VAIMH
Virginia Association for Infant Mental Health

What Happens In the Early Years Matters Forever

Competency Guidelines

Category II: Infant Family Specialist

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®[1]

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

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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)
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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® 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® is not a license but an overlay that complements one's professional license and/or other credentials.

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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

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

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

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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
- 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

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5. Working With Others

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

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6. Communicating

Skill Areas:	*As Demonstrated by:*
• listening • speaking • writing	• 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:	*As Demonstrated by:*
• analyzing information • solving problems • exercising sound judgment • maintaining perspective • planning and organizing	• 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

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8. Reflection

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

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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

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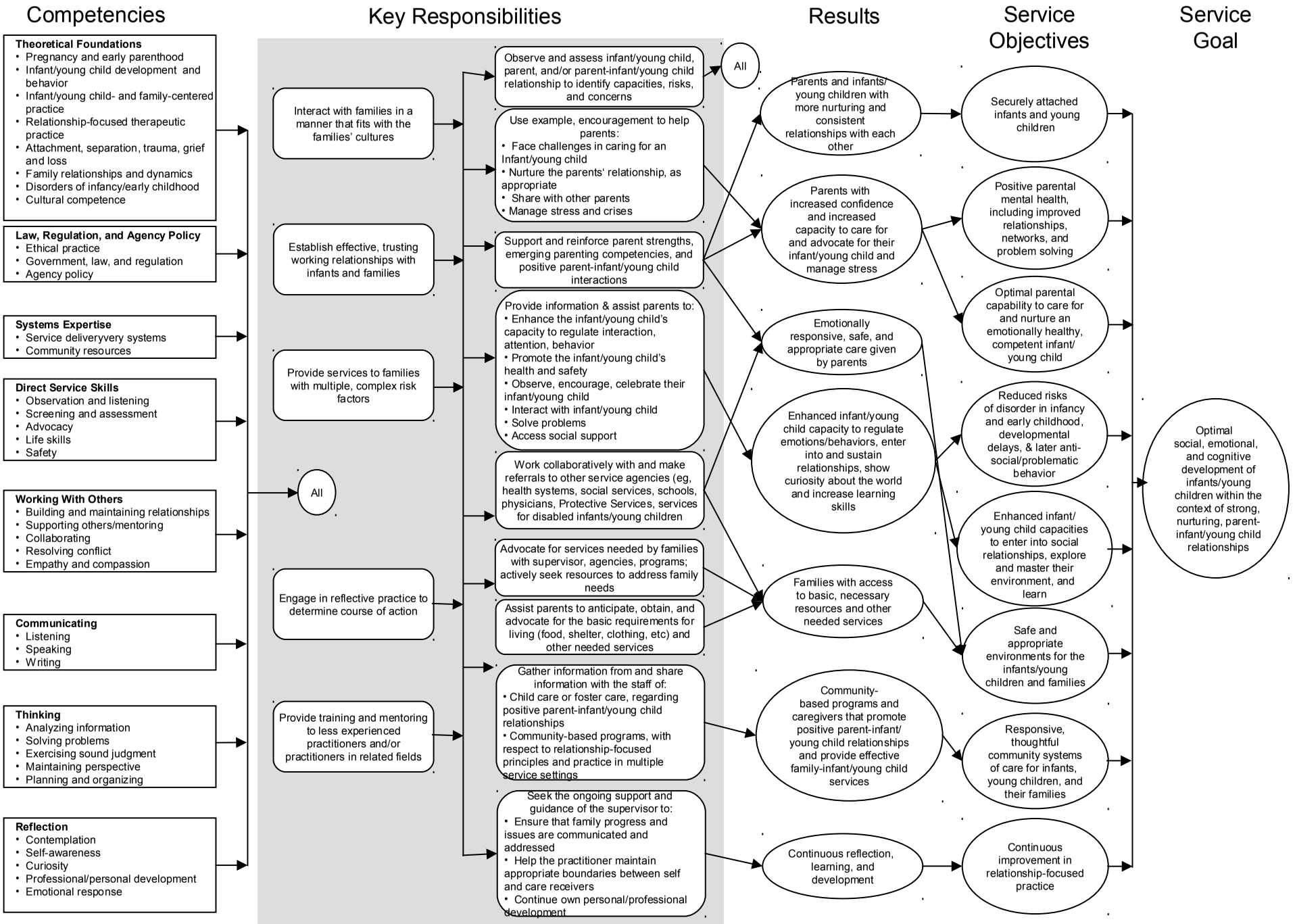
Infant Family Specialist Impact Map



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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.

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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®

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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

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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