

# Competency Guidelines

MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®.

03/18/2025

## Early Childhood Mental Health Specialist

The EARLY CHILDHOOD MENTAL HEALTH SPECIALIST Competency Guidelines were developed by the Michigan Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that demonstrate competency for this category.

### Guidelines

### Theoretical Foundations

Knowledge areas	As demonstrated by
Pregnancy and Early Parenthood	<ul style="list-style-type: none"><li>• Supports and reinforces parent’s capacity to seek appropriate care during pregnancy</li><li>• 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</li></ul>
Infant/Young Child Development & Behavior	<ul style="list-style-type: none"><li>• Provides information, guidance and support to families related to the development and care of infants/young children to further develop their parenting capabilities and the parent-infant/young child relationship and ensures that the information is provided in the family’s language</li><li>• Demonstrates familiarity with conditions that optimize early infant brain development</li><li>• Shares with families the realistic expectations for the development of their infants/young children and strategies that support those expectations</li></ul>
Infant/Young Child/Family Centered Practice	<ul style="list-style-type: none"><li>• During observations and assessments, identifies emerging competencies of the infant and young child within a relationship context</li></ul>

Knowledge areas	As demonstrated by
Relationship-focused Therapeutic Practice	<ul style="list-style-type: none"> <li>• Provides services that reinforce and nurture the caregiver-infant/young child relationship</li> <li>• Helps parents/primary caregivers to:               <ul style="list-style-type: none"> <li>◦ "See" the infant/young child as a person, as well as all the factors (playing, holding, teaching, etc) that constitute effective parenting of that child</li> <li>◦ Derive pleasure from daily activities with their children</li> </ul> </li> <li>• Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions and relationships</li> </ul>
Family Relationships and Dynamics	<ul style="list-style-type: none"> <li>• Shares with families an understanding of infant/young child and family relationship development</li> </ul>
Attachment, Separation, Trauma, Grief & Loss	<ul style="list-style-type: none"> <li>• 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</li> </ul>
Cultural Humility	<ul style="list-style-type: none"> <li>• 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</li> </ul>
Disorders of Infancy/Early Childhood	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>
Psychotherapeutic & Behavioral Theories of Change	<ul style="list-style-type: none"> <li>• Develops service plans that take into account the unique needs, desires, history, lifestyle, concerns, strengths, resources, cultural community, and priorities of each infant's/young child and family</li> </ul>

Knowledge areas	As demonstrated by
Mental & Behavioral Disorders in Adults	<ul style="list-style-type: none"><li>• Recognizes conditions that require the assistance of other professionals from health, mental health education, and child welfare systems</li></ul>

Law, Regulation & Policy

Knowledge areas	As demonstrated by
Ethical Practice	<ul style="list-style-type: none"><li>• Exchanges complete and unbiased information in a supportive manner with families and other team members</li><li>• 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)</li></ul>
Government, Law & Regulation	<ul style="list-style-type: none"><li>• Personally works within the requirements of:<ul style="list-style-type: none"><li>◦ Federal and state law</li><li>◦ Agency policies and practices</li><li>◦ Professional code of conduct</li></ul></li><li>• Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Children’s Protective Services</li><li>• 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</li><li>• Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents/primary caregivers</li></ul>
Agency Policy	<ul style="list-style-type: none"><li>• Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency</li></ul>

Systems Expertise

Knowledge areas	As demonstrated by
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Service Delivery Systems	<ul style="list-style-type: none"> <li>• Helps parent/primary caregiver build the skills they need to access social support from extended family, neighbors, and friends as needed and as available in the community</li> <li>• Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated</li> </ul>
Community Resources	<ul style="list-style-type: none"> <li>• Makes families and service providers/agencies aware of community resources available to families</li> <li>• Assists families to anticipate, obtain, and advocate for concrete needs and other services from public agencies and community resources</li> <li>• Actively seeks resources to address the needs of infants/young children and families</li> </ul>

## Direct Service Skills

Knowledge areas	As demonstrated by
Life Skills	<ul style="list-style-type: none"> <li>• Promotes caregiver competence in: <ul style="list-style-type: none"> <li>◦ Facing challenges</li> <li>◦ Advocating on behalf of themselves and their children</li> <li>◦ Resolving crises and reducing the likelihood of future crises</li> <li>◦ Solving problems of basic needs and familial conflict</li> </ul> </li> <li>• Nurtures the parents/primary caregivers'/primary caregivers' relationship with each other, if one exists; alternatively, helps the custodial parent/caregiver manage appropriate contact with the non-custodial parent/caregiver</li> </ul>
Observation and Listening	<ul style="list-style-type: none"> <li>• 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</li> <li>• Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice</li> <li>• Observes and articulates the infant's and parent's/primary caregiver's perspectives within a relationship context</li> </ul>

Knowledge areas	As demonstrated by
Screening and Assessment	<ul style="list-style-type: none"> <li>• Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:               <ul style="list-style-type: none"> <li>◦ Identify and share with the parent/primary caregiver(s) the strengths, capacities, needs, and progress of the infant/young child and family/caregiver(s)</li> <li>◦ Develop mutually agreed upon service plans incorporating explicit objectives and goals</li> <li>◦ Formulate clinical recommendations to guide best practice</li> </ul> </li> </ul>
Responding with Empathy	<ul style="list-style-type: none"> <li>• Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and that facilitates change</li> <li>• Uses multiple strategies to help parent/primary caregiver(s):               <ul style="list-style-type: none"> <li>◦ Understand their role in the social and emotional development of infants/young children</li> <li>◦ Understand what they can do to promote health, language, and cognitive development in infancy and early childhood</li> <li>◦ Find pleasure in caring for infants/young children</li> </ul> </li> </ul>
Advocacy	<ul style="list-style-type: none"> <li>• Recognizes and holds multiple viewpoints, (e.g., infant, parent/primary caregiver, and service provider)</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Recognizes environmental and caregiving threats to the health and safety of the infant/young child and parent/primary caregiver(s) and takes appropriate action</li> </ul>
Intervention/Treatment Planning	<ul style="list-style-type: none"> <li>• Identifies/diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (e.g., Diagnostic and Statistical Manual of Mental Disorders [DSM-IV], Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood [DC-0 to 3R])</li> </ul>
Developmental Guidance	<ul style="list-style-type: none"> <li>• Uses toys, books, media, etc. as appropriate to support developmental guidance</li> </ul>

Knowledge areas	As demonstrated by
Supportive Counseling	<ul style="list-style-type: none"> <li>Promotes parental/caregiver competence in facing challenges, resolving crises and reducing likelihood of future crises, and solving problems of basic needs and familiar conflict</li> </ul>
Parent-Infant/Young Child Relationship-based Therapies & Practices	<ul style="list-style-type: none"> <li>Attends and responds to parental/caregiver histories of loss as they affect the care of the infant/young child, the parent's/caregiver's development, the emotional health of the infant/young child, and the developing relationship</li> <li>Helps parent/primary caregiver(s) identify goals and activities that encourage interaction and that can be woven into the daily routines of the infant's/young child's and family's daily routines</li> <li>Effectively implements relationship-focused, therapeutic parent/caregiver-infant/young child interventions that enhance the capacities of parent/primary caregiver(s) and infants/young children</li> <li>Works with the parent/primary caregiver(s) and the infant/young child together, often in the home, in accordance with accepted practice</li> </ul>

## Working With Others

Knowledge areas	As demonstrated by
Supporting Others/Mentoring	<ul style="list-style-type: none"> <li>Assists families to develop the skills they need to become their own advocates</li> <li>Models appropriate behavior and interventions for new staff as they observe home visits</li> <li>Encourages parents/primary caregivers to share with other parents/primary caregivers (eg, through nurturing programs, parent-child interaction groups)</li> </ul>

Knowledge areas	As demonstrated by
Building & Maintaining Relationships	<ul style="list-style-type: none"> <li>• Builds and maintains effective interpersonal relationships with families and professional colleagues by:               <ul style="list-style-type: none"> <li>◦ Respecting and promoting the decision-making authority of families</li> <li>◦ Understanding and respecting the beliefs and practices of the family's culture</li> <li>◦ Following the parents/primary caregivers' lead</li> <li>◦ Following through consistently on commitments and promises</li> </ul> </li> <li>• Providing regular communications and updates Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families</li> </ul>
Collaborating	<ul style="list-style-type: none"> <li>• Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services</li> </ul>
Resolving Conflict	<ul style="list-style-type: none"> <li>• Works constructively to find “win-win” solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisor-supervisee conflicts)</li> </ul>
Empathy & Compassion	<ul style="list-style-type: none"> <li>• Works with and responds to families and colleagues in a tactful and understanding manner</li> <li>• Provides emotional support to parents/primary caregivers/caregivers and children when sad, distressed, etc</li> </ul>
Consulting	<ul style="list-style-type: none"> <li>• Training/coaching of caregivers and/or other professionals (e.g., childcare teacher, foster parent, health, mental health, legal)</li> </ul>

## Communicating

Knowledge areas	As demonstrated by
Listening	<ul style="list-style-type: none"> <li>• Actively listens to others and asks questions for clarification</li> <li>• Obtains translation services as necessary to ensure effective communication with families who may experience a communication barrier</li> </ul>

Knowledge areas	As demonstrated by
Speaking	<ul style="list-style-type: none"> <li>• Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior</li> <li>• Communicates honestly, sensitively, and empathetically with families, using non-technical language</li> </ul>
Writing	<ul style="list-style-type: none"> <li>• Writes clearly, concisely, and with the appropriate style (eg. business, conversational, etc) in creating notes, reports, and correspondence</li> </ul>

## Thinking

Knowledge areas	As demonstrated by
Analyzing Information	<ul style="list-style-type: none"> <li>• Sees and can explain the “big picture” when analyzing situations</li> </ul>
Solving Problems	<ul style="list-style-type: none"> <li>• Considers difficult situations carefully Integrates all available information and consults with others when making important decisions</li> <li>• Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care</li> </ul>
Exercising Sound Judgment	<ul style="list-style-type: none"> <li>• Evaluates alternatives prior to making decisions</li> </ul>
Maintaining Perspective	<ul style="list-style-type: none"> <li>• Sees and can explain the interactions of multiple factors and perspectives</li> </ul>
Planning & Organizing	<ul style="list-style-type: none"> <li>• Assigns priorities to needs, goals, and actions</li> <li>• Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families</li> <li>• Employs effective systems for tracking individual progress, ensuring follow up, and monitoring the effectiveness of service delivery as a whole</li> </ul>

## Reflection

Knowledge areas	As demonstrated by
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Contemplation	<ul style="list-style-type: none"><li>• Seeks a high degree of agreement between self-perceptions and the way others perceive them</li></ul>
Self Awareness	<ul style="list-style-type: none"><li>• Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants, or peers</li><li>• Consults regularly with supervisor, consultants, and peers to understand own capacities and needs, as well as the capacities and needs of families</li></ul>
Curiosity	<ul style="list-style-type: none"><li>• Remains open and curious</li></ul>
Professional/Personal Development	<ul style="list-style-type: none"><li>• Identifies and participates in learning activities related to the promotion of infant mental health</li><li>• Keeps up-to-date on current and future trends in child development and relationship-focused practice</li></ul>
Emotional Response	<ul style="list-style-type: none"><li>• Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development</li></ul>
Parallel Process	<ul style="list-style-type: none"><li>• Recognizes and responds appropriately to parallel process</li></ul>

**Requirements**

# Documentation of Competencies

1. Application will document that competencies have been adequately met through course work, education, in-service training, and reflective supervision/consultation experiences.

# Professional Membership

Membership in an association for infant mental health

## Endorsement Agreement

Signed

## Code of Ethics Statement

Signed

## Education

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; post-graduate specialization, or university certificate program.

## Training

Minimum of 33 clock hours of training; 23 pertaining to the promotion of social-emotional development of children (prenatal to 6 years) and/or other relationship-based principles of infant and early childhood mental health. 10 hours of psychotherapy training, specifically addressing the therapeutic needs of the infant or young child within the context of their primary caregiver relationship.

## Work Experience

Two years, postgraduate, supervised paid work experience delivering relationship-focused parent-child psychotherapy—a dyadic mental health treatment aimed at enhancing the parent-child attachment relationship and optimal child development. These services are provided by a licensed or license-eligible infant and early childhood mental health therapist specializing in the treatment of toddlers/young children (36 months to 6 years) through primary caregiving relationships (ie, biological, foster, fictive kin, adoptive parent or guardian).

Please Note:

- One year or full-time equivalent of supervised internship with direct parent-child psychotherapy experience as described above may count towards the 2 years paid work experience requirement if the internship supervisor is an endorsed professional (I/ECMHS or I/ECMHM-C). Applicants must submit a description of the internship for application reviewers' consideration.

## Reflective Supervision/Consultation

A minimum 50 clock hours received of relationship-focused, reflective supervision/consultation (RSC), individually or in a group, with a qualified RSC provider, while providing I/ECMHS scope of practice. Clock hours must come post-masters, and while providing services to toddler, young children (3 – 6 years old), and their families.

Qualified RSC providers must meet Endorsement requirements as an Endorsed Reflective Supervisor or Mental Health Mentor-Clinical.

## Professional Reference Ratings

Total of three ratings:

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)

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### Renewal

## Training

A minimum of 45 clock hours of training is required over the 3-year cycle, focused on the promotion of social-emotional development of children (prenatal to 6 years) and/or other relationship-based principles of infant and early childhood mental health.

*Endorsed Mid-Cycle adjustment: Endorsed for 2 years at the time of renewal, complete 30 hours; endorsed for 1 year at time of renewal, complete 15 hours; If not endorsed for 1 year exempt from renewal.*

## Professional Membership

Membership in an association for infant mental health

*Mid-Cycle Adjustment: No change – active membership applies regardless of years of Endorsement.*

## Reflective Supervision

A minimum of 36 hours of reflective supervision/consultation is required over the 3-year cycle (equivalent to 12 hours/year).

*Mid-Cycle Adjustment: If endorsed for 2 years at the time of renewal complete 24 hours; If endorsed for 1 year at the time of renewal complete 12 hours; If not endorsed for 1 year exempt from renewal.*

