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STRENGTHENING AND RECOGNIZING KNOWLEDGE, SKILLS, AND REFLECTIVE PRACTICE: THE MICHIGAN ASSOCIATION FOR INFANT MENTAL HEALTH COMPETENCY GUIDELINES AND ENDORSEMENT PROCESS

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ABSTRACT: Attachment theory and research suggest that early intervention services focused on the infant–parent relationship can improve outcomes for the child (D. Cicchetti, F.A. Rogosch, & C.L. Toth, 2006; D. Cicchetti, C.L. Toth, & F.A. Rogosch, 1999; N.J. Cohen et al., 1999; C.M. Heinicke et al., 1999; K.T. Hoffman, R.S. Marvin, G. Cooper, & B. Powell, 2006; A.F. Lieberman, D. Weston, & J.H. Pawl, 1991; A.F. Lieberman & C.H. Zeanah, 1999; K. Lyons-Ruth, D.B. Connell, & H.U. Grunebaum, 1990; P. Zeanah, B. Stafford, & C. Zeanah, 2005). For that reason, experts in the field of infant mental health have focused on the competencies needed for providing services to infants, young children, and their families (H.C. Quay, A.E. Hogan, & K.F. Donohue, 2009). While the multidisciplinary field of infant mental health has thrived over the last three decades, credentialing practitioners from such a wide range of disciplines presents considerable challenges (J. Korfmacher & A. Hilado, 2008). This article discusses those challenges in summarizing the development of a comprehensive set of competency guidelines and an accessible, effective procedure for professional endorsement in the infant and family field (D. Weatherston, B.D. Moss, & D. Harris, 2006). Criteria for endorsement encourage professionals from many disciplines to integrate new knowledge about infancy and early childhood mental health with strategies that are culturally sensitive and skillful. Emphasis on reflective supervision or consultation encourages a framework for best practice promoting professional growth (L. Eggbeer, T.L. Mann, & N. Seibel, 2007; J. Pawl, 1995). The authors report individual outcomes that support the specialization of infant mental health, as well as notable changes in educational and training programs and state policies promoting infant mental health.

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Attachment theory and research suggest that early intervention services focused on the infant–parent relationship can improve outcomes for the child (Cicchetti, Rogosch, & Toth, 2006; Cicchetti, Toth, & Rogosch, 1999; Cohen et al., 1999; Heinicke et al., 1999; Hoffman, Marvin, Cooper, & Powell, 2006; Lieberman, Weston, & Pawl, 1991; Lieberman & Zeanah, 1999; Lyons-Ruth, Connell, & Grunebaum, 1990; P. Zeanah, Stafford, & Zeanah, 2005).

For that reason, experts in the field of infant mental health have focused on the competencies needed for providing services to infants, young children, and their families (Quay, Hogan, & Donohue, 2009). In addition to those who develop intervention and training programs, in today's world of service delivery, many institutions, employers, and providers are hungry for credentials that appropriately acknowledge infant mental health education, experience, skill, and training. While the multidisciplinary field of infant mental health has thrived over the last three decades, credentialing practitioners from such a wide range of disciplines presents considerable challenges (Korfmacher & Hilado, 2008). Members of the Michigan Association for Infant Mental Health (MI-AIMH) have worked since 1996 to surmount those challenges and develop a comprehensive set of competency guidelines for infant mental health practitioners and an accessible, effective procedure for their professional endorsement (Weatherston, Moss, & Harris, 2006).

The MI-AIMH is an interdisciplinary, professional organization established to promote the optimal social and emotional development of infants, toddlers, and families through educational and training opportunities for professionals as well as advocacy efforts to develop infant mental health programs and support change. Incorporated in 1977, the MI-AIMH has offered training to interdisciplinary groups of professionals in the infant and family field for more than 30 years. With an annual membership of over 400 professionals and 13 affiliate chapters, the MI-AIMH is proud of its role as an educational and training association, a leader in the field of infant mental health. From the beginning, infant mental health services were directed at promoting early development within the context of safe and secure parent–child relationships, preventing developmental delays or relationship disturbances, and treating identified disturbances or relationship disorders in infancy and early parenthood (Fraiberg, 1980). The MI-AIMH membership then included practitioners from early childhood education, psychology, social work, nursing, occupational therapy, speech therapy, physical therapy, and other disciplines. As MI-AIMH members from all of those disciplines shared the practice goals of Selma Fraiberg, the organization systematically developed strategies to optimize their training, knowledge, and skill in infant mental health. Beginning in the mid-1980s, MI-AIMH was challenged by the need to identify standards to guide training and practice that are integral to the promotion of optimal social and emotional development and nurturing relationships for all infants and young children through infant mental health services.

This chapter offers a brief history about the development of the MI-AIMH *Competency Guidelines*, discusses the competency details, and describes the use of the details to build a professional endorsement system to recognize competency in the infant and family field. *The MI-AIMH Competency Guidelines* were published in 2002 as was the *Michigan Association for Infant Mental Health Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* (2002b). Both are now used by many other infant mental health state affiliates and organizations to support the expansion of relationship-based services to infants and families and to promote knowledgeable, skillful, and reflective infant mental health practice (Meyers, 2007; Weatherston et al., 2006).

COMPETENCIES PROMOTING INFANT MENTAL HEALTH

Defining Competency

What does it mean to be competent? One might describe competency as demonstrating capability or meeting a level of qualification for work in one's field. A general definition by Epstein and Hundert (2002) is ". . . the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (p. 227). Additional descriptions of competence include one's ability to analyze or think carefully, to make observations and assessments that lead to good decisions and best practice; and to be self-reflective (Rodolfa et al., 2005). Another important aspect when considering competency is that the competency details be observable, measurable, and agreed upon by professionals in the field (Stratford, 1994). These definitions are useful guidelines when considering markers for competency in the infant mental health field.

Historical Overview

Inspired by the work of Selma Fraiberg and her colleagues who coined the phrase *infant mental health* (Fraiberg, 1980), practitioners in Michigan designed services 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. Treatment strategies varied, including concrete assistance, emotional support, developmental guidance, early relationship assessment and support, infant–parent psychotherapy, and advocacy (Weatherston, 2001).

As infant mental health practice evolved in Michigan, clinicians, university faculty, and policymakers became increasingly concerned about the training needs of professionals for quality service in the infant mental health field. Competency, as determined by expert consensus, required the development of a unique knowledge base, clinical assessment and treatment skills specific to infancy and early parenthood, and clinical 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 preservice, graduate, and inservice 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 TASK Documents, emphasizing specialized knowledge, areas of skill, and direct service experience with infants and toddlers 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 to the development of competency for professionals serving infants, young children, and their families (ZERO TO THREE, 1990).

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 toddlers from a family perspective and to identify core competencies for the preparation of 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 3 years and their families. These areas included theoretical foundations, legal/ethical foundations, 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 infant mental health 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 later 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 made up 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 agreed upon, and the 40-member MI-AIMH Board approved, a set of competencies that were 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 in 1996. The eight areas included theoretical foundations; law, regulation & agency policy; systems expertise; direct service skills; working with others; communicating; thinking; and reflection. The work on the competencies reflected the following belief (ZERO TO THREE, 1990): "The development of competence to work with infants, toddlers 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.

Expanding the Competencies

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, toddlers, and families. The MI-AIMH hired a professional skilled in the development of workforce credentialing to work directly with MI-AIMH members to detail service strategies specific to the promotion of infant mental health. These strategies reflected commitment to the definition of infant mental health as developed by C.H. 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 & Barton, 2000; Lieberman, Silverman, & Pawl, 2000; McDonough, 2000; Shirilla & Weatherston, 2002; Trout, 1985). To thoroughly capture service strategies, 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 across disciplines, in various work settings, and at multiple service levels. Interdisciplinary work groups reviewed the materials

and reached consensus around a set of core competencies, expanded to four levels. Their efforts resulted in:

- Impact maps, describing infant mental health service goals, objectives, responsibilities, and competencies at each of four levels
- Competency details, describing eight areas of expertise required for the specialization of infant mental health with increasingly complex behaviors and/or skills at each of four levels.

This work provided the framework for knowledge, skills, and reflective practice experiences specific to the promotion of infant mental health and resulted in a 30-page booklet, The MI-AIMH *Competency Guidelines* (2002a). The intent was to provide a guide for those working with pregnant women and families with children birth to 3 years of age and for those offering training to them; however, professionals who contributed to the *Competency Guidelines* agreed that they also might guide those working with young children up to age 5 years (or 47 months) and their families. The overarching principle of the guidelines is that all development occurs within the context of relationships. Each competency detail and the behaviors identified in the guidelines promote this basic understanding.

Closer Examination of the Competency Details

The framework for competency is based on eight core areas: theoretical foundations; law, regulation, and agency policy; systems expertise; direct service skills; working with others; communicating; thinking; and reflecting:

Theoretical Foundations

- Pregnancy and early parenthood
- Infant/young child development and behavior
- Infant/young child family-centered practice
- Relationship-based practice
- Family relationships and dynamics
- Attachment, separation, trauma, & loss
- Cultural competence
- Therapeutic practice
- Disorders of infancy/early childhood
- Psychotherapeutic & behavioral theories of change
- Mental & behavioral disorders in adults

Law, Regulation, & Agency Policy

- Ethical practice
- Government, law, and regulation
- Agency policy

Systems Expertise

- Service-delivery systems
- Community resources

Direct Service Skills

- Observation & listening
- Screening & assessment
- Responding with empathy
- Advocacy
- Safety
- Treatment planning
- Developmental guidance
- Supportive counseling
- Infant–Parent Psychotherapy

Working With Others

- Supporting others
- Building and maintaining relationships
- Collaboration
- Resolving conflict
- Empathy & compassion
- Mentoring

Communicating

- Listening
- Speaking
- Writing

Thinking

- Analyzing information
- Problem solving
- Exercising sound judgment
- Maintaining perspective
- Planning and organizing

Reflection

- Contemplation
- Curiosity
- Self-awareness
- Professional/personal development
- Emotional response
- Parallel process

These core areas are specific to the designation of Infant Family Associate (Level I), Infant Family Specialist (Level II), Infant Mental Health Specialist (Level III), and Infant Mental Health Mentor (Level IV). It is beyond the scope of this article to include details for each of the eight core areas; however, Table 1 illustrates three core areas of competency and the subcategories listed within each core area as well as descriptions that demonstrate competency for the Infant Mental Health Specialist, Level III.

The *Competencies* offer a template for the introduction of progressively more complex content, service skills, and reflective approaches that emphasize the promotion of infant mental health. They guide workshops, community-based trainings, and conferences as well as training institutes, certificate programs, and specialized internships. Of additional importance, training that is designed with the MI-AIMH *Competencies* in mind invites a combination of learning experiences that are didactic, experiential, and reflective. The emphasis on reflection is especially important, promoting continuous curiosity and commitment to the examination of personal thoughts and feelings, values, and concerns, awakened while working with or on behalf of infants, very young children, and their families. Furthermore, the full set of *Competencies* addresses practice across disciplines and in many settings (e.g., home visits, hospitals, mental health agencies, public health clinics, childcare centers, and early childhood programs). The *Competencies* address the work of administrators and policymakers who promote infant mental health. They also address the work of academics and researchers who have responsibilities for educating undergraduates and graduate students, in colleges and universities, who are entering the infant and family field. Embedded in the *Competencies* is the commitment to cultural sensitivity and ethical practice (MI-AIMH, 2002b).

THE MI-AIMH PROFESSIONAL ENDORSEMENT SYSTEM

Birth of a Professional Endorsement System

Foundations. What was the impetus for creating an endorsement system for infant and family professionals in Michigan? The most immediate answer is the increasing numbers of infants, very young children, and families identified as at high risk for early relationship failures or social and emotional delays. With numbers of referrals of infants and toddlers for service increasing, the MI-AIMH leadership was challenged to think deeply about the urgent need to build a knowledgeable, skillful, and reflective work force. In addition, some of those working with infants who represented themselves as infant mental health practitioners had little or no infant mental health training or supervision. The *Competencies* offered a natural vehicle for systematic training, a pathway for workforce development to promote infant mental health, and a foundation for the establishment of recognized qualifications for infant mental health practitioners. After months of work, the MI-AIMH Board approved a four-level pathway to professional competency called the MI-AIMH (2002b) *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.* The MI-AIMH sought and received funding in 2000 and again in 2001 from the W.K. Kellogg Foundation to hire an Executive Director and a full-time administrative assistant to work with members to complete the systematic plan for endorsement.

Component Parts of the MI-AIMH Endorsement

Core Competencies and Criteria. A successful infant and early childhood mental health system of care requires attention to the educational and training needs of the workforce (Huang,

TABLE 1.

Area of Expertise	As Demonstrated By
Direct Service Skills Knowledge Areas *observation & listening* *screening & assessment* *responding with empathy* *treatment planning* *developmental guidance* *supportive counseling* *parent–infant/toddler psychotherapy* *advocacy* *life skills* *safety*	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 (e.g., the infant's, the parent's, the service provider's) • Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: • Identify and feed back to 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 that guide best practice • Effectively implements relationship-based, 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 that can be woven into the infant's/young child's and family's daily routines • 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 their 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 • Diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (e.g., *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC-0 to 3R) • 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

(Continued)

TABLE 1. *Continued*

Area of Expertise	As Demonstrated By
	• Secures literature/brochures in families' language(s)
Thinking	
Skill Areas	
analyzing information	• Sees and can explain the big picture when analyzing situations
solving problems	• Sees and can explain the interactions of various factors
exercising sound judgment	• Assigns priorities to needs, goals, and actions
maintaining perspective	• Carefully considers difficult situations
planning & organizing	• 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-based, 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, for assuring follow-up, and for monitoring the effectiveness of service delivery as a whole
Reflection	
Skill Areas	
contemplation	• Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants, or peers
self-awareness	• Consults regularly with supervisor, consultants, peers to understand own capacities and needs as well as those of families
curiosity	• Seeks a high degree of agreement between self-perceptions and the way others perceive him or her
professional/ personal development	• Remains open and curious
emotional response	• Identifies and participates in learning activities related to the promotion of infant mental health
parallel process	• Keeps up to date on current and future trends in child development and relationship-based practice
	• Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and to recognize areas for professional and/or personal development

MacBeth, Dodge, & Jacobstein, 2004). This includes a knowledge base specific to infants, very young children, and families; practice skills specific to this age group; understanding of systems in which these children and families are served; and a focus on personal values or beliefs. The MI-AIMH *Endorsement* successfully addresses these important workforce issues in the identification of core competencies and criteria that professionals across disciplines must meet to promote social and emotional well-being or to treat mental health concerns in infancy and early parenthood.

A Four-Level System. Designed to promote and recognize professional competency at four levels, the MI-AIMH *Endorsement* verifies that an applicant has earned an educational degree (as specified for each level); participated in specialized inservice trainings; worked with mentors

or supervisors who support reflective practice; and acquired knowledge promoting culturally sensitive, relationship-based service to infants, toddlers, parents, caregivers, and families. Professionals from multiple disciplines may apply for endorsement as an infant family associate (Level I), an infant family specialist (Level II), an infant mental health specialist (Level III), or an infant mental health mentor (Level IV). Candidates are required to engage in specialized coursework at the preservice, graduate, or postgraduate level or in community trainings as well as reflective supervision or consultation while pursuing careers in the infant and early childhood field. Colleges and universities as well as organizations and agencies may plan educational programs and trainings that relate to the knowledge, skills, and reflective practice competencies at all four levels. An overview of the levels and requirements for endorsement appears in Table 2.

Novelty. The MI-AIMH *Endorsement* is among the most comprehensive, competency-based systems for workforce development promoting social and emotional well-being in the infant and early childhood field (Korfmacher & Hilado, 2008). It offers a developmental pathway for professionals from multiple disciplines who provide services to infants, young children, and families in a variety of settings, recognizing those professionals for specialized education or training, work experiences, and reflective supervision (Weatherston et al., 2006). Criteria for endorsement encourage professionals to integrate new knowledge about infancy and early childhood mental health with strategies that are culturally sensitive and skillful. The emphasis on reflective supervision encourages a framework for best infant and early childhood practice that is consistent with the literature and promotes professional growth (Eggbeer, Mann, & Siebel, 2007; Gilkerson, 2004; Gilliam, 2008; Heffron, 2005; Kaplan-Estrin & Weatherston, 2005; McAllister & Thomas, 2007; Pawl, 1995; Schafer, 2007; Shahmoon Shanock, Gilkerson, Eggbeer, & Fenichel, 1995; Weigand, 2007).

Note that in 2006, the Annapolis Coalition for the Behavioral Health Workforce, a national, collaborative group based in New Haven, Connecticut, recognized the MI-AIMH *Endorsement* with an award for innovation in workforce development. Its emphasis on quality services for infants, young children, and families and interest in building capacity across many disciplines to understand and promote social and emotional health in infancy and early parenthood are regarded as unique, as well as its commitment to an oversight process through professional endorsement and excellence.

MI-AIMH Endorsement *Requirements*

The endorsement process is comprehensive and is completed over time. It requires the submission of a professional portfolio which includes a detailed work history, official transcripts documenting coursework and degrees earned, documentation of inservice training hours, a signed code of ethics, professional references, documentation of hours of reflective supervision or consultation at Levels 2 (Infant Family Specialist), 3 (Infant Mental Health Specialist), and 4 (Infant Mental Health Mentor) and, for those applying at Levels 3 and 4, successful completion of a 3-hr exam. Additional requirements include membership in a professional infant mental health association. Continuing education hours are required annually to renew the *Endorsement*.

Expanding Beyond Michigan

The MI-AIMH *Endorsement*, including the competencies, the process, the test materials, and the four-level system for professional development, may be licensed for use by other WAIMH

TABLE 2. *Criteria for Endorsement*

	MI-AIMH ENDORSEMENT (IMH-E) LEVELS OF COMPETENCY			
	Infant Family Associate Level I	Infant Family Specialist Level II	Infant Mental Health Specialist Level III	Infant Mental Health Mentor Clinical, Policy, or Research/Faculty Level IV
Education	CDA or Associate's degree or 2 years of early childhood experience	Master's or Bachelor's degree	Masters or postgraduate degree	Master's, postgraduate, doctorate, postdoctorate, MD, OD, JD
Work Experience	2 years in the infant, early childhood, and family field	2 years in the infant, early childhood, and family field	2 years' post-Master's providing infant mental health services	3 years' post -Master's in the infant, early childhood, and family field
Inservice Training	Minimum 30 hr	Minimum 30 hr	Minimum 30 hr	Minimum 30 hr
Membership in MI-AIMH or another IMH association	Yes	Yes	Yes	Yes
Code of Ethics	Signed	Signed	Signed	Signed
Endorsement Agreement	Signed	Signed	Signed	Signed
Reflective Supervision/ Consultation	N/A	Minimum 24 clock hr within a 1- to 2-year time period	Minimum 50 clock hr within a 1- to 2-year time period	Clinical: Minimum 50 clock hr within a 1- to 2-year time period
Reference Ratings	Three (at least one must meet requirements at Level II, III, or IV)	Three (at least one must meet requirements at Level II, III, or IV and one from reflective supervisor/consultant)	1. Current program supervisor, teacher, trainer, or consultant. 2. Person providing reflective supervision/ consultation. 3. Another supervisor, teacher, trainer, or consultant, colleague, or supervisee (if candidate is a supervisor).	Three (Please see Level IV Requirements document for specific guidelines for who should complete reference rating forms for Clinical, Policy, and Research/Faculty candidates).
Written Exam	No	No	Yes	Yes

affiliates and infant mental health organizations in partnership with participating members of state departments or associations. The license, purchased for a fee, is issued for 3 years and is renewable annually after the initial 3-year period. The MI-AIMH *Competency Guidelines* and the *Endorsement* is renamed by the entity purchasing the license [e.g., *Texas Association for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* or the *New Mexico Association for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* (for additional information, see www.mi-aimh.org)].

Alliances Formed. In 2007, all participating state affiliates met in Phoenix, Arizona following the Infant Toddler Children's Mental Health Association's Infant Toddler Institute. Twenty-five leaders met to discuss the integration of the MI-AIMH Endorsement into their state systems. One important outcome of this meeting was the agreement to form a "league of states," formalizing their commitment to work together to build capacity around the use of the MI-AIMH *Competencies* and *Endorsement* that they had purchased for use in their states. The leaders also agreed to honor each others' endorsement, making endorsement reciprocal across participating states. Their commitment to meet annually led to monthly conference calls to plan annual meetings and to share "lessons learned" as they began to implement endorsement in their states. The state affiliates or organizations participating in the league through their commitment to the MI-AIMH *Competency Guidelines* and *Endorsement* include the Infant Toddler Children's Mental Health Coalition of Arizona, the Kansas Infant and Early Childhood Association for Mental Health, the Oklahoma Association for Infant Mental Health, the Minnesota Infant and Early Childhood Mental Health Association, the Michigan Association for Infant Mental Health, the New Mexico Association for Infant Mental Health, the Texas Association for Infant Mental Health, the Wisconsin Alliance for Infant Mental Health, and the Connecticut Association for Infant Mental Health.

Individual Outcomes. Individual professionals report that the MI-AIMH *Endorsement* provides a professional development ladder, encouraging and supporting an infant mental health specialization in infancy and early childhood, family relationship development, and reflective practice. Although a relatively new system, many endorsed professionals have returned to school to complete undergraduate degrees in early childhood and social work, continue graduate study in infant mental health, and enrich their knowledge by enrollment in postgraduate certificate programs. Of additional significance, many professionals have joined interdisciplinary, infant and early childhood reflective practice groups in Michigan and in states where IMH affiliate organizations have purchased a license to use the MI-AIMH *Endorsement*. This is a direct result of having a set of standards that relate to competency and a plan for workforce development that leads to endorsement. Professionals from states that have no infant mental health affiliate, or who have not entered into agreement around the MI-AIMH materials, have applied for and earned the MI-AIMH *Endorsement*, bringing renewed commitment and interest in infant mental health in their home states.

Collective Outcomes. There is strength in numbers. Individuals have used the MI-AIMH *Endorsement* to promote change in many systems at state and local levels. The following are notable examples in the areas of educational and training programs and policy supporting workforce development.

A. Competency-based educational and training programs. Substantive outcomes where state affiliates and collaboratives have integrated the competencies and endorsement into their systems include the following:

- A 2-year Infant Mental Health Training Institute in New Mexico
- A Graduate Certificate in Infant Mental Health at the University of Minnesota
- An Advanced Master's Degree in Infant and Family Studies at Arizona State University

- Revision of the Graduate Certificate Program in Infant Mental Health at the Merrill–Palmer Institute at Wayne State University and the Interdisciplinary Infancy Specialization at Michigan State University, both in Michigan.

Each of these educational programs is interdisciplinary, and all incorporate the competencies and criteria for endorsement into the curricula. Most striking is the emphasis on knowledge, skill building, reflective practice, and reflective supervision or consultation in each of these training and graduate programs.

B. Policy. The use of the *Competencies* and *Endorsement* has led to important service expansion and workforce-development changes in several states. Having adopted the MI-AIMH *Competencies* and the *Endorsement* for use in their states, policymakers have designed programs using the Competencies as guidelines for best practice and have encouraged workforce development using the Endorsement criteria as professional markers. Examples include the following:

- The Michigan Department of Community Health required early childhood mental health consultants in the innovative, state-wide Child Care Expulsion Prevention Program to meet training and reflective supervision criteria for Endorsement as Infant Family Specialists, Level II or Infant Mental Health Specialists, Level III.
- The Detroit-Wayne County Community Mental Health Agency, serving 40% of all infants and young children in Michigan, doubled the number of infant mental health home-based services to children birth to 3 years and families and, at the same time, required all infant mental health home-based staff providing those services to meet training and reflective supervision criteria for Endorsement as Infant Family Specialists at Level II or Infant Mental Health Specialists at Level III.
- Kansas expanded its state-wide early childhood mental health consultation program to provide training and technical assistance to early care and education communities, and has required the consultants providing those services to meet training and reflective supervision criteria for Endorsement at Level II or Level III.
- Oklahoma created a new state position for early childhood policy development, requiring applicants to have met criteria and earned the *Endorsement*.

These are extraordinary examples of changes that are directly related to state-wide implementation of the Endorsement.

Reflective Supervision and Consultation. Because reflective supervision is a core requirement for earning professional endorsement, state affiliate leaders have made commitments to offer reflective practice groups in their states. This has required an enormous commitment of resources to the process. Infant mental health affiliates in Oklahoma, Arizona, New Mexico, and Texas secured funding to offer year-long reflective supervision and consultation experiences in their states where there had been none. The MI-AIMH planned and underwrote expenses to train and support supervisors in the art of reflective supervision where there had been no formal opportunities for training. Leaders in Wisconsin successfully sought state funding to support the year-long training of infant mental health mentors in their state. Clearly, competency-based

endorsement is building reflective capacity and changing the professional-development profile of infant and family professionals in these states.

CONCLUSIONS

In conclusion, the MI-AIMH *Competencies*, now used by many infant mental health state affiliates and organizations, offer standards that promote infant mental health across multiple levels of service within the infant and family field. The MI-AIMH *Endorsement* represents a significant step toward building capacity in the field, providing an immediate guide for the training and education of professionals and a strong commitment to reflective practice and supervision. It both strengthens and acknowledges the qualifications of infant mental health practitioners. The MI-AIMH *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* encourages collaboration at local, state, and national levels between professional associations, state agencies, institutions for higher education, and community professionals that is essential for systems change to promote infant mental health (Meyers, 2007).

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