What do we mean when we say IMH?

- Mental health status of infants & toddlers
- An interdisciplinary field
- Infant mental health principles
- Infant mental health practices

IMH Principles

The theoretical foundations and values that guide our understanding of what infants/toddlers need, for example:

- Attachment theory, family systems theory, trauma-informed approaches
- Babies exist in the context of their caregiving relationships and within the cultural context of their family
- Experiences during pregnancy and in the first three years lay the foundation for all future development
- Relationships are critical: best way to support babies is to support their parents/families to build/strengthen nurturing relationships with them
- There can be both ghosts and angels in the nursery that will impact the emerging attachment relationships
IMH-Informed Practices

Can apply to:
- Advocacy
- Behavioral health
- Child welfare/custody
- Early care & education
- Early intervention (Part C, special education, OT, PT)
- Health (pediatrics, nursing, psychiatry, etc)
- Home visiting
- Program development, evaluation, administration

IMH Therapies & Practices

- Relationship-focused interventions with both the infant/very young child parent on behalf of the parent-infant relationship
- The Michigan model of IMH Home Visiting includes case management, advocacy, emotional support, developmental guidance, early relationship assessment, intervention, and the following child relationship-based therapies and practices
- Explicitly explore and address unresolved separations, traumas, grief, and/or losses that may be affecting the emerging attachment relationship
- Unresolved losses 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, death, or disability for this infant/toddler
- Encouraging the angels is an important part of the relationship-based intervention

What is Endorsement®?

The 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 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/practice of infant mental health within his/her own chosen discipline.
What is Endorsement®?

- Recognizes and documents the development of infant and family professionals
- Endorsement® verifies that an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from qualified mentors or supervisors, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, other caregivers and families
- Based on the Competency Guidelines®

Competency Guidelines®

1) Shared framework across disciplines of the infant and family field to promote high-quality, relationship-focused practice and relational health beginning in pregnancy and including the first years of life
2) Guide development of knowledge, skills & best practices across disciplines and practice settings to all infants/young children & families
3) Provide a foundation for knowledge, skills & best practices
4) Strengthen the scholarship in promoting infant mental health
5) Invite dialogue for collaborative practice, training, evaluation, and professional growth
6) Promote systems growth and change

8 Competency Domains

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Knowledge/Skill Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Foundations</td>
<td>Pregnancy &amp; early parenthood; infant development &amp; behavior; infant-family-centered practice; relationship-based therapeutic practice; family relationships &amp; dynamics; attachment, separation, trauma &amp; loss; disorders of infancy &amp; early childhood; cultural competence</td>
</tr>
<tr>
<td>Law, Regulation, Policy</td>
<td>Ethical practice; government, law &amp; regulation</td>
</tr>
<tr>
<td>Direct Service Skills</td>
<td>Observation &amp; listening, screening &amp; assessment; advocacy</td>
</tr>
<tr>
<td>Working with Others</td>
<td>Building relationships, collaborating</td>
</tr>
<tr>
<td>Communicating</td>
<td>Listening, speaking, writing</td>
</tr>
<tr>
<td>Systems Expertise</td>
<td>Service delivery systems</td>
</tr>
<tr>
<td>Thinking</td>
<td>Solving problems, analyzing information</td>
</tr>
<tr>
<td>Reflection</td>
<td>Contemplation, self awareness, curiosity</td>
</tr>
</tbody>
</table>
The Endorsement IMH-E® and ECMH-E®

Four current categories

- Infant Family Associate
- Infant Family Specialist
- Infant Mental Health Specialist
- Infant Mental Health Mentor
  - Clinical, Policy, Research/Faculty

Coming Soon

- Early Childhood Family Associate
- Early Childhood Family Specialist
- Early Childhood Mental Health Specialist
- Early Childhood Mental Health Mentor
  - Clinical, Policy, Research/Faculty

Endorsement®: Thumbnail side-by-side comparison

<table>
<thead>
<tr>
<th>Category</th>
<th>Infant Family Associate</th>
<th>Infant Family Specialist</th>
<th>Infant Mental Health Specialist</th>
<th>Infant Mental Health Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>CDA or Associates</td>
<td>Bachelor or Masters</td>
<td>Masters or Post-Graduate</td>
<td>Masters, Post-Graduate</td>
</tr>
<tr>
<td>Work Experience*</td>
<td>2 yrs. in infant/family field</td>
<td>2 yrs. in infant/family field</td>
<td>2 yrs. post-masters IMH practice</td>
<td>3 years as IMH practice leader</td>
</tr>
<tr>
<td>References</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Reflective Supervision</td>
<td>Not required</td>
<td>Minimum: 24 hours</td>
<td>Minimum: 50 hours</td>
<td>Clinical: Minimum 50 hours</td>
</tr>
<tr>
<td>Code of Ethics &amp; Agreement</td>
<td>Signed</td>
<td>Signed</td>
<td>Signed</td>
<td>Signed</td>
</tr>
<tr>
<td>Written Exam</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reflective Supervision/Consultation

**Essential Elements**

- Understanding the Story
- Parallel Process
- Holding the Baby in Mind
- Professional Use of Self
- Working Alliance

From Reflective Interaction Observation Scale (RIOS)

Watson, C. Shelley Nelson Gottli, S., Cox, M., Hoppus, M., & Thames, J. (2014). Reflective supervision and its impact on early childhood intervention. Early Childhood and Special Education; Advances in Early Education and Day Care, 18, 1-26
Parallel Process

RS/C that meets criteria for Endorsement®

Why earn Endorsement®?

Why earn Endorsement®?

*To date, over 2,155 professionals have earned Endorsement® and over 2,000 are in the process of earning Endorsement®.
What it means to professionals:

Surveys of Endorsed professionals in Michigan and Colorado (Project Launch)

When asked how Endorsement® has changed view/perception of Infant Mental Health:

- “I have a better understanding of the importance of this work.”
- “I am well-prepared for work with families.”
- “I obtained more relevant training and supervision than I would have otherwise.”
- “The time spent preparing my application helped increase my understanding of this work.”
- “The material for the exam deepened my understanding.”
- “Increased my credibility.”
- “From some of the trainings I received—a shift in my focus. I had more knowledge about infants and their development, their social-emotional development, infant mental health and attachment.”

What professionals say about benefits of Endorsement® to families

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

What Idaho early intervention practitioners say about the benefits of reflective practice

- It gives me the chance to practice building my own reflective capacity and responsiveness—skills that have been shown to contribute to healthy communication and emotional development in children, and skills I hope to help parents develop.
- It has helped me sit back and look at the parent-child-givers perspectives and be a better active listener. It’s made me look at myself, my kids, and my response to families.

- I am learning why families might have difficulty following through with my recommendations. PST helps me explore what’s going on with parent-child interactions in deeper more meaningful ways. It has helped me think about experiences and how those interactions impact their interactions with their child. It has helped me words to better articulate the importance of infant mental health to decision makers and help social-emotional responses to support children and their families.

“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing”

Vincent J. Felitti, MD
What Idaho early intervention practitioners say about the benefits of reflective practice

- Reflective supervision has made me realize how important it is to be in partnership/relationship with the parents to make a difference between the parents and child and the outcome with therapies. It has made me wonder and brainstorm more with the parents and help them explore ideas and make decisions about care for coaching and that everyone should be a part of reflective supervision.

- It has helped me gain better insight into what is happening with the family so that I can meet them where they are. It has also given me opportunities to learn from colleagues about similar issues. I feel like I am a more thoughtful, less judgmental practitioner.

- Reflective Supervision has allowed me to become a better therapist and really think about "why" certain things might be happening with a family, "what" I can do to support them, "what" I can do as therapists that might be affecting the work that I do with families. It has also given me a safe place to reflect on my daily work with families, to think about "how" I can do things differently. Even when I am not in the spotlight talking about one of my families directly, I always feel like I come away with information and ideas to work better with my own families.

Benefits: Specialized Training

Competency Guidelines® provide a framework for the knowledge, skill, and reflective experiences that drive best practice.

Training anchored to the competencies can include:
- Conferences
- Specialized workshops
- Webinars
- Modules

These opportunities build the capacity of the infant-family workforce to strengthen protective factors and reduce the risk of child abuse and neglect.

Benefits: On-line training

For individuals who work in rural or isolated communities or anyone who has limited access to in-person training, multiple on-line trainings have been developed, that are aligned with the Competency Guidelines®:
- E.g., University of Minnesota Center for Early Education and Development (CEED): Bridging Education and Infant Mental Health (42 clock hours), Premature Babies and Their Parents (84 clock hours), and many others
- E.g., Ounce of Prevention: Achieve on Demand – Vetted for competencies and specific to home visitors, multiple offerings
- E.g., Fast2Year (Texas): Toxic Stress and the Developing Brain (one of 12 topics developed for a monthly series)
Benefits: Higher Education

Competency Guidelines® are used by colleges and universities as a framework for:

- Individual course work at the associate, bachelor, or graduate levels
  - E.g., University of Minnesota co-developed modules, for use by faculty across disciplines, specific to IMH principles
- Pre- and post-graduate certificate programs
  - E.g., Ball State University (Indiana) Undergraduate Certificate in Infant Toddler Specialization
  - E.g., University of Wisconsin Infant, Early Childhood & Family Mental Health Capstone Certificate Program
  - E.g., Fielding University Degrees
  - E.g., Rhode Island College’s Early Childhood Education new Birth to 3 Bachelor’s degree program

Promoting early relationships birth to five

Benefits: Career Pathways

Competency Guidelines® and Endorsement® offer multiple pathways for individual development within the infant-family field:

- E.g., an individual who has earned a CDA might return to school for coursework specific to the promotion of relational health
- E.g., a Bachelor’s prepared individual might enroll in competency-based in-service training to enhance understanding of relationship-based practice
- E.g., a Bachelor’s or Master’s prepared supervisor might participate in an advanced training in reflective supervision

Benefits: Reflective Supervision/Consultation (RS/C)

Competency Guidelines® promote reflection as a core domain addressing Contemplation, Self-awareness, Curiosity, and Emotional response.

The practice of guiding reflection through supervision has been demonstrated to help achieve the following, reported by practitioners:

- More effective in the ability to assess, focus and respond to the infants and young children with whom they were working and their families
- Ability to address personal biases
- Capacity to shift perspective
- Improved ability to set boundaries
- Improved capacity to slow down, observe, and listen
- Felt heard, validated and affirmed for the work they were doing

(Harrison, 2016)
Benefits: Increased awareness of the importance of RS/C

Specialized training to build capacity among supervisors and awareness among staff
- E.g., MI-AIMH provided an 8-month series for both supervisors and staff to enhance skills specific to RS/C
- E.g., Collaboration between HFA and Alliance to develop and deliver training and RS/C for managers and staff at Chelsea HealthCare in MA (on-going, 2nd year)
- E.g., WI-AIMH collaboration with state departments to "train trainers" to expand capacity for skilled RS/C for home visitors in rural regions and with tribal communities

Benefits: Addresses barrier to expanding IECMH services

- According to ZERO TO THREE (2012)’s Making it Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health, the lack of well-trained providers to provide a continuum of services to children 0-5 and their families can be a barrier to offering a continuum of services that includes two-generation treatment/intervention approaches
- The Competency Guidelines® and Endorsement® offer a map that can better assure providers have the knowledge, skill, and reflective capacity to provide quality infant and early childhood mental health (IECMH) services that are relationship-focused
- Endorsement® can play in role in identifying who is qualified to provide infant and early childhood mental health consultation

Benefits: Systems Change

Adoption of the Competency Guidelines®/Endorsement® by 28 interdisciplinary IMH state associations and 2 international associations have led to:
- In Michigan, CMH professionals must earn Endorsement® to meet Medicaid regulations for reimbursement (Infant Mental Health Specialist or Infant Family Specialist)
- In New Mexico, Endorsement® linked to 3rd party billing for behavioral health professionals for those who work with 0-3 and families
- In Texas, use of Competency Guidelines® to supplement knowledge and skills of those in early care and education, which led to improved child care licensing standards
Benefits: Recognition & Partnerships

- To date 29 US state IMH and 2 international associations have adopted this set of Competency Guidelines® and/or Endorsement®
- We expect 2 additional US state IMH associations before the end of 2018
- These associations make up the Alliance for the Advancement of Infant Mental Health®; together we raise a strong and unified voice for infants, young children, families, and workforce development
- Strategic partnership with Healthy Families America
- Partnerships with Ounce of Prevention, Fielding University, Erikson’s FAN model, Wayne State University, University of Minnesota's Center for Early Education & Development, etc.

How do I apply for Endorsement®?

Step One
- Determine which type of Endorsement® is the best fit for your professional experiences
- Flow chart at http://mi-aimh.org/endorsement/endorsement-levels/

Step Two
- Join your IMH Association
- Membership in an IMH association is required

Step Three
- Register on EASy

Step Four
- Complete the application on EASy
- Specialized education, work, in-service training, and RS/C experiences plus transcripts and three reference ratings

Step Five
- Submit application via EASy

Application Review Process

- Once submitted, the entire application is reviewed by at least two trained volunteers
- Check to be sure both quantitative and qualitative requirements are met. A minimum of two must agree
- Applications for Infant Family Associate (I) and Infant Family Specialist (II) are reviewed quarterly
- Apps for IMH Specialist (III) and IMH Mentor (IV) are reviewed twice a year; aligned with exam dates
- II and IV apps must be approved before applicant can sit for the written exam
What is the Alliance?

Alliance for the Advancement of Infant Mental Health®

Australia Association for IMH

Promoting early relationships birth to five

4/6/18

Irish Association for IMH

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