

# COMPETENCY DETAILS

## INFANT MENTAL HEALTH MENTOR (IMHM)

There are three designations under Infant Mental Health Mentor including Clinical, Policy, and Research/Faculty. In both the Competency Detail and the Impact Map, alphabetic codes in parentheses beside certain competencies 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/F:** Research/Faculty: practice leaders in research, evaluation, and teaching

### 1. Theoretical Foundations

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#### *Knowledge Areas:*

- pregnancy and early parenthood
- infant/young child development and behavior
- infant/young child- and family-centered practice
- relationship-focused, therapeutic practice
- family relationships and dynamics
- attachment, separation, trauma, grief, and loss
- psychotherapeutic and behavioral theories of changes
- disorders of infancy/early childhood
- mental and behavioral disorders in adults
- cultural competence
- adult learning theory and practice
- statistics
- research and evaluation

#### *As Demonstrated by:*

**May practice each of the following on his/her own but, more importantly, facilitates these skills in novice practitioners, students, clients, and other colleagues**

#### **Applies to all designations (A):**

- Understands both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and in day-to-day interactions with the infant/young child and family
- Supports provision of information, guidance, and support to families related to the development and care of infants and young children to further develop parenting capabilities and the attachment relationship
- Understands the conditions that optimize early infant brain development
- Supports communication in languages that meet community's needs
- Supports informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, risks, developmental delays, and/or emotional disturbances in infants and young children 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

*As Demonstrated by:*

- Promotes services that reinforce and nurture the caregiver-infant/young child relationship
- Supports parent-infant/young child relationship-based therapies and practices to explore issues including attachment, separation, trauma, and loss that affect the development and care of the infant/young child
- Recognizes 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

**Typically demonstrates these skills on his/her own:**

- Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organizations (A)
- Writes articles and books on infant mental health principles and practice (P, R/F)
- 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, R/F)
- Facilitates monitoring and evaluation of service process and outcomes (P, R/F)
- Promotes research projects intended to increase the body of knowledge about infant mental health, early development, and effective interventions (P, R/F)
- Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (P)





## 2. Law, Regulation, and Agency Policy

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### *Knowledge Areas:*

- ethical practice
- government, law, and regulation
- agency policy

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- Exchanges complete and unbiased information in a supportive manner with service recipients, colleagues, agency representatives, legislators, and others
- Promotes the maintenance of confidentiality of each family's information in all contexts with the only exception being when making necessary reports to protect the safety of a family member (eg, Children's Protective Services, Duty to Warn)
- Respects and advocates for the rights of infants, young children, and families
- Understands, utilizes, and facilitates adherence to provisions and requirements of federal, state, and local laws affecting infants/young children and families (eg, early intervention, child protection) within infant mental health programs, community groups, etc, including the rights of citizen children of non-citizen parents
- When consulting/providing expert testimony to agencies, service systems, legislative bodies, and programs, develops conclusions and recommendations that reflect the needs and best interests of the infant/young child within the context of the family
- Understands and makes effective use of federal, state, and agency funding, contracting, and reporting requirements to enhance service availability and effectiveness

### 3. Systems Expertise

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#### *Knowledge Areas:*

- service delivery systems
- community resources

#### *As Demonstrated by:*

##### **Applies to all designations (A):**

- Understands the services available through formal service delivery systems (eg, child welfare, education, mental health, health, etc), through other community resources (eg, churches, food banks, child care services), and through informal supports (eg, family members, friends, other families)
  - Utilizes an expert knowledge of the formal service delivery systems and community resources to make decisions and recommendations
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### 4. Direct Service Skills

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#### *Knowledge Areas:*

- observation and listening
- screening and assessment
- responding with empathy
- intervention/treatment planning
- developmental guidance
- supportive counseling
- parent-infant/young child relationship-based therapies and practices
- advocacy
- safety
- reflective supervision

#### *As Demonstrated by:*

##### **Models, coaches, promotes, and otherwise instructs in the following competencies**

##### **Applies to all designations (A):**

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates change
- 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:
  - Identify and share feedback with 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 can be woven into the daily routines of the infant/young child and family

*As Demonstrated by:*

- Uses multiple strategies to help parents/caregivers:
    - 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 infants/young children
  - Promotes parental competence in:
    - 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 (eg, *Diagnostic and Statistical Manual of Mental Disorders [DSM-V]*, *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood [DC: 0-5™]*)
  - 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
  - Recognizes environmental and caregiving threats 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:
    - Observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings, and
    - 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
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## 5. Working With Others

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### *Skill Areas:*

- building and maintaining relationships
- supporting others
- coaching and mentoring
- collaborating
- resolving conflict
- crisis management
- empathy and compassion
- consulting

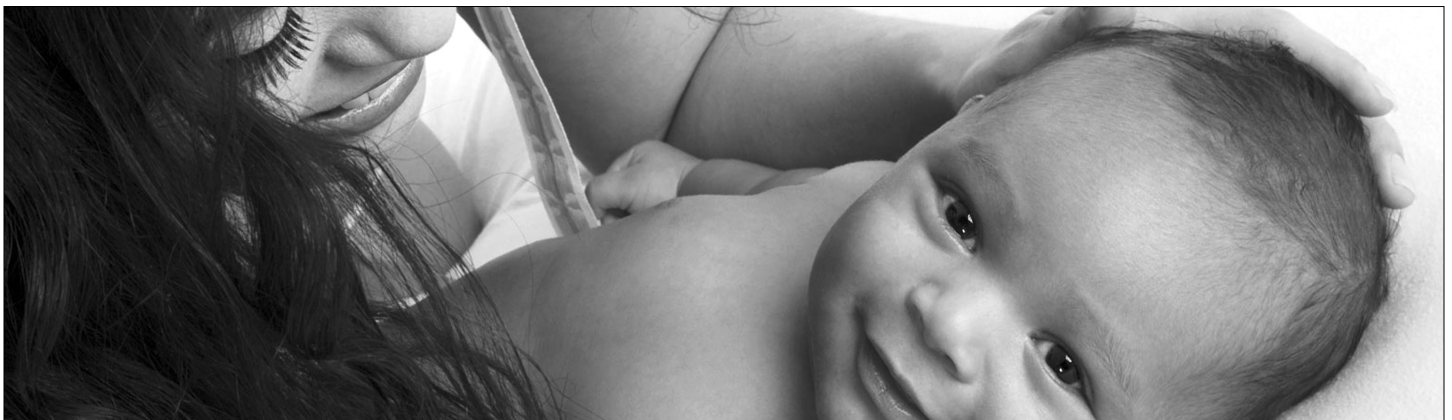
### *As Demonstrated by:*

#### **Applies to all designations (A):**

- 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:
  - Being proactive in establishing connections
  - Sharing information
  - Partnering on projects (eg, research, publication, program development, legislation, education initiatives)
  - Identifying and reaching out to families of cultures not being served or being underserved
- Deals with all people in a tactful and understanding manner
- 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, and service systems, taking into account needs, goals, context, and constraints to:
  - Develop policy and procedure that support relationship-focused work
  - Advocate for policy, program, and/or system improvements
  - Obtain funding and other resources

#### **Applies to Clinical designation (C):**

- Training/coaching of caregivers and/or other professionals (eg, child care teacher, foster parent, health, mental health, legal)



## 6. Leading People

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### *Skill Areas:*

- motivating
- advocacy
- developing talent

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- 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 novice practitioners, students, colleagues, reporting employees, and clients in a range of skills to help them become:
  - Highly effective infant mental health practitioners/professionals
  - Positively contributing human beings
  - Culturally sensitive individuals

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## 7. Communicating

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### *Skill Areas:*

- listening
- speaking
- writing
- group process

### *As Demonstrated by:*

#### **Applies to all designations (A):**

- Actively listens to others and clarifies others' statements to ensure understanding
- Appropriately uses and interprets non-verbal behavior
- Communicates honestly, professionally, sensitively, and empathetically with any audience
- Demonstrates clarity, focus, accuracy, and diplomacy when speaking at workshops, meetings, conferences, legislative sessions, and/or committee meetings
- Writes clearly, concisely, and with the appropriate style (eg, business, conversational) in creating books, policy memoranda, contracts, articles, research, web content, grant applications, instructional and meeting materials, reports, and correspondence
- Effectively facilitates small groups (eg, interdisciplinary or interagency teams)

## 8. Thinking

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### *Skill Areas:*

- analyzing information
- solving problems
- exercising sound judgment
- maintaining perspective
- planning and organizing

### *As Demonstrated by:*

**Practices 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):**

- Sees and can explain the “big picture” when analyzing 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 and own expertise in making decisions
- Generates new insights and workable solutions to issues related to effective relationship-focused, family-centered care
- Defines, creates a sequence for, and prioritizes tasks necessary to perform role and achieve goals (especially goals related to complex, organizational initiatives)
- Employs effective systems for tracking progress and ensuring follow-up







## 9. Reflection

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### *Skill Areas:*

- contemplation
- self awareness
- curiosity
- professional/personal development
- emotional response
- parallel process

### *As Demonstrated by:*

**Practices each of the following his/her own, but also nurtures these skills in novice practitioners, students, and other colleagues**

#### **Applies to all designations (A):**

- Regularly examines own thoughts, feelings, strengths, and growth areas and discusses issues and/or concerns with supervisor or mentor
- Seeks a high degree of congruence between self-perception 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
- Encourages others (eg, peers, supervisees) 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 infant/young child development and infant mental health practice
- Regularly examines effectiveness of policies and procedures
- Utilizes statistics and other data to assess service effectiveness and appropriate use of resources
- Modifies policies and procedure to enhance service effectiveness and appropriate use of resources
- Utilizes training and research resources to enhance service effectiveness
- Recognizes and responds appropriately to parallel process



## 10. Administration

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### *Skill Areas:*

- program management
- program development
- program evaluation
- program funding

### *As Demonstrated by:*

#### **Applies to Policy designation (P):**

- Promotes relationship-focused service and infant/young child- and family-centered 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 policies promoting infant mental health
- Shares his/her generated knowledge with others via publication in infant-family related books, journals, and/or conference presentations

## 11. Research and Evaluation

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### *Skill Areas:*

- study of infant relationships and attachment
- study of infant development and behavior
- study of families

### *As Demonstrated by:*

#### **Applies to Research/Faculty (R/F):**

- 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, 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 policies promoting infant mental health
- Shares his/her generated knowledge with others via publication in infant-family related books, journals, and/or conference presentations



# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH MENTOR - CLINICAL (IMHM-C)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health, postgraduate specialization, or university certificate program must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

*Please note:* There is an expectation that applicants for IMHM-C have the same foundational knowledge as IMHM-P and IMHM-R/F related to infant and early childhood mental health principles and practices. All IMHM applicants will take the same multiple-choice exam

- 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 infant mental health, 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 mental health
- **Minimum** 30 clock hours required
- A minimum of 15 hours must be didactic training about the provision of reflective supervision/consultation
- Typically, successful IMHM-C applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to the *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Meets specialized work experience criteria as specified for IMHS<sup>6</sup> plus three years of postgraduate experience providing infant mental health reflective supervision/consultation (RS/C)

6. Two years of postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialized work experience must be with both the infant/toddler (birth to 36 months old) 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, behavior, 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. Infant mental health services that meet IMHS specialized work criteria are provided by professionals whose role includes intervention or treatment of the child's primary caregiving relationship (ie, biological, foster, or adoptive parent or guardian); these experiences are critical to the development of a specialization in infant mental health. The Infant Family Specialist Endorsement® is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to early care and education providers or whose intent is primarily to educate parents



## LEADERSHIP ACTIVITIES AT THE REGIONAL OR STATE LEVEL

*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 an IMHM

- Organize and facilitate reflective practice groups and/or infant mental health study groups
- Participate in system of care planning initiatives
- Participate in planning for regional, statewide, or national infant mental health specific conferences
- Represent infant mental health interests in planning for national early childhood, social service, child welfare, behavioral health, and public health conferences
- Work to increase the preference for endorsed personnel in contracts for services, child care rating schemes
- Work to address reimbursement issues for infant mental health services
- Serve in a leadership role or as an active committee member in a local/state Infant/Early Childhood Mental Health (IECMH) association
- Volunteer contributions that promote infant mental health
- Provide training on infant mental health principles and/or practices to regional, state, or national groups
- Teach about infant mental health principles and practices at a college or university

## REFLECTIVE SUPERVISION/CONSULTATION

Minimum 50 clock hours of relationship-focused, reflective supervision/consultation (RS/C) within a one- to two-year timeframe; post-Masters degree, individually or in a group while providing RS/C to infant-family professionals

Applicant's provider of RS/C must have earned/maintained 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

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone who has earned Endorsement® as IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant mental health principles into practice

Total of three required:

1. One from current program supervisor
2. One from person providing RS/C to the applicant
3. One from person receiving RS/C from the applicant

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

Signed

## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that requirements and competencies have been adequately met through specialized education, in-service training, work, and through RS/C experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay portion. While the multiple-choice exam is the same for all categories of Endorsement®, the essay portion of the exam differs for Clinical, Policy, and Research/Faculty applicants

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association



# ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH MENTOR - CLINICAL (IMHM-C)

## 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 36 months). This includes the principles and practices of infant mental health (eg, 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 IMHM-C Endorsement® and provide reflective supervision or consultation to others, at least three of the hours of specialized training must be about reflective supervision/consultation

## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

It is required that all professionals endorsed at IMHM - Clinical receive a minimum of 12 hours of RS/C annually. Professionals who maintain IMHM-C for a minimum of 3 years are not required to continue receiving RS/C, but it is strongly recommended if the professional is providing direct service and/or RS/C



# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH MENTOR - POLICY (IMHM-P)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health; postgraduate specialization; or university certificate program must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

*Please note:* There is an expectation that applicants for IMHM-P have the same foundational knowledge as IMHM-C and IMHM-R/F related to infant and early childhood mental health principles and practices

All IMHM applicants will take the same multiple-choice exam

- 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 infant mental health, 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 mental health
- **Minimum** 30 clock hours required
- Typically, successful IMHM-P applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Three years of postgraduate experience as a leader in policy and/or program administration related to the promotion of early 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



## LEADERSHIP ACTIVITIES AT THE REGIONAL OR STATE LEVEL

*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 an IMHM

- Provide feedback to state agencies on current and proposed policies that promote infant and early childhood mental health (IECMH) practices
- Provide presentations on IECMH and its role in all early childhood disciplines/systems, including school readiness
- Participate in planning groups promoting IECMH within early childhood systems
- Participate in regional, state, and national policy making groups representing IECMH principles
- Publish policy briefs or position statements addressing IECMH
- Provide analysis of proposed legislation/policy on populations served through IECMH service delivery systems
- Work to address reimbursement issues for IECMH services
- Work to increase preference for endorsed personnel in contracts for services
- Work to increase preference for endorsed personnel in quality rating improvement systems and child care licensing regulations
- Serve in a leadership role or as an active committee member in local/state IECMH association
- Participate in planning for regional, statewide, or national IECMH-specific conferences
- Engage in reflective consultation

## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Policy

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone who has earned Endorsement® as IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant and early childhood mental health principles into practice

Total of three required:

1. One from current program 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 AND ENDORSEMENT® AGREEMENT

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## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that requirements and competencies have been adequately met through specialized education, in-service training, and work experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice section 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/Faculty applicants

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association



# ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH MENTOR - POLICY (IMHM-P)

## EDUCATION AND TRAINING

Minimum 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 old). This includes the principles and practices of infant mental health (eg, 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)

## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Policy



# ENDORSEMENT® REQUIREMENTS

## INFANT MENTAL HEALTH MENTOR - RESEARCH/FACULTY (IMHM-R/F)

### EDUCATION

Official transcripts from all degrees earned and from any college credits earned are required. Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctor of Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD), or other degree specific to one's professional focus in infant mental health; postgraduate specialization; or university certificate program must be submitted in accordance with the *Competency Guidelines*®

### TRAINING

*Please note:* There is an expectation that applicants for IMHM-R/F have the same foundational knowledge as IMHM-C and IMHM-P related to infant and early childhood mental health principles and practices. All IMHM applicants will take the same multiple-choice exam

- 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 infant mental health, 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 mental health
- **Minimum** 30 clock hours required
- Typically, successful IMHM-R/F applications include an average of 75 or more hours of specialized training unless the applicant has completed coursework specific to *Competency Guidelines*®

### SPECIALIZED WORK EXPERIENCE

Three years of postgraduate experience as a leader in university: teaching and/or publishing 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

*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 an IMHM

- Provide leadership in higher education infant and early childhood mental health (IECMH) programs
- Serve as instructor for higher education for IECMH courses
- Participate in interdepartmental efforts to integrate IECMH competencies into appropriate syllabi
- Participate as a member of a doctoral applicant's committee when IECMH-related topics are proposed
- Participate in planning for regional, statewide, or national IECMH-specific conferences
- Present and/or publish on topics related to the promotion or practice of IECMH
- Serve in a leadership role or as an active committee member in local/state IECMH association
- Engage in reflective consultation



## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Research/Faculty

## PROFESSIONAL REFERENCE RATINGS

*Please note:* At least one reference rating must come from someone who is endorsed as an IFS, ECFS, IMHS, ECMHS, IMHM, or ECMHM. Reference raters must be familiar with the applicant's capacity to implement infant and early childhood mental health principles into practice

Total of three required:

1. One from current department supervisor or chair if he/she is familiar with infant mental health. If not, applicant may ask a colleague
2. One from person providing RS/C, if applicable. If not applicable, applicant may ask a colleague
3. One from a student taught and/or supervised by the applicant

## CODE OF ETHICS AND ENDORSEMENT® AGREEMENT

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## DEMONSTRATION OF COMPETENCIES

1. Application will demonstrate that requirements and competencies have been adequately met through specialized education, in-service training, and work experiences
2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice section 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/Faculty applicants

## PROFESSIONAL MEMBERSHIP

Membership in the Infant Mental Health Association

# ENDORSEMENT® RENEWAL REQUIREMENTS INFANT MENTAL HEALTH MENTOR - RESEARCH/FACULTY (IMHM-R/F)

## EDUCATION AND TRAINING

Minimum 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 old). This includes the principles and practices of infant mental health (eg, 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)

## PROFESSIONAL MEMBERSHIP

Annual renewal of membership in the Infant Mental Health Association

## REFLECTIVE SUPERVISION/CONSULTATION

Optional for Research/Faculty