



Infant Mental Health

Nurturing early social and emotional wellbeing

.....

Competency Guidelines Endorsement

for Culturally Sensitive, Relationship-Focused
Practice Promoting Infant Mental Health®



Australian Association
for Infant Mental Health
West Australian Branch

AAIMH

November 2019

The Australian Association for Infant Mental Health Western Australia (AAIMH WA) is a branch of the Australian Association for Infant Mental Health (AAIMH), a professional interdisciplinary organisation affiliated with the World Association for Infant Mental Health. AAIMH aims to improve the profile and recognition of the importance of the infancy and early childhood developmental period. Its focus is the promotion of, and support for, the optimal development of infants, very young children (conception to 5 years) and their families within a relationship-based framework. AAIMH provides a forum for multidisciplinary interactions and collaboration.

The Michigan Association for Infant Mental Health (MI-AIMH) Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® were adapted for the West Australian workforce by the AAIMH WA Competency Guidelines Working Group, approved by MI-AIMH. The first edition was published by AAIMH WA in March 2015.

This second edition of the AAIMH WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® (November 2019), approved by the Alliance for the Advancement of Infant Mental Health (the Alliance*), acknowledges the work of the AAIMH WA Competency Guidelines and Endorsement Working Group.

*See inside back cover for information about the Alliance.

AAIMH WA acknowledges the Mental Health Commission of Western Australia for its ongoing support for the development, introduction and promotion of the AAIMH WA Competency Guidelines and Endorsement® to the West Australian workforce and wider community.

Copyright notice

These materials are copyrighted by the Michigan Association for Infant Mental Health (MI-AIMH). The Competency Guidelines® are operational in Western Australia since 2015. Endorsement® is licensed to AAIMH WA since 2015 and operational since 2019. The Australian Association for Infant Mental Health (AAIMH), following an agreement with MI-AIMH, has become the Licensee of the Competency Guidelines® since 2017.

Individuals are allowed to print out or make ONE copy of copyrighted material for personal, non-commercial purposes only.

None of the copyrighted Endorsement® documents included here may be reproduced, displayed, distributed, or otherwise used in any format, including electronically, without the express written consent of MI-AIMH.

Infant Mental Health associations who have purchased a licence to use the Competency Guidelines® and Endorsement® honour reciprocity of Endorsement® status. If your Infant Mental Health association is interested in purchasing a licence to use the Competency Guidelines® and Endorsement®, please visit allianceaimh.org

It's all about nurturing relationships...



Photo courtesy of Goodstart Early Learning

How well infants (birth to three years of age) develop socially and emotionally is often described as 'infant mental health'. Infant mental health refers to the capacities of infants to regulate and express emotions, form secure relationships, safely explore their environment, and learn.

Babies and young children develop these capacities within the context of relationships with their primary caregivers, family, community and culture.

The key to quality services

Understanding infant mental health is the key to providing quality, effective support and services to infants and their families. Quality services help guide the early development of healthy social and emotional behaviours.

All those who work with pregnant women, infants and their families play an important role in promoting infant mental health.

Years of professional experience and research have established that the competencies delineated in this booklet describe the standards of knowledge, skills and reflective practice that lead to quality services and effective support for infants and their families.

What are the AAIMH Competency Guidelines®?

The AAIMH Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® (the Competency Guidelines) are a guide for practitioners and professionals across various areas of work such as early child care and education, community child health, medicine, nursing, allied health, social work, child protection, mental health, policy, research and law.

A roadmap for training and professional development, these guidelines describe competencies in infant mental health work. They detail the specific skills, knowledge base and practice for work with infants (from birth to 36 months) and their families in four categories across the continuum of care:

- Infant Family Worker: focus on promotion
- Infant Family Practitioner: focus on prevention and intervention
- Infant Mental Health Practitioner: focus on clinical intervention and/or treatment
- Infant Mental Health Mentor: focus on leadership

The AAIMH Competency Guidelines® reflect AAIMH's commitment to building the capacity of the infant and family workforce to deliver quality services during the all-important first 1000 days of life, in an environment of nurturing relationships. They are the framework for the AAIMH WA Endorsement®.

What is Endorsement?

Endorsement is a recognition and credentialing of the professional development, knowledge, and experience of infant and family service providers who

- work within the context of parent-infant relationships, and
- promote both an understanding of the needs of infants, and of their parents' unique abilities to meet those needs.

Endorsement also offers a professional development plan that focuses on principles, best practice skills, and thoughtful reflection on work experiences.

Applying for endorsement involves submitting a portfolio documenting education, professional training, skills and experience that meet the requirements for the category that best fits for you. Two categories (Infant Mental Health Practitioner and Infant Mental Health Mentor) also includes a written exam.

Earning AAIMH WA Endorsement® is a clear demonstration to families, colleagues, prospective employers and the community that you understand the importance of infant social and emotional development, and that you are committed to quality standards and reflective practice in your work with infants, and their families.

Whatever your profession, position or working context, if you are working with or on behalf of infants and their families, the AAIMH WA Competency Guidelines and Endorsement® present possibilities, guidance and recognition for your work and professional development. They promote quality, consistency and collaboration across the various areas of work, to enhance the continuum of care for all infants and their families in Western Australia.

Which category is the best fit for you?

Category	Brief description
Infant Family Worker (IFW) Focus on promotion See page 6.	<p>Workers, Practitioners and Professionals who are in a position to strengthen the social and emotional development of infants. <i>For example: early childhood educators, child health nurses, parenting course facilitators, community support workers and others</i></p> <p>Qualifications/experience: two years work experience with infants and toddlers from birth to 36 months or certificate/diploma from an accredited provider.</p>
Infant Family Practitioner (IFP) Focus on prevention and intervention See page 14.	<p>Professionals and practitioners whose work experience comes from providing services with a primary focus on the social-emotional needs of infants and toddlers, with attention to the relationships surrounding the infant/toddler. <i>For example: child health nurses, nurse practitioners, allied health professionals (OT, speech therapists, physiotherapists, psychologists, social workers) and others</i></p> <p>Qualifications/experience: Bachelor's degree and a minimum of two years paid post-Bachelor's professional work experience providing services that promote infant mental health.</p>
Infant Mental Health Practitioner (IMHP) Focus on clinical intervention and/or treatment See page 24.	<p>Professionals whose role includes intervention or treatment of the infant/toddlers' primary caregiving relationship. <i>For example: child psychiatrists, GPs, psychologists, clinical social workers, marriage and family therapists, early intervention practitioners, mental health clinicians and consultants, social workers and others</i></p> <p>Qualifications/experience: Master's degree and two years post-graduate, supervised work experience</p>
Infant Mental Health Mentor (IMHM) Focus on leadership See page 34.	<p>Professionals who have a Master's and/or Doctoral degree in a relevant field, or are a qualified medical doctor, and meet the requirements in any of the following three categories:</p> <p>Clinical: Meets the specialised work experience criteria specified for Infant Mental Health Practitioners plus three years post-graduate experience providing infant mental health reflective supervision/consultation and other leadership activities at regional or state level.</p> <p>Policy: Three years post-graduate experience as a leader in policy and/or programme administration related to the infant/family field and other leadership activities at regional or state level.</p> <p>Research/Academic: Three years post-graduate experience as a leader in university-level teaching and/or published research related to the infant/family field and other leadership activities at regional or state level.</p>

In this booklet you will find:

1. The Competency Guidelines and Endorsement requirements, for each of the four categories:
 - Infant Family Worker
 - Infant Family Practitioner
 - Infant Mental Health Practitioner
 - Infant Mental Health Mentor

In each category, the competencies are listed under eight areas of expertise:

1. Theoretical foundations
2. Law, regulation and agency policy
3. Systems expertise
4. Direct service skills
5. Working with others
6. Communicating
7. Thinking
8. Reflection

2. Impact maps for each category.

The impact maps provide a visual diagram of how the competencies are linked to responsibilities, outcomes, service objectives and service goals

3. A historical overview of the development of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®, and their adaptation for Western Australia
4. A glossary



Photo courtesy of 'It's all about Play', City of Wanneroo

Contents

INFANT FAMILY WORKER Competencies	6
Theoretical Foundations.....	7
Law, Regulation, & Agency Policy	7
Systems Expertise	8
Direct Service Skills	8
Working with Others.....	9
Communicating	9
Thinking.....	9
Reflection	10
Endorsement Requirements for Infant Family Worker	11
Impact Map for Infant Family Worker	12-13
INFANT FAMILY PRACTITIONER Competencies	14
Theoretical Foundations.....	15
Law, Regulation, & Agency Policy	15
Systems Expertise	16
Direct Service Skills	16
Working with Others.....	17
Communicating	17
Thinking.....	18
Reflection	18
Endorsement Requirements for Infant Family Practitioner	19
Impact Map for Infant Family Practitioner	22-23
INFANT MENTAL HEALTH PRACTITIONER Competencies	24
Theoretical Foundations.....	25
Law, Regulation, & Agency Policy	26
Systems Expertise	26
Direct Service Skills	27
Working with Others.....	28
Communicating	28
Thinking.....	29
Reflection	29
Endorsement Requirements for Infant Mental Health Practitioner	30
Impact Map for Infant Mental Health Practitioner	32-33
INFANT MENTAL HEALTH MENTOR Competencies	34
Theoretical Foundations.....	35
Law, Regulation, & Agency Policy	36
Systems Expertise	36
Direct Service Skills	37
Working with Others.....	38
Leading People	38
Communicating	39
Thinking.....	39
Reflection	40
Administration	40
Research & Evaluation.....	41
Endorsement Requirements for Infant Mental Health Mentor	42
Impact Map for Infant Mental Health Mentor	48-49
The AAIMH WA Competency Guidelines and Endorsement^{4®}: a historical overview	50
GLOSSARY	57



Competency Guidelines[®]
and
Endorsement[®] Requirements

INFANT FAMILY WORKER

The Infant Family Worker *Competency Guidelines[®]*, licensed to AAIMH (2017), were developed by the Michigan Association for Infant Mental Health, and adapted for the West Australian context by AAIMH WA, to clearly describe the areas of expertise, responsibilities, and behaviours that demonstrate competency at this level. *Endorsement[®]* licensed to AAIMH WA (2015).

INFANT FAMILY WORKER

Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Theoretical Foundations <u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood</i></p> <p style="text-align: center;"><i>infant/very young child development & behaviour</i></p> <p style="text-align: center;"><i>infant/very young child & family-centred practice</i></p> <p style="text-align: center;"><i>relationship-focused practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>cultural competence</i></p>	<p><i>For infants, very young children (conception to 36 months), and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Informally (and in some cases, formally) observes and assesses the infant or very young child, parent, and their relationship to identify landmarks of typical child development; behaviour; and healthy, secure relationships • Supports and reinforces parent's ability to seek appropriate care during pregnancy • Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/very young child interactions • Demonstrates awareness of conditions that optimise early infant brain development • Recognises conditions that require the assistance of other service providers and refers these situations to the supervisor • Shares with families an understanding of infants/very young children and family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each family's culture • Applies understanding of Australian Aboriginal and Torres Strait Island¹ cultures to communicate effectively, establish positive relationships with families, and demonstrate respect
<p style="text-align: center;">Law, Regulation & Agency Policy <u>Knowledge Areas</u></p> <p style="text-align: center;"><i>ethical practice</i></p> <p style="text-align: center;"><i>government, law, & regulation</i></p> <p style="text-align: center;"><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practises confidentiality of each family's information in all contexts, with exception only when making necessary reports to protect the safety of a family member (e.g., child protection services, duty of care, and mandatory reporting) • 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 child protection services after discussion with supervisor • Accurately and clearly explains the provisions and requirements of Commonwealth, State or Territory, and local laws affecting infants/young children and families (e.g., child protection, child care licensing rules and regulations) to families • Collaborates with Australian Aboriginal and Torres Strait Island communities in order to respond ethically and respectfully • Is knowledgeable about the rights of refugee and migrant children under Australian law • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Commonwealth and State or Territory laws ○ Agency policies and practices ○ Agency code of conduct ○ Professional code of conduct and ethics

¹ Terminology for Australian and Torres Strait Island peoples may differ across the nation

INFANT FAMILY WORKER

Competency Detail

Area of Expertise

As Demonstrated by

<p>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> Assists families to anticipate and obtain the basic requirements of living and other needed services from government and nongovernment agencies and community resources Collaborates and communicates with other service agencies to ensure that the child(ren) and family receives 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, neighbours, and friends needed and as available in the community Makes families and service providers/agencies aware of community resources available to families during pregnancy, the newborn period, and the early years Collaborates and consults with Australian Aboriginal and Torres Strait Island communities and elders to ensure that appropriate resources are accessed and/or are accessible
<p>Direct Service Skills</p> <p><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, very young children (conception to 36 months), and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates needed change Collaborates and communicates with Australian Aboriginal and Torres Strait Island peoples to establish meaningful and trusting relationships for families in their communities Uses example, encouragement, and, when appropriate, own life experience to: <ul style="list-style-type: none"> Empower families to become socially and emotionally self-sufficient Create nurturing, stable infant/young child-caregiver relationships Provides direct care and teaching/developmental activities to infant, very young children, and families with multiple, complex risk factors to help ensure healthy pregnancy outcomes and the optimal development of the child in all domains (physical, social, emotional, cognitive) Participates in formal and informal assessments of the infant's/young child's development, in accordance with standard practice Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change Provides information and assistance to parents or caregivers to help them: <ul style="list-style-type: none"> Understand their role in the social and emotional development of infants/very young children Understand what they can do to promote health, language, and cognitive development in infancy and early childhood Find pleasure in caring for their infants/very young children Promotes parental competence in: <ul style="list-style-type: none"> Facing challenges Resolving crises and reducing the likelihood of future crises Solving problems of basic needs and familial conflict Advocates for services needed by infants, child(ren) and families with the work supervisor, agencies, and programs Recognises environmental and caregiving risks to the health and safety of the infant/young child and parents and takes appropriate action

INFANT FAMILY WORKER Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Working with Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p>	<ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> ○ 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 • Collaborates and shares information with other service providers and agencies to ensure the safety of the infant/young child and effective, coordinated services, and promote awareness of relationship-focused approaches to working with children • Works constructively to find “win-win” solutions to conflicts with colleagues (e.g., interagency, peer-peer, and/or supervisor-supervisee conflicts) • Works in collaboration with Australian Aboriginal and Torres Strait Island communities and collaborate with elders to maintain respectful and supportive relationships.
<p style="text-align: center;">Communicating</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>listening</i></p> <p style="text-align: center;"><i>speaking</i></p> <p style="text-align: center;"><i>writing</i></p>	<ul style="list-style-type: none"> • Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behaviour and correctly interprets others' non-verbal behaviour • Communicates honestly, sensitively, and empathically with families, using non-technical language • Obtains interpreter services as necessary to ensure effective communication with families who may experience a communication barrier • Communicates and collaborates with Australian Aboriginal and Torres Strait Island communities in order to better understand each other and work effectively together • Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating notes, reports, and correspondence
<p style="text-align: center;">Thinking</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>analysing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organising</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” including cultural awareness when analysing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information, including culturally specific information, and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centred care • Defines, creates a sequence for, and prioritises 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

INFANT FAMILY WORKER Competency Detail

Area of Expertise

As Demonstrated by

Reflection <u>Skill Areas</u> <i>contemplation</i> <i>self-awareness</i> <i>curiosity</i> <i>professional/personal development</i> <i>emotional response</i>	<ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas • Seeks the ongoing support and guidance of the work supervisor or reflective practice supervisor to: <ul style="list-style-type: none"> ○ Ensure that family progress and issues are communicated and addressed ○ Determine actions to take ○ Help maintain appropriate boundaries between self and families ○ Maintain sensitivity to culture • Seeks a high degree of agreement between self-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in appropriate learning activities • Keeps up to date on current and future trends in child development, behaviour, and relationship-focused practice • Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work • Understands capacity of families to change • Recognises areas for professional and/or personal development • Consistently maintains and demonstrates awareness of Australian Aboriginal and Torres Strait Island cultures
---	--



Photo courtesy of Goodstart Early Learning

INFANT FAMILY WORKER Endorsement® Requirements

Requirements

Education and/or Work Experience	Official transcripts from any academic coursework including Diploma, Bachelor, Masters, and/or Doctorate degrees OR Official transcript from a certificate or diploma course from an accredited provider in related area (e.g., childcare or health services) OR Two years infant-related (conception to 36-months) paid work experience ²
Training	<ul style="list-style-type: none"> Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in <i>Competency Guidelines</i>®) have been met For those whose degree is in a field that is unrelated to infant and early childhood, more specialized in-service training may be required to meet the breadth and depth of the competencies Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant and early childhood mental health Minimum 30 clock hours required Typically, successful IFW applications include 40 or more hours of specialised training unless the applicant has completed coursework specific to the <i>Competency Guidelines</i>®
Professional References	Total of three references: <ol style="list-style-type: none"> One must come from a current teacher, instructor, or work supervisor, and At least one must come from an individual who is IMH endorsed, or meets Endorsement® requirements, or is familiar with the <i>Competency Guidelines</i>® and vetted by AAIMH WA³ and One can come from a colleague, or a parent/recipient of services.
Code of Ethics & Endorsement® Agreement	Signed
Documentation of Competencies	Application will document that competencies have been adequately met through course work, in-service training, or paid work/volunteer experiences. Reflective supervision/consultation, although not required, is recommended and will support documentation of competencies. Written examination not required for applicants seeking Infant Family Worker Endorsement®
Professional Membership	Membership in AAIMH WA

Continuing Endorsement® Requirements

Education & 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 children from birth to the age of 36 months, including the principles of infant and early childhood mental health (e.g., regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, or community practice). Documentation of training hours submitted with membership renewal
Professional Membership	Annual renewal of membership in AAIMH WA.

Continuing Endorsement® Recommendations

Reflective Supervision	All Endorsed® professionals are encouraged to seek reflective supervision or consultation.
------------------------	--

² Volunteer experience may meet this criterion if it was a) supervised experience with infants/toddlers (pregnancy, conception to 36 months) and families AND b) included specialised training. Please contact your AAIMH WA Endorsement® coordinator to see if your volunteer experience fits.

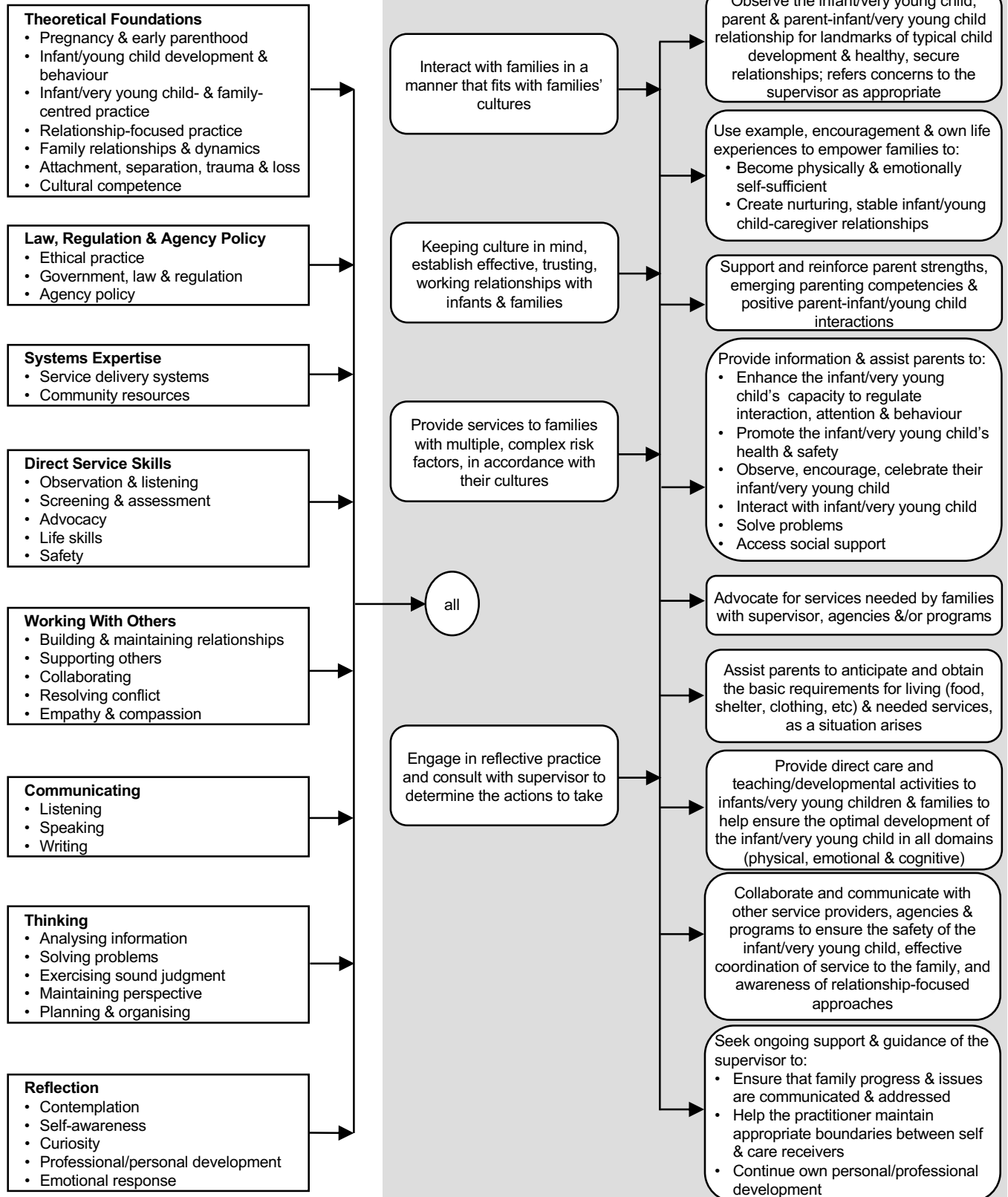
³ The review of a referee who is not Endorsed consists of a phone call with the proposed referee so AAIMH WA staff can determine if proposed referee has a copy of the *Competency Guidelines*® and is familiar enough with them to rate the applicant's knowledge and skills as defined in them. The decision to accept the reviewed referee will be documented by the Endorsement® Coordinator in the References section of the applicant's EASy application.

Note: AAIMH WA recognises that some Infant Family Workers have rather limited contact with parents/caregivers. In these instances, key responsibilities involving interactions with parents/caregivers are still expected, but should be demonstrated within the limits of their parent/caregiver contact.

Infant Family Worker (IFW)

Key Responsibilities

Competencies

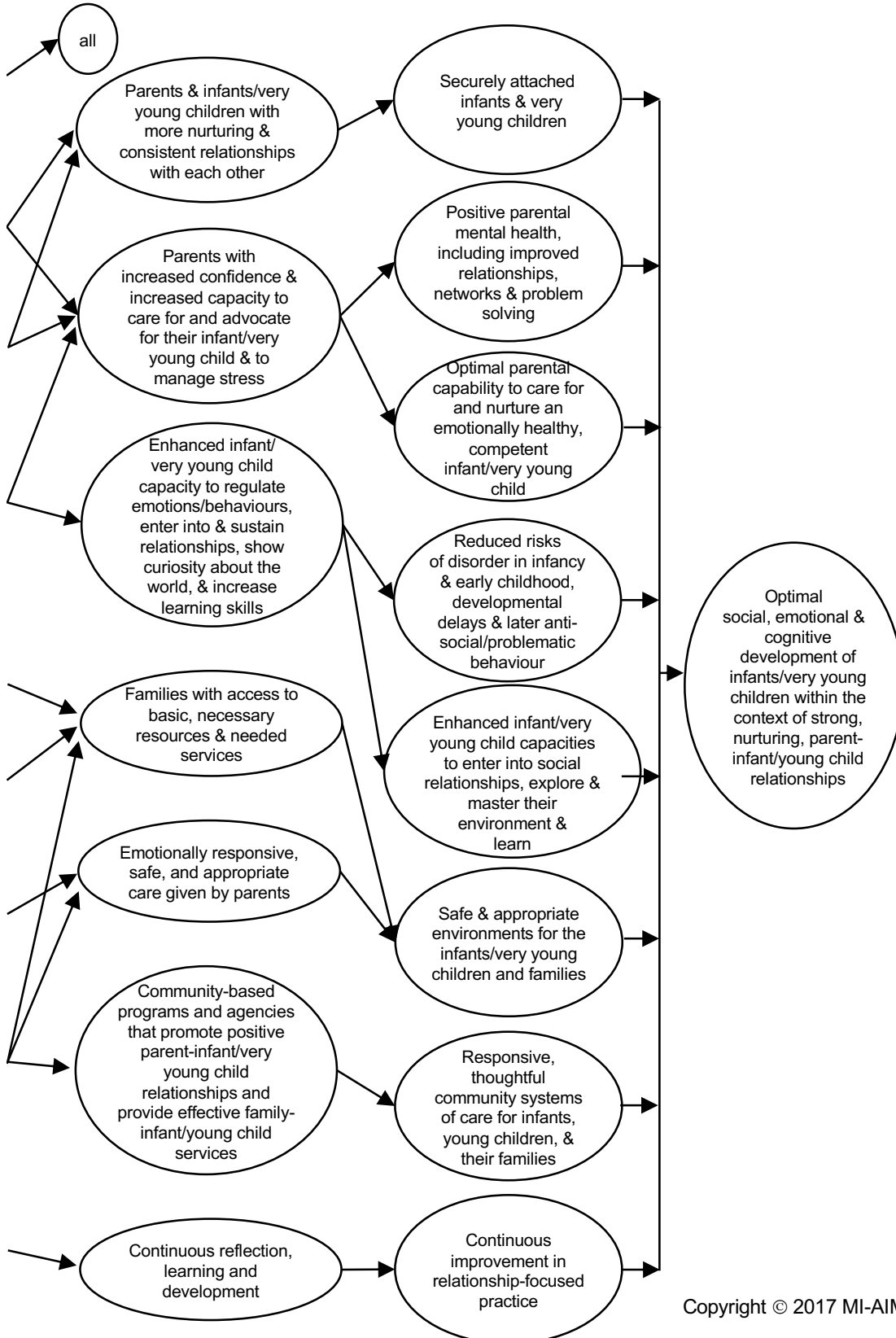


Impact Map

IFW Results

Service Objectives

Service Goal



Copyright © 2017 MI-AIMH



Competency Guidelines[®]
and
Endorsement[®] Requirements

INFANT FAMILY PRACTITIONER

The Infant Family Practitioner *Competency Guidelines[®]*, licensed to AAIMH (2017), were developed by the Michigan Association for Infant Mental Health, and adapted for the West Australian context by AAIMH WA, to clearly describe the areas of expertise, responsibilities, and behaviours that demonstrate competency at this level. *Endorsement[®]* licensed to AAIMH WA (2015).

INFANT FAMILY PRACTITIONER Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Theoretical Foundations <u>Knowledge Areas</u></p> <p><i>pregnancy & early parenthood</i></p> <p><i>infant/young child development & behaviour</i></p> <p><i>infant/very young child & family-centred practice</i></p> <p><i>relationship-focused, therapeutic practice</i></p> <p><i>family relationships & dynamics</i></p> <p><i>attachment, separation, trauma, grief, & loss</i></p> <p><i>disorders of infancy/early childhood</i></p> <p><i>cultural competence</i></p>	<p><i>For infants, young children (pregnancy, conception to 36 months), and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • During observations and assessments, identifies emerging competencies of the infant and very young child within a relationship context • Supports and reinforces parent's capacity to seek appropriate care during pregnancy • Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/very young child interactions and relationships • Helps parents to: <ul style="list-style-type: none"> ○ "See" the infant/very young child as a person, as well as all the factors (playing, holding, teaching, etc.) that constitute effective parenting of that child ○ Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimise early infant brain development • Recognises risks and disorders of infancy/early childhood conditions that require 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 • Applies understanding of Australian Aboriginal and Torres Strait Island ⁴cultures to communicate effectively, establish positive relationships with families, and demonstrate respect
<p style="text-align: center;">Law, Regulation & Agency Policy <u>Knowledge Areas</u></p> <p><i>ethical practice</i></p> <p><i>government, law, & regulation</i></p> <p><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practises confidentiality of each family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (e.g., child protection services, duty of care, and mandatory reporting) • Maintains appropriate personal boundaries with infants/very 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 child protection services • Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/very young children and families (e.g., child protection, childcare licensing rules and regulations) to families and other service providers working with the family • Collaborates with Australian Aboriginal and Torres Strait Island communities in order to respond ethically and respectfully • Shares information with refugee and migrant families, and service agencies about the rights of children under Australian law • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Commonwealth and State or Territory laws ○ Agency policies and practices ○ Agency code of conduct ○ Professional code of conduct and ethics

⁴ Terminology for Australian Aboriginal and Torres Strait Island peoples may differ across the nation

INFANT FAMILY PRACTITIONER Competency Detail

<u>Area of Expertise</u>	<u>As Demonstrated by</u>
<p>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> Assists families to anticipate, obtain, and advocate for concrete needs and other services from government and nongovernment agencies and community resources Actively seeks resources to address infant/young child and family needs 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 Helps parents build the skills they need to access social support from extended family, neighbours, and friends needed and as available in the community Makes families and service providers/agencies aware of community resources available to families Collaborates and consults with Australian Aboriginal and Torres Strait Island communities and elders to ensure that appropriate resources are accessed and/or are accessible
<p>Direct Service Skills</p> <p><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, very young children (conception to 36 months) and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other, and that facilitates needed change Collaborates and communicates with Australian Aboriginal and Torres Strait Island peoples to establish meaningful and trusting relationships for families in their communities Provides services to children and families with multiple, complex risk factors Formally and informally observes the parent(s) or caregiver(s) and infant/very young child to understand the nature of their relationship, developmental strengths, and capacities for change Conducts formal and informal assessments of infant/very young child development, in accordance with established practice Effectively implements relationship-focused, therapeutic parent-infant/very young child interventions that enhance the capacities of parents and infants/very young children Provides information and assistance to parents/or caregivers to help them: <ul style="list-style-type: none"> Understand their role in the social and emotional development of infants/very young children Understand what they can do to promote health, language, and cognitive development in infancy and early childhood Find pleasure in caring for their infants/very young children Nurtures the parents' relationship with each other, if one exists; alternatively, helps the custodial parent manage appropriate contact with the non-custodial parent Promotes parental or 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 Advocates for services needed by children and families with the supervisor, agencies, and programs Recognises environmental and caregiving risks to the health and safety of the infant/very young child and parents, and takes appropriate action

INFANT FAMILY PRACTITIONER Competency Detail

Area of Expertise	As Demonstrated by
<p>Working with Others</p> <p><u>Skill Areas</u></p> <p><i>building & maintaining relationships</i></p> <p><i>supporting others/mentoring</i></p> <p><i>collaborating</i></p> <p><i>resolving conflict</i></p> <p><i>empathy & compassion</i></p>	<ul style="list-style-type: none"> Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> 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 behaviours and interactions in families Assists families to develop the skills they need to become their own advocates Models appropriate behaviour and interventions for new staff as they observe home visits Encourages parents to share with other parents (e.g., through nurturing programs, parent-child interaction groups) Collaborates and shares information with staff of childcare, 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 (e.g., interagency, peer-peer, and/or supervisor-supervisee conflicts) Provides emotional support to parents/caregivers and children when sad, distressed, etc. Works in collaboration with Australian Aboriginal and Torres Strait Island communities and collaborate with elders to maintain respectful and supportive relationships
<p>Communicating</p> <p><u>Skill Areas</u></p> <p><i>listening</i></p> <p><i>speaking</i></p> <p><i>writing</i></p>	<ul style="list-style-type: none"> Actively listens to others; asks questions for clarification Uses appropriate non-verbal behaviour and correctly interprets others' non-verbal behaviour Communicates honestly, sensitively, and empathically with families, using non-technical language Obtains interpreter services as necessary to ensure effective communication with families who may experience a communication barrier <ul style="list-style-type: none"> Communicates and collaborates with Australian Aboriginal and Torres Strait Island communities in order to better understand each other and work effectively together Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating notes, reports, and correspondence

INFANT FAMILY PRACTITIONER Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Thinking <u>Skill Areas</u></p> <p style="text-align: center;"><i>analysing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organising</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” including cultural awareness when analysing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information, including culturally specific information, and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centred care • Defines, creates a sequence for, and prioritises 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
<p style="text-align: center;">Reflection <u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p>	<ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants, or peers • Consults regularly with reflective supervisor, consultants, and peers to understand own capacities and needs, as well as the capacities and needs of families, and to maintain sensitivity to culture • Seeks a high degree of agreement between self-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in learning activities related to the promotion of infant mental health • Keeps up-to-date on current and future trends in child development and relationship-focused practice • Uses reflective practice throughout work with infants/very young children and families to understand own emotional response to infant/family work and recognise areas for professional and/or personal development • Consistently maintains awareness of Australian Aboriginal and Torres Strait Island cultures

INFANT FAMILY PRACTITIONER Endorsement[®] Requirements

Requirements

Education	Minimum of Bachelor of Arts (BA), Bachelor of Science (BS), Bachelor of Education, Bachelor of Social Work (BSW), Bachelor of Nursing (BSN); and including Master of Arts (MA), Master of Science (MS), Master of Social Work (MSW), Master of Education (MEd), Master of Nursing (MSN), or equivalent overseas qualifications recognised in Australia; official transcript.
Training	<ul style="list-style-type: none"> • 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 infancy, more specialised in-service training may be required to meet the breadth and depth of the competencies • Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health • Minimum 30 clock hour required • Typically, successful IFP applications include 50 or more work hours of specialised training unless the applicant has completed coursework specific to the <i>Competency Guidelines</i>[®]
Work Experience	<p>Minimum two years of paid, post-Bachelor's, professional work experience providing services that promote infant mental health. Work experience meets this criterion as long as the applicant has:</p> <ol style="list-style-type: none"> 1. Served a minimum of 10 families of infants/very young children (pregnancy, conception to 36 months), and 2. A primary focus of the services provided is the social-emotional needs of the infant/very young child, and 3. Services focus on the promotion of the relationships surrounding the infant/very young child
Reflective Supervision/Consultation	<p>Minimum 24 clock hours within one- to two-year timeframe; post-Bachelor's, relationship-based, reflective supervision or consultation, individually or in a group while providing services to infants/, very young children, and families and/or while providing supervision to staff who are providing services to infants, young children (birth to 36 months) and families. Applicants for Endorsement[®] as an IFP will receive reflective supervision/consultation from someone who is Endorsed as an IMHP or IMHM-C. A Bachelor's prepared IFP applicant should receive reflective supervision/consultation from an IMHP or an IMHM-C and may seek reflective supervision/consultation from a Master's prepared person who has earned IFP Endorsement[®] if there is no one with an IMHP Endorsement[®] or IMHM-C Endorsement[®] available to provide this service. The Master's prepared IFP reflective supervision/consultation provider must receive reflective supervision/consultation while providing supervision to others</p>
Professional References	<p>Total of three references:</p> <ol style="list-style-type: none"> 1. One from current program/work supervisor, teacher, trainer, or consultant, and 2. One from person providing reflective supervision/consultation, and 3. One from another supervisor, teacher, trainer, consultant, or colleague. <p><i>Please note: At least one reference must come from someone Endorsed[®] as Infant Family Practitioner, or Infant Mental Health Practitioner or Infant Mental Health Mentor. Referees must be familiar with the applicant's capacity to implement infant mental health principles and practice</i></p>
Code of Ethics & Endorsement [®] Agreement	Signed
Documentation of Competencies	<p>Application will document that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences. Written examination is not required for applicants seeking Infant Family Practitioner Endorsement[®].</p>
Professional Membership	Membership in AAIMH WA

Continuing Endorsement® Requirements

Education & Training	<p>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 children during the prenatal period up to 5 years of age, including the principles and practices of infant mental health (e.g., 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 practice, mentorship group). Documentation of training hours submitted with membership renewal.</p> <p>For those who are Masters prepared who earn an IFP Endorsement® and provide reflective supervision/consultation to others, at least three of the hours of specialised training must be about reflective supervision/consultation</p>
Professional Membership	Annual renewal of membership in AAIMH WA
Reflective Supervision	It is required that all professionals endorsed as Infant Family Practitioners receive a minimum of 12 hours of reflective supervision or consultation annually.



Photo © Alamy Stock



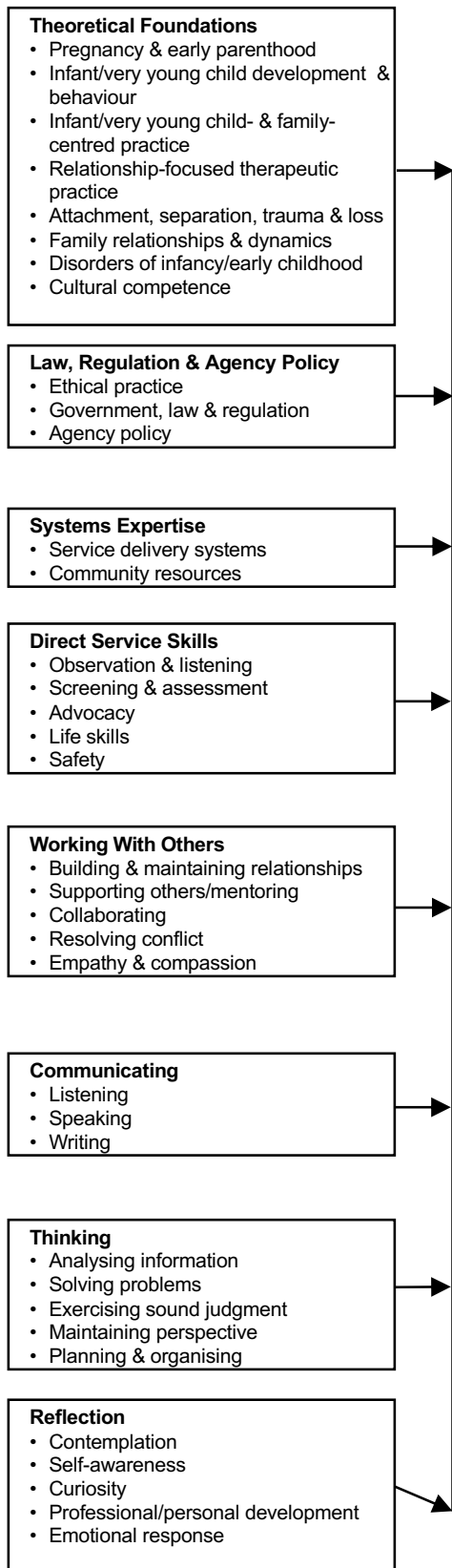
Photo © Alamy Stock



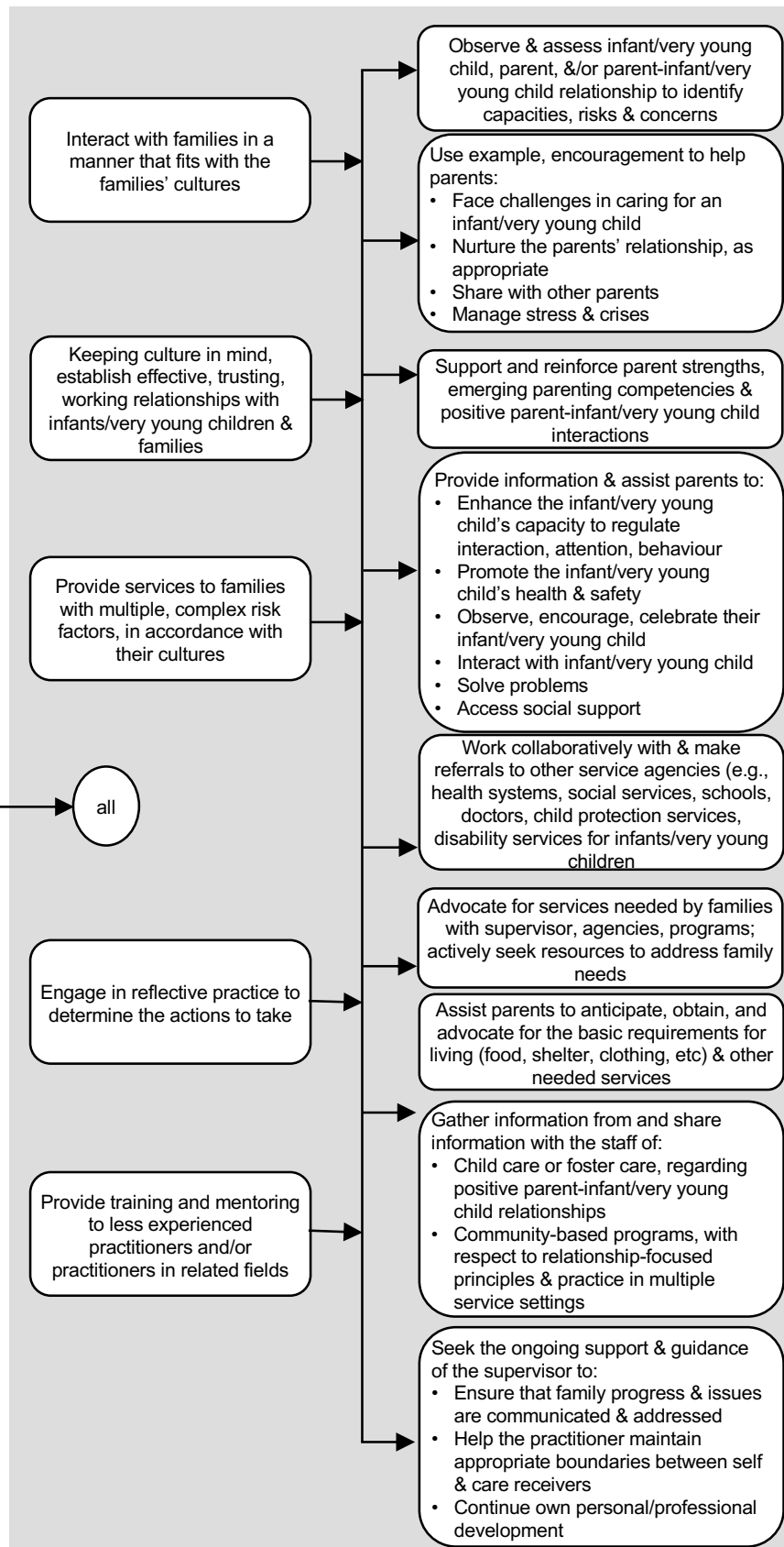
Photo © Alamy Stock

Infant Family Practitioner (IFP)

Competencies



Key Responsibilities

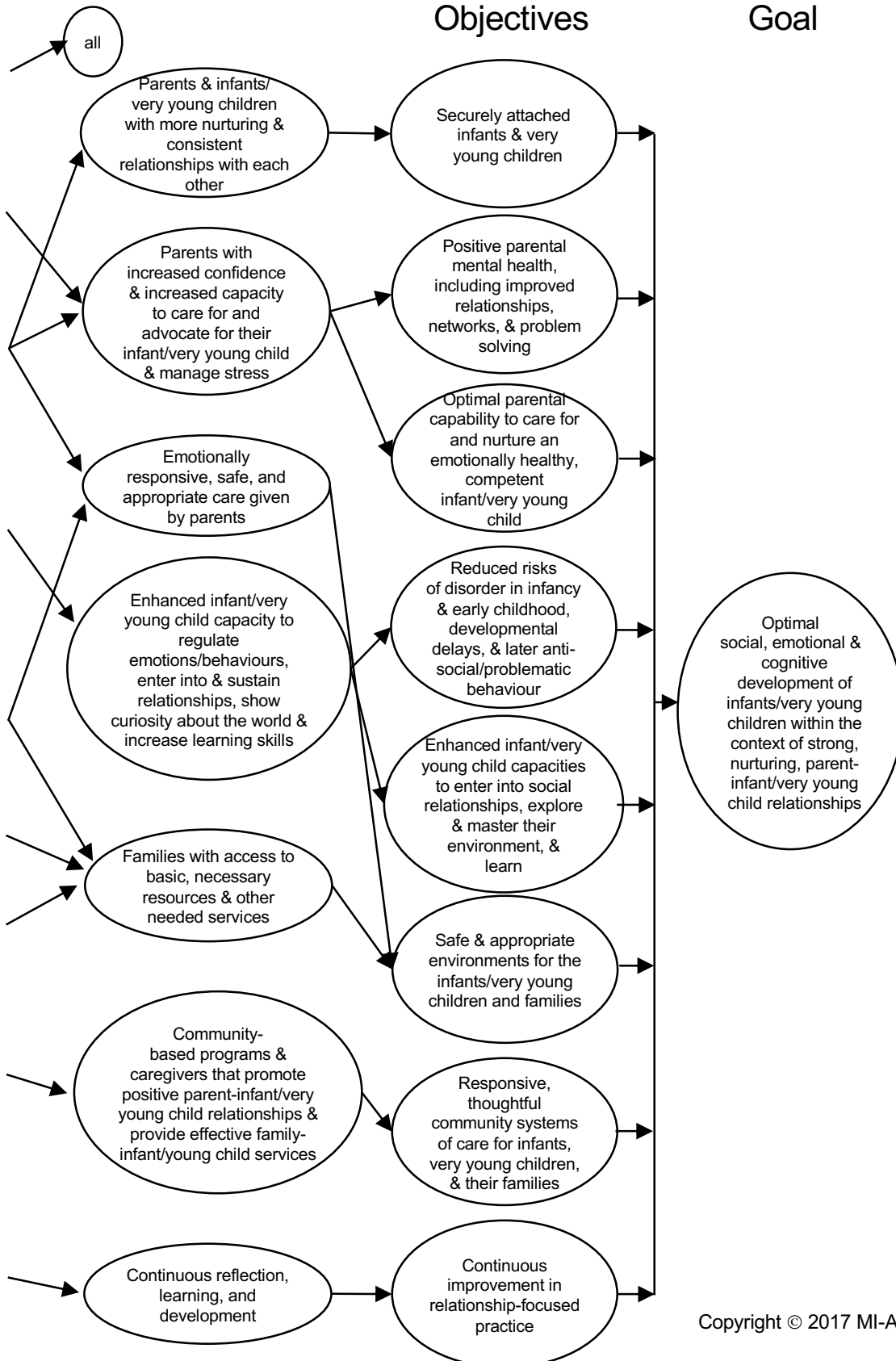


Impact Map

IFP Results

Service Objectives

Service Goal





Competency Guidelines[®]
and
Endorsement[®] Requirements

INFANT MENTAL HEALTH PRACTITIONER

The Infant Mental Health Practitioner *Competency Guidelines[®]*, licensed to AAIMH (2017), were developed by the Michigan Association for Infant Mental Health and adapted for the West Australian context by AAIMH WA, to clearly describe the areas of expertise, responsibilities, and behaviours that demonstrate competency at this level. *Endorsement[®]* licensed to AAIMH WA (2015).

INFANT MENTAL HEALTH PRACTITIONER **Competency Detail**

Area of Expertise	As Demonstrated by
<p>Theoretical Foundations</p> <p><u>Knowledge Areas</u></p> <p><i>pregnancy & early parenthood</i></p> <p><i>infant/very young child development & behaviour</i></p> <p><i>infant/very young child & family-centred practice</i></p> <p><i>relationship-focused, therapeutic practice</i></p> <p><i>family relationships & dynamics</i></p> <p><i>attachment, separation, trauma, grief, & loss</i></p> <p><i>psychotherapeutic & behavioural theories of change</i></p> <p><i>disorders of infancy/early childhood</i></p> <p><i>mental and behavioural disorders in adults</i></p> <p><i>cultural competence</i></p>	<p><i>For infants, very young children (pregnancy, conception to 36 months), and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • 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 in day-to-day interactions with the infant/very young child and family • Provides information, guidance and support to families related to the development and care of infants/very young children to further develop their parenting capabilities and the parent-infant/very young child relationship; <i>ensures that the information is provided in the family's language</i> • Develops service and/or intervention plans that take into account each infant's/very young child's and family's unique needs, desires, history, lifestyle, concerns, strengths, resources, cultural community and priorities • During observations and assessments, identifies emerging competencies of the infant and very young child within a relationship context • Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/very young child interactions and relationships • Helps parents to: <ul style="list-style-type: none"> ◦ "See" the infant/very young child as a person, as well as all the factors (playing, holding, teaching, etc.) that constitute effective parenting of that child ◦ Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/very young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimise early infant brain development • Recognises 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 • Applies understanding of Australian Aboriginal and Torres Strait Island⁵ cultures to communicate effectively, establish positive relationships with families, and demonstrate respect • Accurately interprets information from 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 • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbances, disorders, and risks in early childhood families • 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, loss) that affect the development and care of the infant/very young child

⁵ Terminology for Australian Aboriginal and Torres Strait Island peoples may differ across the nation.

INFANT MENTAL HEALTH PRACTITIONER Competency Detail

Area of Expertise

As Demonstrated by

<p>Law, Regulation, & Agency Policy</p> <p><u>Knowledge Areas</u></p> <p><i>ethical practice</i></p> <p><i>government, law, & regulation</i></p> <p><i>agency policy</i></p>	<ul style="list-style-type: none"> • Exchanges complete and unbiased information in a supportive manner with families and other team members • Practises confidentiality of each family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (e.g., child protection services, duty of care, and mandatory reporting) • Maintains appropriate personal boundaries with infants/very 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 child protection services • Accurately and clearly explains the provisions and requirements of Commonwealth, State or Territory, and local laws affecting infants/young children and families (e.g., child protection, childcare licensing rules and regulations) to families, child or foster care staff, community-based programs • Collaborates with Australian Aboriginal and Torres Strait Island communities in order to respond ethically and respectfully • Shares information with refugee and migrant families, and service agencies about the rights of children under Australian law • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Commonwealth and State or Territory laws ○ Agency policies and practices ○ Agency code of conduct ○ Professional code of conduct and ethics
---	---

<p>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<ul style="list-style-type: none"> • Assists families to anticipate, obtain, and advocate for concrete needs and other services from government and nongovernment 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 receives 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, neighbours, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families • Collaborates and consults with Australian Aboriginal and Torres Strait Island communities and elders to ensure that appropriate resources are accessed and/or are accessible
--	--

INFANT MENTAL HEALTH PRACTITIONER Competency Detail

Area of Expertise	As Demonstrated by
<p>Direct Service Skills</p> <p><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>intervention/treatment planning</i></p> <p><i>developmental guidance</i></p> <p><i>supportive counselling</i></p> <p><i>parent-infant/very young child relationship-based therapies & practices</i></p> <p><i>advocacy</i></p> <p><i>life skills</i></p> <p><i>safety</i></p>	<p><i>For infants, young children (pregnancy, conception to 36 months), and families referred and enrolled for services:</i></p> <ul style="list-style-type: none"> • Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates change • Collaborates and communicates with Australian Aboriginal and Torres Strait Island peoples to establish meaningful and trusting relationships for families in their communities • Works with the parent(s) and the infant/very young child together, often in the home, in accordance with accepted practice • Observes the parent(s) or caregiver(s) and infant/very 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/very young child development, in accordance with established practice • Observes and articulates the infant's and parent's perspectives within a relationship context • Recognises and holds multiple viewpoints, e.g., the infant, the parent, the service provider • Interprets and synthesises information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: <ul style="list-style-type: none"> ○ Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs, and progress of the infant/very young child and family/caregiver(s) ○ Develop mutually agreed upon service and/or intervention plans incorporating explicit objectives and goals ○ Formulate clinical recommendations that guide best practice • Effectively implements relationship-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/very young children • Helps parents identify goals and activities that encourage interaction and that can be woven into the infant's/very young child's and family's daily routines • Uses multiple strategies to help parents or caregivers: <ul style="list-style-type: none"> ○ Understand their role in the social and emotional development of infants/very young children ○ Understand what they can do to promote health, language, and cognitive development in infancy and early childhood ○ Find pleasure in caring for their infants/very young children • Promotes parental or caregiver competence in: <ul style="list-style-type: none"> ○ 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 [e.g., <i>Diagnostic and Statistical Manual of Mental Disorders (DSM-V)</i>, <i>Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5™)</i>, <i>International Classification of Diseases (ICD-11)</i>] • Attends and responds to parental histories of loss as they affect the care of the infant/very young child, the parent's development, the emotional health of the infant/young child, and the developing relationship • Recognises environmental and caregiving risks to the health and safety of the infant/very young child and parents, and takes appropriate action

INFANT MENTAL HEALTH PRACTITIONER Competency Detail

Area of Expertise

As Demonstrated by

<p>Working with Others</p> <p><u>Skill Areas</u></p> <p><i>building & maintaining relationships</i></p> <p><i>supporting others/mentoring</i></p> <p><i>collaborating</i></p> <p><i>resolving conflict</i></p> <p><i>empathy & compassion</i></p> <p><i>consulting</i></p>	<ul style="list-style-type: none"> Builds and maintains effective interpersonal relationships with families and professional colleagues by: <ul style="list-style-type: none"> 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 behaviours and interactions in families Encourages parents to share with other parents (e.g., 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 behaviour and interventions for new staff as they observe home visits Collaborates and shares information with staff of childcare, 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 (e.g., interagency, peer-peer, and/or supervisor-supervisee conflicts) Works in collaboration with Australian Aboriginal and Torres Strait Island communities and collaborates with elders to maintain respectful and supportive relationships in their communities Training/coaching of caregivers and/or other professionals (e.g., childcare teacher, foster parent, health, mental health, legal)
---	---

<p>Communicating</p> <p><u>Skill Areas</u></p> <p><i>listening</i></p> <p><i>speaking</i></p> <p><i>writing</i></p>	<ul style="list-style-type: none"> Actively listens to others; asks questions for clarification Uses appropriate non-verbal behaviour and correctly interprets others' non-verbal behaviour Communicates honestly, sensitively, and empathically with families, using non-technical language Obtains interpreter services as necessary to ensure effective communication with families who may experience a communication barrier Communicates and collaborates with Australian Aboriginal and Torres Strait Island communities in order to better understand each other and work effectively together Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating notes, reports, and correspondence
--	--

INFANT MENTAL HEALTH PRACTITIONER Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Thinking <u>Skill Areas</u></p> <p style="text-align: center;"><i>analysing information</i></p> <p style="text-align: center;"><i>solving problems</i></p> <p style="text-align: center;"><i>exercising sound judgment</i></p> <p style="text-align: center;"><i>maintaining perspective</i></p> <p style="text-align: center;"><i>planning & organising</i></p>	<ul style="list-style-type: none"> • Sees and can explain the “big picture” including cultural awareness when analysing situations • Sees and can explain the interactions of multiple factors & perspectives • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information, including culturally specific information, and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centred care • Defines, creates a sequence for, and prioritises 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
<p style="text-align: center;">Reflection <u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self-awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p> <p style="text-align: center;"><i>parallel process</i></p>	<ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with reflective supervisor, consultants, or peers • Consults regularly with reflective 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-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in learning activities related to the promotion of infant mental health • Keeps up to date on current and future trends in infant and very young child development and relationship-focused practice • Uses reflective practice throughout work with infants/very young children and families to understand own emotional response to infant/family work and recognise areas for professional and/or personal development • Consistently maintains awareness of Australian Aboriginal and Torres Strait Island cultures • Recognises and responds appropriately to parallel process

INFANT MENTAL HEALTH PRACTITIONER Endorsement® Requirements

Requirements

Education	Master and/or doctoral degree in relevant health, mental health, social science, science, policy or education fields or qualified medical doctor. Official transcripts required.
Training	<ul style="list-style-type: none"> Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in <i>Competency Guidelines</i>®) 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 <p>Typically, successful IMHP applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to the <i>Competency Guidelines</i>®</p>
Specialised Work Experience	<p>Two years, postgraduate, supervised work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialised work experience must be with both the infant/very young child (conception to 36 months) and his/her biological, foster, or adoptive parent⁶ on behalf of the parent-infant relationship including the antenatal period. Infant mental health services will include parent-infant/young child relationship-based therapies and practices and can include concrete assistance, advocacy, emotional support, developmental guidance.</p> <p>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, behaviour, and care of the infant/young 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/young child and family such as a difficult labour and delivery. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of chronic illness, delay, or disability.</p> <p>Professionals from a variety of disciplines, not only registered mental health professionals, may earn Endorsement® if they have performed the work that meets these criteria. However, the applicant must have the training necessary to provide this level of treatment/intervention AND must receive reflective supervision/consultation from an Infant Mental Health Practitioner or Infant Mental Health Mentor – Clinical about the treatment/intervention.</p> <p>In some cases, 1 year of a supervised postgraduate practicum with direct infant mental health practice experience as described above may be counted toward the 2 years of paid work experience requirement if the work supervisor of the practicum is an Endorsed® professional (Infant Mental Health Practitioner or Infant Mental Health Mentor). Applicants must submit a description of practicum for application reviewers’ consideration.</p>
Reflective Supervision/Consultation (RS/C)	Relationship-focused, reflective supervision/consultation with an approved reflective supervisor/consultant, individually or in a group, while providing services to infants, very young children (conception to 36 months), and families. Minimum: 50 clock hours within a one- to two-year timeframe.
Professional References <i>Please note: At least one reference must come from someone endorsed at Infant Family Practitioner, Infant Mental Health Practitioner, or Infant Mental Health Mentor</i>	<p>Total of three references:</p> <ol style="list-style-type: none"> One from current program /work supervisor, teacher, trainer, or consultant, and One from person providing reflective supervision/consultation, and One from another supervisor, teacher, trainer, or consultant; colleague; or supervisee (if candidate is a supervisor).

⁶ Infant mental health services that meet Infant Mental Health Practitioner work criteria are provided by professionals whose role includes intervention or treatment of the infant/very young child’s primary caregiving relationship, (i.e., biological, foster, or adoptive parent); these experiences are critical to the development of a specialisation in infant mental health. Infant Family Practitioner is broader and includes those 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.

INFANT MENTAL HEALTH PRACTITIONER
Endorsement® Requirements
 continued

Requirements (continued)

Code of Ethics Statement & Endorsement® Agreement	Signed
Documentation of Competencies:	<p>1. Application will document that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences.</p> <p>2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay section</p>
Professional Membership:	Membership in AAIMH WA

Continuing Endorsement® Requirements

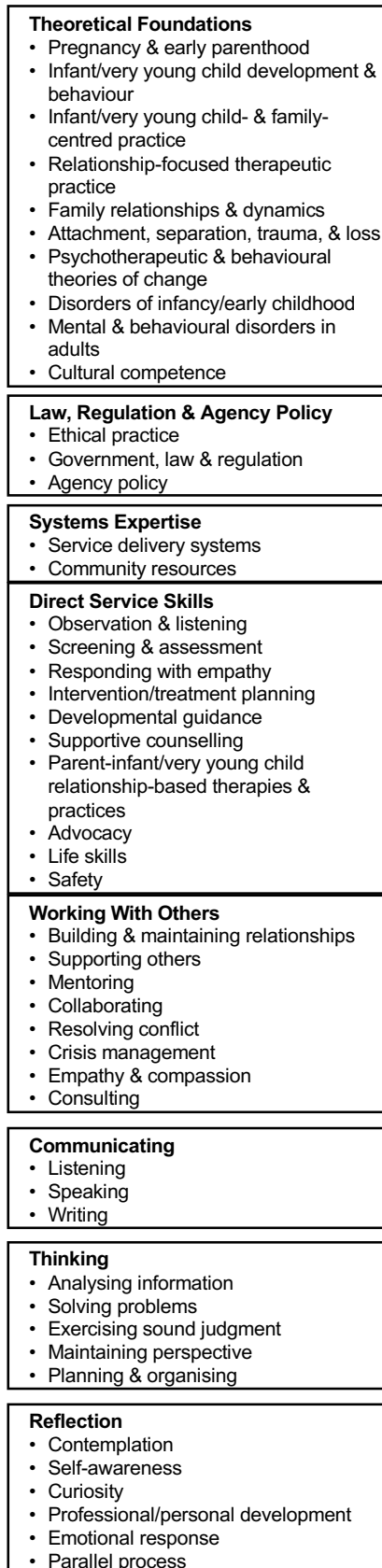
Education and Training	<p>Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or the practice of infant mental health (e.g., regional training, related course work at colleges or universities, infant mental health conference attendance).</p> <p>For those who earn Endorsement® at category Infant Mental Health Practitioner and provide reflective supervision or consultation to others, at least three of the hours of specialised training must be about reflective supervision or consultation.</p>
Professional Membership	Annual renewal of membership in AAIMH WA
Reflective Supervision	AAIMHI WA requires that all Endorsed professionals at category Infant Family Practitioner, Infant Mental Health Practitioner and Infant Mental Health Mentor - Clinical receive a minimum of 12 hours of reflective supervision or consultation annually.



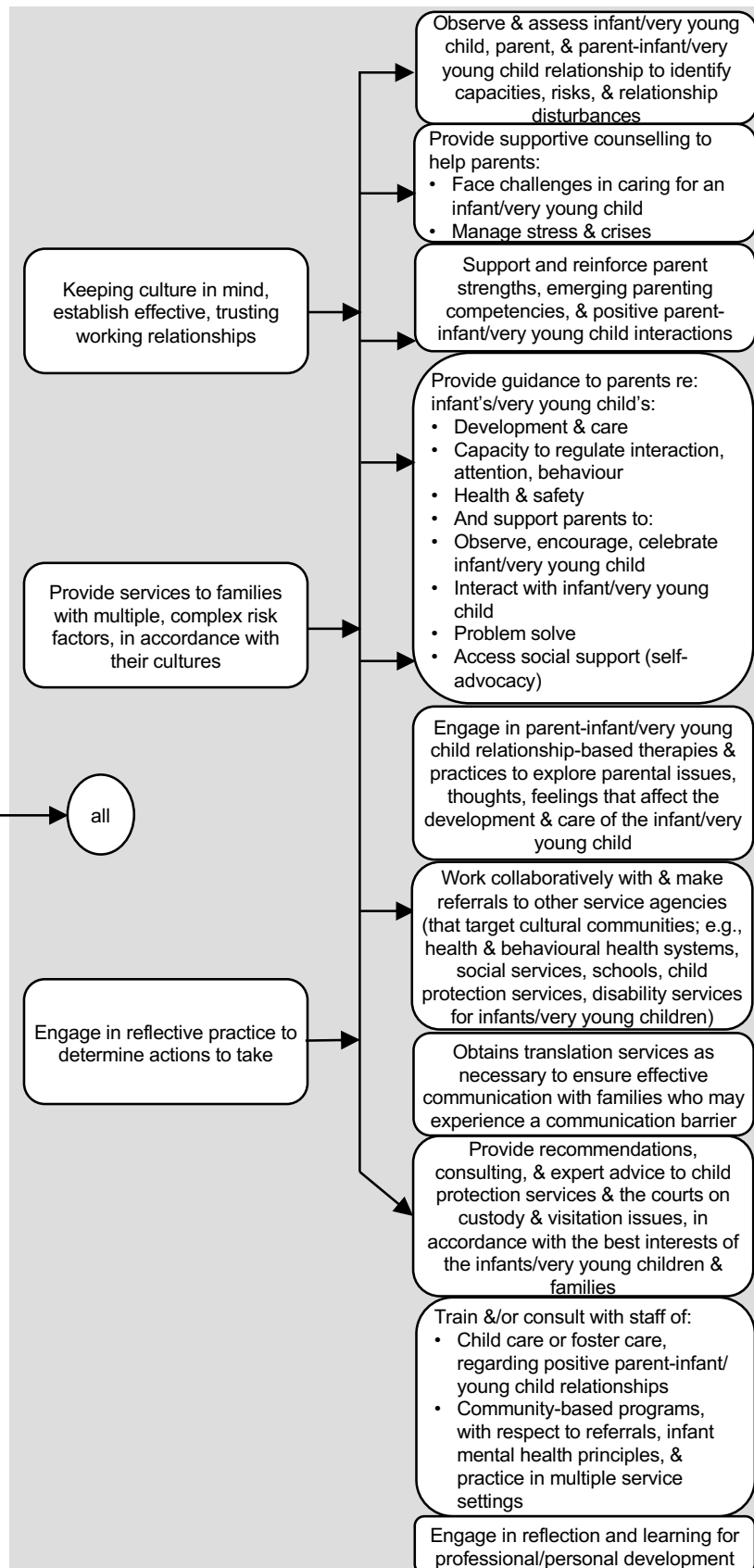
Photo © Alamy Stock

Infant Mental Health Practitioner (IMHP)

Competencies



Key Responsibilities



Impact Map

IMHP Results

Service Objectives

Service Goal

all

Parents & infants/very young children with more stable, nurturing & consistent relationships with each other

Enhanced infant/very young child capacity to regulate emotions/behaviours, enter into & sustain relationships, show curiosity about world, & increase learning skills

Parents who understand their importance to their infants'/very young children's emotions related to the care of their infants/very young children & how these have evolved

Sensitive, emotionally responsive, and appropriate care given by parents

Parents with increased confidence, increasingly stable relationships & increased capacity to manage stress

Families with access to basic, necessary resources & needed services

Child welfare & the courts with information they need for sound decisions regarding infants/very young children & families

Community-based programs & caregivers that promote positive parent-infant/very young child relationships, recognise social and emotional developmental issues, & provide effective family-infant/young child services

Continuous reflection, learning, and development

Securely attached infants & very young children

Enhanced infant/very young child capacities to enter into social relationships, to explore & master their environment & to learn

Optimal parental capability to care for and nurture the development of an emotionally healthy, competent infant/very young child

Reduced risks of disorder in infancy & early childhood, developmental delays, & later anti-social/problematic behaviour

Positive parental mental health, including improved relationships, networks & problem solving

Safe & appropriate environments for the infants/very young children and families

Responsive, thoughtful community systems of care for infants, very young children & their families

Continuous improvement in infant mental health practice

Optimal social, emotional & cognitive development of infants/very young children within the context of strong, nurturing, parent-infant/very young child relationships



Competency Guidelines[®]
and
Endorsement[®] Requirements

INFANT MENTAL HEALTH MENTOR
CLINICAL, POLICY, RESEARCH/ACADEMIC

The Infant Mental Health Mentor *Competency Guidelines[®]*, licensed to AAIMH (2017), were developed by the Michigan Association for Infant Mental Health, and adapted for the West Australian context by AAIMH WA, to clearly describe the areas of expertise, responsibilities, and behaviours that demonstrate competency at this level. *Endorsement[®]* licensed to AAIMH WA (2015).

INFANT MENTAL HEALTH MENTOR

Competency Detail

There are three designations under Infant Mental Health Mentor: Clinical, Policy, and Research/Academic. In the Competency Detail and the Impact Map, you will notice alphabetic codes in parentheses besides certain competencies. These codes indicate the specific area(s) of responsibility that the competency most directly impacts, as follows:

- A** Applies to all designations
- C** Clinical—practice leaders who provide reflective supervision or consultation to practitioners in the infant and family field
- P** Policy—practice leaders in policies and programs
- R/A** Research/Academic—practice leaders in research, evaluation, and teaching

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Theoretical Foundations</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood infant/ young child development & behaviour</i></p> <p style="text-align: center;"><i>infant/young child- & family-centred practice</i></p> <p style="text-align: center;"><i>relationship-focused, therapeutic practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>psychotherapeutic & behavioural theories of changes</i></p> <p style="text-align: center;"><i>disorders of infancy/early childhood</i></p> <p style="text-align: center;"><i>mental & behavioural disorders in adults</i></p> <p style="text-align: center;"><i>cultural competence</i></p> <p style="text-align: center;"><i>adult learning theory & practice</i></p> <p style="text-align: center;"><i>statistics</i></p> <p style="text-align: center;"><i>research & evaluation</i></p>	<p><i>May practise each of the following on his/her own but more importantly facilitates these skills in novice practitioners, students, clients, and other colleagues (A)</i></p> <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/very young child and family Supports provision of information, guidance, and support to families related to the development and care of infants and very young children to further develop parenting capabilities and the attachment relationship Understands the conditions that optimise early infant brain development Supports communication in languages that meet the community's needs Supports informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and very young children served Supports informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, and risks in families served Supports development of service plans that account for the unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities of each infant/young child and family Promotes services that reinforce and nurture the caregiver-infant/very young child relationship Supports in parent-infant/very 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/very young child Recognises conditions that require the assistance of other professionals from health, mental health education, and child welfare systems Understands family relationship development, with sensitivity to cultural differences <p><i>Typically demonstrates these skills on his/her own:</i></p> <ul style="list-style-type: none"> Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organisations (A) Applies understanding of Australian Aboriginal and Torres Strait Island⁷ cultures to communicate effectively, establish positive relationships with families and demonstrate respect (A) Writes articles and books on infant mental health principles and practice (P/RA) Promotes, develops, and delivers effective learning interventions as part of conferences, workshops, university courses, and other opportunities to educate on effective infant mental health principles and practice (P/RA) Facilitates monitoring and evaluation of service process and outcomes (P/RA) Promotes research projects intended to increase the body of knowledge on infant mental health, early development, and effective interventions (P/RA) Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (P)

⁷ Terminology for Australian Aboriginal and Torres Strait Island Peoples may vary across the nation.

INFANT MENTAL HEALTH MENTOR

Competency Detail

Area of Expertise

As Demonstrated by

<p>Law, Regulation, & Agency Policy</p> <p><u>Knowledge Areas</u></p> <p><i>ethical practice</i></p> <p><i>government, law, & regulation</i></p> <p><i>agency policy</i></p>	<p><i>Applies to all designations (A)</i></p> <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 exception only when making necessary reports to protect the safety of a family member (e.g., child protection services, duty of care, mandatory reporting) • Respects and advocates for the rights of infants, young children, and families • Understands, utilises, and facilitates adherence to provisions and requirements of Commonwealth, State or Territory and local laws affecting infants/young children and families (early intervention, child protection) to infant mental health programs, community groups, etc., including the rights of refugee and migrant children under Australian law • When consulting/providing expert advice 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 • Collaborates with Australian Aboriginal and Torres Strait Island communities in order to respond ethically and respectfully • Understands and makes effective use of Commonwealth, State or Territory, and agency funding, contracting, and reporting requirements to enhance service availability and effectiveness • Personally works within the requirements of: <ul style="list-style-type: none"> ○ Commonwealth and State or Territory laws ○ Agency policies and practices ○ Agency code of conduct ○ Professional code of conduct and ethics
<p>Systems Expertise</p> <p><u>Knowledge Areas</u></p> <p><i>service delivery systems</i></p> <p><i>community resources</i></p>	<p><i>Applies to all three designations (A)</i></p> <ul style="list-style-type: none"> • Understands the services available through the formal service delivery systems (child welfare, education, mental health, health etc.) and through other community resources (e.g., churches, food banks, childcare services), and informal supports (family members, friends, other families) • Utilises an expert knowledge of the formal service delivery systems and community resources in decisions and recommendations • Collaborates and consults with Australian Aboriginal and Torres Strait Island communities and elders to ensure that appropriate resources are accessed and/or are accessible

INFANT MENTAL HEALTH MENTOR Competency Detail

Area of Expertise	As Demonstrated by
<p>Direct Service Skills</p> <p><u>Knowledge Areas</u></p> <p><i>observation & listening</i></p> <p><i>screening & assessment</i></p> <p><i>responding with empathy</i></p> <p><i>intervention/treatment planning</i></p> <p><i>developmental guidance</i></p> <p><i>supportive counselling</i></p> <p><i>parent-infant/young child relationship-based therapies & practices</i></p> <p><i>advocacy</i></p> <p><i>safety</i></p> <p><i>reflective supervision</i></p>	<p><i>Models, coaches, promotes, and otherwise instructs in the following competencies (A)</i></p> <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 facilitates change Collaborates and communicates with Australian Aboriginal and Torres Strait Island Peoples to establish meaningful and trusting relationships for families in their communities Works with the parent(s) and infant/young child together, primarily 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, culture, developmental strengths, and capacities for change Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice Interprets information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: <ul style="list-style-type: none"> Identify and relate to the parent(s) or caregiver(s) the strengths, capacities, needs and progress of the infant/young child and family/caregivers Develop mutually agreed upon service plans incorporating explicit objectives and goals 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 that can be woven into the infant's/young child's and family's daily routines Uses multiple strategies to help parents/caregivers: <ul style="list-style-type: none"> Understand their role in the social and emotional development of infants and young children Understand what they can do to promote health, language, and cognitive development in infancy and early childhood Find pleasure in caring for their infants/young children Promotes parental competence in: <ul style="list-style-type: none"> 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 [e.g., <i>Diagnostic & Statistical Manual of Mental Disorders (DSM-V)</i>, <i>Diagnostic Classification of Mental Health & Developmental Disorders of Infancy & Early Childhood (DC: 0-5™)</i>, <i>International Classification of Diseases (ICD-11)</i>] 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 Recognises environmental and caregiving risks to the health and safety of the infant/young child and parents, and takes appropriate action Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including: 1) observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings; and 2) effects of treatment relationships and of specific interventions Promotes an infant mental health service delivery that includes screening, referral assessment, use of diagnostic tools, development of trusting relationships, service planning, relationship-based therapeutic parent-infant/young child interventions, and interagency collaboration Promotes reflective supervision Encourages use of data to improve practice

INFANT MENTAL HEALTH MENTOR Competency Detail

Area of Expertise

As Demonstrated by

<p>Working with Others</p> <p><u>Skill Areas</u></p> <p><i>building & maintaining relationships</i></p> <p><i>supporting others</i></p> <p><i>coaching & mentoring</i></p> <p><i>collaborating</i></p> <p><i>resolving conflict</i></p> <p><i>crisis management</i></p> <p><i>empathy & compassion</i></p> <p><i>consulting</i></p>	<p><i>Applies to all designations (A)</i></p> <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 not being served or being underserved Deals with all people in a tactful and understanding manner Works in collaboration with Australian Aboriginal and Torres Strait Island communities and collaborates with elders to maintain respectful and supportive relationships Promotes supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups As an expert resource, provides guidance and feedback to novice staff, graduate students, and other colleagues as requested Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, 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 <p><i>Applies to Clinical designation (C)</i></p> <ul style="list-style-type: none"> Training/coaching/guiding of caregivers and/or other professionals (e.g., childcare teacher, foster parent, health, mental health, legal)
--	---

<p>Leading People</p> <p><u>Skill Areas</u></p> <p><i>motivating</i></p> <p><i>advocacy</i></p> <p><i>developing talent</i></p>	<p><i>Applies to all designations (A)</i></p> <ul style="list-style-type: none"> Models personal commitment and empathy in promotion of all aspects of the practice of infant mental health Uses influencing and persuading skills, backed by own and others' expert knowledge, to promote effective infant mental health principles, practice, and programs Coaches/guides practitioners, students, colleagues, reporting employees, clients in a range of skills to help them become: <ul style="list-style-type: none"> Highly effective infant mental health practitioners/professionals Positively contributing human beings Culturally sensitive individuals
--	---

INFANT MENTAL HEALTH MENTOR Competency Detail

Area of Expertise	As Demonstrated by
<p>Communicating</p> <p><u>Skill Areas</u></p> <p><i>listening</i></p> <p><i>speaking</i></p> <p><i>writing</i></p> <p><i>group process</i></p>	<p><i>Applies to all designations (A):</i></p> <ul style="list-style-type: none"> • Actively listens to others; clarifies others' statements to ensure understanding • Appropriately uses and interprets non-verbal behaviour • Communicates honestly, professionally, sensitively, and empathically with any audience • Communicates and collaborates with Australian Aboriginal and Torres Strait Island communities in order to better understand each other and work effectively together • Demonstrates clarity, focus, accuracy, and diplomacy when speaking at workshops, meetings, conferences, legislative sessions, committee meetings • Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating books, policy memoranda, contracts, articles, research, Web content, grant applications, instructional and meeting materials, reports, and correspondence • Effectively facilitates small groups (e.g., interdisciplinary or interagency teams)
<p>Thinking</p> <p><u>Skill Areas</u></p> <p><i>analysing information</i></p> <p><i>solving problems</i></p> <p><i>exercising sound judgment</i></p> <p><i>maintaining perspective</i></p> <p><i>planning & organising</i></p>	<p><i>Practises each of the following on his/her own, but also nurtures these skills in novice staff and other colleagues; applies to all designations (A)</i></p> <ul style="list-style-type: none"> • Sees and can explain the "big picture" including cultural awareness when analysing situations • Sees and can explain the interactions of various factors • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information, including culturally specific information, and own expertise in making decisions • Generates new insights and workable solutions to issues related to effective relationship-focused, family-centred care • Defines, creates a sequence for, and prioritises tasks necessary to perform role and achieve goals (especially goals related to complex, organisational initiatives) • Employs effective systems for tracking progress and ensuring follow-up

INFANT MENTAL HEALTH MENTOR Competency Detail

Area of Expertise

As Demonstrated by

<p>Reflection</p> <p><u>Skill Areas</u></p> <p><i>contemplation</i></p> <p><i>self-awareness</i></p> <p><i>curiosity</i></p> <p><i>professional/personal development</i></p> <p><i>emotional response</i></p> <p><i>parallel process</i></p>	<p><i>Practises each of the following on his/her own, but also nurtures these skills in novice practitioners, students, and other colleagues; applies to all designations (A)</i></p> <ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns with reflective supervisor or mentor • Seeks a high degree of congruence between self-perceptions and the way others perceive him/her • Consults regularly with others to understand own capacities and needs, as well as the capacities and needs of families, and maintain sensitivity to culture • Encourages others (peers, supervisees, etc.) to examine their own thoughts, feelings, and experiences in determining a course of action • Remains open and curious • Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities • Keeps up to date on current and future trends in antenatal, infant/young child development and infant mental health practice • Regularly examines effectiveness of policies and procedures • Utilises statistics and other data to assess service effectiveness and appropriate use of resources • Consistently maintains awareness of Australian Aboriginal and Torres Strait Island cultures • Modifies policies and procedure to enhance service effectiveness and appropriate use of resources • Utilises training and research resources to enhance service effectiveness • Recognises and responds appropriately to parallel process
---	--

<p>Administration</p> <p><u>Skill Areas</u></p> <p><i>program management</i></p> <p><i>program development</i></p> <p><i>program evaluation</i></p> <p><i>program funding</i></p>	<p><i>Applies to Policy designation (P)</i></p> <ul style="list-style-type: none"> • Promotes relationship-focused service and infant/young child- and family-centred practice by identifying options and opportunities • Identifies opportunities and needs for program improvements, expanded services, and new services • Partners with agencies, programs, legislative bodies, and/or service systems to develop new services and/or achieve improvements • May take the lead in facilitating new programs or improvements to existing programs • Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to agencies • Assists agencies, programs, legislative bodies, and service systems in obtaining funding, including grant development and preparation • Advocates for funds/programming for effective service delivery to families outside of the dominant culture • Promotes research and evaluation for program improvements • Applies research findings to culturally sensitive, relationship-focused policy promoting infant mental health • Shares his/her generated knowledge with others via publication in infant-family related books and journals and/or presentations at conferences
--	---

INFANT MENTAL HEALTH MENTOR Competency Detail

Area of Expertise

As Demonstrated by

<p>Research & Evaluation</p> <p><u>Skill Areas</u></p> <p><i>study of infant relationships & attachment</i></p> <p><i>study of infant development and behaviour</i></p> <p><i>study of families</i></p>	<p><i>Applies to Research/Academic (RA)</i></p> <ul style="list-style-type: none"> • Generates research questions that promote infant mental health • Generates new knowledge and understanding of infants, parents, caregivers, and relationship-focused practice based on sound research • Assists programs and agencies in measuring outcomes related to the optimal well-being of infants, very young children, families, and their caregiving communities • Generates research that reflects cultural competence in the infant-family field • Applies research findings to culturally sensitive, relationship-focused policy promoting infant mental health • Shares his/her generated knowledge with others via publication in infant-family related books and journals and/or presentations at conferences
--	---



Photo © AAIMH WA

INFANT MENTAL HEALTH MENTOR - CLINICAL (IMHM-C) Endorsement® Requirements

Requirements

Education	Master and/or doctoral degree in relevant health, mental health, social science, science, policy or education fields or qualified medical doctor. Official transcripts required.
<p>Training</p> <p><i>Please Note: There is an expectation that applicants form IMHM-P have the same foundational knowledge as IMHM-C and IMHM-R/A related to infant and young childhood mental health principles and practices.</i></p> <p><i>All IMHM applicants will take the same multiple-choice exam</i></p>	<ul style="list-style-type: none"> • Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in the <i>Competency Guidelines</i>®) have been met • For those whose degree is in a field that is unrelated to infant and young childhood, more specialised in-service training may be required to meet the breadth and depth of the competencies • Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health • Minimum 30 clock hours required • Typically, successful IMHM-C applications include an average of 75 or more hours of specialised training unless the applicant has completed coursework specific to the <i>Competency Guidelines</i>®
Specialised Work Experience	Meets specialised work experience criteria as specified from IMHP ⁸ plus three years of postgraduate experience providing infant mental health reflective supervision/consultation
<p>Leadership Activities at the Regional or State Level</p> <p><i>Please note: though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience. These lists are meant to demonstrate some of the activities in which leaders might engage; they are not comprehensive. Also, applicants would not need to engage in all the activities listed to earn Endorsement® as IMHM</i></p>	<ul style="list-style-type: none"> • Organise and facilitate reflective practice groups and/or IMH study groups • Participate in system of care planning initiatives • Participate in planning for regional, state-wide or national IMH-specific conferences • Represent IMH interests in planning for national young childhood, social service, child welfare, behavioural health, and public conferences • Work to increase the preference for endorsed personnel in contracts for services, childcare rating schemes • Work to address reimbursement issues for IMH services • Serve in a leadership role or an active committee member in a local/state infant mental health association • Volunteer contributions that promote infant mental health • Provide training on IMH principles and or/practices to regional, state, or national groups • Teach about infant mental health principles and practise at a college or university
Reflective Supervision/Consultation (RS/C)	Minimum 50 clock hours of relationship-focused, reflective supervision/consultation (RS/C) within a 2-year time frame post Master's degree, individually or in a group while providing RS/C to infant-family professionals. The applicant's provider of RS/C must have earned/maintained or meet criteria for IMHM-Clinical Endorsement®. A minimum of 25 hours of the RS/C received should be about the RS/C that the applicant provides to others

⁸ Two years of postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialised work experience must be with **both** the infant/toddler (birth to 36 months) and the biological, foster, or adoptive parent(s) or guardian(s) on behalf of the parent-child relationship. Infant 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. These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and losses as they affect the attachment relationship, development behaviour, 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 more recent for the child. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay or disability.

Professional References <i>Please note: At least one reference must come from someone who has earned Endorsement® as Infant Family Practitioner, Infant Mental Health Practitioner, or Infant Mental Health Mentor. Referees must be familiar with the applicant's capacity to implement infant mental health principles into practice</i>	Three references required: 1. One from current program /work supervisor 2. One from person providing reflective supervision/consultation to the applicant 3. One from person receiving RS/C from the applicant
Code of Ethics Statement & Endorsed® Agreement	Signed
Documentation of Competencies	1. Application will document that requirements and competencies have been adequately met through specialised education, 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 section. 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/academic applicants
Professional Membership	Membership in AAIMHI WA

Continuing Endorsement® Requirements

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 children (prenatal up to 5 years of age). This includes the principles and practices of infant mental health (e.g., 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 Endorsement® as IMHM-Clinical and provide RS/C to others, it is recommended that at least 3 hours of specialised training be about RS/C.
Professional Membership	Annual renewal of membership in AAIMHI or another infant mental health association.
Reflective Supervision	It is required that all professionals endorsed as IMHM-Clinical receive a minimum of 12 hours RS/C annually. Once an IMHM-Clinical professional has earned and maintained IMHM-C for a minimum of 3 years they are required to receive a minimum of 10 hours of RS/C annually; peer supervision or collaborative consultation (with those endorsed at the same category) will count toward the minimum annual renewal hours.

INFANT MENTAL HEALTH MENTOR - POLICY (IMHM-P) Endorsement® Requirements

Requirements

Education	Master and/or doctoral degree in relevant health, mental health, social science, science, policy or education fields or qualified medical doctor. Official transcripts required.
<p>Training</p> <p><i>Please Note: There is an expectation that applicants for IMHM-P have the same foundational knowledge as IMHM-C and IMHM-R/A related to infant and young childhood mental health principles and practices.</i></p> <p><i>All IMHM applicants will take the same multiple-choice exam</i></p>	<ul style="list-style-type: none"> • Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in the <i>Competency Guidelines</i>®) have been met • For those whose degree is in a field that is unrelated to infant and young childhood, more specialised in-service training may be required to meet the breadth and depth of the competencies • Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health • Minimum 30 clock hours required • Typically, successful IMHM-C applications include an average of 75 or more hours of specialised training unless the applicant has completed coursework specific to the <i>Competency Guidelines</i>®
Specialised Work Experience	<p>Policy</p> <p>Three years of postgraduate experience as a leader in policy and/or program administration related to the promotion of infant and young childhood mental health principles and practices, in the context of family and other caregiving relationships, in and across systems and other leadership activities at the regional or state level</p>
<p>Leadership Activities at the Regional or State Level</p> <p><i>Please note: though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience</i></p> <p><i>These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive.</i></p> <p><i>Also, applicants would not need to engage in all the activities listed to earn Endorsement® as IMHM</i></p>	<ul style="list-style-type: none"> • Provide feedback to state agencies on current and proposed policies that promote IMH practices • Provide presentations on IMH, its importance, and its role in all infant and young childhood disciplines/systems • Participate in planning groups promoting IMH within infant and young childhood systems • Participate in regional-, state-, and national-level policy making groups, representing IMH principles • Publish policy briefs, white papers, or position statements addressing IMH • Provide analysis of the impact of proposed legislation or policy on the populations served through IMH service delivery systems • Work to address reimbursement issues for IMH services • Work to increase the preference for Endorsed® personnel in contracts for services, childcare rating schemes • Serve in a leadership role or as an active committee member in local/state IMH association • Participate in planning for regional, state or national IMH specific conferences • Engage in reflective consultation
Reflective Supervision/Consultation (RS/C)	Optional
<p>Professional References</p> <p><i>Please note: At least one reference must come from someone who has earned Endorsement® as Infant Family Practitioner, Infant Mental Health Practitioner, or Infant Mental Health Mentor. Referees must be familiar with the applicant's capacity to implement infant mental health principles into practice</i></p>	<p>Three references required:</p> <ol style="list-style-type: none"> 1. One from current program /work supervisor 2. One from person providing RS/C, if applicable 3. If no one available from first two categories, applicant may ask three colleagues

Code of Ethics Statement & Endorsed® Agreement	Signed
Documentation of Competencies	<p>1. Application will document that requirements and competencies have been adequately met through specialised education, in-service training, and reflective supervision/consultation experiences.</p> <p>2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay section.</p> <p>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/academic applicants</p>
Professional Membership	Membership in AAIMH WA

Continuing Endorsement® Requirements

Education and Training	<p>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 children (prenatal up to 36 months).</p> <p>This includes the principles and practices of infant mental health (e.g., 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).</p>
Professional Membership	Annual renewal of membership in AAIMH WA
Reflective Supervision	Optional for Policy



Photo courtesy of Ngala

INFANT MENTAL HEALTH MENTOR - RESEARCH/ACADEMIC (IMHM-R/A) Endorsement® Requirements

Requirements

Education	Master and/or doctoral degree in relevant health, mental health, social science, science, policy or education fields or qualified medical doctor. Official transcripts required.
Training <i>Please Note: There is an expectation that applicants for IMHM-R/A have the same foundational knowledge as IMHM-C and IMHM-P related to infant and young childhood mental health principles and practices. All IMHM applicants will take the same multiple-choice exam</i>	<ul style="list-style-type: none"> Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in the <i>Competency Guidelines</i>®) have been met For those whose degree is in a field that is unrelated to infant and young childhood, more specialised in-service training may be required to meet the breadth and depth of the competencies Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health Minimum 30 clock hours required Typically, successful IMHM-R/A applications include an average of 75 or more hours of specialised training unless the applicant has completed coursework specific to the infant mental health competencies
Specialised Work Experience	Three years of postgraduate experience as a leader in university, teaching, and/or published research related to infant mental health principles and practices, in the context of family and other caregiving relationships, and other leadership activities at the regional or state level
Leadership Activities at the Regional or State Level <i>Please note: though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience. These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive. Also, applicants would not need to engage in all the activities listed to earn Endorsement® as IMHM</i>	<ul style="list-style-type: none"> Provide leadership in higher education infant mental health (IMH) programs Serve as an instructor for higher education for IMH courses Participate in interdepartmental efforts to integrate IMH competencies into appropriate syllabi Participate as a member of a doctoral applicant committee when IMH topics are proposed Participate in planning for regional, statewide or national IMH specific conferences Present and/or publish on topics related to the promotion or practice of IMH Serve in a leadership role or as an active committee member in local/state IMH association Engage in reflective consultation
Reflective Supervision/Consultation (RS/C)	Optional
Professional References <i>Please note: At least one reference must come from someone who has earned Endorsement® as Infant Family Practitioner, Infant Mental Health Practitioner, or Infant Mental Health Mentor. Referees must be familiar with the applicant's capacity to implement infant mental health principles into practice</i>	Three references required: <ol style="list-style-type: none"> One from current department supervisor or chair if he/she is familiar with infant mental health (IMH). If not, applicant may ask a colleague One from a person providing reflective supervision/consultation (RS/C), if applicable. If not applicable, applicant may ask a colleague One from a student taught and/or supervised by the applicant
Code of Ethics Statement & Endorsed® Agreement	Signed

Documentation of Competencies	<p>1. Application will document that requirements and competencies have been adequately met through specialised education, in-service training, and reflective supervision/consultation experiences.</p> <p>2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay section. 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/academic applicants</p>
Professional Membership	Membership in AAIMH WA

Continuing Endorsement® Requirements

Education and Training	<p>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 children (prenatal up to 36 months).</p> <p>This includes the principles and practices of infant mental health (e.g., 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).</p>
Professional Membership	Annual renewal of membership in AAIMH WA
Reflective Supervision	Optional for Research/Academic



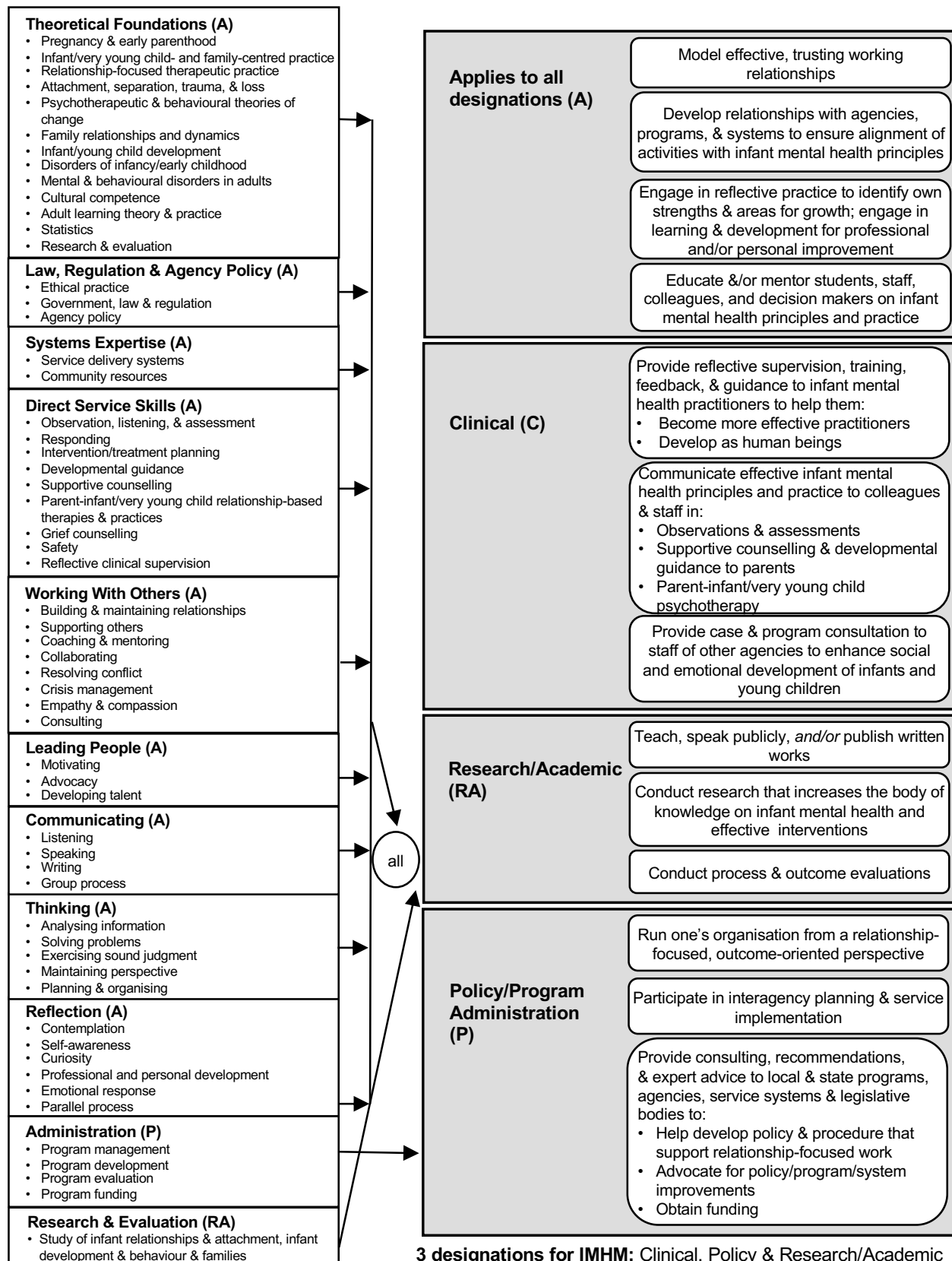
Photo © AAIMH WA

Dr Deborah Weatherston, co-author of the MI-AIMH Competency Guidelines®, (standing, 3rd from left) with members of the AAIMH WA Management Committee and Competency Guidelines Working Group on 28 March 2015

Infant Mental Health Mentor (IMHM)

Competencies

Key Responsibilities

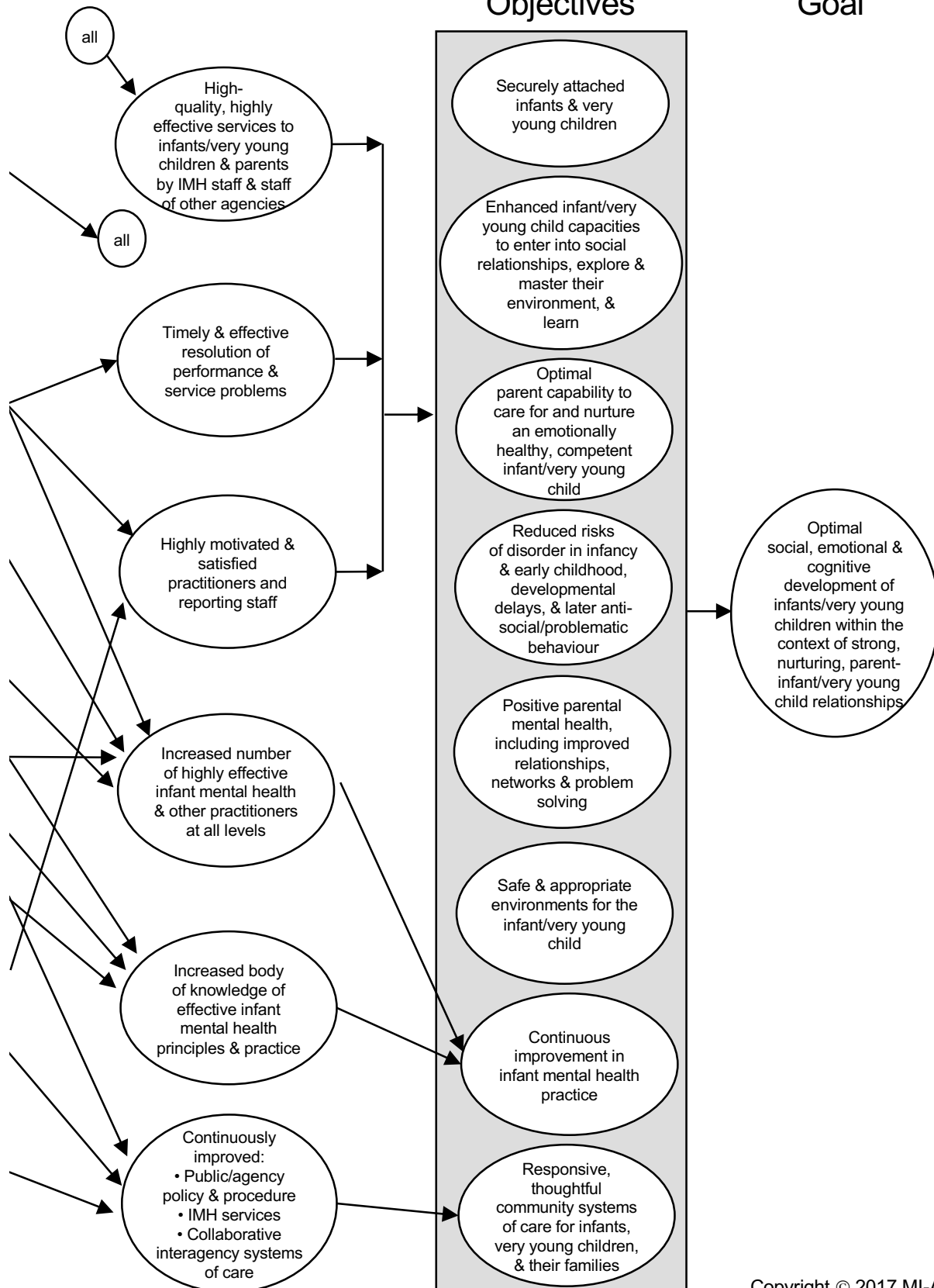


Impact Map

IMHM Results

Service Objectives

Service Goal



The AAIMH WA Competency Guidelines® and Endorsement®: a historical overview

The Australian Association for Infant Mental Health (AAIMH) is a professional interdisciplinary organisation that is affiliated with the World Association for Infant Mental Health. AAIMH aims to improve the profile and recognition of the importance of the infancy and early childhood developmental period. Its focus is the promotion of, and support for, the optimal development of infants, very young children (conception to 5 years) and their families within a relationship-based framework. AAIMH provides a forum for multidisciplinary interactions and collaboration.

For three decades AAIMH has offered training and networking opportunities to a range of professionals in order to enhance knowledge and skills related to Infant Mental Health (IMH) principles and practice.

Origins of the Competency Guidelines®

The Australian Association for Infant Mental Health West Australian Branch (AAIMH WA)⁹ Competency Guidelines® originated in 2013 from a collaboration with the Western Australian Mental Health Commission (Matacz & Priddis, 2013; Priddis & Matacz, 2015). The collaboration was an innovative response to the growing awareness in the professional community of the need to up-skill people from a range of professions who are working with infants, young children and their families. A key recommendation from the collaboration was that AAIMH WA adopt a set of competency guidelines that are internationally recognised as the gold standard in Infant Mental Health (IMH). The set of guidelines identified as such was the Michigan Association for Infant Mental Health (MI-AIMH) Competency Guidelines for Culturally Sensitive, Relationship Focused Practice in Promoting Infant Mental Health®. Subsequently in 2014 AAIMH WA purchased a licence from MI-AIMH to begin using their Competency Guidelines®.

In 2015 AAIMH WA purchased the Endorsement® licence.

Competency Guidelines® and Endorsement®

The Competency Guidelines® delineated in this booklet are a collation of core knowledge, skills and abilities for working with infants and young children. Endorsement® is a process by which professionals can gain formal recognition of their IMH competencies, according to each professional's work setting, role, experience, and education (see Glossary page 57). Applications for Endorsement® are available to professionals who are AAIMH WA Branch members working with

⁹ AAIMH WA was originally known as AAIMHI WA (Australian Association for Infant Mental Health Incorporated Western Australia).

infants/young children in a range of work settings such as childcare, education, medical, clinical, community, academia, policy and research.

West Australian implementation

In 2014, in order to progress the Competency Guidelines® and Endorsement® in WA, AAIMH WA formed a Working Group, known as the AAIMH WA Competency Guidelines Working Group (CGWG). In close collaboration with MI-AIMH, the CGWG engaged in a detailed review of the Competency Guidelines® and made minor changes to ensure cultural compatibility for the WA context. In addition, the CGWG members gained Endorsement® via MI-AIMH (2016). This group (now known as AAIMH WA Competency Guidelines and Endorsement Working Group, CGEWG) continues to support the implementation of the Competency Guidelines® and Endorsement® into the Western Australian IMH related workforce across promotion, prevention, intervention and treatment areas of service. The Competency Guidelines have been operational in WA since 2015 and licenced to AAIMH since 2017. Endorsement has been licenced to AAIMH WA since 2015.

Aboriginal and Torres Strait Islander Peoples

AAIMH WA specifically acknowledges the importance that Australian Aboriginal and Torres Strait Island¹⁰ Peoples have in our society. Work will continue in collaboration with Aboriginal and Torres Strait Island communities and in consultation with elders to make these competencies meaningful and relevant for infants and young children and their families in these communities.

Implementation of the AAIMH WA Competency Guidelines® and AAIMH WA Endorsement® has been, and continues to be, supported and guided by MI-AIMH, a long-term leader in the field of IMH.

References

Matacz, R. M. & Priddis, L.E (2015). Responding to the identified need to build workforce capacity in Infant Mental Health: Launch of the AAIMHI WA Competency Guidelines® in Western Australia. *WAIMH: Perspectives in Infant Mental Health*, Vol 23, No 3.

Priddis, L. E. & Matacz, R. M. (2013). *Building the Mental Health of Infants and Young Children in WA. Workforce Competency Based Training Project*. Report to: The Australian Association for Infant Mental Health, WA Branch and The WA Mental Health Commission. <https://www.aaimhi.org/branches/wa/competency-guidelines/IMH-Competency-Based-Training-Report-Oct-2013.pdf>

¹⁰ It is acknowledged that terminology for Australian Aboriginal and Torres Strait Island Peoples may differ across the nation.

The Michigan Association for Infant Mental Health

The Michigan Association for Infant Mental Health (MI-AIMH) is an interdisciplinary, professional organisation established to promote and support the optimal development of infants, very young children, and families through relationship-focused workforce development and advocacy efforts. Incorporated in 1977, MI-AIMH has offered training and education related to infant mental health principles and practices 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 600 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. With an annual membership of more than 600 infant and family professionals and 13 chapters, MI-AIMH is proud of its role as an association promoting infant mental health principles and practices.

Competency Guidelines¹¹

Inspired by the work of Selma Fraiberg and her colleagues who coined the phrase ‘infant mental health’ (Fraiberg, 1980), practitioners in Michigan designed a service model 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 behaviour 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).

As infant mental health practice evolved in Michigan, clinicians, university faculty, and policymakers became increasingly concerned about the training needs of all infant-family professionals related to infant mental health principles and practices. 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 supervisory experiences that would lead to best practice. These basic components were approved by the MI-AIMH

¹¹ Excerpted and updated 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.

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, emphasising specialised 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, recognised 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 organisation should work toward such a process. Nevertheless, recognising 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 specialisation 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 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 and their families. The overarching principle of the guidelines is that all development occurs within the context of relationships. Each competency detail and the behaviours 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. Competency-based, the Endorsement® reflects MI-AIMH’s commitment to best practices in the infant and family field. Central to the Endorsement® is this document, the *MI-AIMH 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 MI-AIMH Endorsement®.

The intent of the MI-AIMH Endorsement[®] is to recognise 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 organisation devoted to the optimal development of very young children.

The MI-AIMH Endorsement[®] offers individuals in the infant and family field a professional development plan that focuses on principles, best practice skills, and reflective work experiences that lead to increased confidence and credibility within the infant and family field. The MI-AIMH Endorsement[®] will inform prospective employers, agencies and peers about culturally sensitive, relationship-focused practice promoting infant mental health. Those who earn the MI-AIMH Endorsement[®] will be recognised for their education, training, leadership roles, and work experiences within the infant and family field.

There are four categories of competency within the MI-AIMH Endorsement[®]:

1. Infant Family Associate [*Infant Family Worker* in AAIMH WA Competency Guidelines[®]]
2. Infant Family Specialist [*Infant Family Practitioner* in AAIMH WA Competency Guidelines[®]]
3. Infant Mental Health Specialist [*Infant Mental Health Practitioner* in AAIMH WA Competency Guidelines[®]]
4. Infant Mental Health Mentor (IMHM - Clinical; IMHM – Policy; or IMHM - Research/Academic)

Each category recognises the educational experiences, specialised 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 specialised 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 mi-aimh.org/endorsement.

References

- Fenichel, E.S., Eggbeer, L. (1990). *Preparing Practitioners to Work with Infants, toddlers and Their Families: Issues and Recommendations for the Professions*. Washington, DC: National Center for Clinical Infant Programs.
- Fitzgerald, H.E., & Barton, L.R. (2000). Infant mental health: origins and emergence of an interdisciplinary field. In J.D. Osofsky & H.E. Fitzgerald (Eds.), *Handbook of Infant Mental Health: Vol. 1*. Perspectives on infant mental health (pp. 1-36). New York: Wiley.

- Fraiberg, S. (1980). *Clinical Studies in Infant Mental Health: The First Year of Life*. New York: Basic Books.
- Individuals with Disabilities Act. (1990). U.S. Department of Education.
- Lieberman, A.F., Silverman, R., & Pawl, J.H. (2000). Infant–parent psychotherapy: core concepts and current approaches. In C. Zeanah (Ed.), *Handbook of Infant Mental Health* (pp. 472-484). New York: Guilford Press.
- McDonough, S.C. (2000). Interaction guidance: an approach for difficult to engage families. In C. Zeanah (Ed.), *Handbook of Infant Mental Health* (pp. 414-426). New York: Guilford Press.
- Michigan Association for Infant Mental Health. (1986). *Training Guidelines*. East Lansing: Michigan Association for Infant Mental Health.
- Shirilla, J., & Weatherston, D. (Eds.). (2002). *Case Studies in Infant Mental Health: Risk, Resiliency & Relationships*. Washington, DC: Zero to Three.
- Trout, M. (1985). Working papers on process in infant mental health. Champaign, IL: The Infant-Parent Institute.
- Weatherston, D. (2001). Infant mental health: a review of relevant literature. *Psychoanalytic Social Work*, 8(1), 39-69.
- Zeanah, C.H., & Zeanah, P.D. (2001). Towards a definition of infant mental health. *Journal of Zero to Three*, 21(7), 13-2.

GLOSSARY

Administrative Supervision: The oversight of Commonwealth, State or Territory, and agency regulations, program policies, rules, and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives: hire, train/educate, oversee paperwork, write reports, explain rules and policies, coordinate, monitor productivity, and evaluate.

Alliance for the Advancement of Infant Mental Health: An organisation that includes infant and early childhood mental health associations who have licenced the use of the *Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®*.

Antenatal Care: The care that a woman receives during pregnancy that is a key entry point for a pregnant woman and her partner to receive a broad range of health promotion and preventative health services which can include a focus on each parent's relationship/attachment with the unborn child, the developing infant's mental health, and the parental relationship.

Applicant: A professional/service provider who has applied for AAIMH WA Endorsement® as

- Infant Family Worker
- Infant Family Practitioner
- Infant Mental Health Practitioner, or
- Infant Mental Health Mentor

Applicant's Waiver: An agreement signed by an Endorsement® applicant waiving the right to review professional reference forms. The waiver is included when the applicant identifies each person who will provide a reference rating.

Attachment: An emotional bond between a parent/primary caregiver and infant/young child that develops over time and as a result of positive care-seeking behaviours (e.g., crying, smiling, vocalising, grasping, reaching, calling, following) and responsive caregiving (e.g., smiling, talking, holding, comforting, caressing).

Australian Association for Infant Mental Health West Australian Branch (AAIMH WA) Competency Guidelines and Endorsement Working Group (CGEWG): Formed by AAIMH WA in 2014 to adapt and adopt the MI-AIMH Competency Guidelines® for the Western Australian context. Subsequently from 2016 AAIMH WA CGEWG works to support the implementation of IMH Endorsement® into the Western Australian IMH related workforce across promotion, prevention, intervention and treatment areas of service.

Clinical Supervision/Consultation: Supervision or consultation that is case-focused but does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to work with an infant/very young child and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives as well as reviewing casework, discussing the diagnostic impressions and diagnosis, discussing intervention strategies related to the

intervention, reviewing the intervention or treatment plan, review and evaluate clinical progress, giving guidance/advice, and teaching.

Collaborate: To work willingly with other direct-service providers, parents, community agencies, academics, and other professionals to obtain, coordinate, and research services that effectively nurture infants, very young children, and families.

Competency Guidelines®: A description of specific areas of expertise, responsibilities and behaviours that are required to earn the AAIMH WA Endorsement® as an Infant Family Worker, Infant Family Practitioner, Infant Mental Health Practitioner, and Infant Mental Health Mentor. Specifics of expertise are delineated under eight broad areas: 1. Theoretical Foundations; 2. Law, Regulation, and Policy; 3. Systems Expertise; 4. Direct-Service Skills; 5. Working with Others; 6. Communicating; 7. Reflection; and 8. Thinking.

Consultant: In most instances, this term refers to a provider of reflective supervision/consultation (RSC). The RSC may be provided to groups of practitioners or individuals. Consultant often refers to a provider of RSC who is hired contractually from outside an agency or organisation; i.e., separate from a program supervisor.

Cultural Competence: The ability to observe, understand, and respond, appreciating individual capacities and needs of infants, young children, and families, with respect for their culture, including religion, ethnicity, values, behaviours, and traditions.

Cultural Sensitivity: The ability to respect and acknowledge differences in beliefs, attitudes, and traditions related to the care and raising of young children, remaining open to different points of view and approaching families with respect for their cultural values.

Early Intervention: Early intervention typically refers to a system of coordinated services that promotes an infant's/very young child's growth and development and supports families during the critical early years. Early intervention services delivered within the context of the family are intended to:

- Improve both developmental, social, and educational gains
- Reduce the future costs of special education, rehabilitation, and health care needs
- Reduce feelings of isolation, stress, and frustration that families may experience
- Help alleviate and reduce behaviours by using positive behaviour strategies and interventions
- Help children with disabilities grow up to become productive, independent individuals

EASy (Endorsement® Application System): A secure, web-based application designed to compile Endorsement® applications; facilitate communication between and among the applicant, Endorsement® Coordinator, Endorsement® Advisor, and application reviewers; coordinate application reviews; and archive Endorsement® database.

Endorsement® Advisor: A trained volunteer who has earned Endorsement® and who agrees to guide an Endorsement® applicant through the Endorsement® process.

Endorsement®: The AAIMH WA Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health® (IMH-E®) is intended to recognise experiences that

lead to competency in the infant-family field. It does not replace licensing, certification, or credentialing, but instead is meant as an “overlay” to these. The AAIMH WA Endorsement® is multidisciplinary including professionals from psychology, education, social work, psychiatry, child and/or human development, nursing, social science, and others. Endorsement® indicates an individual’s efforts to specialise in the promotion/practice of infant mental health within his/her own chosen discipline.

Those who have earned Endorsement® have demonstrated that the individual has received a minimum of specialised education, work, in-service training, and reflective supervision/consultation experiences that have led to competency in the promotion and/or practise of infant mental health. Endorsement® does not guarantee the ability to practise as a mental health professional, although many have earned Endorsement® as licensed mental health professionals.

There are multiple paths to Endorsement®. Individuals demonstrate competency by completing a wide range of coursework and specialised in-service training while performing a wide range of paid roles with or on behalf of infants, very young children, and families. There is no one defined way, course, or set of training sessions that exclusively lead to Endorsement®.

Endorsement® application: The application submitted by Endorsement® applicant via EASy contains the following:

- EASy Registration fee
- Official transcripts from all colleges/universities attended
- Lists of **specialised** education, work, in-service training, and (for IFP, IMHP, and IMHM-C) reflective supervision/consultation experiences while working with infants, very young children, and their families
- Three reference ratings
- Signed Code of Ethics
- Signed Endorsement® Agreement
- Proof of membership in AAIMH or other infant mental health association
- Endorsement® Processing Fee

Family-centred Practice: An emphasis on the infant/very young child (conception to 36 months) within the context of the family with respect for the family’s strengths and needs as primary when conducting assessments and/or interventions.

Graduate or Post Graduate Certificate Program in Infant Mental Health: A university-based program of course work related to infant development, attachment theory, family studies, and relationship-based practice with infants, very young children, and their families.

Infant Mental Health: An interdisciplinary field dedicated to understanding and promoting the social and emotional wellbeing of all infants, very young children, and families within the context of secure and nurturing relationships. Infant mental health also refers to the social and emotional wellbeing of an infant or toddler within the context of a relationship, culture, and community.

Infant Mental Health Practices: Relationship-focused interventions with **both** the infant/very young child and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health practice will include case management, advocacy, emotional support, developmental guidance, early relationship assessment, social support and parent-infant/very young child relationship-based therapies and practices.

These therapies and practices may include but are not limited to parent-infant psychotherapy, interaction guidance, and child-parent psychotherapy and are intended to explore issues related to attachment, separation, trauma, grief and unresolved losses as they affect the development, behaviour, and care of the infant/very young child. Work is aimed at the relationship between the infant/very young child and his/her primary caregiver to explicitly address any unresolved separations, traumas, grief, and/or losses that may be affecting the emerging attachment relationship between a caregiver(s) and the infant/very young child. The unresolved losses or “ghosts in the nursery” might be from the caregiver’s own early childhood or may be more recent as in a difficult labour and delivery or a diagnosis of a chronic illness, delay, or disability for this infant/very young child.

Professionals from a variety of disciplines, not only licensed mental health professionals, may practise infant mental health. However, the practitioner will have received the specialised IMH training necessary to provide this level of intervention AND receive reflective supervision/consultation (RSC) from a qualified professional about the intervention. Work on unresolved losses does not have to be explicit with every family with whom the applicant works. However, the applicant must have had the specialised IMH training and RSC that prepares them to provide that level of intervention when it is appropriate for a referred family.

Infant mental health practice can be conducted in the home, in a clinic, or in other settings.

Infant Mental Health Principles: The theoretical foundations and values that guide work with or on behalf of infants, very young children, and families. Theoretical foundations include knowledge of pregnancy and early parenthood; infant/very young child development and behaviour; infant/very young child and family-centred practice; relationship-focused therapeutic practice; family relationships and dynamics; attachment, separation, trauma, grief, and loss; disorders of infancy and early childhood; and cultural competence. Values include importance of relationships; respect for ethnicity, culture, individuality, and diversity; integrity; confidentiality; knowledge and skill building; and reflective practice.

Parallel Process: Focussed attention on all the relationships in a given context, including the ones between practitioner and supervisor, practitioner and parent(s), and parent(s) and infant/very young child. It is critical to understand how each of these relationships affects the others.

Parent or caregiver: Those performing the parental function including the biological parent, adoptive and foster parents, grandparents, same sex parents and kinship carers.

References: Three references ratings are required as part of the application submitted by each Endorsement® applicant. Requirements for who shall provide ratings are specific to the

category at which the applicant is applying. Details can be found at

aaimhi.org/branches/wa/

Referees will answer questions about the applicant's level of knowledge and skill in the competency areas defined at the level at which the applicant has applied.

Reflective: Self-aware, able to examine one's professional and personal thoughts and feelings in response to work within the infant and family field.

Reflective Consultation: An opportunity for professionals/service providers to meet regularly with an experienced infant mental health professional to examine thoughts and feelings in relationship to work with infants, very young children, and families.

Reflective Practice: Practice of examining one's thoughts and feelings related to professional and personal responses within the infant and family field.

Reflective Supervision/Consultation (RS/C): Supervision or consultation that distinctly utilises the shared exploration of the parallel process. In addition, reflective supervision/consultation relates to professional and personal development by attending to the emotional content of the work and how reactions to the content affect the work. Finally, there is often greater emphasis on the supervisor/consultant's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor/consultant.

Relationship-Focused Practice: Practice that supports early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one's capacity to nurture and support others.

Specialised In-Service Training: A training experience that offers opportunities for discussion and reflection about the development, behaviour, or treatment of infants and very young children within the context of the family. Examples include half-day or full-day training experiences or training overtime, i.e. 6 hours monthly for 6 months or 3 hours monthly for 12 months.

A specialised training that is eligible for Endorsement® should meet the following criteria:

1. Is culturally sensitive, relationship-focused, and promotes infant mental health
2. Relates to one or more of the competencies in the AAIMH WA *Competency Guidelines*®
3. Is specific to the category of Endorsement® for which applicant is applying.

Specialised Practicum/Field Placement: One year of a supervised graduate practicum with direct IMH practice experience or equivalent postgraduate course requirement (as described for Infant Mental Health Practitioner) may be counted toward the 2 years paid work experience requirement if the supervisor of the field placement is an Endorsed® professional (Infant Mental Health Mentor-Clinical or Infant Mental Health Practitioner). Applicant will submit description of practicum for application reviewers' consideration.

Notes

Notes

Notes

The Alliance for the Advancement of Infant Mental Health

The Competency Guidelines® and Endorsement® were created in the early 2000s by the Michigan Association for Infant Mental Health (MI-AIMH). Since that time, the number of infant mental health (IMH) associations licensed to use these workforce development tools has grown significantly.

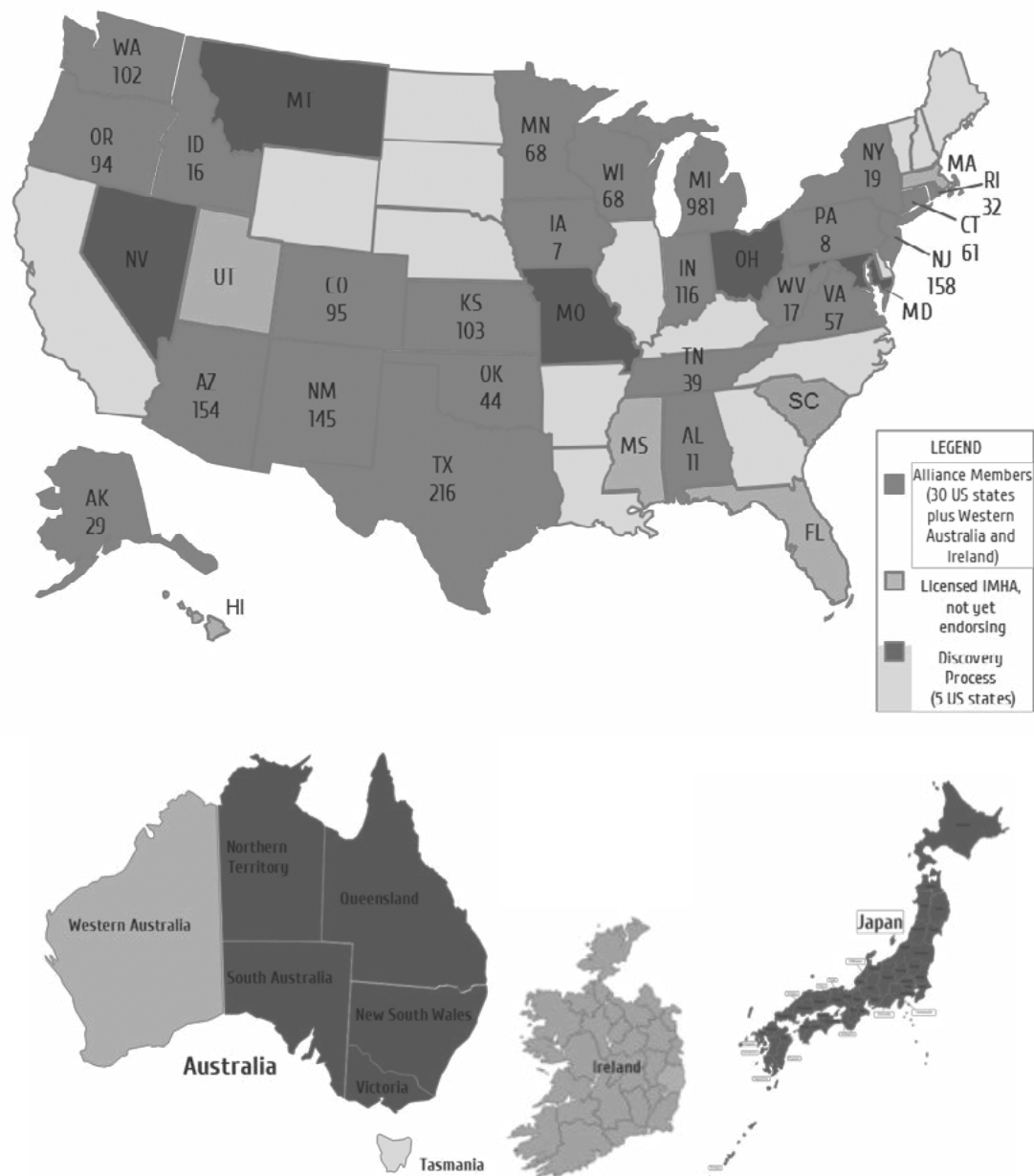
As of 31 December 2018, there were 32 U.S.A. state infant mental health associations using the MI-AIMH Competency Guidelines® and Endorsement®, with new state associations pursuing the purchase of a license to use these systems. Two international IMH organisations are licensed: the Australian Association for Infant Mental Health West Australian Branch (AAIMH WA) and the Irish Association for Infant Mental Health. As a group, they are known as the Alliance for the Advancement of Infant Mental Health (the Alliance). For more information about the Alliance, visit allianceaimh.org

The 32 states' and countries' IMH associations in medium and light grey have licensed the use of these tools while the states and countries in darkest grey are in the "discovery process."

Those in the lightest grey had not yet begun endorsing applicants by the end of December 2018.

- Cumulative total of endorsed professionals*: 2,640
- Total applications in process*: 1,923

* 31/12/2018 figures





AAIMH WA
PO Box 1886
SUBIACO WA 6904

www.aaimhi.org/branches/wa

A branch of the Australian Association for Infant Mental Health (AAIMH)