Building Competency for Providers in the Early Childhood Mental Health Field

An Early Childhood Mental Health Endorsement®

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Abstract

Early Childhood Mental Health Endorsement® (ECMH-E®) offers a credential for those whose work with or on behalf of children 3–6 years old and their families is informed by infant and early childhood mental health principles. Those who have earned ECMH-E demonstrate completion of specialized education, work, in-service training, and reflective supervision and consultation experiences that have led to competency in the promotion and practice of infant and early childhood mental health. In this article, we describe the development of the ECMH-E criteria as it grew from the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® created by the Michigan Association for Infant Mental Health.

The following vignettes demonstrate how an early childhood mental health–informed approach reaps benefits for the young child, his caregiver or parents, and for the practitioner herself.

Mary and Jameson

Mary is a Head Start teacher who has been serving in her current role for 10 years. Her program provided funding for Mary and her colleagues to receive infant and early childhood training and monthly reflective consultation with a qualified reflective consultant. Mary has been participating in this group for 6 months. During one reflective group session, Mary brings up the story of Jameson, a 4-year-old boy who struggles with following rules. He often tells Mary and her co-teacher, "No!" and falls to the floor crying, flailing, and kicking. Mary feels "fed up" with Jameson's behavior. She tells the consultant that she often has to just ignore Jameson until he stops. The consultant first acknowledges how difficult this must be for Mary and then wonders what Jameson might be trying to tell her with his behavior, without words. Mary responds, "Probably upset and a little angry, I suppose!" Invited to continue talking, Mary reveals that Jameson's father was just released from prison, where he has been for 2 years. Jameson is now splitting his time between his parents, 1 week in his mother's home and 1 week in his father's home. The group explores together how this might be for Jameson, and the consultant wonders with Mary what Jameson might need from her right now. Mary answers softly, "I think he needs me. He needs me to let him know I understand that he is upset." The consultant nods in agreement. Mary continues, "He needs to know I won't go away and that he can rely on me."

Heather and Lily

Heather is an early childhood mental health therapist who has been providing home-based therapy to children (birth through 5 years old) and their families for 3 years. She is currently seeing a 5-year-old girl, Lily, who was referred to mental health

services because of "difficult behaviors" in her current foster-to-adopt home. Lily was removed from her birth parents' care when she was 3 years old because of domestic violence in the home and unsanitary living conditions. She has lived in three foster homes since she was removed. During Heather's initial visit with Lily and her foster parents, she notices that the foster-to-adopt parents seem tense and are concerned that Lily does not follow directions and is not yet fully potty trained. When asked, they seem to know very little about Lily's history. Lily stays separate from the adults and plays on her own in another room with toy ponies. Heather notices that Lily looks up to observe the adults, but she does not make eye contact or approach. Heather finds herself feeling tense, lonely, and sad in the presence of this family. Because of her training in infant mental health (IMH), Heather begins to consider Lily's early experiences and her history of loss. Does Lily feel lost? Does she trust that there is anyone to keep her safe? Heather also wonders about any experiences in the foster family's history that might be affecting their ability to see Lily's grief. Heather is curious about the expectations they had of foster parenting and how they might be feeling now. She knows she will need to build a strong relationship with them by listening with compassion and openness while supporting their connection to Lily. Heather makes a mental note to talk with her reflective supervisor about the strong emotions that are evoked within her as she works to support this child and family.

Infant and Early Childhood Mental Health (I-ECMH)

What is I-ECMH? How should it be defined and described? Why is it crucial for the nation to incorporate social, emotional, and relational health into public policies? What strategies will promote universal understanding, targeted intervention, and intensive treatments to effect change? What promotion, prevention, intervention, and treatment strategies will lead to healthy outcomes for all children and families?

To catch up to and keep pace with the science of child development, early childhood professionals must ensure that state and federal policies create a continuum of strategies to prevent mental health problems, to promote social and emotional well-being, and to treat mental health disorders beginning in pregnancy and continuing throughout the early years of life and beyond (Cohen, Oser, & Quigley, 2012).

Supportive, responsive, nurturing relationships are indicators of relational health and are the foundation for social, emotional, and cognitive well-being. Social and emotional development includes the infant's or young child's experience, expression, and management of emotions and the ability to enter into positive and rewarding relationships with others (Cohen, Onunaku, Clothier, & Poppe, 2005). Within the context of one's family, community and cultural background, and social and emotional health is the child's developing capacity to form secure relationships, experience and regulate emotions, be curious, explore his environment, and learn. Strong, positive relationships with nurturing caregivers help young children learn to

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trust others, respond with empathy, and show compassion for others. Starting from birth, infants and young children learn who they are by how they are treated.

I-ECMH principles are critical to understanding social and emotional development. First and foremost is the concept that all development—including social and emotional development—takes place within the context of relationship. The attachment literature defines security of attachment as a powerful underpinning for social and emotional health from birth across the life span (Sroufe, 2005). Of equal importance, these principles inform the understanding of an infant's or young child's social and emotional development when there have been relationship difficulties or disruptions such as a trauma (e.g., domestic violence, community violence, child abuse or neglect), maternal mental health difficulties (e.g., perinatal mood disorders), or separations (e.g., placement in foster care).

As reported in an issue brief by the Child Health and Development Institute of Connecticut (2017):

> *Young children are especially vulnerable to trauma exposure because their brains are rapidly developing in the first few years of life (National Scientific Council on the Developing Child, 2005/2014). Trauma exposure and "toxic stress" can disrupt brain development and is associated with a range of developmental concerns (Child Welfare Information Gateway, 2015). For example, trauma can impair attachment, cognitive abilities, language, and emotional regulation, resulting in problems with behavior, learning, and social–emotional development. Caregivers of young children have often experienced their own trauma, which threatens their capacity to attend to their child's needs, further increasing the risk of developmental or mental health problems (Scheeringa & Zeanah, 2001). Childhood trauma has also been associated with physical and mental illness across the lifespan, substance abuse, and premature death (Felitti et al., 1998) and is estimated to cost society $124 billion annually*

(Fang, Brown, Florence, & Mercy, 2012). Studies by Economist, James Heckman, affirm the relationship between the early identification of risk and cost savings to communities and systems of care. (p. 1)

In sum, there is an extraordinary amount of scientific evidence to suggest that relationship security and stability in the earliest childhood years influences development across multiple domains and affects the child's capacity to form friendships and achieve of success in school. It is imperative that quality I-ECMH–informed services are available to all young children and families.

Barriers to I-ECMH Services

However, despite this overwhelming evidence, the barriers to implementing I-ECMH services are numerous and significant. The most significant ones (Cohen et al., 2012) include the following:

1. The lack of attention to I-ECMH in public policies at federal, state, and local levels
2. The lack of fiscal support for reimbursement for I-ECMH services in most state systems
3. The lack of a systematic approach to early identification and diagnosis of I-ECMH needs
4. The lack of well-trained providers to provide a continuum of services to children birth–5 years old and their families
5. The failure of systems to incorporate I-ECMH services into their offerings

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What can be done to move scientific knowledge about best practice for infants and young children, skills that address and support relational health and reflective experiences, into the hands of professionals—that is, ensure well-trained providers across a continuum of services? The call to action requires collaboration across systems. Health, mental health, early care and education, child welfare and early intervention professionals must come together to build a continuum of care that responds to the needs of women during pregnancy, infants, young children, and their families or other primary caregivers. One pathway to success is through Endorsement®, a strategy for workforce development promoting I-ECMH.

A Call to Action: The First Steps Through the Michigan Association for Infant Mental Health (MI-AIMH) Endorsement

On the heels of the work by Selma Fraiberg and colleagues at the University of Michigan, there were several public and private efforts to train IMH specialists. In 1983, the Michigan Department of Mental Health funded IMH services and encouraged the ongoing training and development of staff. In 1986, the MI-AIMH developed the *Training Guidelines*. Federal legislation under the Individuals With Disabilities Education Act of 1990 added further support to the efforts to serve infants and toddlers from a family perspective and identified the Michigan Department of Education as the lead agency in this effort. The Michigan Department of Education was able to identify professional competencies for early interventionists, and in 1997, the MI-AIMH Board of Directors and Endorsement Committee added to these to include knowledge and skills specific to IMH practice.

After identifying competencies specific to IMH practice, the MI-AIMH Endorsement Committee continued with their work to expand the competencies to include all professionals working within the infant–family field. They created a four-category framework to include professionals in the infant–family field across the service delivery spectrum: promotion, prevention and early intervention, treatment and intervention, and leadership. The volunteer committee members and a paid professional developed impact maps and competency details. These documents were reviewed by professionals from multiple disciplines, varied levels of experience, and many scopes of practice. These competencies became the framework for all subsequent work on the Endorsement. In 2002, MI-AIMH registered the copyright to the *Competency Guidelines*® and the four-tiered Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® system (Weatherston, Moss, & Harris, 2006). The four categories of Infant Mental Health Endorsement® (IMH-E®) are Infant Family Associate, Infant Family Specialist, Infant Mental Health Specialist, and Infant Mental Health Mentor. There are three possible designations within the Infant Mental Health Mentor category, including Clinical, Policy, and Research/Faculty.

Applicants for IMH-E document the ways in which they have gained competency through specialized education, work in various practice settings, competency-informed in-service training, and reflective supervision experiences. The application includes three reference ratings. Two endorsed professionals review applications before approval; applicants for the Infant Mental Health Specialist and Infant Mental Health Mentor positions are required to sit for an exam that is evaluated by two reviewers who are blind to the identity of the applicant. In sum, the specialized in-service training and reflective supervision and consultation requirements defined in the *Competency Guidelines* (MI-AIMH, 2017) and Endorsement can help ensure that professionals in the infant, young child, and

family fields receive the depth and breadth of knowledge and skills, along with reflective practice experiences, to integrate them into their work.

The Formation of the Alliance for the Advancement of Infant Mental Health®

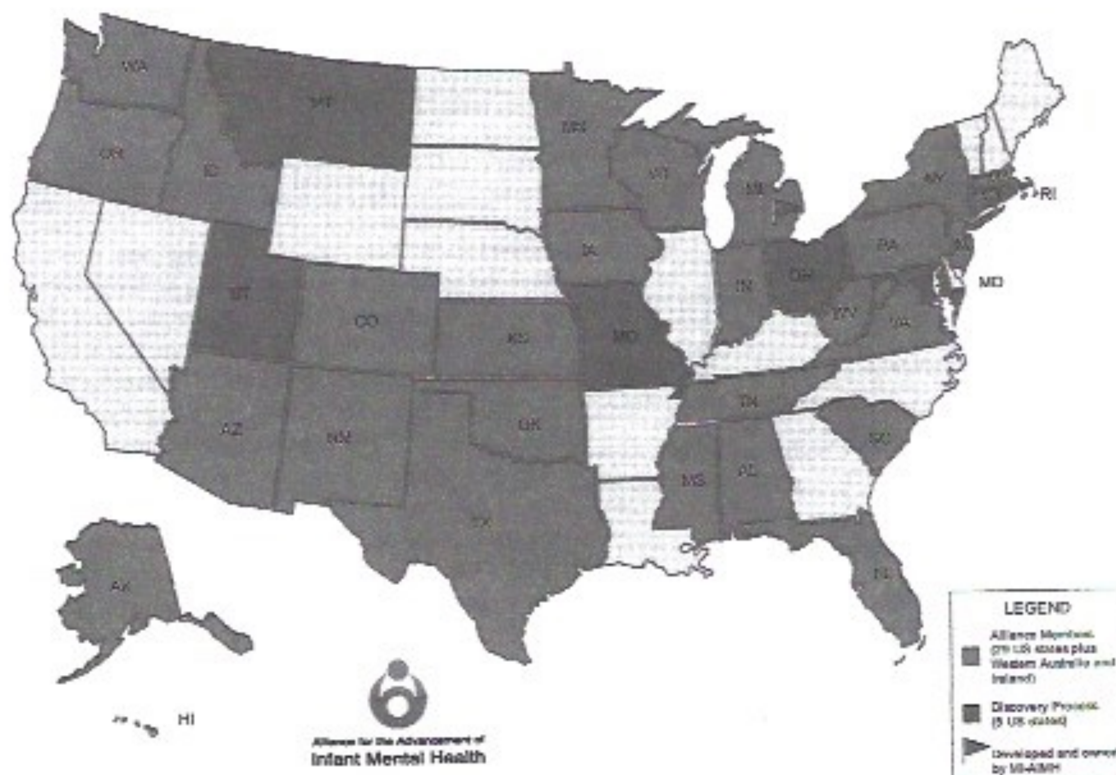
As news of the *Competency Guidelines* and Endorsement began to spread, leaders across the country realized the potential of this workforce development initiative to support and improve practice for the infant and family professionals working in their states as well. Soon, IMH associations approached the MI-AIMH to inquire about the possibility of adopting the *Competency Guidelines* and Endorsement in their states. By 2013, 13 associations had licensed the MI-AIMH materials. The oversight and quality assurance demands were considerable. The MI-AIMH Board of Directors and leaders in other member associations recognized that future strength and growth would require organizational change. The MI-AIMH Board of Directors subsequently engaged in a strategic planning process with knowledge and support from non-MI-AIMH leaders and proposed the creation of a separate organization: the Alliance for the Advancement of Infant Mental Health. In 2014, to establish the Alliance as an independent organization, the MI-AIMH Executive Committee approved the selection of a planning board. The Alliance Planning Board consisted of six members from MI-AIMH and five representatives from other Alliance state IMH associations, one from each founding partner association. The organization was incorporated as the Alliance for the Advancement of Infant Mental Health.

By June 2016, the Alliance shareholders approved an 11-member board of directors, officers, shareholder agreements, and a set of by-laws to govern the organization. What was once a small, grass-roots effort developed by MI-AIMH had grown to be a sizable national and international movement, co-led by MI-AIMH and a new leadership structure, with multiple IMH associations in the United States and one in Western Australia. By June 2017, Endorsement has been licensed by 28 U.S. IMH associations (see Figure 1), the Australian Association for Infant Mental Health: Western Australia chapter, and the Irish Association for Infant Mental Health. To date, approximately 2,000 individuals have earned Endorsement worldwide. An estimated 1,000 professionals have applications in progress.

Outcomes of IMH-E to Date

The *Competency Guidelines* and Endorsement have led to numerous changes on the individual and systems levels. A survey of endorsed professionals asked, "How has Endorsement

Figure 1. Alliance for the Advancement of Infant Mental Health®



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All development—including social and emotional development—takes place within the context of relationship.

changed your view/perception of infant mental health?" Responses included the following:

- "I have a better understanding of the importance of this work."
- "[I am] well-prepared for work with families."
- "I obtained more relevant training and supervision than I would have otherwise."
- "The time spent preparing my application helped increase my understanding of IMH work."
- "The material for the exam deepened my understanding."
- "Increased my credibility."

When the same group was asked, "Can you provide examples of how the infants and families you serve have benefited from your participation in Endorsement?" responses included the following:

- "I think it maximizes my capacity to be fully present with them."
- "I'm a more 'well-rounded' clinician because of requirements for reflective supervision and continuing education."
- "My knowledge/studies make me a better therapist."
- "I am a better advocate in court."
- "Increased breadth of knowledge and treatment approaches."

Systems and institutions have been affected by adoption of the *Competency Guidelines* and Endorsement, including changes in higher education, improvements in organizational capacity for reflective supervision/consultation (RS/C), collaborations across organizations to make available competency-based in-service training, changes to professional development standards, and funding for service delivery. Some notable examples include the following:

- Medicaid in Michigan requires all providers of IMH home visiting in the state to earn Endorsement as Infant Family Specialists (minimum) or Infant Mental Health Specialists (preferred). IMH home visiting is a part of Medicaid-funded, home-based services available in every county in Michigan under the Department of Health and Human Services.
- The University of Minnesota's Center for Early Education and Development created online courses in relation to IMH competencies and has announced a newly funded international center for reflective practice, training, and research.
- The IMH *Competency Guidelines* for the infant family associate position were included in Pennsylvania's Race to the Top Early Learning Challenge Request for Applications for higher education entities to build their early childhood education workforce development content.
- The Wisconsin Alliance for Infant Mental Health collaborated with the University of Wisconsin's Infant, Early Childhood, and Family Mental Health Capstone Program to create a model for Maternal, Infant, and Early Childhood Home Visiting programs designed to enhance supervisors' reflective supervision skills and to increase availability of qualified IMH consultants.
- Michigan's child care licensing now allows 4 hours of reflective supervision from an endorsed provider to count as 1 clock hour of required training.
- The University of Michigan received $1 million in funding to evaluate IMH home visiting, moving this relational model of practice to an evidence-base practice.

Early Childhood Mental Health Endorsement (ECMH-E)®

As the I-ECMH field has gained recognition, IMH principles have expanded to work that is being done with and on behalf of children 3–6 years old and their families and caregivers. Professionals working with these children and families have become increasingly aware of research about early childhood trauma, brain development, and relationship-based therapies. They, too, embed IMH principles into their relationship-based work with children and families and they also believe in the value of a specialized credential for the field. These professionals include early childhood and special education teachers, Head Start staff, mental health consultants, early interventionists, and behavioral health therapists. Staff members coordinating Endorsement across the nation were often approached by professionals who wanted to earn Endorsement but did not qualify for IMH-E because their specialized work experience was with children 3–6 years old. Important to keep in mind, they were using IMH principles within their interdisciplinary work with families. The

question raised by many leaders was as follows: Could these professionals be recognized for their work with very young children and earn Endorsement?

In addition to the growing interest in ECMH-E and conversations within the field, strategic planning and interviews with MI-AIMH and Alliance leaders in 2015 indicated an urgency to expand Endorsement to include the early childhood workforce. In response, a national Alliance ECMH-E workgroup was formed to expand Endorsement criteria. The workgroup included early childhood experts from Alaska, Connecticut, Michigan, New Mexico, and Washington. The scope of practice of the workgroup members included early care and education, Head Start, early intervention, early childhood mental health consultation, behavioral health, RS/C providers, research, and policy leadership. The workgroup created ECMH-E criteria, which were then reviewed by early childhood experts nationwide and are now available to be licensed by IMH associations who have also licensed the IMH-E.

The ECMH-E is a workforce development initiative with the potential to positively affect the depth and breadth of knowledge, understanding, and reflective practice skills of early childhood professionals. Intended to build on preservice education, the ECMH-E offers career pathways that require additional specialized experiences (work, in-service training, and, for some, RS/C) that support the implementation of techniques that promote social, emotional, and relational health and well-being of young children and their caregiving relationships. Those who earn an ECMH-E credential will have demonstrated completion of this kind of training or education and, by way of reference ratings, evidence that they can successfully apply this knowledge in their practice settings.

ECMH-E (MI-AIMH, 2017) includes four categories, mirroring those of the IMH-E. These categories are Early Childhood Family Associate, Early Childhood Family Specialist, Early Childhood Mental Health Specialist, and Early Childhood Mental Health Mentor (-Clinical, Policy, or Research/Faculty; see Table 1).

The process of earning ECMH-E includes the completion and submission of an online application to include work experiences, education transcripts, competency-based training, reference ratings, and RS/C, when applicable. Two endorsed and trained reviewers who have already earned Endorsement will review this application. For Early Childhood Family Associate and Early Childhood Family Specialists, if the application is approved by two qualified reviewers, they become endorsed. Applicants for the Early Childhood Mental Health Specialist and Early Childhood Mentor positions must also pass an exam that includes both multiple choice and essay/vignette response sections.

Table 1. Early Childhood Mental Health Endorsement Categories for the ECMH-E Requirements

Variable	Early Childhood Family Associate: Promotion	Early Childhood Family Specialist: Prevention/Early Intervention	Early Childhood Mental Health (ECMH) Specialist: Treatment/Intervention	ECMH Mentor (Clinical, Faculty, or Policy): Leadership
Education	Any academic degree[a]	Bachelor's or master's degree	Master's or postgraduate degree	Master's or postgraduate degree
Work experience	Minimum of 2 years of early-childhood-related work or volunteer experience in an applicable role[b]	Minimum of 2 years of prevention or early intervention services with 3- to 6-year-olds and their families; served a minimum of 10 families	Minimum of 2 years post-master's ECMH practice working on behalf of parent-child relationship	Minimum of 3 years as an ECMH practice leader (policy, research/faculty, or clinical) and provider of reflective supervision/consultation (RS/C) for >3 years[c]
In-service training	Minimum of 30 hours; average of 45 hours	Minimum of 30 hours; average of 60 hours	Minimum of 30 hours; average of 75 hours	Minimum of 30 hours; average of 90 hours
References	3	3	3	3
Reflective supervision with a vetted provider	Not required	Minimum of 24 hours	Minimum of 50 hours	Minimum of 50 hours (clinical only)
Code of ethics and agreement	Signed	Signed	Signed	Signed
Written exam	No	No	Yes	Yes
Membership in infant mental health association	Yes	Yes	Yes	Yes

[a] Early childhood family associates need to meet the education or the work requirement; they do not need to meet both.
[b] Volunteer experience may meet the work criterion if it was (a) supervised experience with women with 3- to 6-year-olds and their families and (b) included specialized training. Examples include court appointed special advocate and child life specialist.
[c] Only ECMH Mentor-Clinical applicants need to fulfill the requirement of being a provider of RS/C for >3 years.

ECMH-E: Phase 1 and Phase 2

To begin, four IMH associations across the country have chosen three professionals each who meet the criteria for Early Childhood Family Associate or Early Childhood Family Specialist to be the first to earn the ECMH-E. The four associations include First 5 Alabama, the Connecticut Association for Infant Mental Health, the MI-AIMH, and the Pennsylvania Association for Infant Mental Health. These initial endorsees will provide feedback about the process, serve as future application advisors and reviewers, and become ambassadors for ECMH-E. The four IMH associations will then be ready to accept applications from early childhood and family professionals in their states. The anticipation completion date for this first phase is December 31, 2017.

Because of the increased time and resources required to create a new ECMH-E examination, Phase 2 will begin in 2018. Phase 2, which will include the endorsing of Early Childhood Mental Health Specialists and Early Childhood Mental Health Mentors, will be carried out by the same four IMH associations who will follow the same procedure as Phase 1, with the addition of the exams before Endorsement can be earned. A license to use the ECMH-E will be made available to all Alliance associations after the completion of Phase 2.

Learn More

Website

Alliance for the Advancement of Infant Mental Health®
https://www.allianceaimh.org

Briefs

Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health
ZERO TO THREE. (2016, May 5)
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Endorsement®: A National Tool for Workforce Development in Infant Mental Health
S. Funk, D. J. Weatherston, M. G. Warren, N. R. Schuren, A. McCormick, N. Paradis, & J. Van Horn (2017)
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Conclusion

I-ECMH principles and practices are critical to the work that is being done with and on behalf of very young children and families. Professionals working in this field are challenged to recognize and address the heavy burdens that families are carrying, including mental illness, substance abuse, domestic violence, and trauma. It is increasingly important that these professionals are competent and confident in their knowledge and skills specific to early childhood mental health if they are to support young children and families effectively and to stay active and energized in the growing I-ECMH field. The ECMH-E is one strategy to address this urgent need in the field. Through the acquisition of appropriate education, work, competency-based training, and reflective supervision experiences (and subsequently earning Endorsement), early childhood professionals—as well as employers, funders, and policymakers—can be confident that the young children and families they are serving are receiving effective and quality services from qualified professionals.

Nichole Paradis, LMSW, IMH-E®, is the associate director and Endorsement® director for the Alliance for the Advancement of Infant Mental Health®. For 10 years, Nichole has worked to promote standards for workforce development in the infant–family field, now in 29 states plus Western Australia and Ireland. Nichole's previous professional experience includes program development and administration for infants, toddlers, and families involved in child protective proceedings. She is endorsed by the Michigan Association for Infant Mental Health as an Infant Mental Health Mentor–Clinical. Nichole's training includes a bachelor's degree in psychology and a master's of social work, both from the University of Michigan, and a graduate certificate in infant mental health from Wayne State University.

Faith Eidson, LMSW, IMH-E®, is the quality assurance coordinator for the Alliance for the Advancement of Infant Mental Health®. Faith works to support Alliance member associations in ensuring quality and standards for reciprocity in the Endorsement® system across the Alliance. Before joining the Alliance staff, Faith served as an infant mental health therapist and as a clinical and reflective supervisor for Infant and Early Childhood Mental Health programs in both Michigan and Arizona. She is endorsed by the Michigan Association for Infant Mental Health as an Infant Mental Health Mentor–Clinical. Faith also currently provides reflective consultation and training to professionals in the infant–family field. Faith's training includes a bachelor's degree in psychology and a master's of social work, both from the University of Michigan.

Deborah J. Weatherston, PhD, IMH-E®, is the executive director of the Alliance for the Advancement of Infant Mental Health®, a nationally and internationally recognized organization whose mission is to promote professional development through the competency-based Michigan

Association for Infant Mental Health Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. She has written extensively about infant mental health principles and practices and about reflective supervision as a cornerstone for effective work with infants, very young children, and families. Of additional interest, she is a board member of the World Association for Infant Mental Health, where she is the editor of *Perspectives in Infant Mental Health*.

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