



INFANT MENTAL HEALTH MENTOR CLINICAL ~ POLICY ~ RESEARCH/FACULTY

Requirements			
Education	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 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	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.		
Specialized Work Experience in at Least One of the Three Categories	Clinical Meets specialized work experience criteria as specified at Level III ¹ plus three years of postgraduate experience providing infant mental health (IMH) reflective supervision/consultation and other leadership activities at the regional or state level	Policy 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	Research/Faculty 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
Examples of Leadership Activities <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>	<ul style="list-style-type: none"> • Organize and facilitate reflective practice groups and/or IMH study groups • 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



Endorsement Requirements
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	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. Professional portfolio 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 NMAIMH written examination.		
Professional Membership	Membership in NMAIMH 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 NMAIMH or another infant mental health association.

Continuing Endorsement Recommendations	
Reflective Supervision	NMAIMH recommends that all Endorsed professionals seek reflective supervision or consultation. It is especially recommended that Endorsed professionals who provide reflective supervision or consultation participate in reflective experiences (individual or group) while providing reflective supervision or consultation to others.

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INFANT MENTAL HEALTH MENTOR

Competency Detail

There are three designations under Infant Mental Health Mentor (Level 4) 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

Area of Expertise	As Demonstrated by
<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 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, & 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

Area of Expertise	As Demonstrated by
<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>	<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>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><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

Area of Expertise	As Demonstrated by
<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>intervention/treatment planning</i></p> <p><i>developmental guidance</i></p> <p><i>supportive counseling</i></p> <p><i>parent-infant/very young child relationship-based therapies & practices</i></p> <p><i>advocacy</i></p> <p><i>safety</i></p> <p><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) and 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 and 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

Area of Expertise	As Demonstrated by
Working With Others	<i>Applies to all three designations (A):</i>
<u>Skill Areas</u>	<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 connectionsSharing informationPartnering on projects (eg, research, publication, program development, legislation, education initiatives)Identifying and reaching out to cultural families not being served or being underservedDeals with all people in a tactful and understanding mannerPromotes supervisory relationship in which the supervisee can explore ideas, reflect about cases, and growActively participates and works cooperatively with interagency teams, planning committees, and ongoing work groupsAs an expert resource, provides guidance and feedback to novice staff, graduate students, and other colleagues as requestedProvides 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 workAdvocate for policy, program, and/or system improvementsObtain funding and other resources
<i>building & maintaining relationships</i>	
<i>supporting others</i>	
<i>coaching & mentoring</i>	
<i>collaborating</i>	
<i>resolving conflict</i>	
<i>crisis management</i>	
<i>empathy & compassion</i>	
<i>consulting</i>	<i>Applies to Clinical (C):</i> <ul style="list-style-type: none">Training/coaching of caregivers and/or other professionals (eg, child care teacher, foster parent, health, mental health, legal)
Leading People	<i>Applies to all three designations (A):</i>
<u>Skill Areas</u>	<ul style="list-style-type: none">Models personal commitment and empathy in promotion of all aspects of the practice of infant mental healthUses influencing and persuading skills, backed by own and others' expert knowledge, to promote effective infant mental health principles, practice, and programsCoaches 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/professionalsPositively contributing human beingsCulturally sensitive individuals
<i>motivating</i>	
<i>advocacy</i>	
<i>developing talent</i>	



INFANT MENTAL HEALTH MENTOR Competency Detail

Area of Expertise	As Demonstrated by
<p>Communicating</p> <p><u>Skill Areas</u></p> <p><i>listening</i></p> <p><i>speaking</i></p> <p><i>writing</i></p> <p><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>Thinking</p> <p><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>	<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
Reflection	<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> <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
<u>Skill Areas</u>	
<i>contemplation</i>	
<i>self awareness</i>	
<i>curiosity</i>	
<i>professional/personal development</i>	
<i>emotional response</i>	
<i>parallel process</i>	
Administration	
<u>Skill Areas</u>	
<i>program management</i>	
<i>program development</i>	
<i>program evaluation</i>	
<i>program funding</i>	
	<i>Applies to Policy designation (P):</i> <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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Area of Expertise	As Demonstrated by
<p>Research & Evaluation</p> <p><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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