



What Happens In the Early Years Matters Forever

Competency Guidelines

Category I: Infant Family Associate

Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health[®]

The materials supporting the Virginia Association for Infant Mental Health (VAIMH) Competency Guidelines[®] are copyrighted by the Michigan Association for Infant Mental Health (MI-AIMH). VAIMH is able to make these materials available to our membership and collaborators through a licensing agreement with the MI-AIMH.

Copyright law allows individuals to print out or make ONE copy of copyrighted material for personal, non-commercial purposes only. None of the copyrighted Endorsement[®] documents included here may be reproduced, displayed, distributed or otherwise used in any format, including electronically, without the express written consent of MI-AIMH. Legal action will be taken against those who violate the copyright.

Copyright © 2017 All Rights Reserved.

INTRODUCTION TO THE MICHIGAN ASSOCIATION FOR INFANT MENTAL HEALTH (MI-AIMH)

COMPETENCY GUIDELINES® AND ENDORSEMENT

A HISTORICAL REVIEW

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, young children, and families through a variety of activities including relationship-focused workforce development and advocacy efforts. Incorporated in 1977, MI-AIMH has offered training and education related to infant and early childhood mental health principles and practices to individuals and groups for almost 40 years. Hundreds of service providers participate annually in state, local, and regional trainings that are designed to build a more skillful and confident workforce. Over 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 over 1,200 infant and family professionals and 13 chapters, MI-AIMH is proud of its role as an association promoting infant and early childhood mental health principles and practices.

COMPETENCY GUIDELINES®¹

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, as appropriate to the child and family. (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, as well as 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 specialists in institutes, colleges, universities, and work settings.

In 1990, the National Center for Infants, Toddlers, and Families (now known as ZERO TO THREE) published *Preparing Practitioners to Work with Infants, Toddlers, and Their Families: Issues and Recommendations for the Professions*, emphasizing specialized knowledge, areas of skill, and direct service experiences with infants and 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 for the development of competency for professionals serving infants, young children, and their families (ZERO TO THREE, 1990).

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

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 young children from a family perspective and to identify core competencies to prepare the 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 and legal/ethical foundations, as well as 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 these practitioners in Michigan. When their conclusions were presented to the MI-AIMH Board, most board members were not convinced that the organization should work toward such a process. Nevertheless, recognizing the work done by ZERO TO THREE, federal legislation, and the MDE in relation to early intervention and understanding that infant mental health is a specialization within the early intervention field, a group of MI-AIMH members in Detroit formed a work group in 1997 to identify early intervention competencies specific to infant mental health, expanding the five core areas identified by the MDE. The 12-member group was comprised 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 drafted a set of competencies that were approved by the 40-member MI-AIMH Board. This set of competencies was 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 (1996).

The eight areas included:

1. Theoretical Foundations
2. Law, Regulation, and Agency Policy
3. Systems Expertise
4. Direct Service Skills
5. Working With Others
6. Communicating
7. Thinking
8. Reflection

The work on the competencies reflected the following belief (ZERO TO THREE, 1990): “The development of competence to work with infants, 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, young children, and families. MI-AIMH hired a professional skilled in the development of workforce credentialing to work directly with MI-AIMH members to determine 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 and Zeanah (2001):

“The field of infant mental health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural context” (p. 14).

Members drew on the significant understanding of other leaders in the field (Fitzgerald and Barton, 2000; Lieberman, Silverman, and Pawl, 2000; McDonough, 2000; Shirilla and Weatherston, 2002; Trout, 1985). To capture service strategies thoroughly, 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 principles and practices across disciplines and in multiple practice settings. Interdisciplinary work groups reviewed the materials and reached consensus around a set of eight core competency domains and organized the document into four domains:

- Infant Family Associate
- Infant Family Specialist
- Infant Mental Health Specialist
- Infant Mental Health Mentor

Their efforts resulted in the first detailed publication of the competencies promoting infant mental health for the infant and family field, the MI-AIMH *Competency Guidelines*® (2000). Experts agreed that these guidelines provided a framework for identifying knowledge, skills, and reflective practice approaches that best supported the development of competency across disciplines and in multiple practice settings. By 2002, MI-AIMH completed and introduced the MI-AIMH *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*®. Central to this work force plan were the MI-AIMH *Competency Guidelines*®.

We gratefully acknowledge the original members of the MI-AIMH Endorsement® Committee who guided the development of the *Competency Guidelines*® and the Endorsement® process:

Sheryl Goldberg, LMSW, IMH-E® (Chair)

Brooke Foulds, MA, IMH-E®

Judith Fry McComish, PhD, IMH-E®

Julie Ribaud, LMSW, IMH-E®

Betty Tableman, MPA, IMH-E®

Kathleen Baltman, MA, IMH-E®

Melissa Kaplan-Estrin, PhD, IMH-E®

Carol Oleksiak, LMSW, IMH-E®

Sally Stinson, MA, IMH-E®

Deborah Weatherston, PhD, IMH-E®

We thank Valerie Brown, Consultant, Triad Performance Technologies, Inc., for her organizational efforts.

We give special thanks to the W.K. Kellogg Foundation for generous support toward the completion of the MI-AIMH Endorsement®.



ENDORSEMENT®

Endorsement® is intended to recognize experiences that lead to competency in the infant-family field. It does not replace licensure or certification, but instead is meant as evidence of a specialization in this field. Endorsement® is cross-sector and multidisciplinary, including professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, social work, and others. Endorsement® indicates an individual's efforts to specialize in the promotion and practice of infant or early childhood mental health within his/her own chosen discipline.

Earning Endorsement® demonstrates that an individual has completed specialized education, work, in-service training, and reflective supervision/consultation experiences (as defined in Endorsement® criteria) 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 who have earned Endorsement® are licensed mental health professionals.

Endorsement® offers career paths that focus on principles, best practice skills, and reflective work experiences that lead to increased confidence and credibility. Endorsement® will inform prospective employers, agencies and peers about culturally sensitive, relationship-focused practice promoting infant mental health.

The categories of Endorsement® are:

- Infant Family Associate (IFA)
- Infant Family Specialist (IFS)
- Infant Mental Health Specialist (IMHS)
- Infant Mental Health Mentor (IMHM)
 - Clinical (IMHM-C)
 - Policy (IMHM-P)
 - Research/Faculty (IMHM-R/F)

It may be helpful to think of the categories as tied to an individual's scope of practice. In most cases, IFA is a good fit for professionals in promotion, IFS for professionals in prevention, IMHS for professionals in intervention/treatment, and IMHM for leaders in the infant-family field. Detailed information about the requirements for specialized education, work, in-service training, and reflective supervision/consultation experiences are different in each category and can be found within this publication.

Please note: Copyright law does allow individuals to print out or make ONE copy of copyrighted material for personal, non-commercial purposes only. None of the copyrighted Endorsement® documents included here may be reproduced, displayed, distributed, or otherwise used in any format, including electronically, without the express written consent of MI-AIMH. Legal action will be taken against those who violate the copyright.

REFERENCES

- Fenichel ES, Eggbeer L. *Preparing Practitioners to Work with Infants, Toddlers, and Their Families: Issues and Recommendations for the Professions*. Washington, DC: National Center for Clinical Infant Programs; 1990.
- Fitzgerald HE, Barton LR. Infant mental health: origins and emergence of an interdisciplinary field. In: Osofsky JD, Fitzgerald HE, eds. *Handbook of Infant Mental Health: Vol. 1. Perspectives on Infant Mental Health*. New York, NY: Wiley; 2000:1-36.
- Fraiberg S. *Clinical Studies in Infant Mental Health: The First Year of Life*. New York, NY: Basic Books; 1980.
- Individuals with Disabilities Education Act (IDEA) of 1990. Pub. L. No. 105-17, 104 Stat. 1142.
- Lieberman AF, Silverman R, Pawl JH. Infant-parent psychotherapy: core concepts and current approaches. In: Zeanah C, ed. *Handbook of Infant Mental Health*. New York, NY: Guilford Press; 2000:472-484.
- McDonough SC. Interaction guidance: an approach for difficult to engage families. In: Zeanah C, ed. *Handbook of Infant Mental Health*. New York, NY: Guilford Press; 2000:414-426.
- Michigan Association for Infant Mental Health. *Training Guidelines*. East Lansing, MI: Michigan Association for Infant Mental Health; 1986.
- Shirilla J, Weatherston D, eds. *Case Studies in Infant Mental Health: Risk, Resiliency and Relationships*. Washington, DC: ZERO TO THREE; 2002.
- Trout M. *Working Papers on Process in Infant Mental Health*. Champaign, IL: The Infant-Parent Institute; 1985.
- Weatherston D. Infant mental health: a review of relevant literature. *Psychoanalytic Social Work*. 2001;8:39-69.
- Zeanah CH, Zeanah PD. Towards a definition of infant mental health. *Zero to Three*. 2001;21:13-20.



Endorsement[®] is meant to honor professionals who apply infant and early childhood mental health principles to their practice. It is granted through documentation and verification of the required specialized education, work, in-service training, and reflective supervision/consultation experiences. Endorsement[®] is not a license but an overlay that complements one's professional license and/or other credentials.





COMPETENCY DETAILS

INFANT FAMILY ASSOCIATE (IFA)

1. Theoretical Foundations

Knowledge Areas:

- pregnancy and early parenthood
- infant/young child development and behavior
- infant/young child and family-centered practice
- relationship-focused practice
- family relationships and dynamics
- attachment, separation, trauma, grief, and loss
- cultural competence

As Demonstrated by:

For infants, young children, and families referred and enrolled for services:

- Informally (and in some cases, formally) observes and assesses the infant or 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 each parent's strengths, emerging parenting competencies, and positive parent-infant/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 client family's culture



2. Law, Regulation, and Agency Policy

Knowledge Areas:

- ethical practice
- government, law, and regulation
- agency policy

As Demonstrated by:

- Exchanges complete and unbiased information in a supportive manner with families and other team members
- Practices confidentiality with each family's information in all contexts, with the only exception being 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/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/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:
 - Federal and state law
 - Agency policies and practices
 - Agency code of conduct

3. Systems Expertise

Knowledge Areas:

- service delivery systems
- community resources

As Demonstrated by:

- 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 receive 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 as 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
-

4. Direct Service Skills

Knowledge Areas:

- observation and listening
- screening and assessment
- responding with empathy
- advocacy
- life skills
- safety

As Demonstrated by:

For infants, young children, and families referred and enrolled for services:

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates needed change
- Uses example, encouragement, and, when appropriate, own life experience to:
 - 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 infants, 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 (eg. physical, social, emotional, cognitive)
- Participates in formal and informal assessments of the development infant/young child, 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:
 - Understand their role in the social and emotional development of infants/young children
 - Understand what they can do to promote health, language, and cognitive development in infancy and early childhood
 - Find pleasure in caring for infants/young children
- Promotes parental competence in:
 - Facing challenges
 - Resolving crises and reducing the likelihood of future crises
 - Solving problems of basic needs and familial conflict

Please note: In some organizations, this may be the responsibility of the supervisor/Infant Family Specialist practitioner

- 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

5. Working With Others

Skill Areas:

- building and maintaining relationships
- supporting others
- collaborating
- resolving conflict
- empathy and compassion

As Demonstrated by:

- Builds and maintains effective interpersonal relationships with families and professional colleagues by:
 - 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 communication 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, coordinated services, and to 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)

6. Communicating

Skill Areas:

- listening
- speaking
- writing

As Demonstrated by:

- Actively listens to others and 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 (eg, business, conversational, etc) in creating notes, reports, and correspondence



7. Thinking

Knowledge Areas:

- analyzing information
- solving problems
- exercising sound judgment
- maintaining perspective
- planning and organizing

As Demonstrated by:

- Sees and can explain the “big picture” when analyzing situations
- Sees and can explain the interactions of multiple factors and 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

8. Reflection

Skill Areas:

- contemplation
- self-awareness
- curiosity
- professional/personal development
- emotional response

As Demonstrated by:

- Regularly examines own thoughts, feelings, strengths, and growth areas
- Seeks the ongoing support and guidance of the supervisor to:
 - Ensure that the family's 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-perception 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



ENDORSEMENT® REQUIREMENTS INFANT FAMILY ASSOCIATE (IFA)

EDUCATION AND/OR WORK EXPERIENCE

1. Official transcripts from any academic coursework including Associate's, Bachelor's, Master's, and/or Doctorate degrees
- OR
2. Official transcript/certificate from Child Development Associate (CDA) program
- OR
3. Two years of infant²-related paid work experience³

TRAINING

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*®) have been met
- For those whose degree is in a field that is unrelated to infancy, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant and early childhood mental health
- **Minimum** 30 clock hours required
- Typically, successful IFA applications include 40 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

REFLECTIVE SUPERVISION/CONSULTATION

Encouraged, but not required for Infant Family Associate

PROFESSIONAL REFERENCE RATINGS

Total of three required:

1. One must come from a current supervisor
2. At least one must come from an individual who is IMH or ECMH endorsed, meets Endorsement® Requirements, or is familiar with the *Competency Guidelines*® and vetted by an Endorsement® Coordinator⁴
3. One can come from a colleague, or a parent/recipient of services (paid or volunteer), teacher, CDA mentor, or Board member

CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

2. Infant, for the purposes of this Endorsement®, is defined as birth to 36 months

3. Volunteer experience may meet this criterion if it was: a) supervised experience with infants/toddlers (birth to 36 months) and families *and* b) included specialized training. Examples include court-appointed special advocate (CASA) and Child Life Specialist. Please contact your association's Endorsement® Coordinator to see if your volunteer experience fits

4. The vetting of a reference rater who is not endorsed consists of a phone call with the proposed rater so the Endorsement® Coordinator 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 an Endorsement® Coordinator in the References section of the applicant's Endorsement® Application System (EASy) application

DEMONSTRATION OF COMPETENCIES

Application will demonstrate that competencies have been adequately met through course work, in-service training and work/volunteer experiences. Reflective supervision/consultation, although not required, is recommended and will support demonstration of competencies. Written examination not required for applicants seeking Infant Family Associate Endorsement®

PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association

ENDORSEMENT® RENEWAL REQUIREMENTS INFANT FAMILY ASSOCIATE (IFA)

EDUCATION AND TRAINING

Minimum of 15 clock hours per year of relationship-based education and training pertaining to the promotion of social-emotional development, in the context of family and other caregiving relationships, of children from birth to the age of 36 months, including the principles of infant and early childhood mental health (eg, regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, or community practice). Documentation of training hours submitted with membership renewal

PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

REFLECTIVE SUPERVISION/CONSULTATION

All endorsed professionals are encouraged to seek reflective supervision or consultation



Note: It is recognized that some IFA practitioners have rather limited contact with parents/caregivers. For these practitioners, key responsibilities involving interactions with parents/caregivers are still expected, but should be demonstrated within the links of their parent/caregiver contact.

Infant Family Associate Impact Map

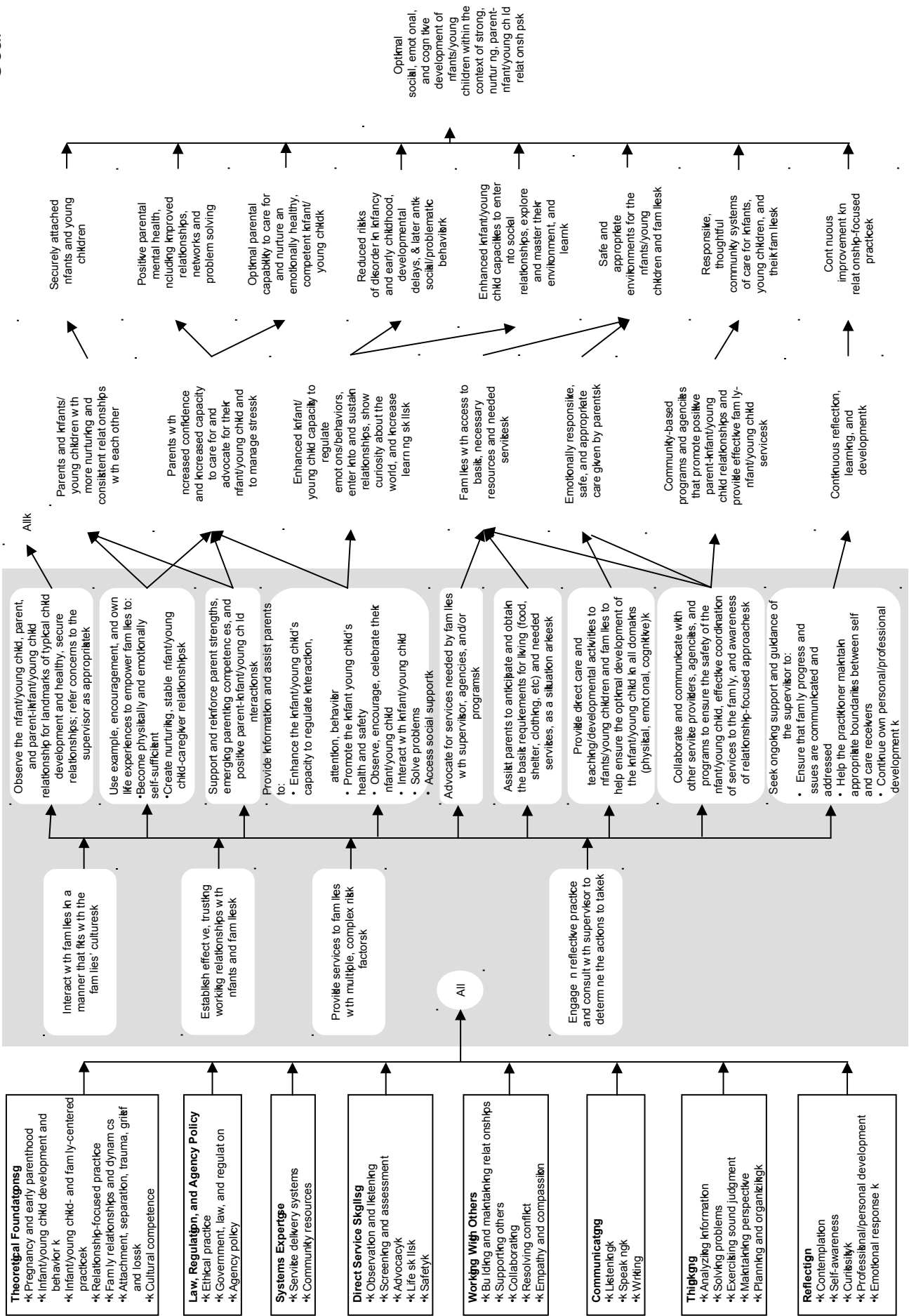
Service Goal

Service Objectives

Results

Key Responsibilities

Competencies





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

Alliance for the Advancement of Infant Mental Health®

The Alliance for the Advancement of Infant Mental Health® (The Alliance) is an organization that includes infant and early childhood mental health associations who have licensed the use of the *Competency Guidelines®* and the *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®* under their associations' names

Applicant

A professional who is applying for Endorsement® as an:

- Infant Family Associate (IFA)
- Early Childhood Family Associate (ECFA)
- Infant Family Specialist (IFS)
- Early Childhood Family Specialist, (ECFS)
- Infant Mental Health Specialist (IMHS)
- Early Childhood Mental Health Specialist (ECMHS)
- Infant Mental Health Mentor (IMHM)
- Early Childhood Mental Health Mentor (ECMHM)

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/young child 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 it 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/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 reviewing casework, discussing the diagnostic impressions and diagnosis, discussing intervention strategies related to the intervention, reviewing the intervention or treatment plan, reviewing and evaluating clinical progress, giving guidance/advice, and teaching

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, young children, and families

Competency Guidelines®

A description of specific areas of expertise, responsibilities, and behaviors that are required to earn Endorsement® as an Infant Family Associate, Early Childhood Family Associate, Infant Family Specialist, Early Childhood Family Specialist, Infant Mental Health Specialist, Early Childhood Mental Health Specialist, Infant Mental Health Mentor, or Early Childhood Mental Health Mentor. 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 (RS/C). The RS/C may be provided to groups of practitioners or individuals. Consultant often refers to a provider of RS/C 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 the individual capacities and needs of infants, 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 3 up to 6 years of age

Early Childhood Professional

A service provider who works with or on behalf of young children (3 up to 6 years). Many early childhood professionals also work with or on behalf of infants and their families

Early Intervention

Early intervention typically refers to a system of coordinated services that promotes a young child's growth and development and supports families during the critical early years. Early intervention services to eligible infants, 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 developmental, social, and educational gains
- Reduce the future costs of special education, rehabilitation, and healthcare needs
- Reduce feelings of isolation, stress, and frustration that families may experience
- Help alleviate and reduce negative 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 the applicant, Endorsement® Coordinator, application advisor, and application reviewers; coordinate application reviews; and archive Endorsement® data

Endorsement®

The *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®* is intended to recognize experiences that lead to competency in the infant/young child-family field. It does not replace licensure or certification, but instead is meant as evidence of a specialization in this field. The Endorsement® is cross-sector and multidisciplinary including professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, social work, and others. Endorsement® indicates an individual's efforts to specialize in the promotion and practice of infant and early childhood 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 and early childhood 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, 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 an Endorsement® applicant via EASy contains the following:

- EASy Registration Fee
- Official transcripts from all colleges/universities attended
- List of specialized education, work, in-service training, and (for IFS, IMHS, and IMHM-C) reflective supervision/consultation experiences while working with infants, young children, and their families
- Three reference ratings
- Signed Code of Ethics
- Signed Endorsement® Agreement
- Proof of membership in the Infant Mental Health Association
- Endorsement® Processing Fee

Family-Centered Practice

An emphasis on the infant/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, young children, and their families.

Infant Mental Health

An interdisciplinary field dedicated to understanding and promoting the social and emotional well-being of all infants, young children, and families within the context of secure and nurturing relationships. Infant mental health also refers to the social and emotional well-being 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 Master's prepared staff. 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, promotion of life skills, and social support. *Early Attachments: IMH Home Visiting®* is MI-AIMH's model for IMH home visiting

Infant Mental Health Practices

Relationship-focused interventions with **both** the infant/young child and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health practice includes case management; advocacy; emotional support; developmental guidance; early relationship assessment; social support; and parent-infant/young child, relationship-based therapies and practices. These therapies and practices may include but are not limited to 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/young child. Work is aimed at the relationship between the infant/toddler and his/her primary caregiver to explicitly address any unresolved separations, trauma, 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 and delivery or a diagnosis of a chronic illness, delay, or disability for an infant/toddler

Professionals from a variety of disciplines, not only licensed mental health professionals, may practice infant mental health. However, the practitioner must have received the specialized IMH training necessary to provide this level of intervention AND receive RS/C 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 RS/C to prepare 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 and early parenthood; infant/young child development and behavior; infant/young child and family-centered practice; relationship-focused therapeutic practice; family relationships and dynamics; attachment, separation, trauma, grief, and loss; disorders of infancy and early childhood; and cultural competence. Values include the importance of relationships; respect for ethnicity, culture, individuality, and diversity; integrity; confidentiality; knowledge and skill building; and reflective practice

Endorsement® Advisor

A trained volunteer who has earned Endorsement® and who agrees to guide an Endorsement® applicant through the Endorsement® process

MI-AIMH Endorsement® Committee

The MI-AIMH Endorsement® Committee's purpose is to uphold the standards set forth in the Competency Guidelines®, the MI-AIMH Code of Ethics, and the IMH-E® Policies and Procedures Manual. The MI-AIMH Endorsement® Committee shall include 8 to 10 voting members, one of whom will be a representative from an Alliance for the Advancement of Infant Mental Health member association

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/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 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. Each Endorsement® category has specific requirements about who can provide ratings. Raters must answer questions about the applicant's level of knowledge and skill in the competency areas

Reflective

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

Reflective Practice

Able to examine one's thoughts and feelings related to professional and personal responses within the infant/young child and family field

Reflective Supervision/Consultation (RS/C)

Supervision or consultation that distinctly utilizes the shared exploration of the parallel process. In addition, RS/C 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 ability of the supervisor/consultant 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 young children within the context of the family. Examples include half-day or full-day training experiences or training over time (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. Culturally sensitive, relationship-focused, and promotes infant mental health
2. Relates to one or more of the competencies in the *Competency Guidelines*®
3. Specific to the category of Endorsement® for which applicant is applying

Specialized Internship/Field Placement

One year of a supervised graduate internship with direct Infant Mental Health (IMH) or Early Childhood Mental Health (ECMH) practice experience (as described for IMH Specialist or ECMH Specialist) may be counted toward the 2 years of paid work experience requirement if the supervisor of the internship is an endorsed professional (IMHM-C, ECMHM-C, IMHS, or ECMHS). Applicant will submit description of internship for application reviewers' consideration

