



New Mexico Association for Infant Mental Health

Competency Guidelines

LEVEL 4, INFANT MENTAL HEALTH MENTOR

INTRODUCTION

The Level 4 Competency Guidelines have been adopted by the New Mexico Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and the behaviors that demonstrate competency at this level. Level 4 practitioners have earned a minimum of a Master's degree, may possess a Doctoral or Medical degree, and have met the competencies appropriate to their roles and responsibilities as defined below and in the Competency Detail for Level 4. Level 4 practitioners have a minimum of three years post-graduate experience as a policy and/or practice leader in infant mental health. Examples of practitioners for whom Level 4 competencies are appropriate include but are not limited to infant experienced infant mental health specialist (minimum two years of practice) who have gone on to become family program supervisor, administrator, researcher, faculty member, policy specialist, and physician. Each professional who works with families, infants and toddlers deserves and requires supervision and/or consultation that enhances his/her ability to be self aware, and to examine his/her professional and personal thoughts and feelings in response to work within the infant and family field. Level 4 (Clinical) practitioners will receive a minimum of 25 hours of reflective supervision and/or consultation per year or 50 clock hours in a two-year time frame.

In both the Impact Map and the Competency Detail, you'll 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:

- C** Core Responsibilities
- S** Clinical Supervision, Consultation & Training
- T** Teaching, Research & Evaluation
- P** Policy/Program Administration

For example, the code "C" beside "Working with Others" indicates that this competency group directly impacts the Core Responsibilities area.



NMAIMH Endorsement Requirements Level 4 Clinical, Policy, Research/Faculty

| Requirements: Preparation of a Portfolio | | | |
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| Education: | <ul style="list-style-type: none"> • 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; post-graduate specialization or university certificate program; in accordance with NMAIMH Endorsement Competencies. Official transcript(s) required. • Applicants may ask to use intensive in-service training to fulfill some of the recommended course work. | | |
| Training: | <ul style="list-style-type: none"> • 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 Competency Guidelines) have been met. | | |
| Specialized Work Experience in at least one of the three categories: | <ul style="list-style-type: none"> • Clinical: Meets specialized work experience criteria as specified at Level 31 plus three years post-graduate experience as practice leader in infant mental health (e.g., infant mental health supervisor, trainer, or consultant) | <ul style="list-style-type: none"> • Policy: Three years post-graduate experience as a leader in policy and/or program administration related to the infant/family field | <ul style="list-style-type: none"> • Research/Faculty: Three years post-graduate experience as a leader in university-level teaching and/or published research related to the infant/family field |
| Examples of leader activities: <i>These lists are meant to demonstrate some of the activities in which leaders might engage.</i> <i>These are not comprehensive lists.</i> <i>Also, candidates would not need to engage in all the activities listed in order to earn Endorsement as an Infant Mental Health Mentor.</i> | <ul style="list-style-type: none"> • Clinical: <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"> • Policy: <ul style="list-style-type: none"> -Provide feedback to state agencies on current & 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-, & 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 | <ul style="list-style-type: none"> • Research/Faculty: <ul style="list-style-type: none"> -Provide leadership in graduate certificate IMH programs -Participate in inter-departmental efforts to integrate IMH competencies into appropriate syllabi -Participate as member of doctoral candidate'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 infant mental health -Leadership in local/state IMH association |

¹ Two years, post-graduate, supervised work experiences providing culturally sensitive, **relationship-focused**, infant mental health services. This specialized work experience must be with **both** the infant/toddler and his/primary caregiver on behalf of the caregiver-infant relationship. Responsibilities will include intervention with a) families and their infants, toddlers and very young children because of parental factors which place the infant at risk for impaired cognitive and/or psychosocial development, b) distressed infants and toddlers and their families, c) high risk families whose pattern of living from crisis to crisis and/or pre-existing conflicts severely limit their ability to adequately care for their infant, and/or d) families who are ill-prepared to meet the special needs of their infants. –OR– One year supervised graduate internship with direct service experience in providing culturally sensitive, relationship-based, infant mental health services and one year, post-graduate, supervised work experience **as described above**. Please see Level III requirements for additional details.

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| | | <p>issues for IMH services</p> <ul style="list-style-type: none"> -Work to increase the preference for Endorsed personnel in contracts for services, child care rating schemes -Leadership in local/state IMH association | |
| Reflective Supervision/ Consultation: | Relationship-focused, reflective supervision/consultation as described in the NMAIMH document <i>Reflective Supervision and Consultation Defined</i> , individually or in a group. Minimum: 50 clock hours within a two-year time frame (maximum). <i>(Required for Clinical; optional for Policy or Research/Faculty)</i> | | |
| Three Professional Reference Ratings: | <p>Clinical:</p> <ol style="list-style-type: none"> One from current program supervisor, teacher, trainer, consultant or colleague One from person providing reflective supervision/consultation to the candidate One from a practitioner who has received reflective supervision or reflective consultation from the candidate. | <p>Policy:</p> <ol style="list-style-type: none"> One from current program supervisor, teacher, trainer or consultant, if applicable One from person providing reflective supervision/ consultation, if applicable If no one available from first two categories, candidate may ask three colleagues | <p>Research/Faculty:</p> <ol style="list-style-type: none"> One from current department supervisor or chair One from person providing reflective supervision/consultation, if applicable. If not applicable, candidate may ask a colleague One from a student taught and/or supervised by the candidate |
| Code of Ethics Statement, Agreement, Candidate's Waiver: | Signed | | |
| Documentation of Competencies: | <ol style="list-style-type: none"> Successful completion of two-level review of contents of portfolio Successful completion of the NMAIMH written examination. | | |
| Professional Membership: | Membership in NMAIMH or another infant mental health association | | |
| Continuing Endorsement Requirements: | | | |
| Education and Training: | 15 clock hours of relationship-based education and training pertaining to the social and emotional development of infants, toddlers and families); documentation of training hours submitted with membership renewal | | |
| Professional Membership: | Annual renewal of membership in NMAIMH or another Infant mental health association | | |

COMPETENCY DETAIL

Area of Expertise

As Demonstrated By

Theoretical Foundations

Knowledge Areas

*pregnancy & early parenthood
infant & young child development
and behavior
Infant/young child- & family-centered
practice
relationship-based, therapeutic
practice
family relationships & dynamics
attachment, separation, trauma &
loss
psychotherapeutic & behavioral
theories of changes
disorders of infancy/early childhood
mental & behavioral disorders in
adults
cultural competence
adult learning theory & practice
statistics
research & evaluation*

*May practice each of the following oneself, but more importantly nurtures these skills in novice practitioners, students, clients and other colleagues. All are **C** and/or **S**:*

- 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/young child and family
- Provides information, guidance, and support to families related to the development and care of infants and young children to further develop their parenting capabilities and the attachment relationship
- Demonstrates expertise regarding the conditions that optimize early infant brain development
- Provides interpreters and literature in languages that meets community's needs
- 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 young children served
- Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, and risks in early childhood families
- Develops service plans that take into account each infant's/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 psychotherapy to explore issues (including attachment, separation, trauma & loss) that affect the development and care of the infant/young child.
- Recognizes conditions which require the assistance of other professionals from health, mental health, education, and child welfare systems
- Shares with families an understanding of family relationship development, with sensitivity to cultural differences

Typically demonstrates these skills oneself:

- Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organizations, and demonstrate respect for the uniqueness of each family's culture and practices (**C**)
- Writes articles, books, manuals on infant mental health principles and practice (**T**)
- Designs, develops, and delivers effective learning interventions as part of conferences, workshops, university courses and other opportunities to educate on effective infant mental health principle and practice (**T**)
- Monitors or evaluates service process and outcomes (**S, T**)
- Designs, leads, and manages research projects intended to increase the body of knowledge on infant mental health, early development, and effective interventions (**T**)
- Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (**P**)

Law, Regulation & Agency Policy

Knowledge Areas

*ethical practice
government, law & regulation
agency policy*

*All are **C, S, T** and **P**:*

- Models the exchange of complete and unbiased information in a supportive manner with families, colleagues, other practitioners, students, agency representatives, legislators and others
- Models and coaches 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 (e.g., Children's Protective Services, Duty to Warn)

COMPETENCY DETAIL

Area of Expertise

As Demonstrated By

Systems Expertise

Knowledge Areas

*service delivery systems
community resources*

Direct Service Skills

Knowledge Areas

*observation & listening
screening & assessment
responding with empathy
treatment planning
developmental guidance
supportive counseling
parent-infant/toddler psychotherapy
advocacy
safety
reflective clinical supervision*

- Models and coaches colleagues regarding the maintenance of appropriate personal boundaries with infants/young children and families served
- Models and provides coaching to novice service providers in the negotiation of the dual roles of family advocate and infant/young child advocate in situations in which an infant's/young child's health and safety may be at risk
- Models and coaches respect and advocacy for, and the upholding of, the rights of infants, young children, and families
- Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (early intervention, child protection) to families, students, practitioners, infant mental health programs, community groups, etc., including the rights of citizen children of non-citizen parents
- When consulting/providing expert testimony to agencies, programs, legislative bodies, and service systems, develops conclusions and recommendations that reflect the needs and best interests of the infant/young child within the context of the family
- In all activities, personally models working within the letter and spirit of:
 - Federal, state, and local law
 - Agency policies and practices
 - Professional code of conduct

All are C, S, T and P:

- Provides advice and referral information to colleagues, practitioners, agencies, community organizations, and families on the services available through the formal service delivery systems (Protective Services, Department of Education, Community Mental Health, etc.) and through other community resources (e.g., churches, food banks, day care centers, family members, friends, other families)
- Bases consulting advice and recommendations on an expert knowledge of the formal service delivery systems and community resources
- Receives on-going in-service training on cultural competence in regards to service delivery

For Level 4 professionals focused on Clinical Supervision and/or Training-models, coaches and otherwise instructs in the following competencies (S, T):

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other, and facilitates change
- Works with the parent(s) and infant/young child together, primarily in the home, in accordance with accepted practice
- Observes the parent(s) or caregiver(s) and infant/young child together to understand the nature of their relationship, culture, developmental strengths, and capacities for change
- Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
- Interprets information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:
 - Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs and progress of the infant/young child and family/caregivers
 - Develop mutually agreed upon service plans incorporating explicit objectives and goals
- Effectively implements relationship-based, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children
- Helps parents identify goals and activities that encourage interaction and that can be woven into the infant's/ young child's and family's daily routines

COMPETENCY DETAIL

Area of Expertise

As Demonstrated By

- Uses multiple strategies to help parents/caregivers:
 - Understand their role in the social and emotional development of infants and young children
 - Understand what they can do to promote health, language and cognitive development in infancy and early childhood
 - Find pleasure in caring for their infants/young children
- Promotes parental competence in:
 - Facing challenges
 - Resolving crises and reducing the likelihood of future crises
 - Solving problems of basic needs and familial conflict
- Uses toys, books, media, etc., as appropriate to support developmental guidance
- Diagnoses mental illness in family members, as appropriate, using available diagnostic tools (e.g., DSM-4, DC-0 to 3R)
- Attends and responds to parental histories of loss as they affect the care of the infant/young child, the parent's development, the emotional health of the infant/young child, and the developing relationship
- Recognizes environmental and care giving threats to the health and safety of the infant/young child and parents, and takes appropriate action
- Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including:
 - Observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings
 - Effects of treatment relationships and of specific interventions

Working with Others

Skill Areas

*building & maintaining relationships
supporting others
coaching & mentoring
collaborating
resolving conflict
crisis management
empathy & compassion
consulting*

All are Core Responsibilities (C):

- 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:
 - Being proactive in establishing connections
 - Sharing information
 - Partnering on projects (e.g., research, publication, program development, legislation, education initiatives)
 - Identifying and reaching out to cultural families not being served or being under-served
- Deals with all people in a tactful and understanding manner
- Provides a safe and supportive 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, often in one-on-one mentoring relationships, to novice practitioners, graduate students, and other colleagues as requested
- Models and coaches strategies for identifying "win-win" solutions to conflicts and for improving families' ability to resolve conflicts themselves, with sensitivity to cultural differences
- Models and coaches sensitive, caring approach to families served
- Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, service systems, taking into account needs, goals, context, and constraints to:
 - Help develop policy & procedure that support relationship-based work
 - Advocate for policy, program, and/or system improvements
 - Obtain funding

Leading People

Skill Areas

All are **S, T and P**:

COMPETENCY DETAIL

Area of Expertise

As Demonstrated By

*motivating
advocacy
developing talent*

- Models personal commitment and empathy in 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:
 - Highly effective infant mental health practitioners/professionals
 - Positively contributing human beings
 - Culturally aware individuals

Communicating

Skill Areas

*listening
speaking
writing
group process*

All are S, T and P:

- 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, articles, research, Web content, grant applications, instructional and meeting materials, reports, and correspondence
- Effectively facilitates small groups (e.g., interdisciplinary or interagency teams)

Thinking

Skill Areas

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

Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, clients, and other colleagues (S, T and P) :

- 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-based, 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 assuring follow-up

COMPETENCY DETAIL

Area of Expertise

As Demonstrated By

Reflection

Skill Areas

contemplation
self awareness
curiosity
professional/personal development
emotional response
parallel process

*Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, clients, and other colleagues. All are **C** and **S**:*

- 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, et al.) 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

Administration

Skill Areas

program management
program development
program evaluation
program funding

*For Level 4 professionals focused on Policy/Program Administration (all are **P**):*

- Manages one's organization from the perspective of relationship-based service and infant/young child- and family-centered practice
- 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 programs and/or achieve program improvements
- May take the lead in realizing new programs/improvements
- Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to staff
- 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 for program improvements in regards to multi-cultural service delivery

Research and Evaluation

Skill Areas

study of infant relationships &
attachment
study of infant development and
behavior
study of families

*For Level 4 professionals focused on Teaching, Research and Evaluation (all are **T**):*

- Generates research questions that promote infant mental health
- Generates new knowledge and understanding of infants, parents, caregivers and relationship-based practice based on sound research
- Assists programs and agencies in measuring outcomes related to the optimal well-being of infants, toddlers, families and their caregiving communities
- Generates research that reflects cultural competence in the infant-family field
- Applies research findings to culturally sensitive, relationship-based practice promoting infant mental health
- Shares his/her generated knowledge with other via publication and/or presentations in/at infant-family related books, journals, and conferences