



VAIMH Endorsement® Infant Mental Health Mentor-Clinical (IMHM-C)

Leaders in Infant Mental Health

This category of Endorsement is for practice leaders in infant mental health (e.g., IMH Supervisor, Trainer, or Consultant) who provide reflective supervision and consultation to practitioners in the infant and family field.

“Mental Health Mentor - Clinical professionals 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 Mentor-Clinical professionals 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:

Meets specialized work experience criteria as specified as an Infant Mental Health Specialist (IMHS)* plus 3-years post-graduate experience providing IMH reflective supervision/consultation.

*Work Criteria for IMHS: 2-years of post-graduate, supervised work experiences 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. 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.

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.

Leadership

Minimum 3-years of practice leader experience relevant to the infant, young child-family field.

- Leadership activities may be demonstrated through paid **and** unpaid work experience.
- The list below is meant to demonstrate some of the activities in which leaders might engage and is not comprehensive. Also, applicants would not need to engage in all the activities listed in order to earn Endorsement as an IMHM.

Examples:

- Organize and facilitate reflective practice groups and/or IMH study groups.

- Participate in system of care planning initiatives.
- Participate in planning for regional, statewide, or national IMH-specific conferences.
- Represent IMH 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, childcare rating schemes.
- Work to address reimbursement issues for IMH services.
- Serve in a leadership role or as an active committee member in local/state IMH association.
- Volunteer contributions that promote IMH.
- Provide training on IMH principles and/or practices to local, regional, state, and/or national groups.
- Teach about IMH principles and practices at a college or university.
- Serve as an Endorsement ambassador, application advisor or reviewer, or exam reviewer for local/state IMH association.

Trainings

IMHM-C applicants are required to receive a minimum of:

- 30 clock hours of relationship-based training and/or continuing education that meet competencies as specified in the [Competency Guidelines](#);
- 15 hours of didactic training about the *provision* of reflective supervision and consultation; and
- 3 hours of training specific to diversity, equity, and inclusion (DEI) in IMH.

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 IMHM 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

Minimum requirement of 50 clock hours received of relationship-focused, reflective supervision/consultation (RSC), *post Master's*, individually, or in a group while also providing RSC to infant-family professionals.

***A minimum of 25 of the hours received must be about the RSC you provide to others.**

Your provider of RSC must meet Endorsement requirements as 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.

IMHM-C applicants will receive RSC with the focus on the complexity of supervising others to provide relationship-based services to infants, toddlers, and their families in addition to receiving RSC that is focused on their direct service work with infants, toddlers, and their caregivers/families.

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

Total of three professional reference ratings from:

1. (1) from current program supervisor
2. (1) from person providing reflective supervision/consultation (RSC) to you
3. (1) from person receiving RSC from you

Exam

YES

Annual Endorsement® Renewal

IMHM-C 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.*
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) is required annually.
 - a. *Note: after having earned and maintained IMHM-C Endorsement for a minimum of 3 years, 10 hours of RSC annually is required.*
4. If you provide RSC to other endorsees, the RSC you receive should also focus on the RSC you provide to others.
5. Your provider of RSC must be endorsed as an IECMHM-C.