

Building Capacity in the Infant and Family Field

A Systematic Approach



The Birth of a Professional System

- *1970's Selma Fraiberg developed services in Michigan, coining the phrase, *infant mental health*.
- In 1983, the Michigan Department of Mental Health funded infant mental health services through community mental health agencies where staff training, supervision and consultation were integral to program design.

Training Guidelines

- In 1983/1986, MI-AIMH approved and published a two-page document, *Training Guidelines*, summarizing guidelines for IMH training and supervision, inspired by Fraiberg's work.
- In 1990, ZERO TO THREE published *Task Documents* for the infant and family field, encouraging knowledge, skills, collegial and supervisory support.

Early Intervention Services

- In the mid-1990's, Federal legislation under the Individuals with Disabilities Education Act (IDEA) and activity at the state level through PL 99-457-Part H gave further impetus to serve infants and toddlers from a family perspective.
- By 1996, the Michigan Department of Education identified core competency domains for early intervention professionals working with infants, toddlers and their families which MI-AIMH built upon.

MI-AIMH Committee

- By 1997, MI-AIMH committee members completed the 8 areas of core competency:
 - Theoretical
 - Law, Regulation & Agency Policy
 - Systems Expertise
 - Direct Service Skills
 - Working with Others
 - Communicating
 - Thinking
 - Reflection

Expansion of a 4-Level Framework

- By 1997, MI-AIMH designed a 4-level framework for an interdisciplinary professional development system to recognize competency:
 - Infant Family Associate - Level I
 - Infant Family Specialist - Level II
 - Infant Mental Health Specialist – Level III
 - Infant Mental Health Mentor (later expanded to specify clinical, policy or faculty/research) – Level IV

A Systematic Plan for Endorsement

- By 2000, MI-AIMH called the plan an endorsement:
- *The MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*
- The intent was to recognize the professional development of infant and family service providers within the diverse and rapidly expanding infant and family field.

Competency Guidelines

- MI-AIMH completed the Competency Guidelines, a 32 page booklet, including all levels of service, as the organization completed the framework for an endorsement.
- Each level uses the 8 core areas of competency as a framework. The competency details include areas of expertise (knowledge and skill areas) and examples.
- Level 4, designated as the Infant Mental Health Mentor, reflects core responsibilities and specialized areas, including clinical, policy and faculty/research.
- This work was generously funded by the W.K.Kellogg Foundation.
- The next slides describe criteria at each of the four levels.

A Sample of One Competency Domain

IMH Specialist Level III

- Competency Domains and Areas of Expertise

Knowledge and Skill Areas	Areas of Expertise
Theoretical Foundations	Pregnancy, early parenthood, development & behavior, family-centered practice, relationship-based and therapeutic practice, family relationships & dynamics, attachment, separation, trauma & loss, psychotherapeutic and behavioral theories of change, disorders, cultural competence

Infant Family Associate

- Official CDA transcript or AD in related area or 2 years infant and early childhood paid work experiences
- Minimum of 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 Competency Guidelines) have been met.
- 3 professional reference ratings
- Signed code of ethics and endorsement agreement
- Professional membership in an IMH association

Infant Family Specialist

- Minimum of a Bachelor's Degree
- Minimum of 30 clock hours of relationship-based training pertaining to the promotion of social/emotional development and/or the practice of infant mental health; more as needed to document competency as specified in *Competency Guidelines*.
- Minimum of 2 years paid, post-Bachelor's work experience providing services that promote infant mental health
- Minimum of 24 clock hours of reflective supervision within a one or two year time frame while providing services to 0-3 & families
- 3 professional reference ratings
- Signed code of ethics & endorsement agreement
- Professional membership in an IMH association

Infant Mental Health Specialist

- Minimum of a Master's Degree; may include university course work in competency areas; specialized certificate; transcripts
- Minimum of 30 clock hours of relationship-based training pertaining to the promotion of social/emotional development and/or the practice of infant mental health; more as needed to document competency as specified in *Competency Guidelines*.
- 2 years, post-graduate, supervised work experiences or 1 year supervised graduate internship; 1 year post-graduate supervised work experiences providing IMH services
- Minimum of 50 clock hours of reflective supervision/consultation
- Professional reference ratings
- Signed code of ethics & endorsement agreement
- Membership in an IMH association

Infant Mental Health Mentor

- Education and training requirements similar to IMH Specialist
- Work experience differs for three specialized areas:
 - Clinical: Level III plus 3 years post-graduate experience as a practice leader in IMH
 - Policy: 3 years post-graduate experience as a policy leader in the infant and family field
 - Research/faculty: 3 years as a research/faculty leader with published research related to the field
 - Reflective supervision required for Clinical only
 - Ratings, ethics, agreement & IMH membership

Documentation of Competency

- Level I & II candidates submit portfolios for review to document competency indicating completion of all requirements for endorsement.
- Level III & IV candidates submit portfolios and, in addition, take a 3-hour exam made up of 60 multiple choice questions and a qualitative assessment of the candidate's reflective practice capacities (clinical), teaching/research capacities (faculty/research) or policy capacities (policy).

Gains in Michigan: Samples

- Endorsement competencies have shaped the revision of course work for university graduate and certificate programs at Wayne State University in the Graduate Certificate Program in Infant Mental Health, at Michigan State University in the Infancy Certificate in the School of Social Work and in the University of Michigan's School of Social Work with specialized courses in infant mental health.
- Reflective Supervision and/or Consultation groups are NOW required for early childhood mental health consultants, infant mental health and medicaid funded home-based programs in Michigan's behavioral health services as a result of policies, effective October 1, 2008 & 09, requiring endorsement, minimum level II, for providers.
- Since 2006, the largest community mental health agency (Detroit) in Michigan has required endorsement, minimum level II, for its Infant Mental Health Initiative staff (44), providing competency-based training and underwriting reflective supervision for all to support the process.

Moving Along

- In September, 2007 leaders from states who had purchased a license to use the ***MI-AIMH Competencies*** and ***Endorsement*** formed a “league of affiliate states” to support one another in implementing the standards and agreed to convene annually.
- The leaders from these states also agreed that their affiliates/organizations would recognize ***Endorsement*** by any one of the member states, further promoting reciprocity, collaboration and systems change.
- League leaders contributed to and agreed on “Reflective Supervision Guidelines” to promote competency-based practice.

2009 League Leadership Retreat

- In December, 2009, 40 League leaders participated in the 3rd Annual League Leadership Retreat in Dallas, Texas, two days before the National Training Institute.
- Reflective supervision experiences, individual and group, provided rewarding learning experiences for observers and participants.
- A World Café experience offered time for discussion, brainstorming, affirmation & problem solving specific to training, systems change, reflective supervision and the challenges faced in bringing the Endorsement into each state.
- League contributed to the planning for a reflective supervision symposium and pre-institute at 2009 NTI.

Network Out of State

- **By 2010, 14 state affiliates participate together as a League:**

- Alaska Infant and Toddler Mental Health Association (competencies 7/1/10)
- Arizona Infant Toddler Children's Mental Health Association
- Colorado Association for Infant Mental health (competencies)
- Connecticut Association for Infant Mental Health
- Idaho Association for Infant Mental Health
- Indiana Infant and Toddler Mental Health Association (in process)
- Kansas Association for Infant Mental
- Michigan Association for Infant Mental Health
- Minnesota Infant and Early Childhood Mental Health Association
- New Mexico Association for Infant Mental Health
- Oklahoma Association for Infant Mental Health
- Texas Association for Infant Mental Health
- Virginia Association for Infant Mental Health (7/1/10)
- Wisconsin Affiliate for Infant Mental Health

League Leadership: Unexpected Outcome

Participating states/affiliate leaders formed a “league” in 2007. Since then, we have had monthly conference calls to discuss implementation of the endorsement, trainings, challenges.

- League leaders have also planned annual retreats, including:
 - Reflective supervision experiences, individual and group, offering rewarding learning experiences for observers and participants.
 - A World Café experience for discussion, brainstorming, affirmation & problem solving specific to training, systems change, reflective supervision and the challenges faced in bringing the Endorsement into each state.

New levels of investment in the promotion of infant mental health

- Multiple stakeholders have worked together to provide funding to purchase the competencies and administer the endorsement
- Innovative promotional strategies have been created to interest infant and family professionals in meeting criteria for Endorsement
- Program policies at local and state levels have been adopted to support competency-based, work force development
- Training, graduate and certificate programs have been designed in many Endorsement states for infant and family professionals to meet criteria for Endorsement

Summary Statement

- The Competency Guidelines provide best practice standards for professionals working with or on behalf of children birth to 3 and their families. The intent of the document is to guide best practice at all levels of service and across disciplines. The Competency Guidelines provide a framework to promote social and emotional well-being in the early years and assure nurturing relationships for all infants, toddlers and families.
- The endorsement recognizes competency at all levels of service and in multiple domains, emphasizing a birth to 3 and family focus.
- www.mi-aimh.org or 734-785-7700 Deborah Weatherston, PhD

Earning Endorsement