Clinical Intervention/Treatment
This category of Endorsement is typically a good fit for those engaged in IMH practice or clinical intervention/treatment. This type of work experience includes therapies and practices that are intended to explore issues related to attachment, separation, trauma, and unresolved losses as they affect the development, behavior, and care of the infant/very young child. Therapies or interventions may include IMH HV, IPP/CPP, Minding the Baby, or Interaction Guidance.

“Mental Health Specialists provide treatment/clinical intervention to the infant/young child and their caregiver together when IECMH disorders exist or when a caregiver’s mental or behavioral disorder affects their relationship with the infant/young child. They use their IECMH expertise to address identified social-emotional and treatment needs through direct clinical intervention. Mental Health Specialists may also provide IECMH Reflective Supervision/Consultation.” – The Alliance

Education
Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctorate in 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 IMH, post-graduate specialization, or university certified program in accordance with the Competency Guidelines.

Work Experience
2-years post-graduate supervised work experience providing culturally sensitive, relationship-focused IMH services. This specialized work experience must be with both the infant/toddler (birth to 36 months) and their biological, foster, or adoptive parent on behalf of the parent-infant relationship.

IMH 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. 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 will need to have received the training necessary to provide this level of treatment/intervention AND receive reflective supervision/consultation from someone endorsed as an IMHS or IMHM-C about the treatment/intervention.

OR
In some cases, one year of a supervised graduate internship with direct IMH practice experience as described above may be counted toward the 2-years paid work experience requirement if the supervisor of the internship is an endorsed professional (IMHS or IMHM-C).

Trainings
Minimum 30 clock hours of relationship-based training and/or continuing education that meet competencies as specified in the Competency Guidelines.
• If an applicant holds a degree in a field that is unrelated to IMH, 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 the relationship-based principles of IMH.
• 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.

Reflective Supervision
The minimum requirement of 50 clock hours of Reflective Supervision/Consultation received should be relationship-focused with a qualified RSC Provider individually or in a group, post-Masters, while also providing services to infants, young children (0-36 months) and their families.

Your provider of RSC must be endorsed as an MHS or an MHM-C.

As in relationship-focused practice with families, RSC is most effective when it occurs in the context of a relationship that has an opportunity to develop by meeting regularly with the same supervisor/consultant over a period of time. Therefore, applicants will have received the majority of their hours from just one source with the balance coming from no more than one other source.

Peer supervision (defined as colleagues meeting together without an identified supervisor/consultant to guide the reflective process), while valuable for many experienced practitioners, does not meet the RSC criteria for Endorsement as specified in the Competency Guidelines.

IMHS applicants will receive RSC that is focused on their direct service work with infants, toddlers, and their caregivers/families. For individuals who provide RSC, the focus will also be on the complexity of supervising others to provide relationship-based services to infants, toddlers, and their families.

RSC received must have occurred while you are/were gaining the work experiences required for your category.

Leadership
N/A

References (this is the last step in the Endorsement Application process)

Total of three professional reference ratings from:

1. (1) from a current program supervisor
2. (1) from a person providing RS/C to you
3. (1) from another supervisor, teacher, trainer, consultant, or from a colleague or supervisee (if you are a supervisor)

Exam
YES
**Annual Endorsement® Renewal**

IMHS Endorsement® is a commitment to the ongoing process dedicated to annual professional development as it relates to IMH principles through:

1. Documentation of a minimum of 15 training hours per year of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of IMH.
   a. A minimum of 1 of the 15 hours must be related to diversity, equity, and inclusion (DEI) in IMH.
   b. For MHS Reflective Supervisors, a minimum of 3 hours of training received should be on the provision of RS.

2. The maintenance of membership in the Virginia Association for Infant Mental Health (VAIMH).

3. Documentation of the receipt of 12 hours of Reflective Supervision (group or individual) for the December 2024 annual renewal and ongoing.
   a. MHS Reflective Supervisors: the RSC you receive should also focus on the RSC you provide to others.

4. Your Provider of RSC should be endorsed as an MHM-C (strongly recommended for IMHS endorsees providing RSC to others) or MHS.