



Australian Association
for Infant Mental Health
West Australian Branch

AAIMH

Competency Guidelines®

and

Endorsement® Requirements

INFANT MENTAL HEALTH PRACTITIONER

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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; ensures that the information is provided in the family's language • 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 Island¹ 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

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

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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

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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</i> (DSM-V), <i>Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood</i> (DC: 0-5™), International Classification of Diseases (ICD-11)] • 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

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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><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 style="text-align: center;">Communicating</p> <p style="text-align: center;"><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

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Area of Expertise	As Demonstrated by
<u>Thinking</u> <u>Skill Areas</u> <i>analysing information</i> <i>solving problems</i> <i>exercising sound judgment</i> <i>maintaining perspective</i> <i>planning & organising</i>	<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
<u>Reflection</u> <u>Skill Areas</u> <i>contemplation</i> <i>self-awareness</i> <i>curiosity</i> <i>professional/personal development</i> <i>emotional response</i> <i>parallel process</i>	<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 parent² 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"> 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, or consultant; colleague; or supervisee (if candidate is a supervisor).

² 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:	1. Application will document that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences. 2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay section
Professional Membership:	Membership in AAIMH 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 and/or the practice of infant mental health (e.g., regional training, related course work at colleges or universities, infant mental health conference attendance). 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.
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.



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