Building a Competent Workforce in the Infant and Family Field

Competency Guidelines® and Endorsement® as a tool for professional development
Sheryl Goldberg and Nichole Paradis
What is Infant Mental Health?

“I wish I’d started therapy at your age.”
What do we mean when we say IMH?

- An interdisciplinary field
- Mental health status of infants & toddlers
- Infant mental health principles
- Infant mental health-informed work with families
- Infant mental health practice
The theoretical foundations and values that guide our understanding of what infants/toddlers need, for example:

- Attachment theory, family systems theory, trauma-informed
- Babies exist in the context of their caregiving relationships and within the cultural context of their family
- Experiences during pregnancy and in the first three years lay the foundation for all future development
- Relationships are critical: best way to support babies is to support their parents/families to build/strengthen nurturing relationships with them
- There can be both ghosts and angels in the nursery that will impact the emerging attachment relationships
IMH-informed Work

- Application of IMH principles to any work intended to promote infants’ social emotional well-being
- Can apply to early care & education, home visiting services, early intervention, health care (pediatrics, nursing, psychiatry), behavioral health care, child welfare/custody, special education, OT, PT
- And macro too:
  - Research
  - Advocacy
  - Program development, evaluation, administration
IMH Practices

- Relationship-focused interventions with both the infant/very young child parent on behalf of the parent-infant relationship
- The Michigan model of IMH Home Visiting Includes case management, advocacy, emotional support, developmental guidance, early relationship assessment, social support and parent-infant/very young child relationship-based therapies and practices
- Explicitly expose and address unresolved separations, traumas, grief, and/or losses that may be affecting the emerging attachment relationship
- Unresolved losses might be from the caregiver’s own early childhood or may be more recent as in a difficult labor & delivery or a diagnosis of a chronic illness, delay, or disability for this infant/toddler
- Encouraging the angels is an important part of the relationship-based intervention
Reflective Supervision/Consultation (RSC)

- A trusting relationship between supervisor and practitioner
- Consistent and predictable
- Questions that encourage details about the infant, parent and emerging relationship
- Both commit to remain emotionally present
- Teach/guide
- Nurture/support
- Apply the integration of emotion and reason
- Explore the parallel process and to allow time for personal reflection
- Attend to how reactions to the content affect the process
“When it’s going well, supervision is a holding environment, a place to feel secure enough to expose insecurities, mistakes, questions and differences.”  Rebecca Shahmoon Shanock (1992)

Supervision is “the place to understand the meaning of your work with a family and the meaning and impact of your relationship with the family.”  Jeree Pawl, public address

“Do unto others as you would have others do unto others.”  Jeree Pawl (1998)
Evaluation of RSC

Reflective Interaction Observation Scale (RIOS)

- A tool examining the essential components of reflective supervision

- Developed by researchers at University of Minnesota and other members of the League as a step toward establishing an evidence-base for the effectiveness of RSC

- Recent publication: Watson, C. Shelley Neilsen Gatti, S., Cox, M., Harrison, M., & Hennes, J. (2014). Reflective supervision and its impact on early childhood intervention. Early Childhood and Special Education; Advances in Early Education and Day Care, 18, 1-26

Efficacy Scales

- Not yet published set of scales developed and being used in Michigan and other League states
RSC that meets criteria for Endorsement®

Relationship-focused, reflective supervision/consultation with an approved supervisor/consultant, individually or in a group, while providing services to infants, toddlers and families.

- Level II – Minimum 24 clock hours within a 1-2 year timeframe
- Level III - Minimum 50 clock hours within a 1-2 year timeframe
- Level IV-C - Minimum 50 clock hours within a 1-2 year timeframe
- In Michigan, “approved” means Endorsed at Level IV-C or Level III
- In new League states who are building RSC capacity, “approved” providers are those who are Endorsed or who meet criteria for Endorsement® at IV-C or III; those seeking “approved” status are vetted by the IMH association.
Competency Guidelines

1) Create a shared framework across the infant and family field to promote high-quality, relationship focused practice and social and emotional health beginning in pregnancy and including the first years of life

2) Guide development of knowledge, skills & best practices across systems/services to all infants/young children & families

3) Provide a foundation for knowledge, skills & best practices across disciplines and professions and along the lifelong learning continuum

4) Strengthen the scholarship in promoting infant mental health

5) Invite dialogue for collaborative practice, training and professional growth

6) Promote systems growth and change
In the 1970s, Selma Fraiberg developed services in Michigan, coining the phrase, *infant mental health*

In 1983, the Michigan Department of Mental Health funded infant mental health services through community mental health agencies where staff training was integral to program design.
Professional Competencies

By 1986, Michigan Department of Education identified core competency domains for early intervention professionals:

- Theoretical Foundations
- Legal/Ethical Foundations
- Interpersonal/Team skills
- Direct Service Skills
- Advocacy Skills
In 1986, MI-AIMH approved and published a two-page document, *Training Guidelines*, summarizing guidelines for IMH training and supervision, inspired by Fraiberg’s work and the implementation of IMH home visiting services in Michigan.

In 1990, ZERO TO THREE published *Task Documents* for the infant and family field, encouraging knowledge, skills, collegial and supervisory support.
By 1997, MI-AIMH committee members completed the areas of core competency for IMH professionals by adding to the identified domains:

- Systems Expertise
- Thinking
- Reflection
In 2000, MI-AIMH received a grant from the W.K. Kellogg Foundation to hire an Executive Director and Administrative Assistant to support and complete the Competency Guidelines®.

Final phase: Develop and complete a systematic plan for professional work force development.
A Systematic Plan for Endorsement

By 2000, MI-AIMH called the plan an endorsement:

- The MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®
The Endorsement - IMH-E®

A 4-level, interdisciplinary, professional development system to expand and recognize competency in the infant mental health field:

- Infant Family Associate - Level I
- Infant Family Specialist - Level II
- Infant Mental Health Specialist – Level III
- Infant Mental Health Mentor (later expanded to specify clinical, policy or faculty/research) – Level IV
## Endorsement®: A 4-Level Plan

<table>
<thead>
<tr>
<th></th>
<th>Infant Family Associate</th>
<th>Infant Family Specialist</th>
<th>IMH Specialist</th>
<th>IMH Mentor: Clinical, Faculty, or Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>CDA/Associate</td>
<td>Bachelors or Masters</td>
<td>Masters or Post-Graduate</td>
<td>Masters, Post-Graduate</td>
</tr>
<tr>
<td><strong>Work Experience</strong></td>
<td>2 yrs. in infant/family field</td>
<td>2 yrs. in infant/family field</td>
<td>2 yrs. post-masters IMH practice</td>
<td>3 years as IMH practice leader</td>
</tr>
<tr>
<td><strong>In-Service Training</strong></td>
<td>Minimum 30 hrs.</td>
<td>Minimum 30 hrs.</td>
<td>Minimum 30 hrs.</td>
<td>Minimum 30 hrs.</td>
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<tr>
<td><strong>References</strong></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Reflective Supervision</strong></td>
<td>Not required</td>
<td>Minimum: 24 hours</td>
<td>Minimum: 50 hours</td>
<td>Clinical: Minimum 50 hours</td>
</tr>
<tr>
<td><strong>Code of Ethics &amp; Agreement</strong></td>
<td>Signed</td>
<td>Signed</td>
<td>Signed</td>
<td>Signed</td>
</tr>
<tr>
<td><strong>Written Exam</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</table>
Each of the eight domains list subcategories of knowledge and/or skill areas: Theoretical Foundations; Law, Regulation & Agency Policy; Systems Expertise; Direct Service Skills; Working with Others; Communicating; Thinking; and Reflection.

At each level, those knowledge/skill areas may be more specific to the Endorsement® category. For example:

- Attachment, separation, trauma, grief, & loss is required at all levels.
- Disorders of infancy/early childhood is not required at Level I but is required at all others.
- Parent-infant/very young child relationship-based therapies & practices required at Level III and IV-C, but not at I or II.
<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Knowledge/Skill Area</th>
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</thead>
<tbody>
<tr>
<td>Theoretical Foundations</td>
<td>• Pregnancy &amp; early parenthood</td>
</tr>
<tr>
<td></td>
<td>• Infant/very young child development &amp; behavior</td>
</tr>
<tr>
<td></td>
<td>• Infant/family-centered practice</td>
</tr>
<tr>
<td></td>
<td>• Relationship-based therapeutic practice</td>
</tr>
<tr>
<td></td>
<td>• Family relationships &amp; dynamics</td>
</tr>
<tr>
<td></td>
<td>• Attachment, separation, trauma, grief &amp; loss</td>
</tr>
<tr>
<td></td>
<td>• Disorders of infancy &amp; early childhood</td>
</tr>
<tr>
<td></td>
<td>• Cultural competence</td>
</tr>
<tr>
<td></td>
<td>• Psychotherapeutic &amp; behavioral theories of change</td>
</tr>
<tr>
<td></td>
<td>• Mental &amp; behavioral disorders in adults</td>
</tr>
<tr>
<td>Competency Domain</td>
<td>Knowledge/Skill Area</td>
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<tr>
<td>Direct Service Skills</td>
<td>• Observation &amp; listening</td>
</tr>
<tr>
<td></td>
<td>• Screening &amp; assessment</td>
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<td></td>
<td>• Responding with empathy</td>
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<td></td>
<td>• Advocacy</td>
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<td>• Life skills</td>
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<td></td>
<td>• Safety</td>
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<td></td>
<td>• Intervention/treatment planning</td>
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<td></td>
<td>• Developmental guidance</td>
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<tr>
<td></td>
<td>• Supportive Counseling</td>
</tr>
<tr>
<td></td>
<td>• Parent-infant/very young child relationship-based therapies &amp; practices</td>
</tr>
<tr>
<td>Competency Domain</td>
<td>Knowledge/Skill Area</td>
</tr>
<tr>
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<td>----------------------------------------------------</td>
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<tr>
<td>Reflection</td>
<td>• Contemplation</td>
</tr>
<tr>
<td></td>
<td>• Self awareness</td>
</tr>
<tr>
<td></td>
<td>• Curiosity</td>
</tr>
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<td></td>
<td>• Professional/personal development</td>
</tr>
<tr>
<td></td>
<td>• Emotional response</td>
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<td></td>
<td>• Parallel process</td>
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## Competency activity (see handout)

<table>
<thead>
<tr>
<th>Theoretical Foundations</th>
<th>Direct Service Skills</th>
<th>Select others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy &amp; early parenthood</td>
<td>Observation &amp; listening</td>
<td>Ethical practice</td>
</tr>
<tr>
<td>Infant development/behavior</td>
<td>Screening &amp; assessment</td>
<td>Agency policy</td>
</tr>
<tr>
<td>Infant/family-centered practice</td>
<td>Responding with empathy</td>
<td>Service delivery systems</td>
</tr>
<tr>
<td>Relationship-focused therapeutic practice</td>
<td>Intervention/treatment planning</td>
<td>Community resources</td>
</tr>
<tr>
<td>Family relationships &amp; dynamics</td>
<td>Developmental guidance</td>
<td>Building &amp; maintaining relationships</td>
</tr>
<tr>
<td>Attachment, separation, trauma, grief, &amp; loss</td>
<td>Supportive counseling</td>
<td>Supporting others</td>
</tr>
<tr>
<td>Psychotherapeutic &amp; behavioral theories of change</td>
<td>P-I/VYC relationship-based therapies &amp; practices</td>
<td>Collaborating</td>
</tr>
<tr>
<td>Disorders of infancy/early childhood</td>
<td>Advocacy</td>
<td>Analyzing information</td>
</tr>
<tr>
<td>Mental/behavioral disorders in adults</td>
<td>Life skills</td>
<td>Exercising sound judgment</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>Safety</td>
<td>Parallel process</td>
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</tbody>
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Implementation of the Competency Guidelines® and Endorsement® can lead to:

- A “map” to guide professional development (for both individuals and programs)
- Access to specialized, competency-based training
- Access to reflective supervision/consultation
- A method for demonstrating a specialization in infant mental health
What it means to professionals

When asked how Endorsement® has changed view/perception of infant mental health:

- “I have a better understanding of the importance of this work.”
- “[I am] well-prepared for work with families.”
- “I obtained more relevant training and supervision than I would have otherwise.”
- “The time spent preparing my application helped increase my understanding of IMH work.”
- “The material for the exam deepened my understanding.”
- “Increased my credibility.”
What professionals say about benefits of Endorsement® to families

- “I think it maximizes my capacity to be fully present with them.”
- “I’m a more ‘well-rounded’ clinician due to requirements for reflective supervision and continuing education.
- “My knowledge/studies make me a better therapist.”
- “I am a better advocate in court.”
- “Increased breadth of knowledge and treatment approaches.”
System-wide Benefits

- Facilitates cross-systems collaboration to provide training and RSC in order to meet the standards laid out in the Competency Guidelines®
- Provides strategies to recognize the importance of workforce development for infant and family professionals, including MIECHV programs
- University (pre-service) programs have been designed to align with the Competency Guidelines®
- Endorsement® is linked to professional development requirements in some Baby Courts and has been used to qualify as an expert witness in other court rooms
Example of a training model for Level III

Tulane University
(Charles Zeanah, et. al.)

- On-line
- Geared toward IMH practitioners (Level III)
- 15 hours series
- Linked to competencies, in consultation with League members
- Reflective consultation available (video or phone), but not case-based
- Coming soon; not yet available
Training to develop providers of RSC

Provided by MI-AIMH with support from the Flinn Foundation

Part One: For IMH Program Supervisors

Monthly sessions will be held for 3 hours each for 4 months
Didactic material related to the establishment and maintenance of the reflective supervisory relationship, live reflective supervisions between supervisors with coaching and reflective discussion led by the facilitators, and time for self-exploration

Part Two: For IMH Program Supervisors and 1-3 of their staff

Monthly for 3 hours each for 4 months
Didactic material about the shared experience of reflective supervision, live reflective supervision sessions between IMH clinician(s) and supervisor, coaching, guided discussion and self-exploration
Training to develop providers of RSC

WI-AIMH model for MIECHV programs

- A statewide, collaborative project within home visiting programs (MIECHV) and UW Infant, Early Childhood Family, Mental Health Capstone Program

- Designed to enhance supervisors’ reflective supervision skills

- Increase availability of qualified infant mental health consultants

- RSC groups for home visiting staff co-facilitated by an IMH Mentor and a “Consultant in Training”

- Consultant in Training received individual RSC from Mentor

- Home visiting program supervisors received individual RSC from Consultant in Training
Texas (TAIMH) received a training grant from the Hogg Foundation to develop and provide training that covered infant & young child development and behavior; infant/young child & family-centered practice; relationship-focused practice; attachment, separation, trauma & loss; cultural competency; disorders of early childhood; reflection; ethical practice; and advocacy.

Delivered to child welfare staff and early care & education providers.
RIAiMH collaboration (Susan Dickstein) with Bradley Hospital

- Three sections (total of 16 hours) of computer-based learning
  - Infant/Toddler Development
  - Relationships as the Context for Development
  - Supporting Infant/Toddler Development: Approaches to Individualization

http://www.bradleyhospital.org/Foundations_for_Infant_Toddler_Social_Emotiona...evelopment.html
Examples of service delivery changes

- Michigan: Medicaid requires all providers of community mental health infant mental health home visiting in the state to earn Endorsement® as Infant Family Specialists (minimum) or IMH Specialists (preferred). IMH home visiting is required in every county in Michigan.

- New Mexico’s behavioral health department requires Endorsement® for reimbursement for IMH services.
Examples of Higher Education changes

- University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone program, developed in alignment with competencies. Established to provide intensive, year-long training that includes reflective experiences (Roseanne Clark, PhD)

- University of Minnesota’s Center for Early Education and Development on-line courses related to IMH competencies

- Arizona State University’s graduate degree in Infant-Family Practice. Preparation of an Endorsement® application required at the end of the program

- Wayne State University’s Merrill Palmer Skillman Institute Dual Title in IMH with social work (MSW or PhD), nursing (PhD), and early childhood education (MA)


Thank you!

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