

BUILDING CAPACITY IN THE INFANT AND FAMILY FIELD THROUGH COMPETENCY- BASED ENDORSEMENT: *Three States' Experiences*

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The credentialing or endorsement of infant mental health professionals has been a topic of great debate in the field for many years. Should we or shouldn't we move in this direction? In 1994, the then 17-year-old Michigan Association for Infant Mental Health (MI-AIMH) said, "Yes," and began to define professional competencies in order to promote best practices in the infant mental health field. By 2002, MI-AIMH had developed the *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health* (2002) and launched a systematic process for the endorsement of professionals at four levels of expertise in the infant and family community. By 2004, infant mental health associations in Texas and New Mexico had confirmed interest in adapting the MI-AIMH Endorsement to the unique circumstances of credentialing in their states.

This article describes MI-AIMH's efforts to (a) identify competencies for best practices in the infant mental health field and (b) establish a comprehensive system for the

endorsement of practitioners in the infant and family field. It also describes the decisions of the Texas Association for Infant Mental Health (TAIMH) and the New Mexico

abstract

In 1994, The Michigan Association for Infant Mental Health (MI-AIMH) began the development of a credentialing process to define the skills and experiences needed by professionals in the infant mental health field. This article describes MI-AIMH's process to identify competencies for best practices and to establish a comprehensive system for the endorsement of practitioners in the infant and family field. The article also describes how the Texas Association for Infant Mental Health (TAIMH) and the New Mexico Association for Infant Mental Health (NMAIMH) collaborated with MI-AIMH to purchasing a license to use the MI-AIMH competencies and endorsement materials to build their own state-specific endorsement program.

Association for Infant Mental Health (NMAIMH) to collaborate with MI-AIMH, purchasing a license to use the MI-AIMH competencies and endorsement materials to build their own state-specific endorsement program for practitioners in the infant and family field.

What Is the Value of Endorsement?

MI-AIMH's competency-based endorsement of an infant and family practitioner provides a level of assurance to families, agencies, and the public at large that the person who is providing services to infants, very young children, and their families meets standards of knowledge and skill that have been approved by a professional organization devoted to promoting infant mental health.

MI-AIMH seeks to endorse professionals who have demonstrated success and a commitment to ongoing professional development through formal education (research, theory, and practice), in-service training, work experiences with infants and very young children, and reflective supervision or consultation. Because the MI-AIMH endorsement is earned in addition to academic credentials (such as advanced degrees or other professional certification), people who pursue the endorsement clearly value specialized training and professional development. Professionals who earn endorsement will have demonstrated that they are competent professionals who provide services to infants, toddlers, and their families with a high level of quality and integrity.

Birth of a Professional Endorsement System

What was the impetus for creating an endorsement system for infant and family professionals in Michigan? One could say that the effort began with Selma Fraiberg's work in the 1970s with infants at high risk for social, emotional, and cognitive delays and their parents. Fraiberg and colleagues at the University of Michigan coined the phrase *infant mental health*. Given funding to develop services to reduce the risks of relationship failure and developmental delays in early infancy, Fraiberg designed psychodynamically oriented infant mental health services that were delivered in the home for parents and infants together. Staff training was an integral part of program design (Fraiberg, 1980).

Over the years, several public and private efforts to train infant mental health specialists in Michigan emerged, each of which contributed in some way to the decision to pursue an endorsement system for infant mental health. In 1983, the Michigan Department of Mental Health funded infant mental health services and encouraged the development of staff through in-service training, supervision, and consultation. *Training Guidelines* (1986) written by infant mental health specialists and board members of MI-AIMH, summarizes the training model that Selma Fraiberg promoted and encouraged universities and other training institutions to put programs in place. Federal legislation under the Individuals with Disabilities Education Act



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(IDEA) gave further impetus to serve infants and toddlers from a family perspective and identified the Michigan Department of Education (MDE) as the lead agency for this effort. By 1996, the MDE identified professional competencies for early interventionists named in the federal guidelines. Because infant mental health was important to the statewide early intervention effort, MI-AIMH members worked in committee to identify core competencies required for the specialization of infant mental health. These professional competencies were consistent with the cross-disciplinary competencies considered necessary for best practice within the early intervention system and included knowledge and skills specific to infant mental health practice. The MI-AIMH Endorsement Committee and Board of Directors completed their work in 1997, expanding the early intervention areas of competency to include theoretical foundations of infant mental health, legal and ethical foundations of infant mental health practice, interpersonal and team skills, direct service skills, systems expertise, advocacy skills, thinking, and reflection.

After identifying core competencies for infant mental health specialists, the Endorsement Committee went on to identify competencies that were relevant across the infant-family field. Committee members considered the knowledge and skills needed to provide high-quality services to infants, toddlers, and families in a range of settings. They created a four-level framework, designed for professionals just beginning direct service in the infant-family field as well as experienced professionals who occupied training, policy, and faculty positions. With this framework

in place, MI-AIMH Endorsement Committee and Board members were eager to develop an organized system of professional development based on the competencies.

At that point, paid professional effort was needed to guide and complement volunteer efforts. In 1998, a professional worked with Endorsement Committee members to produce two documents: (a) *impact maps* that described infant mental health service goals, objectives, responsibilities, and competencies and (b) *competency details* describing eight areas of infant mental health, including demonstrated behaviors, best practice skills, or both. Professionals at many levels and from multiple disciplines reviewed the materials in focus groups until consensus was reached. These competencies provided the foundation for all subsequent work on the MI-AIMH Endorsement (2002). In 2000, support from the W. K. Kellogg Foundation allowed MI-AIMH to hire an executive director (Deborah J. Weatherston) and a full-time administrative assistant to complete the endorsement plan. This final phase of the work involved constructing 3-hour exams for Infant Mental Health Specialists and Infant Mental Health Mentors, field testing and revising the exam questions, refining the process for applying for the endorsement, developing the forms needed for the application, and planning for publicity and a pilot process.

By 2002, 5 years after its Board of Directors had approved core infant mental health competencies, MI-AIMH had reg-

istered the copyright to the competency materials and all components of the four-level system of endorsement.

Framework of the Endorsement: Component Parts

The MI-AIMH Endorsement (2002) identifies four levels of competency among professionals in the infant-family field: Infant Family Associate, Infant Family Specialist, Infant Mental Health Specialist, and Infant Mental Health Mentor. Expert consensus has identified specific educational experiences, work experiences, in-service training experiences, and reflective supervision or consultation experiences that practitioners at each level should have to ensure the best service outcomes for infants, toddlers, and families. Applicants for endorsement at all levels must sign a copy of an infant mental health code of ethics (developed by consensus); provide reference ratings (linked to the competencies and practice guidelines) from teachers, employers, people who have provided reflective supervision or consultation, and colleagues; and, at Levels 3 and 4, successfully complete a 3-hour written exam. MI-AIMH requires professionals who have earned the MI-AIMH endorsement to maintain membership in an infant mental health association and to participate annually in 15 hours of culturally sensitive, relationship-based training experiences that promote infant mental health awareness and practice.

MI-AIMH ENDORSEMENT FOR CULTURALLY SENSITIVE, RELATIONSHIP-BASED PRACTICE PROMOTING INFANT MENTAL HEALTH (2002): SUMMARY OF ENDORSEMENT REQUIREMENTS

	Level 1: <i>Infant Family Associate</i>	Level 2: <i>Infant Family Specialist</i>	Level 3: <i>Infant Mental Health Specialist</i>	Level 4: <i>Infant Mental Health Mentor</i>
Educational Experience	CDA or Associate's degree	Bachelor's degree (minimum)	Master's degree or PhD	Master's degree, PhD, or MD
In-Service Training	30 hours	30 hours	30 hours	30 hours
Signed Code of Ethics	Yes	Yes	Yes	Yes
Reflective Supervision and/or Consultation	NA	Minimum 24 clock hours within 2 years	Minimum 50 clock hours within 2 years	Minimum 50 clock hours within 2 years
Reference Ratings	3 (at least 1 must meet requirements for Level 3 or 4 endorsement)	3 (at least 1 must meet requirements for Level 3 or 4 endorsement)	3 (at least 1 must be from a reflective supervisor/consultant)	3 (at least 1 must be from a reflective supervisor/consultant)
Written Examination	No	No	Yes	Yes
Service Examples	Childcare worker, play group leader, doula	Early Head Start home visitor, Part C service coordinator, NICU nurse, parent educator, CPS worker, ISS/MSS staff	Infant mental health specialist/therapist/supervisor, clinical nurse practitioner, early intervention specialist, mental health clinician	0-3 administrator, researcher, faculty member, policy specialist, physician

Notes: CDA = child development associate, NA = not applicable, NICU = neonatal intensive care unit, ISS/MSS = infant support service/maternal support service staff

To complement the *MI-AIMH Endorsement (2002)*, the MI-AIMH Endorsement Committee published the 30-page *MI-AIMH Competency Guidelines (2002)*, which is provided upon receipt of the application fee and also is available for purchase through the MI-AIMH central office (see www.mi-aimh.msu.edu). For each level of practitioner, the *Competency Guidelines* identify each area of expertise, specific competencies within each area, and practice guidelines. (See the sidebar *MI-AIMH Competency Guidelines* for an example of the competency guidelines for Level 3 endorsement.)

Steps to Endorsement

The five steps to MI-AIMH endorsement are inquiry, application, portfolio preparation, documentation of competencies, and endorsement. The professional portfolio and the documentation of competencies steps require explanation.

Portfolio Review

Professionals who seek MI-AIMH endorsement are invited to create a portfolio that describes experiences that relate to their work with or on behalf of infants, very young children, and families. Each candidate documents all degrees earned, coursework completed, and specialized training programs that relate to the competencies and the infant-family field. In addition, each candidate describes work experiences with infants, toddlers, and families; provides specific documentation of community in-service training; and describes hours of reflective supervision or consultation within a 2-year time frame. References must come from three supervisors, professional colleagues, or both who have worked closely with the practitioner as she or he provided services to infants and families.

MI-AIMH COMPETENCY GUIDELINES—LEVEL 3

COMPETENCY DETAIL

Area of Expertise

Thinking

Skill Areas

*analyzing information
solving problems
exercising sound judgment
maintaining perspective
planning & organizing*

As Demonstrated By

- Sees and can explain the “big picture” when analyzing situations
- Sees and can explain the interactions of various factors
- Assigns priorities to needs, goals, and actions
- Considers difficult situations carefully
- Evaluates alternatives before 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, ensuring follow-up, and monitoring the effectiveness of service delivery as a whole

Reflection

Skill Areas

*contemplation
self-awareness
curiosity
professional and personal
development
emotional response*

- Regularly examines own thoughts, feelings, strengths, and growth areas; 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-perceptions and the way others perceive him or her
- Remains open and curious
- Identifies and participates in learning activities related to the promotion of infant mental health
- Keeps up-to-date on current and future trends in child development and relationship-based practice
- Uses reflective practice throughout work with infants or young children and their families to understand own emotional response to infant-family work and to recognize areas for professional and/or personal development

Documentation of Competency

Level 1 and 2 candidates who successfully complete all of the requirements will be notified that they have earned endorsement. Level 3 and 4 candidates have one additional task to complete: a 3-hour, two-part exam that is administered in Michigan several times each year (special arrangements may be made for individuals residing outside of the state to take the exam). Part 1 is made up of 60 multiple-choice questions; Part 2 is a qualitative assessment of the candidate's reflective capacities. Each candidate must answer questions related to three case study and/or supervisory vignettes.

University faculty and experienced infant mental health clinicians designed, field-tested, and revised the two-part exam. Endorsement Committee members representing clinical psychology, social work, developmental psychology, and early childhood education wrote the vignettes and developed a scoring system to assess the appropriateness of a candidate's responses and the depth of understanding of reflective practice. Two reviewers read and score each written exam. If they cannot agree on a total score, a third reviewer is asked to score the exam, and a decision is then made based on the three scores. The MI-AIMH central office maintains a central registry of endorsed candidates. Endorsed candidates identify themselves as having earned endorsement at the appropriate level (e.g. MI-AIMH Endorsement, Infant Family Specialist; MI-AIMH Endorsement, Infant Mental Health Specialist). Each endorsed candidate must submit annual documentation of 15 hours of training promoting infant mental health when renewing membership in an infant mental health organization.

Outcomes and Challenges

Since the MI-AIMH endorsement process got under way in 2004, administrators of infant-family programs have offered encouraging feedback:

As an administrator, I have supported a number of staff through the MI-AIMH endorsement process, making the required infant mental health trainings and regular, reflective supervision available. There has been a change in the knowledge and understanding that my infant-family staff members have, a shift in their attitudes, and an increase in their assessment and clinical practice skills. Having observed these things, when considering someone new for employment, if two people applied and one had earned the MI-AIMH endorsement, I would choose the person with the endorsement to interview first.

As mental health coordinator for a 10-county Head Start program in northern Michigan, I contract with [mental health] providers for our Early Head Start families. I look for someone who has earned the endorsement, knowing that we share the same philosophy toward relationship-based treatment and that they have received training and



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reflective supervision as needed to work with this 0-3 population.

How do front-line infant-family professionals view the endorsement?

Earning the MI-AIMH endorsement at Level 1 gave me just the encouragement I needed to return to school to complete my bachelor's degree in social work and work toward requirements for Level 2! The infant and family field is important to me. I want to continue working on behalf of babies, their families, and healthy relationships.

Completing the requirements for endorsement at Level 3 makes me feel proud to be among those who have demonstrated a level of competency in the infant mental health field.

I live in a rural Michigan community and am often the only one testifying on behalf of a baby's needs when [the baby is] placed in foster care. Endorsement gives me greater credibility and also more confidence when I am asked to write a report or speak in court.

Challenges and Questions From the Field

After spending more than 10 years developing the competencies and a systematic plan for endorsement, with considerable support from Michigan's infant mental health community, MI-AIMH leaders anticipated that many candidates for endorsement would present themselves as soon as the system became operational. However, applications came in far more slowly than anticipated. Professionals seemed to hesitate for one of two reasons:

- *Performance anxiety:* Experienced infant mental health professionals who had worked for a decade or more without endorsement inquired whether they had a choice about applying, asked who had planned the system, and feared that they couldn't pass the test for Level 3 or 4.
- *Cost:* Infant mental health professionals at all levels complained about the high cost of the endorsement process and wondered whether their agencies would pay for classes or, at Levels 2, 3, and 4, for reflective supervision.

Once the MI-AIMH leadership recognized the infant-family community's uncertainty and confusion about the endorsement process, they made efforts to address concerns in individual conversations, special meetings, and publications. MI-AIMH realizes that financial assistance from agencies or other sources may be necessary to help people complete the requirements for endorsement. MI-AIMH also recognizes its responsibility to increase opportunities for training specific to the competencies at each level as well as reflective supervision or consultation through the association and in collaboration with other organizations and state system.

Gains in the First Years

MI-AIMH's investment in infant mental health endorsement has influenced practice in the following ways:

- Individuals, agencies, and state offices have identified areas of expertise, competency details, and practice guidelines to influence the development of services that promote social and emotional well-being, relationship-based practice, and infant mental health in Michigan and in other states.
- Job announcements for early childhood mental health practitioners are beginning to specify a preference for professionals whose expertise has been endorsed by MI-AIMH.
- Supervisory and front-line staff from multiple disciplines and service systems have requested reflective supervision and consultation groups to support reflective practice in mental health and non-mental health programs across the state. Ten groups have been set up in the past 2 years.
- Workshops, intensive trainings, and conferences sponsored by MI-AIMH and by other infant and toddler associations in the state have been planned, with a specific relationship to the knowledge and skills identified in the *Competency Guidelines* to help candidates meet endorsement requirements.

- Endorsement competencies have shaped the revision of course materials for the Graduate Certificate Program in Infant Mental Health at Wayne State University, resulting in a newly created three-credit course, Introduction to Infant Mental Health.

Beyond the Borders of Michigan

In Texas and New Mexico, TAIMH and NMAIMH have each purchased a 3-year, renewable license from MI-AIMH to use the MI-AIMH competencies, the MI-AIMH endorsement process, or both in their states. In this collaborative arrangement, MI-AIMH retains ownership of the copyright and all materials that are developed but permits each state group to use the materials for a fee under its own name (e.g., TAIMH *Endorsement for Culturally Sensitive, Relationship-*

[The NMAIMH] strategic plan provides a blueprint for mobilizing the modern-day village: caregivers, families, communities, and educators along with the numerous programs and facilities that work with infants and their caregivers daily.

Based Practice Promoting Infant Mental Health and NMAIMH Competencies). MI-AIMH is entering into an agreement with a third state affiliate of the World Association for Infant Mental Health (WAIMH) as this article goes to press.

This partnership spirit encouraged MI-AIMH and TAIMH to prepare *Guidelines for Reflective Supervision and Consultation* (2005) for use by professionals who may be unfamiliar with reflective supervision and practice. This resource is posted on the MI-AIMH Web site (<http://www.mi-aimh.msu.edu/aboutus/29-RecommendedReferencesforPreparingforEndorsement/GuidelinesforReflectiveSupervision.pdf>) and on the TAIMH Web site (<http://www.taimh.org/GuidelinesforReflectiveSupervision.pdf>).

NMAIMH: A Strategic Plan

In January 2000, leaders of the New Mexico Children, Youth and Families Department and the Department of Health, along with providers of children's mental health, early intervention, and home visiting services, convened a committee that became known as the Infant Mental Health Collaborative. Most committee members knew each other. Indeed, they had been meeting for 15 years to talk about infant mental health. But this was the first time that infant mental health was addressed on a statewide level.

After a lengthy group process that involved collective writing, creative thinking, professional editing, and the creation of compelling photographs of infants and caregivers in New Mexico, the collaborative produced *A Strategic Plan for Infant Mental Health* (2003; available at www.happyhealthybabies.com), which states, "Parents everywhere face complex and difficult challenges as they strive to raise children in a rapidly changing world. In New Mexico, these difficulties often are compounded by poverty, domestic violence, substance abuse, and insufficient access

to health care. A growing awareness of these problems on a national level lead to the popularization of the aphorism 'It takes a village to raise a child.' Unfortunately, this catchy phrase doesn't define the village or give direction for how to bring its members together to care for children.

"This strategic plan provides a blueprint for mobilizing the modern-day village: caregivers, families, communities, and educators along with the numerous programs and facilities that work with infants and their caregivers daily. It offers a systematic approach for promoting the development of infants who will grow up with the self-esteem and confidence they need to reach their full potential. It lays out a strategy for offering infant mental health training to professionals who work with families and identifies potential sources of funding and organizational systems that must be in place to make this important work succeed" (p. 6-7). This strategic plan offers a road map with sign posts pointing the way to a healthier future for New Mexico's infants and their families.

As they worked to bring this document to fruition, the original collaborative metamorphosed into the Infant Mental Health Steering Committee, which incorporated to become NMAIMH in 2004. Publication of the strategic plan was timed for dissemination during the new administration's first legislative session in 2003. It was well received by the newly elected lieutenant governor; the appointed department secretaries of the Children, Youth and Families Department and the Department of Health; and providers and consumers around the state.

NMAIMH's current charge is to implement the goals for infant mental health in New Mexico that are described in *A Strategic Plan* (2003, p. 8):

1. Identify strengths and weaknesses in existing programs by assessing services that are currently in place.
2. Identify those strategies that focus on infant mental health.
3. Raise awareness of infant mental health by developing informational and marketing materials.
4. Develop a system for ongoing support and consultation.
5. Coordinate the integration of statewide infant mental health services.
6. Develop a system to evaluate the impact of infant mental health services.

With support from the governor's office and the two primary state agencies that oversee children's services, NMAIMH has been able to make significant progress toward achieving these goals in a short time. Some of NMAIMH's accomplishments follow.

- New Mexico was chosen to send a delegation to attend the Georgetown University Academy on Early Childhood Mental Health, where delegation members received information about accessing funding, models



PHOTO: JANIS BROWN MCCRAIGEN

for system development, and strategies for implementing *A Strategic Plan* (2003) in New Mexico.

- New Mexico's Children, Youth and Families Department funded an Infant Mental Health Infrastructure Development project that addressed the first three goals of the state's *A Strategic Plan* (2003). The project report, *A Statewide, Two Perspective Consumer/Provider Needs Assessment* (Solutions for Teams, Inc., 2004; can be accessed on <http://www.healthyhappybabies.com>), used nine infant mental health service delivery strategies (identified in MI-AIMH, 2000, and by survey authors). The report also described consumers' understanding and perceptions of an infant mental health continuum addressing promotion, preventive intervention, and treatment.
- In 2004, NMAIMH hosted a 1-day statewide training session on infant mental health consultation for early childhood programs and mental health professionals and a 1-day training session to train the trainers. Keeping with Goal 4 of *A Strategic Plan*, NMAIMH is developing a statewide pool of consultants as well as a framework and guidelines to direct them. The group decided that the Michigan competency and endorsement system would provide much of what they were looking for.

Looking Ahead

NMAIMH is developing a skilled work force and a system to support infant mental health in New Mexico. As a state with a primarily rural and low-income population, New Mexico has difficulty attracting and keeping professionals in many areas, including early childhood and mental health. The New Mexico Children, Youth and Families Department and NMAIMH launched the Infant Mental Health Infrastructure Development project to provide a baseline assessment of infant mental health capacity in the state. The resulting *Workforce Survey*, described on page 16 of the New Mexico Infant Mental Health Infrastructure Development Project (in press), documents baseline perceptions and self-reported ability levels of individuals across the state who are using defined infant mental health strategies in their work. The report confirms the dearth of infant mental health programs in the state.

Each strategy proposed in *A Strategic Plan* (2003) requires training and competency development. Currently, New Mexico's institutions of higher education and professional training offer no courses in infant mental health at any level. Aside from the training supported by a few regional providers and NMAIMH, behavioral health providers and early childhood professionals have no ongoing or systematic resource for developing infant mental health skills. The *Strategic Plan* recommends training that is targeted specifically to the competencies needed for respective areas of infant mental health work. NMAIMH plans to use the MI-AIMH competency guidelines to develop a systematic training program in New Mexico as well as to look at existing training modules in which the competencies could be included.

Examining the Michigan competencies gave NMAIMH a framework for analysis. A grant from the New Mexico Children, Youth and Families Department allowed NMAIMH to purchase the competency portion of the endorsement package because NMAIMH did not yet have the experience or infrastructure to implement the whole MI-AIMH endorsement process.

Developing professional competencies will be an especially rewarding and challenging journey. The staff of NMAIMH looks forward to the experience and takes comfort in knowing it has competent guides and partners like MI-AIMH, whose consultants are willing to share the fruits of their labors in teaching how to build a competent workforce. During the course of a day-and-a-half consultation with MI-AIMH consultants, the NMAIMH staff developed a much clearer, detailed vision for the use of the competencies in New Mexico. Systems that needed

alignment were identified (e.g., early childhood, early intervention, behavioral health, and managed care), along with existing certificate strands, the various state departments that oversee them, and stakeholders not yet at the table. NMAIMH identified *A Strategic Plan* (2003) and the competencies as its defining guides. It now has a framework for articulating its work to others and clear competencies that will inform training for infant mental

health specialists. NMAIMH came up with an image to symbolize the structure of this framework: a central sun that represents NMAIMH, the strategic plan, and the competency guidelines, surrounded by emanating rays to represent the action plans and committees that will bring the competency endorsement and training into reality in New Mexico. The plan currently includes

(a) a work group for training and certificate alignment; (b) a competency public awareness campaign, which includes legislative audiences, managed care, providers, institutions of higher education, and the Governor's Children's Cabinet; (c) leadership development and support for those leading the competency efforts; and (d) a business plan for the NMAIMH. Staff are very excited and encouraged by the interest and support in the development of a competency-based training and consultation system in New Mexico from within the state as well from other states and consultants.

With the purchase of the *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health* (2002; renamed the *New Mexico Association for Infant Mental Health Competency Guidelines for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health*), and training on competency development by the MI-AIMH consultants, New Mexico is moving close to realizing the fundamental goal laid out in its ambitious strategic plan: helping to build healthy families in a culturally rich and beautiful state.

TAIMH and the Endorsement Process

TAIMH was established in 1983 as an advocate of nurturing environments for very young children and their families and to train practitioners in the field, thereby building the capacity to serve young children and their families. It has three regional chapters—Hill Country AIMH, West Texas AIMH, and North Texas AIMH—and membership is statewide. TAIMH has a long history of providing training, awareness activities, and advocacy for infant mental health, including training institutes, regional training sessions, statewide conferences, and a biennial Infant Mental Health Advocacy Award that has honored T. Berry Brazelton and Texas champions for young children and their families.

Providers across [Texas] are interested in developing their skills to address the social-emotional and mental health needs of infants, very young children and their families. They see the [TAIMH] endorsement process as a means of getting the training they need

TAIMH also has participated in an initiative funded by the Hunt Alternatives Foundation with the Dallas County Child Protective Services (CPS) since 1987. The initiative evolved from a shared concern for the number of infants and toddlers in the Dallas CPS system and the lengths of their placements. The result included training for attorneys ad litem, a curriculum for CPS workers, and other recommendations. (Owens & Mason, 1991).

TAIMH's interest in an endorsement for infant mental health workers grew out of anecdotal reports from the child-care community, community mental health centers, and Part C agencies that increasing numbers of very young children with social and emotional problems had been identified but were not receiving mental health services (in community mental health centers or Part C programs). A review of data from the Texas Department of Mental Health and Mental Retardation confirmed that children under the age of 6 years were underrepresented in the population of children and adolescents served by the department.

TAIMH formed a workgroup to address young children's unmet needs for mental health services but realized that Texas state systems simply did not have enough qualified professionals to respond. Very young children and their families were at increasing developmental and clinical risk. Seasoned professionals from multiple disciplines and service systems believed that identifying core competencies for early childhood mental health, developing a framework for professional training, and creating a system for endorsement or credentialing in the infant-family field might lead toward a solution for the state.

Who would take the lead? What partnerships needed to be created? How would they begin? These and other questions required immediate attention by an interdisciplinary group of professionals from TAIMH who were committed to prevention and early intervention. This group became the TAIMH Endorsement Committee. As part of its preparation, the committee hired Bill Schafer, PhD, a clinical consultant from Ann Arbor, Michigan, to facilitate a leadership group in support of developing the endorsement system. With a generous gift from a dedicated TAIMH board member, TAIMH hired its first executive director (Barbara Dowler Moss), whose charge was to develop the endorsement system, and an administrative assistant. The Endorsement Committee was expanded to include faculty from Texas Christian University and staff from the regional Head Start office.

The committee began work by reviewing the literature and investigating other states' efforts to increase the number of early childhood mental health providers. The group explored the possibility of adding mental health competencies to the Texas Part C agency's competency-demonstration system for training early intervention specialists. However, after 2 years, the system still seemed to be years from completion. After careful consideration, the TAIMH Endorsement Committee decided to approach MI-AIMH,

which had recently published the *MI-AIMH Endorsement* (2002). TAIMH's intention was to purchase a license to implement the Michigan system in Texas.

TAIMH, MI-AIMH, and Goodness of Fit

Could Michigan's approach to ensuring the competence of practicing infant-family professionals help Texas build capacity? The development of an endorsement system by Texans for Texans had considerable appeal—until the Endorsement Committee calculated that insisting on a home-grown system would delay implementation by several years. A more substantive concern was the Michigan system's focus on children aged birth to 3 years and their families. A Texas endorsement would need to include providers serving children from birth to 6 years and their families.

Through a series of discussions, MI-AIMH and TAIMH developed an endorsement system tailored for Texas. It was open to practitioners who served children from birth to 6 years, and implementation was feasible for TAIMH. TAIMH purchased a license to use the MI-AIMH endorsement system, changing the name to TAIMH endorsement. MI-AIMH and TAIMH members continue to modify the system so that it becomes the best possible fit for Texas.

At the outset of its work, the TAIMH Endorsement Committee invited five universities to be partners in this professional development effort. The universities are studying ways to offer courses that their students will need for endorsement. Other strong collaborative partners include Children's Medical Center, Dallas Texas, and the Part C agency.

Change Is Challenging

Professionals all over Texas have expressed interest in becoming endorsed. The excitement and interest in endorsement is likely to be the result of several factors:

- A growing awareness of social-emotional and mental health issues in early intervention programs following an agreement between the state mental health agency and the Part C early intervention agency to increase services to infants and toddlers (the agreement established mental health training programs for Part C staff and community mental health staff);
- Activities of the social-emotional and mental health subcommittee of the Texas state early childhood comprehensive systems grant (the subcommittee established collaborative networks with the early childhood provider community to educate and advocate for infant mental health awareness);
- Activities of the new Hill Country, West Texas, and North Texas chapters of TAIMH; and
- Intensive marketing of TAIMH endorsement by the TAIMH executive director and board members.

Providers across the state are interested in developing their skills to address the social-emotional and mental

health needs of infants and preschool children. They see the endorsement process as a means of getting the training they need. Although widespread interest in endorsement is heartening, Michigan's experience and past efforts to introduce change in Texas suggest that implementation of the endorsement process will not be easy. Interest in endorsement and completion of the endorsement process are two different things. However, in the process of purchasing a license to implement the Michigan endorsement system in Texas, TAIMH also has established an ongoing relationship with MI-AIMH. Lessons learned by MI-AIMH are being passed to TAIMH. One can expect the learning to be mutual before long.

In Conclusion

The infant-family field includes professionals from many disciplines, all of whom are passionate about working with babies and families. However, the field has yet to define how infant mental health professionals should be trained, do their work, and demonstrate that they are qualified. Fervent discussion of credentialing issues has enlivened many gatherings of infant mental health specialists. Now, the experiences of Michigan, Texas, and New Mexico suggest that the field is ready to move from discussion to action. Credentialing and endorsement represent an important developmental milestone in the infant-family field's journey toward maturity.

Authors' Notes

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Sally Provence Award for Excellence

Susan Meriwether was presented with the Sally Provence Award for Excellence on November 5, 2005, at the National Training Institute in Washington, DC. Susan is the Infant-Toddler Lead Teacher at ChildrenFirst/Bright Horizons Family Solutions in Houston, TX. The award recognizes an individual whose work with infants, toddlers, families, and communities demonstrates the qualities that Dr. Provence considered essential to effective practice: an abiding curiosity about the meaning of behavior in very young children; a sturdy conceptual framework for understanding developmental issues and problems in early childhood; commitment to continuity and individualization of care; and a strong belief in ongoing training and support for infant/toddler professionals. Susan accepted the honor during the Awards Luncheon.