

Competency Guidelines

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

03/18/2025

Infant Mental Health Mentor (Clinical)

The INFANT MENTAL HEALTH MENTOR (CLINICAL) 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">• 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/young child and family
Infant/Young Child Development & Behavior	<ul style="list-style-type: none">• Supports provision of information, guidance, and support to families related to the development and care of infants and young children to further develop their parenting/caregiving capabilities and the attachment relationship• Understands the conditions that optimize early infant brain development
Infant/Young Child/Family Centered Practice	<ul style="list-style-type: none">• Supports 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
Relationship-focused Therapeutic Practice	<ul style="list-style-type: none">• Supports informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, and risks in families served

Knowledge areas	As demonstrated by
Family Relationships and Dynamics	<ul style="list-style-type: none"> • Promotes services that reinforce and nurture the caregiver-infant/young child relationship • Understands family relationship development, with sensitivity to cultural differences
Attachment, Separation, Trauma, Grief & Loss	<ul style="list-style-type: none"> • Supports parent/caregiver-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
Cultural Humility	<ul style="list-style-type: none"> • Supports interpreters and literature in languages that meet community's needs • Applies understanding of cultural humility to communicate effectively and establish positive relationships with a wide range of people and organizations
Disorders of Infancy/Early Childhood	<ul style="list-style-type: none"> • Recognizes conditions that require the assistance of other professionals from health, mental health education, and child welfare systems
Psychotherapeutic & Behavioral Theories of Change	<ul style="list-style-type: none"> • Supports development of service plans that take into account for the unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities of each infant/young child and family
Mental & Behavioral Disorders in Adults	<ul style="list-style-type: none"> • Recognizes conditions that require the assistance of other professionals from health, mental health education, and child welfare systems
Adult Learning Theory & Practice	<ul style="list-style-type: none"> • Demonstrates the ability and supports the development of others to promote, develop, and deliver effective learning interventions as part of conferences, workshops, university courses, and other opportunities to educate on effective early childhood mental health principles and practice
Statistics	<ul style="list-style-type: none"> • Demonstrates the ability and supports the development of others to encourage use of data to improve early childhood mental health practice

Knowledge areas	As demonstrated by
Research & Evaluation	<ul style="list-style-type: none">• Demonstrates the ability and supports the development of others to incorporate current research and evaluation to increase knowledge regarding infant and early childhood mental health, early development, and effective intervention strategies.

Law, Regulation & Policy

Knowledge areas	As demonstrated by
Ethical Practice	<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 the exception being when making necessary reports to protect the safety of a family member (e.g., Children’s Protective Services, Duty to Warn)• Respects and advocates for the rights of infants, young children, and families
Government, Law & Regulation	<ul style="list-style-type: none">• Understands, utilizes, and facilitates adherence to provisions and requirements of federal, state, and local laws affecting infants/young children and families (e.g., early intervention, child protection) within infant mental health programs, community groups, etc., including the rights of citizen children of non-citizen parent/primary caregiver(s)• 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/young child within the context of the family
Agency Policy	<ul style="list-style-type: none">• Understands and makes effective use of federal, state, and agency funding, contracting, and reporting requirements to enhance service availability and effectiveness

Systems Expertise

Knowledge areas	As demonstrated by
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Service Delivery Systems	<ul style="list-style-type: none">• Understands the services available through the formal service delivery systems (e.g., child welfare, education, mental health, health etc.) and through other community resources (e.g., churches, food banks, early care, and education services), and through informal supports (e.g., family members, friends, other families)
Community Resources	<ul style="list-style-type: none">• Utilizes an expert knowledge of the formal service delivery systems and community resources to make decisions and recommendations

Direct Service Skills

Knowledge areas	As demonstrated by
Observation and Listening	<ul style="list-style-type: none">• Observes the parent/primary caregiver(s) and infant/young child together to understand the nature of their relationship, culture, developmental strengths, and capacities for change
Screening and Assessment	<ul style="list-style-type: none">• Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
Responding with Empathy	<ul style="list-style-type: none">• Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and that facilitates change
Advocacy	<ul style="list-style-type: none">• Recognizes and holds multiple viewpoints, (e.g., infant, parent/primary caregiver, and service provider)
Safety	<ul style="list-style-type: none">• Recognizes environmental and caregiving threats to the health and safety of the infant/young child and parent/primary caregiver(s), and takes appropriate action

Knowledge areas	As demonstrated by
Intervention/Treatment Planning	<ul style="list-style-type: none"> 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: 0-3R]) Promotes infant mental health service delivery that includes screening; referral assessment, use of diagnostic tools, development of trusting relationships, service planning, relationship-based therapeutic parent/caregiver-infant/young child interventions; and interagency collaboration Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: <ul style="list-style-type: none"> Identify and share with the parent/primary 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""
Developmental Guidance	<ul style="list-style-type: none"> Uses toys, books, media, etc. as appropriate to support developmental guidance Uses multiple strategies to help parent/primary caregiver(s): <ul style="list-style-type: none"> 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
Supportive Counseling	<ul style="list-style-type: none"> Promotes caregiver competence in: <ul style="list-style-type: none"> Facing challenges Advocating on behalf of themselves and their children Resolving crises and reducing the likelihood of future crises Solving problems of basic needs and familial conflict

Knowledge areas	As demonstrated by
Parent-Infant/Young Child Relationship-based Therapies & Practices	<ul style="list-style-type: none">• Effectively implements relationship-focused, therapeutic parent/caregiver-infant/young child interventions that enhance the capacities of parents/primary caregivers/primary caregivers and infants/young children• Helps parent/primary caregiver(s) identify goals and activities that encourage interaction and that can be woven into the daily routines of the infant/young child and family• Attends and responds to parental/caregiver histories of loss as they affect the care of the infant/young child, the parent's/primary caregiver's development, the emotional health of the infant/young child, and the developing relationship• Promotes infant mental health service delivery that includes screening; referral assessment, use of diagnostic tools, development of trusting relationships, service planning, relationship-based therapeutic parent/caregiver-infant/young child interventions; and interagency collaboration• Works with the parent/primary caregiver(s) and infant/young child together, primarily in the home, in accordance with accepted practice
Reflective Supervision	<ul style="list-style-type: none">• Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including:<ul style="list-style-type: none">◦ 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• Promotes reflective supervision/consultation• Encourages use of data to improve practice

Working With Others

Knowledge areas	As demonstrated by
Supporting Others	<ul style="list-style-type: none">• Promotes supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow

Knowledge areas	As demonstrated by
Building & Maintaining Relationships	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with a broad range of people including families, colleagues, agency and community representatives, and/or legislators, as the individual role requires by: <ul style="list-style-type: none"> ◦ Proactively establishing connections ◦ Sharing information ◦ Partnering on projects (e.g., research, publication, program development, legislation, education initiatives) ◦ Identifying and reaching out to families of cultures not being served or being underserved
Collaborating	<ul style="list-style-type: none"> • Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups
Resolving Conflict	<ul style="list-style-type: none"> • Deals with all people in a tactful and understanding manner
Empathy & Compassion	<ul style="list-style-type: none"> • Demonstrates capacity to respond with emotional sensitivity to the infant, the parent/caregiver, and the supervisee/consultee, promoting and enhancing infant mental health
Coaching & Mentoring	<ul style="list-style-type: none"> • As an expert resource, provides guidance and feedback to novice staff, graduate students, and other colleagues as requested
Crisis Management	<ul style="list-style-type: none"> • Demonstrates ability to address urgent incidents quickly with the objective to eliminate the crisis and restore calm and order to the situation.
Consulting	<ul style="list-style-type: none"> • Training/coaching of caregivers and/or other professionals (e.g., early care and education teacher, foster parent, health, mental health, legal) • Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, and 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 work ◦ Advocate for policy, program, and/or system improvements ◦ Obtain funding and other resources

Leading People

Knowledge areas	As demonstrated by
Motivating	<ul style="list-style-type: none"> Models' personal commitment and empathy in promotion of all aspects of the practice of infant and early childhood mental health
Advocacy	<ul style="list-style-type: none"> Promotes effective infant and early childhood mental health principles, practices, and programs
Developing Talent	<ul style="list-style-type: none"> Supports professionals, students, colleagues, supervisors, supervisees, and systems of care leaders in a range of skills to help them become: <ul style="list-style-type: none"> Highly effective infant and early childhood mental health professionals/leaders Culturally curious in examining issues of justice, equity, diversity, ethnicity, and inclusion across all systems that interface with families and young children Culturally responsive individuals

Communicating

Knowledge areas	As demonstrated by
Listening	<ul style="list-style-type: none"> Actively listens to others and clarifies others' statements to ensure understanding
Speaking	<ul style="list-style-type: none"> 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, and/or committee meetings
Writing	<ul style="list-style-type: none"> Writes clearly, concisely, and with the appropriate style (e.g., business, conversational, etc.) in creating books, policy memoranda, contracts, articles, research, web content, grant applications, instructional and meeting materials, reports, and correspondence

Knowledge areas	As demonstrated by
Group Process	<ul style="list-style-type: none"> Effectively facilitates small groups (e.g., interdisciplinary, or interagency teams)

Thinking

Knowledge areas	As demonstrated by
Analyzing Information	<ul style="list-style-type: none"> Sees and can explain the “big picture” when analyzing situations Integrates all available information and own expertise in making decisions
Solving Problems	<ul style="list-style-type: none"> Considers difficult situations carefully Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care
Exercising Sound Judgment	<ul style="list-style-type: none"> Evaluates alternatives prior to making decisions
Maintaining Perspective	<ul style="list-style-type: none"> Sees and can explain the interactions of various factors
Planning & Organizing	<ul style="list-style-type: none"> 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 Assigns priorities to needs, goals, and actions

Reflection

Knowledge areas	As demonstrated by
Contemplation	<ul style="list-style-type: none"> Regularly examines own thoughts, feelings, strengths, and growth areas and discusses issues and/or concerns with supervisor or mentor 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

Knowledge areas	As demonstrated by
Self Awareness	<ul style="list-style-type: none">• Consults regularly with others to understand own capacities and needs, as well as the capacities and needs of families• Seeks a high degree of congruence between self-perceptions and the way others perceive them
Curiosity	<ul style="list-style-type: none">• Remains open and curious
Professional/Personal Development	<ul style="list-style-type: none">• Keeps up to date on current and future trends in infant/young child development and infant mental health practice• Utilizes training and research resources to enhance service effectiveness• Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities
Emotional Response	<ul style="list-style-type: none">• Encourages others (e.g., peers, supervisees, etc.) to examine their own thoughts, feelings, and experiences in determining a course of action
Parallel Process	<ul style="list-style-type: none">• Recognizes and responds appropriately to parallel process

Requirements

Documentation of Competencies

1. Application will document that requirements and competencies have been adequately met through education, in-service training, work, and through reflective supervision/consultation experiences
2. Successful completion of the Successful completion of the Infant Mental Health Endorsement® written examination, which includes a multiple choice and an essay portion. While the multiple-choice exam is the same for all categories of Endorsement, the essay portion of the exam differs for clinical, policy and research/faculty applicants.

Professional Membership

Membership in an association for infant mental health

Endorsement Agreement

Signed

Code of Ethics

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), 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.

Work Experience

Meets specialized work experience criteria as specified for IMHS plus three years of postgraduate experience providing infant mental health (IMH) reflective supervision/consultation (RSC)

Leadership

Minimum 3-years of practice leader experience relevant to the infant, young child-family field.

Training

Minimum 48 clock hours of trainings; of those, 33 hours must pertain to the promotion of social-emotional development of children from prenatal to 36 months old and/or other relationship-based principles and practices of infant mental health; 15 hours must be didactic training about reflective supervision/consultation.

Reflective Supervision/Consultation

A minimum 50 clock hours received of relationship-focused, reflective supervision/consultation (RSC), individually or in a group, from a qualified RSC provider. Clock hours must come post-masters, and while providing services to infants, young children (0 - 36 months), and their families. Of the 50 total RSC hours, at

minimum 25 clock hours received must be about the RSC the applicant provides to others who are providing services to infants, young children (0 to 36 months), and their families.

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

Professional Reference Ratings:

1. One from current program supervisor
2. One from person providing reflective supervision/consultation to the applicant
3. One from person receiving reflective supervision/consultation from the applicant

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 36 months) and/or other relationship-based principles of infant mental health.

- Includes a minimum of 9 hours of didactic training about reflective supervision/consultation.

Endorsed Mid-Cycle Adjustment: Endorsed for 2 years at time 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 clock hours of reflective supervision/consultation is required over the 3-year cycle (equivalent to 12 hours/year).

Once an IMHM-C professional has earned and maintained IMHM-C for a minimum of 3-years they are required to receive a minimum of 30-hours of RSC over the 3-year cycle (equivalent to 10 hours/year); peer supervision or collaborative consultation (with those endorsed at the same category) will count toward the minimum annual

renewal hours.

Endorsed Mid-Cycle Adjustment: 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.

