grasping, reaching, calling, following) and responsive caregiving (eg, smiling, talking, holding, comforting, caressing)

## **Clinical Supervision/Consultation**

Supervision or consultation that is case-focused, but it does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to work with an infant/young child and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives, as well as reviewing casework, discussing the diagnostic impressions and diagnosis, discussing intervention strategies related to the intervention, reviewing the intervention or treatment plan, reviewing and evaluating clinical progress, giving guidance/advice, and teaching

## **Collaborate**

To work willingly with other direct-service providers, parents, community agencies, faculty, and other professionals to obtain, coordinate, and research services that effectively nurture infants, young children, and families

## **Competency Guidelines®**

A description of specific areas of expertise, responsibilities, and behaviors that are required to earn Endorsement® as an Infant Family Associate, Early Childhood Family Associate, Infant Family Specialist, Early Childhood Family Specialist, Infant Mental Health Specialist, Early Childhood Mental Health Specialist, Infant Mental Health Mentor, or Early Childhood Mental Health Mentor. The areas of expertise, very generally described here, include theoretical foundations; law, regulation, and policy; systems expertise; direct-service skills; working with others; communicating; reflection; and thinking



**Consultant**

In most instances, this term refers to a provider of reflective supervision/consultation (RS/C). The RS/C may be provided to groups of practitioners or individuals. Consultant often refers to a provider of RS/C who is hired contractually from outside an agency or organization (ie, separate from a program supervisor)

**Cultural Competence**

The ability to observe, understand, and respond, appreciating the individual capacities and needs of infants, young children, and families with respect for their culture including race, ethnicity, values, behaviors, and traditions

**Cultural Sensitivity**

The ability to respect and acknowledge differences in beliefs, attitudes, and traditions related to the care and raising of young children, remaining open to different points of view and approaching families with respect for their cultural values

**Early Childhood**

A timeframe from 3 up to 6 years of age

**Early Childhood Professional**

A service provider who works with or on behalf of young children (3 up to 6 years). Many early childhood professionals also work with or on behalf of infants and their families

**Early Intervention**

Early intervention typically refers to a system of coordinated services that promotes a young child's growth and development and supports families during the critical early years. Early intervention services to eligible infants, young children, and families are federally mandated through the Individuals with Disabilities Education Act (Part B and/or Part C). Early intervention services delivered within the context of the family are intended to:

- Improve developmental, social, and educational gains
- Reduce the future costs of special education, rehabilitation, and healthcare needs
- Reduce feelings of isolation, stress, and frustration that families may experience
- Help alleviate and reduce negative behaviors by using positive behavior strategies and interventions
- Help children with disabilities grow up to become productive, independent individuals

**EASy (Endorsement® Application System)**

A secure, web-based application designed to compile Endorsement® applications; facilitate communication between and among the applicant, Endorsement® Coordinator, application advisor, and application reviewers; coordinate application reviews; and archive Endorsement® data

**Endorsement®**

The *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®* is intended to recognize experiences that lead to competency in the infant/young child-family field. It does not replace licensure or certification, but instead is meant as evidence of a specialization in this field. The Endorsement® is cross-sector and multidisciplinary including professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, social work, and others. Endorsement® indicates an individual's efforts to specialize in the promotion and practice of infant and early childhood mental health within his/her own chosen discipline

Those who have earned Endorsement® have demonstrated that the individual has received a minimum of specialized education, work, in-service training, and reflective supervision/consultation experiences that have led to competency in the promotion and/or practice of infant and early childhood mental health. Endorsement® does not guarantee the ability to practice as a mental health professional, although many have earned Endorsement® as licensed mental health professionals

There are multiple paths to Endorsement®. Individuals demonstrate competency by completing a wide range of coursework and specialized in-service training while performing a wide range of paid roles with or on behalf of infants, young children, and families. There is no one defined way, course, or set of training sessions that exclusively lead to Endorsement®

## **Endorsement® Application**

The application submitted by an Endorsement® applicant via EASy contains the following:

- EASy Registration Fee
- Official transcripts from all colleges/universities attended
- List of specialized education, work, in-service training, and (for IFS, IMHS, and IMHM-C) reflective supervision/consultation experiences while working with infants, young children, and their families
- Three reference ratings
- Signed Code of Ethics
- Signed Endorsement® Agreement
- Proof of membership in the Infant Mental Health Association
- Endorsement® Processing Fee

## **Family-Centered Practice**

An emphasis on the infant/young child within the context of the family with respect for the family's strengths and needs as primary when conducting assessments and/or interventions

## **Graduate or Post-Graduate Certificate Program in Infant Mental Health**

A university-based program of course work related to infant development, attachment theory, family studies, and relationship-based practice with infants, young children, and their families.

## **Infant Mental Health**

An interdisciplinary field dedicated to understanding and promoting the social and emotional well-being of all infants, young children, and families within the context of secure and nurturing relationships. Infant mental health also refers to the social and emotional well-being of an infant or toddler within the context of a relationship, culture, and community

## **Infant Mental Health Home Visiting**

A home visiting model that uniquely includes infant-parent psychotherapy, using Master's prepared staff. Other components of the IMH Home Visiting model that are shared with other home visiting models are case management (basic needs and advocacy), developmental guidance, emotional support, promotion of life skills, and social support. *Early Attachments: IMH Home Visiting®* is MI-AIMH's model for IMH home visiting

## **Infant Mental Health Practices**

Relationship-focused interventions with **both** the infant/young child and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health practice includes case management; advocacy; emotional support; developmental guidance; early relationship assessment; social support; and parent-infant/young child, relationship-based therapies and practices. These therapies and practices may include but are not limited to interaction guidance and child-parent psychotherapy and are intended to explore issues related to attachment, separation, trauma, grief, and unresolved losses as they affect the development, behavior, and care of the infant/young child. Work is aimed at the relationship between the infant/toddler and his/her primary caregiver to explicitly address any unresolved separations, trauma, grief, and/or losses that may be affecting the emerging attachment relationship between a caregiver(s) and the infant/toddler. The unresolved losses or "ghosts in the nursery" might be from the caregiver's own early childhood or may be more recent, as in a difficult labor and delivery or a diagnosis of a chronic illness, delay, or disability for an infant/toddler

Professionals from a variety of disciplines, not only licensed mental health professionals, may practice infant mental health. However, the practitioner must have received the specialized IMH training necessary to provide this level of intervention AND receive RS/C from a qualified professional about the intervention

Work on unresolved losses does not have to be explicit with every family with whom the applicant works. However, the applicant must have had the specialized IMH training and RS/C to prepare them to provide that level of intervention when it is appropriate for a referred family

Infant mental health practice can be conducted in the home, in a clinic, or in other settings

## **Infant Mental Health Principles**

The theoretical foundations and values that guide work with or on behalf of infants, toddlers, and families. Theoretical foundations include knowledge of pregnancy and early parenthood; infant/young child development and behavior; infant/young child and family-centered practice; relationship-focused therapeutic practice; family relationships and dynamics; attachment, separation, trauma, grief, and loss; disorders of infancy and early childhood; and cultural competence. Values include the importance of relationships; respect for ethnicity, culture, individuality, and diversity; integrity; confidentiality; knowledge and skill building; and reflective practice

## **Endorsement® Advisor**

A trained volunteer who has earned Endorsement® and who agrees to guide an Endorsement® applicant through the Endorsement® process

## **MI-AIMH Endorsement® Committee**

The MI-AIMH Endorsement® Committee's purpose is to uphold the standards set forth in the Competency Guidelines®, the MI-AIMH Code of Ethics, and the IMH-E® Policies and Procedures Manual. The MI-AIMH Endorsement® Committee shall include 8 to 10 voting members, one of whom will be a representative from an Alliance for the Advancement of Infant Mental Health member association

## **Parallel Process**

Ability to focus attention on all of the relationships, including the ones between practitioner and supervisor, practitioner and parent(s), and parent(s) and infant/young child. It is critical to understand how each of these relationships affects the others

## **Part C of the Individuals with Disabilities Education Improvement Act (IDEA)**

This program mandates a statewide, comprehensive, multidisciplinary service system to address the needs of infants and young children who are experiencing developmental delays or a diagnosed physical or mental condition with a high probability of an associated developmental disability in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, and self-help skills. In addition, states may opt to define and serve at-risk children

## **Reference Rating**

Three reference ratings are required as part of the application submitted by each Endorsement® applicant. Each Endorsement® category has specific requirements about who can provide ratings. Raters must answer questions about the applicant's level of knowledge and skill in the competency areas

## **Reflective**

Self-aware, able to examine one's professional and personal thoughts and feelings in response to work within the infant/young child and family field

## **Reflective Practice**

Able to examine one's thoughts and feelings related to professional and personal responses within the infant/young child and family field

## **Reflective Supervision/Consultation (RS/C)**

Supervision or consultation that distinctly utilizes the shared exploration of the parallel process. In addition, RS/C relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Finally, there is often greater emphasis on the ability of the supervisor/consultant to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor/consultant

## **Relationship-Focused Practice**

Supports early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one's capacity to nurture and support others

### **Specialized In-Service Training**

A training experience that offers opportunities for discussion and reflection about the development, behavior, or treatment of infants and young children within the context of the family. Examples include half-day or full-day training experiences or training over time (ie, 6 hours monthly for 6 months or 3 hours monthly for 12 months). A specialized training that is eligible for Endorsement® should meet the following criteria:

1. Culturally sensitive, relationship-focused, and promotes infant mental health
2. Relates to one or more of the competencies in the *Competency Guidelines*®
3. Specific to the category of Endorsement® for which applicant is applying

### **Specialized Internship/Field Placement**

One year of a supervised graduate internship with direct Infant Mental Health (IMH) or Early Childhood Mental Health (ECMH) practice experience (as described for IMH Specialist or ECMH Specialist) may be counted toward the 2 years of paid work experience requirement if the supervisor of the internship is an endorsed professional (IMHM-C, ECMHM-C, IMHS, or ECMHS). Applicant will submit description of internship for application reviewers' consideration



