

Competency Guidelines

Hillsborough County Standards for Culturally Sensitive,
Relationship-focused Practice Promoting Infant Mental Health®



The Early Childhood Council of Hillsborough County, Inc.
In Partnership with The Children's Board of Hillsborough County



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To date, there are 18 U.S. state infant mental health associations using the MI-AIMH Competency Guidelines® and Endorsement® with new state associations pursuing the purchase of a license to use these systems. As a group, they are known as the League of States. As of October 2014, the state associations are:

Alaska Association for Infant Mental Health
Infant Toddler Mental Health Coalition of Arizona
Connecticut Association for Infant Mental Health
Colorado Association for Infant Mental Health
Idaho Association for Infant and Early Childhood Mental Health
Indiana Association for Infant Toddler Mental Health
Kansas Association for Infant and Early Childhood Mental Health
Michigan Association for Infant Mental Health
Minnesota Association for Infant & Early Childhood Mental Health
New Jersey Association for Infant Mental Health
New Mexico Association for Infant Mental Health
Oklahoma Association for Infant Mental Health
Rhode Island Association for Infant Mental Health
Texas Association for Infant Mental Health
Washington Association for Infant Mental Health
West Virginia (TEAM West Virginia, Inc.)
Wisconsin Alliance for Infant Mental Health
Virginia Association for Infant Mental Health

And one international association:

Australian Association for Infant Mental Health – West Australia Branch

State associations who have purchased a license to use the Competency Guidelines® and Endorsement® honor reciprocity of Endorsement® status. If your state association is interested in purchasing a license to use the Competency Guidelines® and Endorsement®, please visit <http://mi-aimh.org/league-of-states-2014>

INTRODUCTION TO MI-AIMH COMPETENCY GUIDELINES AND ENDORSEMENT[®]

MI-AIMH

The Michigan Association for Infant Mental Health (MI-AIMH) is an interdisciplinary, professional organization established to promote and support the optimal development of infants, very young children, and families through relationship-focused workforce development and advocacy efforts. Incorporated in 1977, MI-AIMH has offered training and education related to infant mental health principles and practices to individuals and groups for almost 35 years. Hundreds of service providers participate annually in state, local, or regional trainings that are designed to build a more skillful and confident workforce. Nearly 600 professionals attend the highly acclaimed MI-AIMH Conference every other year. Many more professionals benefit from MI-AIMH publications such as the *Infant Mental Health Journal* and *The Infant Crier*, as well as materials and learning tools that support early relationship development. With an annual membership of more than 600 infant and family professionals and 13 chapters, MI-AIMH is proud of its role as an association promoting infant mental health principles and practices.

Competency Guidelines¹

Inspired by the work of Selma Fraiberg and her colleagues who coined the phrase infant mental health (Fraiberg, 1980), practitioners in Michigan designed a service model to identify and treat developmental and relationship disturbances in infancy and early parenthood. The pioneering infant mental health specialists were challenged to understand the emotional experiences and needs of infants while remaining curious and attuned to parental behavior and mental health needs within the context of developing parent-child relationships. Specialists worked with parents and infants together, most often in clients' homes but also in clinics and settings for assessment and service delivery. [Intervention and] treatment strategies varied, including concrete assistance, emotional support, developmental guidance, early relationship assessment and support, infant parent psychotherapy, and advocacy (Weatherston, 2001).

As infant mental health practice evolved in Michigan, clinicians, university faculty, and policymakers became increasingly concerned about the training needs of all infant-family professionals related to infant mental health principles and practices. Competency, as determined by expert consensus, required the development of a unique knowledge base, clinical assessment, and intervention/treatment skills specific to infancy and early parenthood, and reflective supervisory experiences that would lead to best practice. These basic components were approved by the MI-AIMH Board of Directors in 1983 and outlined in the MI-AIMH *Training Guidelines* (1986) to guide pre-service, graduate, and in-service training of infant mental health specialist 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 experiences with infants and very young children that would promote competency among professionals in the infant and family field. Although not focused on the practice of infant mental health, the ZERO TO THREE publication reinforced the importance of theory and supervised practice to the development of competency for professionals serving infants, very 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 very young children 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 three 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

¹ Excerpted and updated from Weatherston, D., Kaplan-Estrin, M., & Goldberg, S. (2009). Strengthening and recognizing knowledge, skills, and reflective practice: the Michigan Association for Infant Mental Health Competency Guidelines[®] and Endorsement[®] process. *Infant Mental Health Journal*, 30(6),648-663.

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 5 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, and 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, very young children, and their families involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential as the acquisition of scientific knowledge and therapeutic skill” (p. 18). Significant to these standards was the inclusion of reflection as integral to best practice in the infant and family field.

During the next few years, the MI-AIMH work group expanded the competencies to detail the practice of professionals from multiple disciplines who worked in many different ways with infants, very young children, and families. MI-AIMH hired a professional skilled in the developments 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 Zeanah & 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 this detailed publication.

The intent of this publication is to provide a guide for those working with pregnant women and families with children ages birth to three years and for those offering training to them; however, professionals who contributed to these *Competency Guidelines* agreed that they also might guide those working with young children up to five 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 these guidelines promote this basic understanding.

The *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*® was developed over a 10-year period and launched in 2002. Competency-based, the Endorsement® is a reflection of MI-AIMH’s commitment to best practices in the infant and family field. Central to the Endorsement® is this document, the *MI-AIMH Competency Guidelines* that identifies knowledge, skills, and reflective practice approaches that support the development of competency across disciplines and in multiple service settings. These competencies provide the framework for the MI-AIMH Endorsement®.

The intent of the MI-AIMH Endorsement® is to recognize the professional development of infant and family service providers within the diverse and rapidly expanding infant and family field. Endorsement® verifies that an applicant has attained a specified level of functioning and understanding about the promotion of infant mental health and provides a level of assurance to families, agencies, and the public at large that the person who provides services to infants and their families meets standards that have been approved by a professional organization devoted to the optimal development of very young children.

The MI-AIMH Endorsement® offers individuals in the infant and family field a professional development plan that focuses on principles, best practice skills, and reflective work experiences that lead to increased confidence and credibility within

the infant and family field. The MI-AIMH Endorsement® will inform prospective employers, agencies and peers about culturally sensitive, relationship-focused practice promoting infant mental health. Those who earn the MI-AIMH Endorsement® will be recognized for their education, training, leadership roles, and work experiences within the infant and family field.

There are four levels of competency within the MI-AIMH Endorsement®:

- I. Infant Family Associate
- II. Infant Family Specialist
- III. Infant Mental Health Specialist
- IV. Infant Mental Health Mentor

Each level recognizes the educational experiences, specialized in-service training experiences, and work experiences appropriate for best service outcomes for infants, very young children, and families. Detailed information about the requirements for specialized education, work, in-service training, and reflective supervision/consultation experiences are different at each level and can be found within this publication. Details regarding how one can apply for and earn Endorsement® can be found at <http://www.mi-aimh.org/endorsement>.

References

- Fitzgerald, H.E., & Barton, L.R. (2000). Infant mental health: origins and emergence of an interdisciplinary field. In J.D. Osofsky & H.E. Fitzgerald (Eds.), *Handbook of Infant Mental Health: Vol. 1. Perspectives on infant mental health* (pp. 1-36). New York: Wiley.
- Fraiberg, S. (1980). *Clinical Studies in Infant Mental Health: The First Year of Life*. New York: Basic Books.
- Individuals with Disabilities Act. (1990). U.S. Department of Education.
- Lieberman, A.F., Silverman, R., & Pawl, J.H. (2000). Infant–parent psychotherapy: core concepts and current approaches. In C. Zeanah (Ed.), *Handbook of Infant Mental Health* (pp. 472-484). New York: Guilford Press.
- McDonough, S.C. (2000). Interaction guidance: an approach for difficult to engage families. In C. Zeanah (Ed.), *Handbook of Infant Mental Health* (pp. 414-426). New York: Guilford Press.
- Michigan Association for Infant Mental Health. (1986). *Training Guidelines*. East Lansing: Michigan Association for Infant Mental Health.
- Shirilla, J., & Weatherston, D. (Eds.). (2002). *Case Studies in Infant Mental Health: Risk, Resiliency & Relationships*. Washington, DC: Zero to Three.
- Trout, M. (1985). Working papers on process in infant mental health. Champaign, IL: The Infant-Parent Institute.
- Weatherston, D. (2001). Infant mental health: a review of relevant literature. *Psychoanalytic Social Work*, 8(1), 39-69.
- Zeanah, C.H., & Zeanah, P.D. (2001). Towards a definition of infant mental health. *Journal of Zero to Three*, 21(7), 13-2.
- ZERO TO THREE: National Center for Clinical Infant Programs. (1990). *Preparing Practitioners to Work With Infants, Toddlers and Their Families: Issues and Recommendations for the Professions*. Arlington, VA: ZERO TO THREE.

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Hillsborough County

Competency Guidelines

INFANT FAMILY ASSOCIATE (LEVEL I)

The Infant Family Associate (Level I) *Competency Guidelines* were developed by the Michigan Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that demonstrate competency at this level.

INFANT FAMILY ASSOCIATE
Competency Detail

Area of Expertise

As Demonstrated by

<p>Theoretical Foundations</p> <p><u>Knowledge Areas</u></p> <p><i>pregnancy & early parenthood</i></p> <p><i>infant/very young child development & behavior</i></p> <p><i>infant/very young child & family-centered practice</i></p> <p><i>relationship-focused practice</i></p> <p><i>family relationships & dynamics</i></p> <p><i>attachment, separation, trauma, grief, & loss</i></p> <p><i>cultural competence</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Informally (and in some cases, formally) observes and assesses the infant or very young child, parent, and their relationship to identify landmarks of typical child development; behavior; and healthy, secure relationships • Supports and reinforces parent’s ability to seek appropriate care during pregnancy • Supports and reinforces parent’s strengths, emerging parenting competencies, and positive parent-infant/very young child interactions • Demonstrates awareness of conditions that optimize early infant brain development • Recognizes conditions that require the assistance of other service providers and refers these situations to the supervisor • Shares with families an understanding of infant and family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each family’s culture
<p>Law, Regulation, & Agency Policy</p> <p><u>Knowledge Areas</u></p> <p><i>ethical practice</i></p> <p><i>government, law, & regulation</i></p> <p><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family’s information in all contexts, with exception only when making necessary reports to protect the safety of a family member (eg, Children’s Protective Services, Duty to Warn) • Maintains appropriate personal boundaries with infants/very young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child’s health or welfare to Children’s Protective Services after discussion with supervisor • Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/very young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families • Is knowledgeable about the rights of citizen children of non-citizen parents • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Federal and state law ○ Agency policies and practices ○ Agency code of conduct

INFANT FAMILY ASSOCIATE
Competency Detail

Area of Expertise

As Demonstrated by

<p>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> • Assists families to anticipate and obtain the basic requirements of living and other needed services from public agencies and community resources • Collaborates and communicates with other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated • Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families during pregnancy, the newborn period, and the early years
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<p>Direct Service Skills</p> <p><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates needed change • Uses example, encouragement, and, when appropriate, own life experience to: <ul style="list-style-type: none"> ○ Empower families to become socially and emotionally self-sufficient ○ Create nurturing, stable infant/young child-caregiver relationships • Provides direct care and teaching/developmental activities to infant, very young children, and families with multiple, complex risk factors to help ensure healthy pregnancy outcomes and the optimal development of the child in all domains (physical, social, emotional, cognitive) • Participates in formal and informal assessments of the infant's/young child's development, in accordance with standard practice • Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change • Provides information and assistance to parents or caregivers to help them: <ul style="list-style-type: none"> ○ Understand their role in the social and emotional development of infants/very 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/very young children • Promotes parental competence in: <ul style="list-style-type: none"> ○ Facing challenges ○ Resolving crises and reducing the likelihood of future crises ○ Solving problems of basic needs and familial conflict • Note: <i>In some agencies, this may be the responsibility of the supervisor/Infant Family Specialist (Level II) practitioner</i> • Advocates for services needed by infants, child(ren) and families with the supervisor, agencies, and programs • Recognizes environmental and caregiving risks to the health and safety of the infant/young child and parents and takes appropriate action
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INFANT FAMILY ASSOCIATE
Competency Detail

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Working With Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p><i>building & maintaining relationships</i></p> <p><i>supporting others</i></p> <p><i>collaborating</i></p> <p><i>resolving conflict</i></p> <p><i>empathy & compassion</i></p>	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> ○ Respecting and promoting the decision-making authority of families ○ Understanding and respecting the beliefs and practices of the family's culture ○ Following the parents' lead ○ Following through consistently on commitments and promises ○ Providing regular communications and updates • Works with and responds to families and colleagues in a tactful and understanding manner • Collaborates and shares information with other service providers and agencies to ensure the safety of the infant/young child and effective, coordinated services, and promote awareness of relationship-focused approaches to working with children • Works constructively to find "win-win" solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p><i>listening</i></p> <p><i>speaking</i></p> <p><i>writing</i></p>	<ul style="list-style-type: none"> • Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier • Writes clearly, concisely, and with the appropriate style (business, conversational, etc) in creating notes, reports, and correspondence
<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p><i>analyzing information</i></p> <p><i>solving problems</i></p> <p><i>exercising sound judgment</i></p> <p><i>maintaining perspective</i></p> <p><i>planning & organizing</i></p>	<ul style="list-style-type: none"> • Sees and can explain the "big picture" when analyzing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, ensuring follow-up, and monitoring the effectiveness of service delivery as a whole

INFANT FAMILY ASSOCIATE
Competency Detail

Area of Expertise

As Demonstrated by

Reflection	
<u>Skill Areas</u>	
<i>contemplation</i>	
<i>self awareness</i>	
<i>curiosity</i>	
<i>professional/personal development</i>	
<i>emotional response</i>	

- Regularly examines own thoughts, feelings, strengths, and growth areas
- Seeks the ongoing support and guidance of the supervisor to:
 - Ensure that family progress and issues are communicated and addressed
 - Determine actions to take
 - Help maintain appropriate boundaries between self and families
- Seeks a high degree of agreement between self-perceptions and the way others perceive him/her
- Remains open and curious
- Identifies and participates in appropriate learning activities
- Keeps up-to-date on current and future trends in child development, behavior, and relationship-focused practice
- Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work
- Understands capacity of families to change
- Recognizes areas for professional and/or personal development

INFANT FAMILY ASSOCIATE Endorsement® Requirements

Requirements

Education and/or Work Experience	<p>Official transcript from Child Development Associate (CDA)</p> <p>OR</p> <p>Official transcript from Associate's degree (AD) in related area</p> <p>OR</p> <p>Two years of infant and early childhood-related paid work experience (include official transcripts from any college courses completed toward CDA or AD).</p>
Training	<p>Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in <i>Competency Guidelines</i>) have been met.</p>
Professional Reference Ratings	<p>Total of three ratings:</p> <ol style="list-style-type: none"> 1. One must come from a current teacher, CDA mentor, instructor, or supervisor, and 2. One must come from an individual who meets MI-AIMH Endorsement® requirements at Level II, III, or IV (preferred) OR is familiar with the Competency Guidelines and vetted by MI-AIMH², and 3. One can come from a colleague, or a parent/recipient of services.
Code of Ethics & Endorsement® Agreement	Signed.
Documentation of Competencies	<p>Application will document that competencies have been adequately met through course work, in-service training, or paid work experiences. Written examination not required for applicants seeking Endorsement® at Level I.</p>
Professional Membership	Membership in MI-AIMH or another infant mental health association.

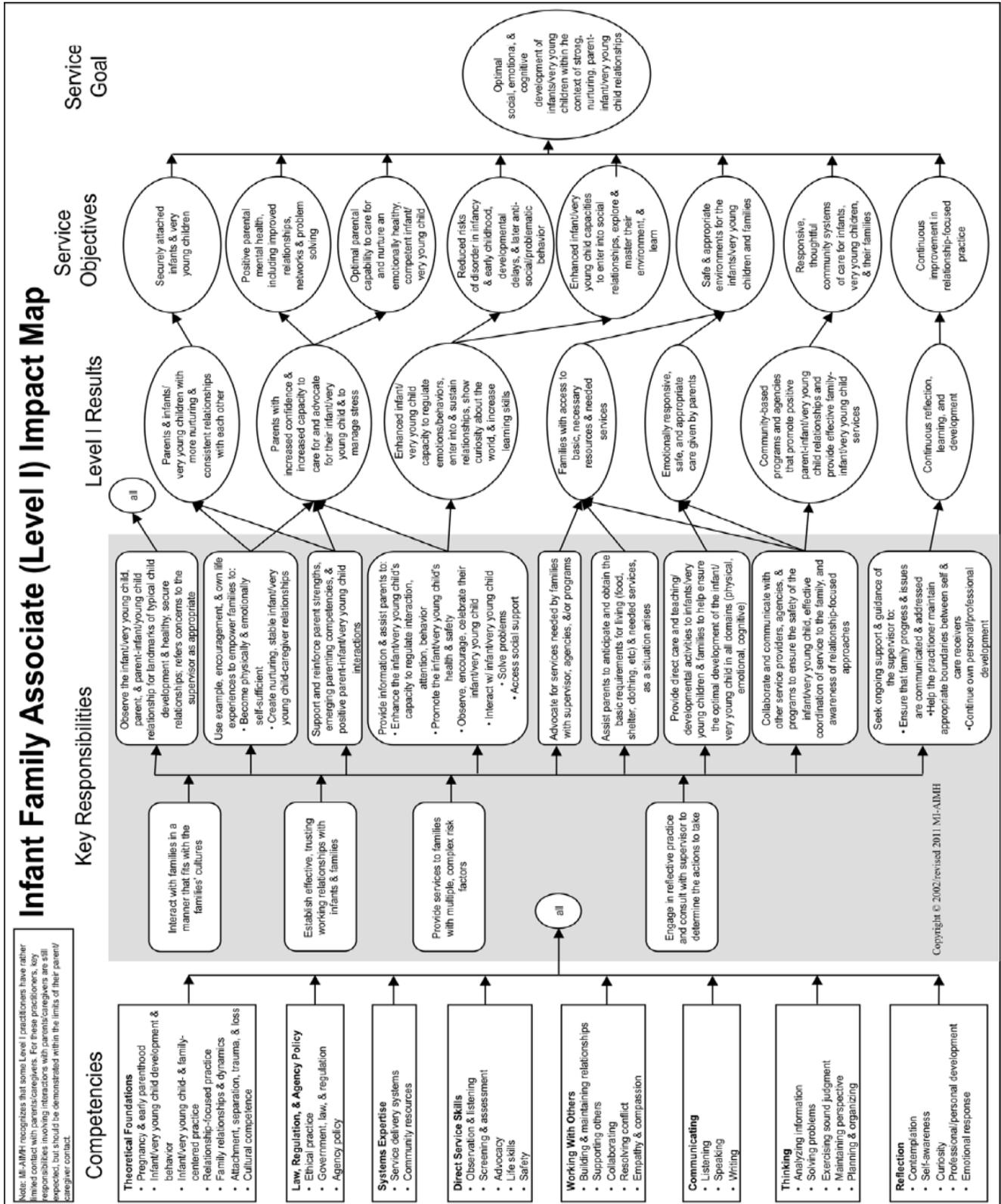
Continuing Endorsement® Requirements

Education & Training	<p>Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance). Documentation of training hours submitted with membership renewal.</p>
Professional Membership	Annual renewal of membership in MI-AIMH or another infant mental health association.

Continuing Endorsement® Recommendations

Reflective Supervision	MI-AIMH recommends that all Endorsed professionals seek reflective supervision or consultation.
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² The vetting of a reference rater who is not Endorsed consists of a phone call with the proposed rater so MI-AIMH staff can determine if proposed rater has a copy of the Competency Guidelines® and is familiar enough with them to rate the applicant's knowledge and skills as defined in them. The decision to accept the vetted reference rater will be documented by Endorsement® Coordinator in the References section of the applicant's EASy application.



Hillsborough County

Competency Guidelines

INFANT FAMILY SPECIALIST (LEVEL II)

The Infant Family Specialist (Level II) *Competency Guidelines* were developed by the Michigan Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that can demonstrate competency at this level.

INFANT FAMILY SPECIALIST
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Theoretical Foundations <u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood</i></p> <p style="text-align: center;"><i>infant/very young child development & behavior</i></p> <p style="text-align: center;"><i>infant/very young child & family-centered practice</i></p> <p style="text-align: center;"><i>relationship-focused, therapeutic practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>disorders of infancy/early childhood</i></p> <p style="text-align: center;"><i>cultural competence</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • During observations and assessments, identifies emerging competencies of the infant and very young child within a relationship context • Supports and reinforces parent’s capacity to seek appropriate care during pregnancy • Supports and reinforces each parent’s strengths, emerging parenting competencies, and positive parent-infant/very young child interactions and relationships • Helps parents to: <ul style="list-style-type: none"> ○ "See" the infant/very young child as a person, as well as all the factors (playing, holding, teaching, etc) that constitute effective parenting of that child ○ Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/very young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimize early infant brain development • Recognizes risks and disorders of infancy/early childhood conditions that require the assistance of other professionals from health, mental health, education, and child welfare systems • Shares with families an understanding and appreciation of family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family’s culture
<p style="text-align: center;">Law, Regulation, & Agency Policy <u>Knowledge Areas</u></p> <p style="text-align: center;"><i>ethical practice</i></p> <p style="text-align: center;"><i>government, law, & regulation</i></p> <p style="text-align: center;"><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family’s information in all contexts with exception only when making necessary reports to protect the safety of a family member (eg, Children’s Protective Services, Duty to Warn) • Maintains appropriate personal boundaries with infants/very young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child’s health or welfare to Children’s Protective Services • Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/very young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families and other service providers working with the family • Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Federal and state law ○ Agency policies and practices ○ Professional code of conduct

INFANT FAMILY SPECIALIST
Competency Detail

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Systems Expertise</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> • Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources • Actively seeks resources to address infant/very young child and family needs • Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated • Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families
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<p style="text-align: center;">Direct Service Skills</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other, and that facilitates needed change • Provides services to children and families with multiple, complex risk factors • Formally and informally observes the parent(s) or caregiver(s) and infant/very young child to understand the nature of their relationship, developmental strengths, and capacities for change • Conducts formal and informal assessments of infant/very young child development, in accordance with established practice • Effectively implements relationship-focused, therapeutic parent-infant/very young child interventions that enhance the capacities of parents and infants/very young children • Provides information and assistance to parents/or caregivers to help them: <ul style="list-style-type: none"> ○ Understand their role in the social and emotional development of infants/very 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/very young children • Nurtures the parents' relationship with each other, if one exists; alternatively, helps the custodial parent manage appropriate contact with the non-custodial parent • Promotes parental competence in: <ul style="list-style-type: none"> ○ Facing challenges ○ Advocating on behalf of themselves and their children ○ Resolving crises and reducing the likelihood of future crises ○ Solving problems of basic needs and familial conflict • Advocates for services needed by children and families with the supervisor, agencies, and programs • Recognizes environmental and caregiving risks to the health and safety of the infant/very young child and parents, and takes appropriate action
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INFANT FAMILY SPECIALIST
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Working With Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others/mentoring</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p>	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> ○ Respecting and promoting the decision-making authority of families ○ Understanding and respecting the beliefs and practices of the family's culture ○ Following the parents' lead ○ Following through consistently on commitments and promises ○ Providing regular communications and updates • Works with and responds to families and colleagues in a tactful and understanding manner • Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families • Assists families to develop the skills they need to become their own advocates • Models appropriate behavior and interventions for new staff as they observe home visits • Encourages parents to share with other parents (eg, through nurturing programs, parent-child interaction groups) • Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services • Works constructively to find "win-win" solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts) • Provides emotional support to parents/caregivers and children when sad, distressed, etc
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>listening</i></p> <p style="text-align: center;"><i>speaking</i></p> <p style="text-align: center;"><i>writing</i></p>	<ul style="list-style-type: none"> • Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathetically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier • Writes clearly, concisely, and with the appropriate style (business, conversational, etc) in creating notes, reports, and correspondence

INFANT FAMILY SPECIALIST
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>analyzing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organizing</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” when analyzing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, ensuring follow up, and monitoring the effectiveness of service delivery as a whole
<p style="text-align: center;">Reflection</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p>	<ul style="list-style-type: none"> • 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, 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/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-focused practice • Uses reflective practice throughout work with infants/very young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development

INFANT FAMILY SPECIALIST Endorsement® Requirements

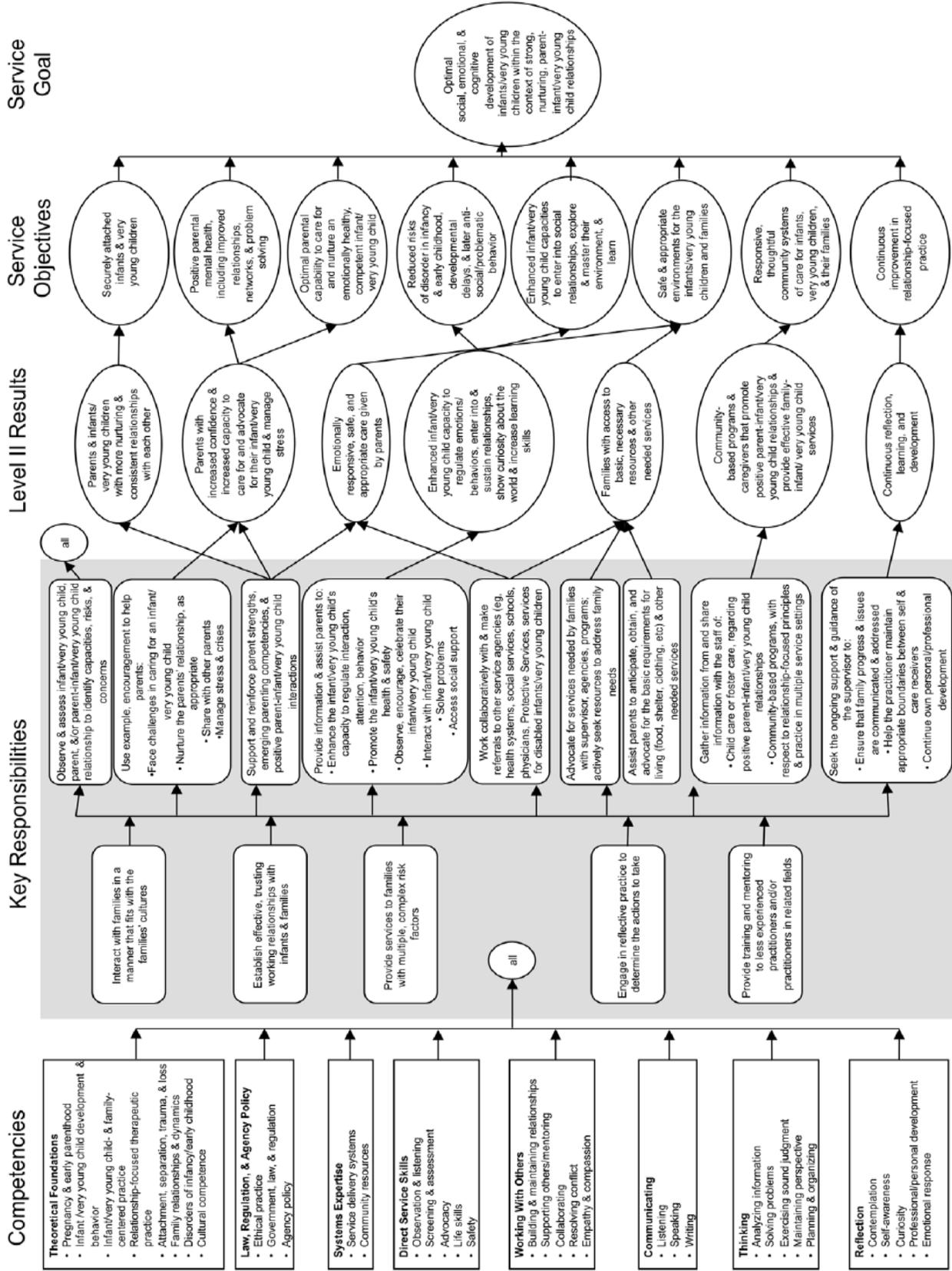
Requirements

Education	Minimum of Bachelor of Arts (BA), Bachelor of Science (BS), Bachelor of Social Work (BSW), Bachelor of Nursing (BSN); and including Master of Arts (MA), Master of Science (MS), Master of Social Work (MSW), Master of Education (MEd), Master of Nursing (MSN); official transcript.
Training	Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in <i>Competency Guidelines</i>) have been met.
Work Experience	Minimum two years of paid, post-Bachelor's, professional work experience providing services that promote infant mental health. Work experience meets this criterion as long as the applicant has: <ol style="list-style-type: none"> 1. Served a minimum of 10 families of infants/toddlers (birth to 36 months), and 2. A primary focus of the services provided is the social-emotional needs of infant/toddler, and 3. Services include attention to the relationships surrounding the infant/toddler.
Reflective Supervision/Consultation	Minimum 24 clock hours within one- to two-year timeframe; post-Bachelor's, relationship-based, reflective supervision or consultation, individually or in a group while providing services to infants, very young children, and families. Provider of reflective supervision/consultation must have earned Endorsement® at Level III or IV-Clinical. For Bachelor's-prepared Level II applicants, reflective supervision/consultation that meets criteria for Endorsement® may come from a Master's-prepared professional who has earned Level II.
Professional Reference Ratings	Total of three ratings: <ol style="list-style-type: none"> 1. One from current program supervisor, teacher, trainer, or consultant, and 2. One from person providing reflective supervision/consultation, and 3. One from another supervisor, teacher, trainer, consultant, or colleague. <p>Please note: At least one rating must come from someone endorsed at Level II, III, or IV.</p>
Code of Ethics & Endorsement® Agreement	Signed
Documentation of Competencies	Application will document that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences. Written examination not required for applicants seeking Endorsement® at Level II.
Professional Membership	Membership in MI-AIMH or another infant mental health association.

Continuing Endorsement® Requirements

Education & Training	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance). Documentation of training hours submitted with membership renewal.
Professional Membership	Annual renewal of membership in MI-AIMH or another infant mental health association.
Reflective Supervision	MI-AIMH requires that all Endorsed professionals at Level II, III, and IV - Clinical receive a minimum of 12 hours of reflective supervision or consultation annually.

Infant Family Specialist (Level II) Impact Map



Hillsborough County

Competency Guidelines

INFANT MENTAL HEALTH SPECIALIST (LEVEL III)

The Infant Mental Health Specialist *Competency Guidelines* were developed by the Michigan Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that demonstrate competency at this level.

INFANT MENTAL HEALTH SPECIALIST

Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Theoretical Foundations</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood</i></p> <p style="text-align: center;"><i>infant/very young child development & behavior</i></p> <p style="text-align: center;"><i>Infant/very young child & family-centered practice</i></p> <p style="text-align: center;"><i>relationship-focused, therapeutic practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>psychotherapeutic & behavioral theories of change</i></p> <p style="text-align: center;"><i>disorders of infancy/early childhood</i></p> <p style="text-align: center;"><i>mental and behavioral disorders in adults</i></p> <p style="text-align: center;"><i>cultural competence</i></p>	<p><i>For infants, very young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Supports and reinforces parent’s capacity to seek appropriate care during pregnancy • Identifies both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and in day-to-day interactions with the infant/very young child and family • Provides information, guidance and support to families related to the development and care of infants/very young children to further develop their parenting capabilities and the parent-infant/very young child relationship; <i>ensures that the information is provided in the family’s language</i> • Develops service plans that take into account each infant’s/very young child’s and family’s unique needs, desires, history, lifestyle, concerns, strengths, resources, cultural community, and priorities • During observations and assessments, identifies emerging competencies of the infant and very young child within a relationship context • Supports and reinforces each parent’s strengths, emerging parenting competencies, and positive parent-infant/very young child interactions and relationships • Helps parents to: <ul style="list-style-type: none"> ○ "See" the infant/very young child as a person, as well as all the factors (playing, holding, teaching, etc) that constitute effective parenting of that child ○ Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/very young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimize early infant brain development • Recognizes risks and disorders of infancy/early childhood conditions that require treatment, intervention, and/or the assistance of other professionals from health, mental health, education, and child welfare systems • Shares with families an understanding and appreciation of family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family’s culture • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and very young children served • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbances, disorders, and risks in early childhood families • Develops service plans that take into account each infant’s/very young child’s and family’s unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities • Provides services that reinforce and nurture the caregiver-infant/young child relationship • Engages in parent-infant/young child relationship-based therapies and practices to explore issues (including attachment, separation, trauma, loss) that affect the development and care of the infant/very young child

INFANT MENTAL HEALTH SPECIALIST
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p>Law, Regulation, & Agency Policy</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>ethical practice</i></p> <p style="text-align: center;"><i>government, law, & regulation</i></p> <p style="text-align: center;"><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family’s information in all contexts with exception only when making necessary reports to protect the safety of a family member (eg, Children’s Protective Services, Duty to Warn) • Maintains appropriate personal boundaries with infants/very young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children’s Protective Services • Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (eg, Part C of IDEA, child protection, child care licensing rules and regulations) to families, child or foster care staff, community-based programs • Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Federal and state law ○ Agency policies and practices ○ Professional code of conduct
<p style="text-align: center;">Systems Expertise</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>service delivery systems</i></p> <p style="text-align: center;"><i>community resources</i></p>	<ul style="list-style-type: none"> • Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources • Actively seeks resources to address child and family needs • Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated • Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families

INFANT MENTAL HEALTH SPECIALIST Competency Detail

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Direct Service Skills</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>observation & listening</i></p> <p style="text-align: center;"><i>screening & assessment</i></p> <p style="text-align: center;"><i>responding with empathy</i></p> <p style="text-align: center;"><i>intervention/treatment planning</i></p> <p style="text-align: center;"><i>developmental guidance</i></p> <p style="text-align: center;"><i>supportive counseling</i></p> <p style="text-align: center;"><i>parent-infant/very young child relationship-based therapies & practices</i></p> <p style="text-align: center;"><i>advocacy</i></p> <p style="text-align: center;"><i>life skills</i></p> <p style="text-align: center;"><i>safety</i></p>	<p><i>For infants, young children, and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates change • Works with the parent(s) and the infant/very young child together, often in the home, in accordance with accepted practice • Observes the parent(s) or caregiver(s) and infant/very 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/very 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, eg, the infant, the parent, the service provider • Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: <ul style="list-style-type: none"> ○ Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs, and progress of the infant/very 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-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/very young children • Helps parents identify goals and activities that encourage interaction and that can be woven into the infant's/very young child's and family's daily routines • Uses multiple strategies to help parents or caregivers: <ul style="list-style-type: none"> ○ Understand their role in the social and emotional development of infants/very 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/very young children • Promotes parental competence in: <ul style="list-style-type: none"> ○ 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 • Identifies/diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (eg, <i>Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)</i>, <i>Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC-0 to 3R)</i>) • Attends and responds to parental histories of loss as they affect the care of the infant/very 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/very young child and parents, and takes appropriate action
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**INFANT MENTAL HEALTH SPECIALIST
Competency Detail**

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Working With Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others/mentoring</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p> <p style="text-align: center;"><i>consulting</i></p>	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> ○ Respecting and promoting the decision-making authority of families ○ Understanding and respecting the beliefs and practices of the family's culture ○ Following the parents' lead ○ Following through consistently on commitments and promises ○ Providing regular communications and updates • Works with and responds to families and colleagues in a tactful and understanding manner • Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families • Encourages parents to share with other parents (eg, through nurturing programs, parent-child interaction groups) • Provides emotional support to parents/caregivers and children when sad, distressed, etc • Assists families to develop the skills they need to become their own advocates • Models appropriate behavior and interventions for new staff as they observe home visits • Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services • Works constructively to find "win-win" solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts) • Training/coaching of caregivers and/or other professionals (eg childcare teacher, foster parent, health, mental health, legal)
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>listening</i></p> <p style="text-align: center;"><i>speaking</i></p> <p style="text-align: center;"><i>writing</i></p>	<ul style="list-style-type: none"> • Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathetically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier • Writes clearly, concisely, and with the appropriate style (business, conversational, etc) in creating notes, reports, and correspondence

INFANT MENTAL HEALTH SPECIALIST
Competency Detail

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>analyzing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organizing</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” when analyzing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, ensuring follow up, and monitoring the effectiveness of service delivery as a whole
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<p style="text-align: center;">Reflection</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p> <p style="text-align: center;"><i>parallel process</i></p>	<ul style="list-style-type: none"> • 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, 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/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 infant and very young child development and relationship-focused practice • Uses reflective practice throughout work with infants/very young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development • Recognizes and responds appropriately to parallel process
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INFANT MENTAL HEALTH SPECIALIST Endorsement® Requirements

Requirements

Education	<p>Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctorate in Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Medical Doctor (MD), Doctor of Osteopathy (DO) or other degree specific to one’s professional focus in infant mental health; university certificate program, and/or course work in areas such as infant/very young child development, family-centered practice, cultural sensitivity, family relationships and dynamics, assessment, and intervention, in accordance with MI-AIMH Training Guidelines and Endorsement® Competencies. Official transcript(s) required.</p> <p>Applicants may ask to use intensive in-service training to fulfill some of the recommended coursework.</p>
Training	<p>Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in <i>Competency Guidelines</i>) have been met.</p>
Specialized Work Experience	<p>Two years, postgraduate, supervised work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialized work experience must be with both the infant/very young child and his/her biological, foster, or adoptive parent³ on behalf of the parent-infant relationship. Infant mental health services will include concrete assistance, advocacy, emotional support, developmental guidance, early relationship assessment, and parent-infant/very young child relationship-based therapies and practices. These therapies and practices may include but are not limited to parent-infant psychotherapy, interaction guidance, and child-parent psychotherapy and are intended to explore issues related to attachment, separation, trauma, and unresolved losses as they affect the development, behavior, and care of the infant/very young child. Those who meet criteria for Level III are working with the relationship between the infant/toddler and his/her primary caregiver to explicitly address any unresolved separations, traumas, grief, and/or losses that may be affecting the emerging attachment relationship between a caregiver(s) and the infant/toddler. The unresolved losses, or “ghosts” might be from the caregivers’ own early childhood or may be more recent such as a difficult labor & delivery or a diagnosis of a chronic illness, delay, or disability for this infant/toddler.</p> <p>Professionals from a variety of disciplines, not only licensed mental health professionals, may perform the work that meets these criteria. However, the applicant will need to have received the training necessary to provide this level of intervention AND receive RSC from a qualified professional about the intervention. We acknowledge that it may be easier for a licensed mental health professional to find paid work in a program that provides this level of intervention. However, professionals from other disciplines are not excluded from earning Endorsement® at Level III if they meet the criteria.</p> <p>Work on unresolved losses does not have to be explicit with every family with whom the applicant works. But, again, the applicant must have had the training and RSC that prepares them to provide that level of intervention when it is appropriate for a referred family.</p> <p>In some cases, 1 year of a supervised graduate internship with direct IMH practice experience as described above may be counted toward the 2 years paid work experience requirement if the supervisor of the internship is an Endorsed® professional (Level IV-C or Level III). Applicant will submit description of internship for application reviewers’ consideration.</p>
Reflective Supervision/Consultation	<p>Relationship-focused, reflective supervision/consultation with an approved supervisor/consultant, individually or in a group, while providing services to infants, very young children, and families. Minimum: 50 clock hours within a one- to two-year timeframe.</p>
Professional Reference Ratings	<p>Total of three ratings:</p> <ol style="list-style-type: none"> 1. One from current program supervisor, teacher, trainer, or consultant, and 2. One from person providing reflective supervision/consultation, and 3. One from another supervisor, teacher, trainer, or consultant; colleague; or supervisee (if candidate is a supervisor). <p><i>Please note: At least one rating must come from someone endorsed at Level II, III, or IV.</i></p>

³ Infant mental health services that meet Level III specialized work criteria are provided by professionals whose role includes intervention or treatment of the infant/toddler’s primary caregiving relationship, (ie, biological, foster, or adoptive parent); these experiences are critical to the development of a specialization in infant mental health. Infant Family Specialist, Level II is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to infant and early childhood care providers or whose intent is primarily to educate parents.

INFANT MENTAL HEALTH SPECIALIST
Endorsement® Requirements
 continued

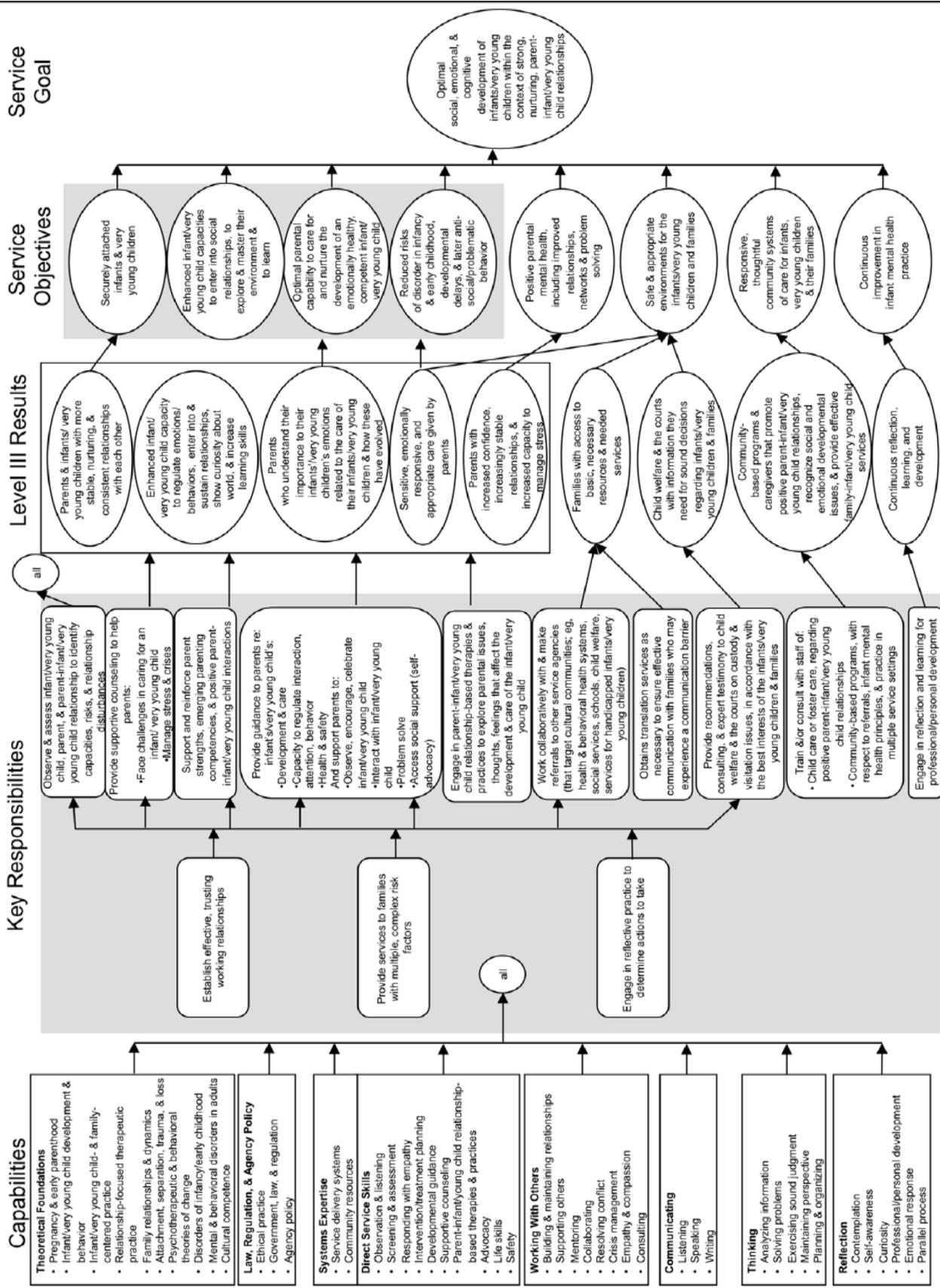
Requirements, continued

Code of Ethics Statement & Endorsement® Agreement	Signed
Documentation of Competencies:	1. Application will document that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences. 2. Successful completion of the MI-AIMH written examination.
Professional Membership:	Membership in MI-AIMH or another infant mental health association.

Continuing Endorsement® Requirements

Education and Training	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance). For those who earn Endorsement® at Level III and provide reflective supervision or consultation to others, at least three of the hours of specialized training must be about reflective supervision or consultation.
Professional Membership	Annual renewal of membership in MI-AIMH or another infant mental health association.
Reflective Supervision	MI-AIMH requires that all Endorsed professionals at Level II, III, and IV - Clinical receive a minimum of 12 hours of reflective supervision or consultation annually.

Infant Mental Health Specialist (Level III) Impact Map



Hillsborough County

Competency Guidelines

INFANT MENTAL HEALTH MENTOR (LEVEL IV)

CLINICAL, POLICY, RESEARCH/FACULTY

The Infant Mental Health Mentor *Competency Guidelines* were developed by the Michigan Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and the behaviors that demonstrate competency.

There are three designations under Infant Mental Health Mentor (Level IV) including Clinical, Policy, and Research/Faculty. In both the Competency Detail and the Impact Map, you will notice alphabetic codes in parentheses besides certain competencies. These codes indicate the specific area(s) of responsibility that the competency most directly impacts, as follows:

- A** Applies to all designations
- C** Clinical—practice leaders who provide reflective supervision or consultation to practitioners in the infant and family field
- P** Policy—practice leaders in policies and programs
- RF** Research/Faculty—practice leaders in research, evaluation, and teaching

INFANT MENTAL HEALTH MENTOR Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Theoretical Foundations <u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood infant/very young child development & behavior</i></p> <p style="text-align: center;"><i>Infant/young child- & family-centered practice</i></p> <p style="text-align: center;"><i>relationship-focused, therapeutic practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>psychotherapeutic & behavioral theories of changes</i></p> <p style="text-align: center;"><i>disorders of infancy/early childhood</i></p> <p style="text-align: center;"><i>mental & behavioral disorders in adults</i></p> <p style="text-align: center;"><i>cultural competence</i></p> <p style="text-align: center;"><i>adult learning theory & practice</i></p> <p style="text-align: center;"><i>statistics</i></p> <p style="text-align: center;"><i>research & evaluation</i></p>	<p><i>May practice each of the following oneself, but more importantly facilitates these skills in novice practitioners, students, clients, and other colleagues; applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Understands both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and in day-to-day interactions with the infant/very young child and family • Supports provision of information, guidance, and support to families related to the development and care of infants and very young children to further develop their parenting capabilities and the attachment relationship • Understands the conditions that optimize early infant brain development • Supports interpreters and literature in languages that meet community's needs • Supports informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and very young children served • Supports informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, and risks in early childhood families • Supports development of service plans that take into account each infant's/very young child's and family's unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities • Promotes services that reinforce and nurture the caregiver-infant/very young child relationship • Supports in parent-infant/very young child relationship-based therapies and practices to explore issues (including attachment, separation, trauma, and loss) that affect the development and care of the infant/very young child • Recognizes conditions that require the assistance of other professionals from health, mental health education, and child welfare systems • Understands family relationship development, with sensitivity to cultural differences <p><i>Typically demonstrates these skills oneself:</i></p> <ul style="list-style-type: none"> • Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organizations (A) • Writes articles and books on infant mental health principles and practice (P/RF) • Promotes, develops, and delivers effective learning interventions as part of conferences, workshops, university courses, and other opportunities to educate on effective infant mental health principles and practice (P/RF) • Facilitates monitoring and evaluation of service process and outcomes (P/RF) • Promotes research projects intended to increase the body of knowledge on infant mental health, early development, and effective interventions (P/RF) • Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (P)

INFANT MENTAL HEALTH MENTOR
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p>Law, Regulation, & Agency Policy</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>ethical practice</i></p> <p style="text-align: center;"><i>government, law, & regulation</i></p> <p style="text-align: center;"><i>agency policy</i></p>	<p><i>Applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with service recipients, colleagues, agency representatives, legislators, and others • Promotes the maintenance of confidentiality of each family’s information in all contexts with exception only when making necessary reports to protect the safety of a family member (eg, Children’s Protective Services, Duty to Warn) • Respects and advocates for-the rights of infants, very young children, and families • Understands, utilizes, and facilitates adherence to provisions and requirements of federal, state, and local laws affecting infants/very young children and families (early intervention, child protection) to infant mental health programs, community groups, etc, including the rights of citizen children of non-citizen parents • When consulting/providing expert testimony to agencies, service systems, legislative bodies, and programs, develops conclusions and recommendations that reflect the needs and best interests of the infant/very young child within the context of the family • Understands and makes effective use of federal, state, and agency funding, contracting, and reporting requirements to enhance service availability and effectiveness
<p style="text-align: center;">Systems Expertise</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>service delivery systems</i></p> <p style="text-align: center;"><i>community resources</i></p>	<p><i>Applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Understands the services available through the formal service delivery systems (child welfare, education, mental health, health etc.) and through other community resources (eg, churches, food banks, child care services), and informal supports (family members, friends, other families) • Utilizes an expert knowledge of the formal service delivery systems and community resources in decisions and recommendations

INFANT MENTAL HEALTH MENTOR
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Direct Service Skills</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>observation & listening</i></p> <p style="text-align: center;"><i>screening & assessment</i></p> <p style="text-align: center;"><i>responding with empathy</i></p> <p style="text-align: center;"><i>intervention/treatment planning</i></p> <p style="text-align: center;"><i>developmental guidance</i></p> <p style="text-align: center;"><i>supportive counseling</i></p> <p style="text-align: center;"><i>parent-infant/very young child relationship-based therapies & practices</i></p> <p style="text-align: center;"><i>advocacy</i></p> <p style="text-align: center;"><i>safety</i></p> <p style="text-align: center;"><i>reflective supervision</i></p>	<p><i>Models, coaches, promotes, and otherwise instructs in the following competencies; applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and facilitates change • Works with the parent(s) and infant/very young child together, primarily in the home, in accordance with accepted practice • Observes the parent(s) or caregiver(s) and infant/very young child together to understand the nature of their relationship, culture, developmental strengths, and capacities for change • Conducts observations, discussions, and formal and informal assessments of infant/very young child development, in accordance with established practice • Interprets information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: <ul style="list-style-type: none"> ○ Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs and progress of the infant/very young child and family/caregivers ○ Develop mutually agreed upon service plans incorporating explicit objectives and goals • Effectively implements relationship-focused, therapeutic parent-infant/very young child interventions that enhance the capacities of parents and infants/very young children • Helps parents identify goals and activities that encourage interaction and that can be woven into the infant's/very young child's and family's daily routines • Uses multiple strategies to help parents/caregivers: <ul style="list-style-type: none"> ○ Understand their role in the social and emotional development of infants and very 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/very young children • Promotes parental competence in: <ul style="list-style-type: none"> ○ 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 • Identifies/diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (eg, <i>Diagnostic & Statistical Manual of Mental Disorders (DSM-IV)</i>, <i>Diagnostic Classification of Mental Health & Developmental Disorders of Infancy & Early Childhood (DC: 0-3R)</i>) • Attends and responds to parental histories of loss as they affect the care of the infant/very young child, the parent's development, the emotional health of the infant/very young child, and the developing relationship • Recognizes environmental & caregiving threats to the health and safety of the infant/very young child and parents, and takes appropriate action • Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including: 1) observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings; and 2) effects of treatment relationships and of specific interventions • Promotes an infant mental health service delivery that includes screening, referral assessment, use of diagnostic tools, development of trusting relationships, service planning, relationship-based therapeutic parent-infant/very young child interventions, and interagency collaboration • Promotes reflective supervision • Encourages use of data to improve practice

INFANT MENTAL HEALTH MENTOR
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Working With Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others</i></p> <p style="text-align: center;"><i>coaching & mentoring</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>crisis management</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p> <p style="text-align: center;"><i>consulting</i></p>	<p><i>Applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with a broad range of people: families, colleagues, agency and community representatives, and/or legislators, as the individual role requires by: <ul style="list-style-type: none"> ○ Being proactive in establishing connections ○ Sharing information ○ Partnering on projects (eg, research, publication, program development, legislation, education initiatives) ○ Identifying and reaching out to cultural families not being served or being underserved • Deals with all people in a tactful and understanding manner • Promotes supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow • Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups • As an expert resource, provides guidance and feedback to novice staff, graduate students, and other colleagues as requested • Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, service systems, taking into account needs, goals, context, and constraints to: <ul style="list-style-type: none"> ○ Develop policy and procedure that support relationship-focused work ○ Advocate for policy, program, and/or system improvements ○ Obtain funding and other resources <p><i>Applies to Clinical (C):</i></p> <ul style="list-style-type: none"> • Training/coaching of caregivers and/or other professionals (eg, child care teacher, foster parent, health, mental health, legal)
<p style="text-align: center;">Leading People</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>motivating</i></p> <p style="text-align: center;"><i>advocacy</i></p> <p style="text-align: center;"><i>developing talent</i></p>	<p><i>Applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Models personal commitment and empathy in promotion of all aspects of the practice of infant mental health • Uses influencing and persuading skills, backed by own and others' expert knowledge, to promote effective infant mental health principles, practice, and programs • Coaches novice practitioners, students, colleagues, reporting employees, clients in a range of skills to help them become: <ul style="list-style-type: none"> ○ Highly effective infant mental health practitioners/professionals ○ Positively contributing human beings ○ Culturally sensitive individuals

INFANT MENTAL HEALTH MENTOR
Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>listening</i></p> <p style="text-align: center;"><i>speaking</i></p> <p style="text-align: center;"><i>writing</i></p> <p style="text-align: center;"><i>group process</i></p>	<p><i>Applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Actively listens to others; clarifies others’ statements to ensure understanding • Appropriately uses and interprets non-verbal behavior • Communicates honestly, professionally, sensitively, and empathetically with any audience • Demonstrates clarity, focus, accuracy, and diplomacy when speaking at workshops, meetings, conferences, legislative sessions, committee meetings • Writes clearly, concisely, and with the appropriate style (business, conversational, etc) in creating books, policy memoranda, contracts, articles, research, Web content, grant applications, instructional and meeting materials, reports, and correspondence • Effectively facilitates small groups (eg, interdisciplinary or interagency teams)
<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>analyzing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organizing</i></p>	<p><i>Practices each of the following oneself, but also nurtures these skills in novice staff and other colleagues; applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • 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 prior to making decisions • Integrates all available information and own expertise in making decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and achieve goals (especially goals related to complex, organizational initiatives) • Employs effective systems for tracking progress and ensuring follow-up

INFANT MENTAL HEALTH MENTOR
Competency Detail

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Reflection</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p> <p style="text-align: center;"><i>parallel process</i></p>	<p><i>Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, and other colleagues; applies to all three designations (A):</i></p> <ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns with supervisor or mentor • Seeks a high degree of congruence between self-perceptions and the way others perceive him/her • Consults regularly with others to understand own capacities and needs, as well as the capacities and needs of families • Encourages others (peers, supervisees, etc) to examine their own thoughts, feelings, and experiences in determining actions to take • Remains open and curious • Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities • Keeps up-to-date on current and future trends in infant/young child development and infant mental health practice • Regularly examines effectiveness of policies and procedures • Utilizes statistics and other data to assess service effectiveness and appropriate use of resources • Modifies policies and procedure to enhance service effectiveness and appropriate use of resources • Utilizes training and research resources to enhance service effectiveness • Recognizes and responds appropriately to parallel process
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<p style="text-align: center;">Administration</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>program management</i></p> <p style="text-align: center;"><i>program development</i></p> <p style="text-align: center;"><i>program evaluation</i></p> <p style="text-align: center;"><i>program funding</i></p>	<p><i>Applies to Policy designation (P):</i></p> <ul style="list-style-type: none"> • Promotes relationship-focused service and infant/young child- and family-centered practice by identifying options and opportunities • Identifies opportunities and needs for program improvements, expanded services, and new services • Partners with agencies, programs, legislative bodies, and/or service systems to develop new services and/or achieve improvements • May take the lead in facilitating new programs/improvements • Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to agencies • Assists agencies, programs, legislative bodies, and service systems in obtaining funding, including grant development and preparation • Advocates for funds/programming for effective service delivery to families outside of the dominant culture • Promotes research and evaluation for program improvements • Applies research findings to culturally sensitive, relationship-focused policy promoting infant mental health • Shares his/her generated knowledge with others via publication in infant-family related books and journals and/or presentations at conferences
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INFANT MENTAL HEALTH MENTOR
Competency Detail

Area of Expertise

As Demonstrated by

<p style="text-align: center;">Research & Evaluation</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p><i>study of infant relationships & attachment</i></p> <p><i>study of infant development and behavior</i></p> <p><i>study of families</i></p>	<p><i>Applies to Research/Faculty (RF):</i></p> <ul style="list-style-type: none"> • Generates research questions that promote infant mental health • Generates new knowledge and understanding of infants, parents, caregivers, and relationship-focused practice based on sound research • Assists programs and agencies in measuring outcomes related to the optimal well-being of infants, very young children, families, and their caregiving communities • Generates research that reflects cultural competence in the infant-family field • Applies research findings to culturally sensitive, relationship-focused policy promoting infant mental health • Shares his/her generated knowledge with others via publication in infant-family related books and journals and/or presentations at conferences
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INFANT MENTAL HEALTH MENTOR
CLINICAL
POLICY
RESEARCH/FACULTY

Endorsement® Requirements

Requirements

Education	<p>Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctorate in Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD) Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health, postgraduate specialization, or university certificate program; in accordance with MI-AIMH Training Guidelines and Endorsement® Competencies. Official transcript(s) required.</p> <p>Applicants may ask to use intensive in-service training to fulfill some of the recommended course work.</p>		
Training	<p>Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in <i>Competency Guidelines</i>) have been met.</p>		
Specialized Work Experience in at Least One of the Three Categories	<p>Clinical</p> <p>Meets specialized work experience criteria as specified at Level III⁴ plus three years of postgraduate experience providing infant mental health (IMH) reflective supervision/consultation and other leadership activities at the regional or state level</p>	<p>Policy</p> <p>Three years of postgraduate experience as a leader in policy and/or program administration related to the infant/family field and other leadership activities at the regional or state level</p>	<p>Research/Faculty</p> <p>Three years of postgraduate experience as a leader in university-level teaching and/or published research related to the infant/family field and other leadership activities at the regional or state level</p>
<p>Examples of Leadership Activities</p> <p><i>Please note: These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive. Also, applicants would not need to engage in all the activities listed in order to earn Endorsement® as an Infant Mental Health Mentor.</i></p>	<ul style="list-style-type: none"> • Organize and facilitate reflective practice groups and/or IMH study groups • Provide reflective supervision or consultation to IMH practitioners • Participate in system of care planning initiatives • Participate in planning for regional, statewide, or national IMH-specific conferences • Represent IMH interests in planning for national early childhood, social service, child welfare, behavioral health, and public health conferences • Work to increase the preference for Endorsed personnel in contracts for services, child care rating schemes • Work to address reimbursement issues for IMH services • Leadership in local/state IMH association 	<ul style="list-style-type: none"> • Provide feedback to state agencies on current and proposed policies that promote IMH practices • Provide presentations on IMH, its importance, and its role in all early childhood disciplines/systems • Participate in planning groups promoting IMH within early childhood systems • Participate in regional-, state-, and national-level policy making groups, representing IMH principles • Publish policy briefs, white papers, or position statements addressing IMH • Provide analysis of the impact of proposed legislation or policy on the populations served through IMH service delivery systems • Work to address reimbursement issues for IMH services • Work to increase the preference for Endorsed personnel in contracts for services, child care rating schemes • Leadership in local/state IMH association 	<ul style="list-style-type: none"> • Provide leadership in graduate certificate IMH programs • Participate in interdepartmental efforts to integrate IMH competencies into appropriate syllabi • Participate as member of doctoral applicant's committee when IMH-related topics are proposed • Participate in planning for regional, statewide, or national IMH-specific conferences • Present and/or publish on topics related to the promotion or practice of IMH • Leadership in local/state IMH association

⁴ Two years, postgraduate, supervised work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialized work experience must be with **both** the infant/very young child and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health services will include concrete assistance, advocacy, emotional support, developmental guidance, early relationship assessment, and parent-infant/very young child relationship-based therapies and practices. These therapies and practices may include but are not limited to parent-infant psychotherapy, interaction guidance, and child-parent psychotherapy. These therapies and practices are intended to explore issues related to attachment, separation, trauma and unresolved losses as they affect the development, behavior, and care of the infant/very young child. Please see Level III requirements for additional details.

**INFANT MENTAL HEALTH MENTOR
CLINICAL
POLICY
RESEARCH/FACULTY**

Endorsement® Requirements, continued

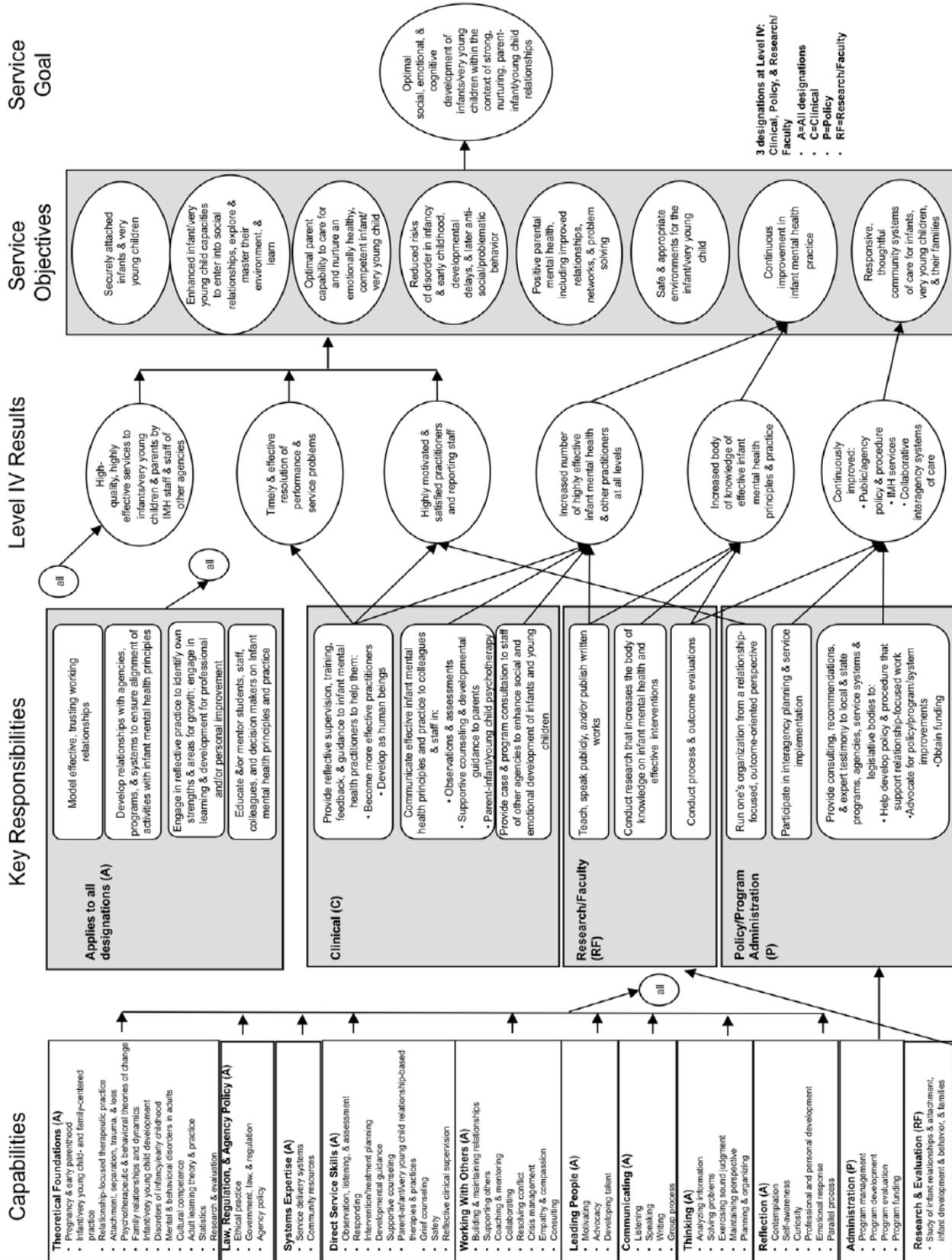
Requirements, continued

Reflective Supervision/Consultation	Relationship-focused, reflective supervision/consultation with an approved supervisor/consultant, individually or in a group. Minimum: 50 clock hours within a one- to two-year timeframe. <i>(Required for Clinical; optional for Policy or Research/Faculty).</i>		
Three Professional Reference Ratings <i>Please note: At least one reference rating must come from someone who has earned Endorsement® at Level II, III, or IV.</i>	Clinical 1. One from current program supervisor, teacher, trainer, consultant, or colleague 2. One from person providing reflective supervision/consultation to the applicant 3. One from person receiving reflective supervision/consultation from the applicant	Policy 1. One from current program supervisor, teacher, trainer, or consultant, if applicable 2. One from person providing reflective supervision/consultation, if applicable 3. If no one available from first two categories, applicant may ask three colleagues	Research/Faculty 1. One from current department supervisor or chair if he/she is familiar with IMH. If not, ask a colleague 2. One from person providing reflective supervision/consultation, if applicable. If not applicable, applicant may ask a colleague 3. One from a student taught and/or supervised by the applicant
Code of Ethics & Endorsement® Agreement	Signed		
Documentation of Competencies	1. Application will document that requirements and competencies have been adequately met through specialized education, in-service training, work, and, for Clinical applicants, through reflective supervision/consultation experiences. 2. Successful completion of the MI-AIMH written examination.		
Professional Membership	Membership in MI-AIMH or another infant mental health association.		

Continuing Endorsement® Requirements

Education and Training	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance). For those who earn Endorsement® at Level IV-Clinical and provide reflective supervision or consultation to others, it is recommended that at least 3 hours of specialized training be about reflective supervision or consultation.
Professional Membership	Annual renewal of membership in MI-AIMH or another infant mental health association.
Reflective Supervision	MI-AIMH requires that all Endorsed professionals at Level II, III, and IV - Clinical receive a minimum of 12 hours of reflective supervision or consultation (RSC) annually. Professionals who maintain Level IV-C for a minimum of 3 years are not required to continue receiving RSC, but it strongly recommended if the professional is providing direct service and/or RSC.

Infant Mental Health Mentor (Level IV) Impact Map



GLOSSARY

Administrative Supervision: The oversight of federal, state, and agency regulations, program policies, rules, and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives: hire, train/educate, oversee paperwork, write reports, explain rules and policies, coordinate, monitor productivity, and evaluate.

Applicant: A professional/service provider who has applied for the MI-AIMH Endorsement® at Level I, II, III, or IV

Applicant's Waiver: An agreement signed by an Endorsement® applicant waiving the right to review professional reference forms. The waiver is included when applicant identifies each person who will provide a reference rating

Attachment: An emotional bond between a parent/primary caregiver and infant that develops over time and as a result of positive care-seeking behaviors (eg, crying, smiling, vocalizing, grasping, reaching, calling, following) and responsive caregiving (eg, smiling, talking, holding, comforting, caressing)

Clinical Supervision/Consultation: Supervision or consultation that is case-focused, but does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to work with an infant/very young child and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives as well as review casework, discuss the diagnostic impressions and diagnosis, discuss intervention strategies related to the intervention, review the intervention or treatment plan, review and evaluate clinical progress, give guidance/advice, and teach.

Collaborate: To work willingly with other direct-service providers, parents, community agencies, faculty, and other professionals to obtain, coordinate, and research services that effectively nurture infants and families

Competency Guidelines: A description of specific areas of expertise, responsibilities and behaviors that are required to earn the MI-AIMH Endorsement® as an Infant Family Associate (Level I), Infant Family Specialist (Level II), Infant Mental Health Specialist (Level III), and Infant Mental Health Mentor (Level IV). The areas of expertise, very generally described here, include Theoretical Foundations; Law, Regulation, and Policy; Systems Expertise; Direct-Service Skills; Working with Others; Communicating; Reflection; and Thinking

Consultant: In most instances, this term refers to a provider of reflective supervision/consultation (RSC). The RSC may be provided to groups of practitioners or individuals. Consultant often refers to a provider of RSC who is hired contractually from outside an agency or organization; ie, separate from a program supervisor

Cultural Competence: The ability to observe, understand, and respond, appreciating individual capacities and needs of infants, very young children, and families, with respect for their culture, including race, ethnicity, values, behaviors, and traditions

Cultural Sensitivity: The ability to respect and acknowledge differences in beliefs, attitudes, and traditions related to the care and raising of young children, remaining open to different points of view and approaching families with respect for their cultural values

Early Childhood: A timeframe from birth to five years, including infancy, toddlerhood, and early childhood

Early Childhood Professional: A service provider who works with infants and very young children (birth to five years). Examples include a child care & education provider, an Early Head Start teacher, a family support specialist, a home visitor, a maternal support specialist, and an infant mental health specialist

Early Intervention: Early intervention typically refers to a system of coordinated services that promotes a very young child's growth and development and supports families during the critical early years. Early intervention services to eligible infants, very young children, and families are federally mandated through the Individuals with Disabilities Education Act (Part B and/or Part C). Early intervention services delivered within the context of the family are intended to:

- Improve both developmental, social, and educational gains
- Reduce the future costs of special education, rehabilitation, and health care needs
- Reduce feelings of isolation, stress, and frustration that families may experience
- Help alleviate and reduce behaviors by using positive behavior strategies and interventions
- Help children with disabilities grow up to become productive, independent individuals

EASy (Endorsement® Application System): A secure, Web-based application designed to compile Endorsement® applications; facilitate communication between and among applicant, Endorsement® Coordinator, Endorsement® Advisor, and application reviewers; coordinate application reviews; and archive Endorsement® database

Endorsement®: The MI-AIMH Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health® (IMH-E®) is intended to recognize experiences that lead to competency in the infant-family field. It does not replace licensure, certification, or credentialing, but instead is meant as an “overlay” to these. The MI-AIMH Endorsement® is multidisciplinary including professionals from psychology, education, social work, psychiatry, child and/or human development, nursing, and others. Endorsement® indicates an individual's efforts to specialize in the promotion/practice of infant mental health within his/her own chosen discipline

Those who have earned Endorsement® have demonstrated that the individual has received a minimum of specialized education, work, in-service training, and reflective supervision/consultation experiences that have led to competency in the promotion and/or practice of infant mental health. Endorsement® does not guarantee the ability to practice as a mental health professional, although many have earned Endorsement® as licensed mental health professionals

There are multiple paths to Endorsement®. Individuals demonstrate competency by completing a wide range of coursework and specialized in-service training while performing a wide range of paid roles with or on behalf of infants, very young children, and families. There is no one defined way, course, or set of training sessions that exclusively lead to Endorsement®

Endorsement® application: The application submitted by Endorsement® applicant via EASy contains the following:

- Official transcripts from all colleges/universities attended
- Lists of **specialized** education, work, in-service training, and (for Levels II, III, & IV-C) reflective supervision/consultation experiences while working with infants, very young children, and their families
- Three reference ratings
- Signed Code of Ethics
- Signed Endorsement® Agreement
- Proof of membership in MI-AIMH or other infant mental health association
- Endorsement® Processing Fee

Family-Centered Practice: An emphasis on the infant/very young child within the context of the family with respect for the family's strengths and needs as primary when conducting assessments and/or interventions

Graduate or Post Graduate Certificate Program in Infant Mental Health: A university-based program of course work related to infant development, attachment theory, family studies, and relationship-based practice with infants, very young children, and their families.

Infant Mental Health: An interdisciplinary field dedicated to understanding and promoting the social and emotional wellbeing of all infants, very young children, and families within the context of secure and nurturing relationships. Infant mental health also refers to the social and emotional wellbeing of an infant or toddler within the context of a relationship, culture, and community

Infant Mental Health Home Visiting: A home visiting model that uniquely includes infant-parent psychotherapy, using masters prepared staff, as practiced in accordance with the Michigan Medicaid Provider Manual, and by practitioners in Maine, Illinois, Minnesota, and New Mexico. Other components of the IMH Home Visiting model that are shared with other home visiting models are case management (basic needs and advocacy), developmental guidance, emotional support, promoting life skills, and social support. *Early Attachments: IMH Home Visiting®* is MI-AIMH's model for IMH home visiting

Infant Mental Health Mentor: A professional/service provider who meets the requirements for MI-AIMH Endorsement® at Level IV

Infant Mental Health Practices: Relationship-focused interventions with **both** the infant/very young child and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health practice will include case management, advocacy, emotional support, developmental guidance, early relationship assessment, social support and parent-infant/very young child relationship-based therapies and practices. These therapies and practices may include but are not limited to parent-infant psychotherapy, interaction guidance, and child-parent psychotherapy and are intended to explore issues related to attachment, separation, trauma, grief and unresolved losses as they affect the development, behavior, and care of the infant/very young child. Work is aimed at the relationship between the infant/toddler and his/her primary caregiver to explicitly address any unresolved separations, traumas, grief, and/or losses that may be affecting the emerging attachment relationship between a caregiver(s) and the infant/toddler. The unresolved losses or "ghosts in the nursery" might be from the caregiver's own early childhood or may be more recent as in a difficult labor & delivery or a diagnosis of a chronic illness, delay, or disability for this infant/toddler

Professionals from a variety of disciplines, not only licensed mental health professionals, may practice infant mental health. However, the practitioner will have received the specialized IMH training necessary to provide this level of intervention AND receive reflective supervision/consultation (RSC) from a qualified professional about the intervention

Work on unresolved losses does not have to be explicit with every family with whom the applicant works. However, the applicant must have had the specialized IMH training and RSC that prepares them to provide that level of intervention when it is appropriate for a referred family

Infant mental health practice can be conducted in the home, in a clinic, or in other settings

Infant Mental Health Principles: The theoretical foundations and values that guide work with or on behalf of infants, toddlers, and families. Theoretical foundations include knowledge of pregnancy & early parenthood; infant/very young child development & behavior; infant/very young child & family-centered practice; relationship-focused therapeutic practice; family relationships & dynamics; attachment, separation, trauma, grief, & loss; disorders of infancy & early childhood; and cultural competence. The values include importance of relationships; respect for ethnicity, culture, individuality, & diversity; integrity; confidentiality; knowledge & skill building; and reflective practice

League of States: When a state's infant mental health association has purchased licenses to use the *MI-AIMH Competency Guidelines* and the *MI-AIMH Endorsement®*, they become members of the US

League of States. League members meet regularly to support one another in the implementation of the competencies and Endorsement®. States work together to promote workforce development, reflective supervision/consultation, and to ensure integrity of Endorsement® policies and procedures across states. Endorsement® reciprocity is honored across the League of States. Each state's infant mental health association is an affiliate of the World Association for Infant Mental Health

Mentor: An experienced infant mental health practice leader who offers guidance, support, and learning opportunities to professionals/service providers within the infant and family field. An Infant Mental Health Mentor meets the requirements for MI-AIMH Endorsement® at Level IV

MI-AIMH Endorsement® Advisor: A volunteer who has earned Endorsement® at Levels II, III, or IV, is a member of MI-AIMH, and who agrees to guide an Endorsement® applicant through the MI-AIMH Endorsement® (IMH-E®) process

MI-AIMH Endorsement® Committee: Members identified by the MI-AIMH President and Executive Board to develop the Endorsement® for infant and family professionals/service providers for the association. The committee works to create and integrate policies that promote workforce development in Michigan and helps to maintain integrity and reciprocity between League of States affiliates. The MI-AIMH Endorsement® Committee shall include 8-10 voting members. The Executive Director, the Endorsement® Coordinator, and any student interns are considered non-voting members. The quorum for Endorsement® Committee votes shall be 50%

Parallel Process: Ability to focus attention on all of the relationships, including the ones between practitioner and supervisor, practitioner and parent(s), and parent(s) and infant/very young child. It is critical to understand how each of these relationships affects the others

Part C of the Individuals with Disabilities Education Improvement Act (IDEA): This program mandates a statewide, comprehensive, multidisciplinary service system to address the needs of infants and very young children who are experiencing developmental delays or a diagnosed physical or mental condition with a high probability of an associated developmental disability in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, and self-help skills. In addition, states may opt to define and serve at-risk children.

Reference Rating: Three reference ratings are required as part of the application submitted by each Endorsement® applicant. Requirements for who shall provide ratings are specific to the level at which the applicant is applying. Details can be found at www.mi-aimh.org/endorsement. Raters will answer questions about the applicant's level of knowledge and skill in the competency areas defined at the level at which the applicant has applied

Reflective: Self-aware, able to examine one's professional and personal thoughts and feelings in response to work within the infant and family field

Reflective Consultation: An opportunity for professionals/service providers to meet regularly with an experienced infant mental health professional to examine thoughts and feelings in relationship to work with infants, very young children, and families

Reflective Practice: Able to examine one's thoughts and feelings related to professional and personal responses within the infant and family field

Reflective Supervision/Consultation: Supervision or consultation that distinctly utilizes the shared exploration of the parallel process. In addition, reflective supervision/consultation relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Finally, there is often greater emphasis on the supervisor/consultant's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor/consultant

Relationship-Focused Practice: Supports early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one's capacity to nurture and support others

Specialized In-Service Training: A training experience that offers opportunities for discussion and reflection about the development, behavior, or treatment of infants and very young children within the context of the family. Examples include half-day or full-day training experiences or training overtime, ie, 6 hours monthly for 6 months or 3 hours monthly for 12 months. A specialized training that is eligible for Endorsement® should meet the following criteria:

1. Is culturally sensitive, relationship-focused, and promotes infant mental health
2. Relates to one or more of the competencies in the *MI-AIMH Competency Guidelines*®
3. Is specific to the level of Endorsement® at which applicant is applying

Specialized Internship/Field Placement: One year of a supervised graduate internship with direct IMH practice experience (as described for Infant Mental Health Specialist) may be counted toward the 2 years paid work experience requirement if the supervisor of the internship is an Endorsed® professional (Level IV-C or Level III). Applicant will submit description of internship for application reviewers' consideration.