



INTRODUCTION TO NMAIMH COMPETENCY GUIDELINES AND ENDORSEMENT[®]

NMAIMH

The **New Mexico Association for Infant Mental Health** (NMAIMH) is a 501(c)(3), private, non-profit, professional membership organization that promotes and supports healthy development and nurturing relationships for all infants and young children in New Mexico. NMAIMH was incorporated in 2004 to provide a forum for interdisciplinary collaboration by advocating for the application of infant mental health principles in services for infants, young children and caregivers. NMAIMH works to implement a Strategic Plan for Infant Mental Health in New Mexico (2003). A well-trained, competent infant mental health work force that is recognized for its competence is seen as an integral part of the implementation of the Strategic Plan. For that reason, in 2004 with the support of the Children Youth and Families Department, the NMAIMH purchased a license from the MI-AIMH to begin using the **Competency Guidelines** described in this document to assess existing competency-based professional development systems for infant-family practitioners and to guide the systematic development of those systems to incorporate infant mental health competencies. Then, with continued support of the Children Youth and Families Department along with funding from private foundations, in 2007 the NMAIMH entered into a licensing agreement with the MI-AIMH to implement the endorsement process that is described below.

Michigan Association for Infant Mental Health

Incorporated in 1977, MI-AIMH has offered infant mental health training and education opportunities to individuals and groups for almost 35 years. Hundreds of service providers participate annually in state, local, or regional trainings that are designed to build a more skillful and confident workforce. Nearly 500 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. Of additional importance, all members have access to up-to-date training DVDs and videos in the MI-AIMH media library, featuring nationally and internationally known experts in the infancy and infant mental health fields. With an annual membership of more than 500 infant and family professionals and 13 affiliate chapters, MI-AIMH is proud of its role as an infant mental health training association.

Competency Guidelines¹

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

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



As infant mental health practice evolved in Michigan, clinicians, university faculty, and policymakers became increasingly concerned about the training needs of professionals for quality service in the infant mental health field. Competency, as determined by expert consensus, required the development of a unique knowledge base, clinical assessment, and [intervention/]treatment skills specific to infancy and early parenthood, and [reflective] clinical supervisory experiences that would lead to best practice. These basic components were approved by the MI-AIMH Board of Directors in 1983 and outlined in the MI-AIMH *Training Guidelines* (1986) to guide pre-service, graduate, and in-service training of infant mental health specialist in institutes, colleges, universities, and work settings.

In 1990, the National Center for Infants, Toddlers and Families (now known as ZERO TO THREE) published TASK Documents, emphasizing specialized knowledge, areas of skill, and direct service experiences with infants and very young children that would promote competency among professionals in the infant and family field. Although not focused on the practice of infant mental health, the ZERO TO THREE publication reinforced the importance of theory and supervised practice to the development of competency for professionals serving infants, very young children, and their families (ZERO TO THREE, 1990).

By the mid-1990s, federal legislation under the *Individuals with Disabilities Education Act* (IDEA) (1990) and Public Law 99-457-Part H (1994) gave further impetus across the country to serve infants and very young children from a family perspective and to identify core competencies for the preparation of personnel working with them. By 1996, the Michigan Department of Education (MDE), the lead agency for Part H, recognized five areas of competency for early interventionists across many disciplines who work with children from birth to three years and their families. These areas included theoretical foundations, legal/ethical foundations, interpersonal/team skills, direct service skills, and advocacy skills.

In 1996, a group of MI-AIMH members in the Detroit area discussed the role of infant mental health practitioners and concluded that there was a need for an endorsement or certification process for infant mental health practitioners in Michigan. When their conclusions were presented to the MI-AIMH Board, most board members were not convinced that the organization should work toward such a process. Nevertheless, recognizing the work done by ZERO TO THREE, federal legislation, and the MDE in relation to early intervention and understanding that infant mental health is a specialization within the early intervention field, a group of MI-AIMH members in Detroit later formed a work group in 1997 to identify early intervention competencies specific to infant mental health, expanding the 5 core areas identified by the MDE. The 12-member group was made up of experts in the infant mental health field, including seasoned practitioners, program supervisors, university faculty, and policy experts. They represented many disciplines, including social work, psychology, early childhood, special education, child and family development, and nursing.

By 1997, the group had agreed upon, and the 40-member MI-AIMH Board approved, a set of competencies that were framed around eight areas of expertise, linking the competencies identified in the MI-AIMH *Training Guidelines* (1986) with the TASK Documents published by ZERO TO THREE (1990) and the competencies developed by the MDE in 1996. The eight areas included theoretical foundations; law, regulation, and agency policy; systems expertise; direct service skills; working with others; communicating; thinking; and reflection. The work on the competencies reflected the following belief (ZERO TO THREE, 1990): “The development of competence to work with infants, very young children, and their families involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential as the



acquisition of scientific knowledge and therapeutic skill” (p. 18). Significant to these standards was the inclusion of reflection as integral to best practice in the infant and family field.

During the next few years, the MI-AIMH work group expanded the competencies to detail the practice of professionals from multiple disciplines who worked in many different ways with infants, very young children, and families. MI-AIMH hired a professional skilled in the developments of workforce credentialing to work directly with MI-AIMH members to detail service strategies specific to the promotion of infant mental health. These strategies reflected commitment to the definition of infant mental health as developed by Zeanah & Zeanah (2001): “The field of infant mental health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural context” (p. 14). Members drew on the significant understanding of other leaders in the field (Fitzgerald & Barton, 2000; Lieberman, Silverman, & Pawl, 2000; McDonough, 2000; Shirilla & Weatherston, 2002; Trout, 1985). To thoroughly capture service strategies, committee members reviewed work details included in personal work journals and held focus groups to discuss the relevance of the competencies to the promotion of infant mental health across disciplines, in various work settings, and at multiple service levels. Interdisciplinary work groups reviewed the materials and reached consensus around a set of core competencies, expanded to four levels. Their efforts resulted in this detailed publication.

The intent of this publication is to provide a guide for those working with pregnant women and families with children ages birth to three years and for those offering training to them; however, professionals who contributed to these *Competency Guidelines* agreed that they also might guide those working with young children up to five years (or 47 months) and their families. The overarching principle of the guidelines is that all development occurs within the context of relationships. Each competency detail and the behaviors identified in these guidelines promote this basic understanding.

Endorsement

The *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*[®] was developed over a 10-year period and launched in 2002. The New Mexico Association for Infant Mental Health (NMAIMH) adopted the MI-AIMH competencies in 2004 and purchased the license to implement the endorsement process in 2007. Competency-based, the endorsement is a reflection of the NMAIMH’s commitment to best practices in the infant and family field. Central to the endorsement is this document, the *NMAIMH Competency Guidelines* that identifies knowledge, skills, and reflective practice approaches that support the development of competency across disciplines and in multiple service settings. These competencies provide the framework for the *NMAIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*[®].

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

The NMAIMH Endorsement[®] offers individuals in the infant and family field a professional development plan that focuses on knowledge, best practice skills, and reflective work experiences that lead to increased confidence and credibility within the infant and family field. Of



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

There are four levels of competency within the NMAIMH Endorsement[®]:

1. Infant Family Associate
2. Infant Family Specialist
3. Infant Mental Health Specialist
4. Infant Mental Health Mentor

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

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