

# COMPETENCY DETAILS

## INFANT MENTAL HEALTH SPECIALIST (IMHS) AND EARLY CHILDHOOD MENTAL HEALTH SPECIALIST (ECMHS)

### 1. Theoretical Foundations

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#### *Knowledge Areas:*

- 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
- psychotherapeutic and behavioral theories of change
- disorders of infancy/early childhood
- mental and behavioral disorders in adults
- cultural competence

#### *As Demonstrated by:*

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

- Supports and reinforces parent's capacity to seek appropriate care during pregnancy
- Identifies both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and 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/young children to further develop parenting capabilities and the parent-infant/young child relationship and *ensures that information is provided in the family's language*
- Develops service plans that take into account the unique needs, desires, history, lifestyle, concerns, strengths, resources, cultural community, and priorities of each infant/young child and family
- During observations and assessments, identifies emerging competencies of the infant and young child within a relationship context
- Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions and relationships
- Helps parents to:
  - “See” the infant/young child as a person, as well as all the factors (eg, playing, holding, teaching) that constitute effective parenting of that child
  - Derive pleasure from daily activities with their children
- Shares with families the realistic expectations for the development of their infants/young children and strategies that support those expectations
- Demonstrates familiarity with conditions that optimize early infant and young child brain development

*As Demonstrated by:*

- Recognizes risks and disorders of infancy/early childhood conditions that require treatment, intervention, and/or the assistance of other professionals from health, mental health, education, and child welfare systems
- Shares with families an understanding and appreciation of 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
- Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths as well as developmental delays and/or emotional disturbances in infants and young children served
- Provides services that reinforce and nurture the caregiver-infant/young child relationship
- Engages in parent-infant/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/young child

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## 2. Law, Regulation, and Agency Policy

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*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
- 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, child or foster care staff, and community-based programs
- Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents
- Personally works within the requirements of:
  - Federal and state law
  - Agency policies and practices
  - Professional code of conduct

### 3. Systems Expertise

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#### *Knowledge Areas:*

- service delivery systems
- community resources

#### *As Demonstrated by:*

- Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources
  - Actively seeks resources to address child and family needs
  - Works collaboratively with and makes referrals to 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
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### 4. Direct Service Skills

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#### *Knowledge Areas:*

- observation and listening
- screening and assessment
- responding with empathy
- intervention/treatment planning
- developmental guidance
- supportive counseling
- parent-infant/young child relationship-based therapies and practices
- 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 change
- Works with the parent(s) and the infant/young child together, often 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, developmental strengths, and capacities for change
- Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
- Observes and articulates the infant's, young child's and parent's perspectives within a relationship context
- Recognizes and holds multiple viewpoints, (eg, infant, young child, parent, and service provider)
- Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:
  - Identify and share with the parent(s) or caregiver(s) the strengths, capacities, needs, and progress of the infant/young child and family/caregiver(s)
  - Develop mutually agreed upon service plans incorporating explicit objectives and goals
  - Formulate clinical recommendations to guide best practice

*As Demonstrated by:*

- Effectively implements relationship-focused, 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 can be woven into the daily routines of the infant/young child and family
  - Uses multiple strategies to help parents or caregivers:
    - 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
  - 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, *Diagnostic and Statistical Manual of Mental Disorders* [DSM-V], *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* [DC:0-5™])
  - 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 caregiving threats to the health and safety of the infant/young child and parents, and takes appropriate action
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## 5. Working With Others

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### *Skill Areas:*

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

### *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 communications and updates
- Works with and responds to families and colleagues in a tactful and understanding manner
- Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families
- Encourages parents to share with other parents (eg, through nurturing programs, parent-child interaction groups)
- Provides emotional support to parents/caregivers and children when sad, distressed, etc
- Assists families to develop the skills they need to become their own advocates
- Models appropriate behavior and interventions for new staff as they observe home visits
- Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services
- Works constructively to find “win-win” solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)
- Training/coaching of caregivers and/or other professionals (eg, childcare teacher, foster parent, health, mental health, legal)

## 6. Communicating

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### *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 empathetically 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) in creating notes, reports, and correspondence
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## 7. Thinking

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### *Skill 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
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## 8. Reflection

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### *Skill Areas:*

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

### *As Demonstrated by:*

- Regularly examines own thoughts, feelings, strengths, and growth areas and discusses issues, concerns, and actions to take with supervisor, consultants, and peers
- Consults regularly with supervisor, consultants, and peers to understand own capacities and needs, as well as the capacities and needs of 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 learning activities related to the promotion of infant and early childhood mental health
- Keeps up to date on current and future trends in infant/young child development and relationship-focused practice
- Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/young child/family work and recognize areas for professional and/or personal development
- Recognizes and responds appropriately to parallel process



# ENDORSEMENT<sup>®</sup> REQUIREMENTS

## INFANT MENTAL HEALTH SPECIALIST (IMHS)

### EDUCATION

Official transcripts from all degrees and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Medical Doctor (MD), Doctor of Osteopathy (DO), or other degree specific to one's professional focus in infant mental health; university certificate program; and/or course work in areas such as infant development (prenatal up to 36 months), family-centered practice, cultural sensitivity, family relationships and dynamics, assessment, and intervention must be submitted in accordance with the *Competency Guidelines*<sup>®</sup>

### TRAINING

- Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in *Competency Guidelines*<sup>®</sup>) have been met
- For those whose degree is in a field that is unrelated to infant mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training received will include the promotion of social-emotional development and the relationship-based principles and practices of infant mental health
- **Minimum** 30 clock hours required
- Typically, successful IMHS applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*<sup>®</sup>

### SPECIALIZED WORK EXPERIENCE

Two years of postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialized work experience must be with both the infant/toddler (birth to 36 months) and his/her biological, foster, or adoptive parent(s) or guardian(s) on behalf of the parent-infant relationship. Infant mental health services will include parent-infant/child relationship-based therapies and practices and early relationship assessment and can include concrete assistance, advocacy, emotional support, and developmental guidance<sup>8</sup>

These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and loss as they affect the attachment relationship, development, behavior, and care of the infant/child. The unresolved losses, or "ghosts," might be from adverse childhood experiences that occurred during the caregivers' own early childhood or may be related to more current circumstances for the infant/child and family, such as a difficult labor and delivery. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay, or disability

Professionals from a variety of disciplines, not only licensed mental health professionals, may earn Endorsement<sup>®</sup> if they have performed the work that meets these criteria. However, the applicant must have received the training necessary to provide this level of treatment/intervention AND must receive reflective supervision/consultation from an IMHS or IMHM-C about the treatment/intervention

<sup>8</sup> Infant mental health services that meet IMHS specialized work criteria are provided by professionals whose role includes intervention or treatment of the child's primary caregiving relationship (ie, biological, foster, or adoptive parent or guardian); these experiences are critical to the development of a specialization in infant mental health. The Infant Family Specialist Endorsement<sup>®</sup> is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to early care and education providers or whose intent is primarily to educate parents





In some cases, one year of a supervised graduate internship with direct infant mental health practice experience as described above may be counted toward the two years of paid work experience requirement if the supervisor of the internship is an Endorsed professional (IMHM or IMHS). Applicants must submit a description of the internship for application reviewers' consideration

## **REFLECTIVE SUPERVISION/CONSULTATION**

Relationship-focused, reflective supervision/consultation, individually or in a group, post-Masters, while providing services to infants/toddlers (birth to 36 months) and families. Provider of reflective supervision/consultation must have earned/maintained Endorsement® as IMHS, ECMHS, IMHM-C, or ECMHM-C

Minimum 50 clock hours required within a one- to two-year timeframe

## **PROFESSIONAL REFERENCE RATINGS**

*Please note:* At least one reference rating must come from someone who has earned Endorsement® as IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing reflective supervision/consultation
3. One from another supervisor, teacher, trainer, consultant, colleague, or supervisee (if applicant is a supervisor)

## **CODE OF ETHICS STATEMENT AND ENDORSEMENT® AGREEMENT**

Signed

## **DEMONSTRATION OF COMPETENCIES**

1. Application will demonstrate that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple choice and an essay portion

## **PROFESSIONAL MEMBERSHIP**

Membership in the Infant Mental Health Association

# ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH SPECIALIST (IMHS)

## 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 prenatal up to 36 months old, including the principles and practices of infant 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, community of practice, mentorship group). For those who earn IMHS Endorsement® and provide reflective supervision or consultation to others, at least three of the hours of specialized training must be about reflective supervision/consultation

## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

It is required that all professionals endorsed as an IMHS receive a minimum of 12 hours of reflective supervision/consultation annually



# EARLY CHILDHOOD MENTAL HEALTH SPECIALIST ENDORSEMENT® REQUIREMENTS (ECMHS)

## EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. 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), Medical Doctor (MD), Doctor of Osteopathy (DO) or other degree specific to one's professional focus in early childhood mental health; university certificate program, and/or course work in areas such as infant/very young child development (prenatal up to 6 years old), family-centered practice, cultural sensitivity, family relationships and dynamics, assessment, and intervention, in accordance with the *Competency Guidelines*®

## 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 early childhood mental health, more specialized in-service training may be required to meet the breadth and depth of the competencies
- Training received will include the promotion of social-emotional development and the relationship-based principles and practices of infant and early childhood mental health
- **Minimum** 30 clock hours required
- Typically, successful ECMHS applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

## SPECIALIZED WORK EXPERIENCE

Two years, postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, early childhood mental health services. This specialized work experience must be with both children 3 years up to 6 years old and their biological, foster, or adoptive parent(s) or guardian(s) on behalf of the parent-child relationship. Early childhood mental health services will include parent-child relationship-based therapies and practices and early relationship assessment and can include concrete assistance, advocacy, emotional support, and developmental guidance<sup>9</sup>

These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and loss as they affect the attachment relationship, development, behavior, and care of the child. The unresolved losses, or “ghosts,” might be from adverse childhood experiences that occurred during the caregivers’ own early childhood or may be related to more current circumstances for the child and family. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay or disability

Professionals from a variety of disciplines, not only licensed mental health professionals, may earn Endorsement® if they have performed the work that meets these criteria. However, the applicant will need to have received the training necessary to provide this level of treatment/intervention AND receive reflective supervision/consultation from someone endorsed as an: IMHS, ECMHS, IMHM-C or ECMHM-C about the treatment/intervention

<sup>9</sup> Early childhood mental health services that meet category ECMHS specialized work criteria are provided by professionals whose role includes intervention or treatment of the child's primary caregiving relationship, (ie, biological, foster, or adoptive parent or guardian); these experiences are critical to the development of a specialization in early childhood mental health. ECFS is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to infant and early childhood care providers or whose intent is primarily to educate parents

In some cases, 1 year of a supervised graduate internship with direct ECMH practice experience as described above may be counted toward the 2 years paid work experience requirement if the supervisor of the internship is an endorsed professional (IMHS, ECMHS, IMHM- C or ECMHM- C). Applicant will submit description of internship for application reviewers' consideration

## REFLECTIVE SUPERVISION/CONSULTATION

Relationship-focused, reflective supervision/consultation, individually or in a group, post-Masters, while providing services to children 3 years up to 6 years old and families. Provider of reflective supervision/consultation must be endorsed as an IMHS, ECMHS, IMHM-C or ECMHM-C or be vetted and approved as meeting criteria for ECMHS or ECMHM-C

Minimum: 50 clock hours within a one- to two-year timeframe

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone endorsed as an: IFS, ECFS IMHS, ECMHS, IMHM or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant and early childhood mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing reflective supervision/consultation
3. One from another supervisor, teacher, trainer, or consultant; colleague; or supervisee (if applicant is a supervisor)

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences
2. Successful completion of the ECMH Endorsement® written examination, which includes a multiple choice and an essay portion

## PROFESSIONAL MEMBERSHIP

Membership in the Infant/Early Childhood Mental Health Association





## **ENDORSEMENT® RENEWAL REQUIREMENTS EARLY CHILDHOOD MENTAL HEALTH SPECIALIST (ECMHS)**

### **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 (prenatal up to 6 year olds), including the principles and practices of infant and early childhood mental health (eg, regional training, related course work at colleges or universities, infant and early childhood mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group). For those who earn Endorsement® as an Early Childhood Mental Health Specialist and provide reflective supervision/consultation to others, at least three of the hours of specialized training must be about reflective supervision/consultation

### **PROFESSIONAL MEMBERSHIP**

Annual renewal of membership in the Infant/Early Childhood Mental Health Association

### **REFLECTIVE SUPERVISION/CONSULTATION**

It is required that all professionals endorsed as an ECMHS receive a minimum of 12 hours of reflective supervision or consultation annually