

The MI-AIMH Competency Guidelines®

A Systematic Approach to Building Work Force Capacity, June 15, 2015
Deborah J. Weatherston, PhD, IMH-E®



What is Infant Mental Health?

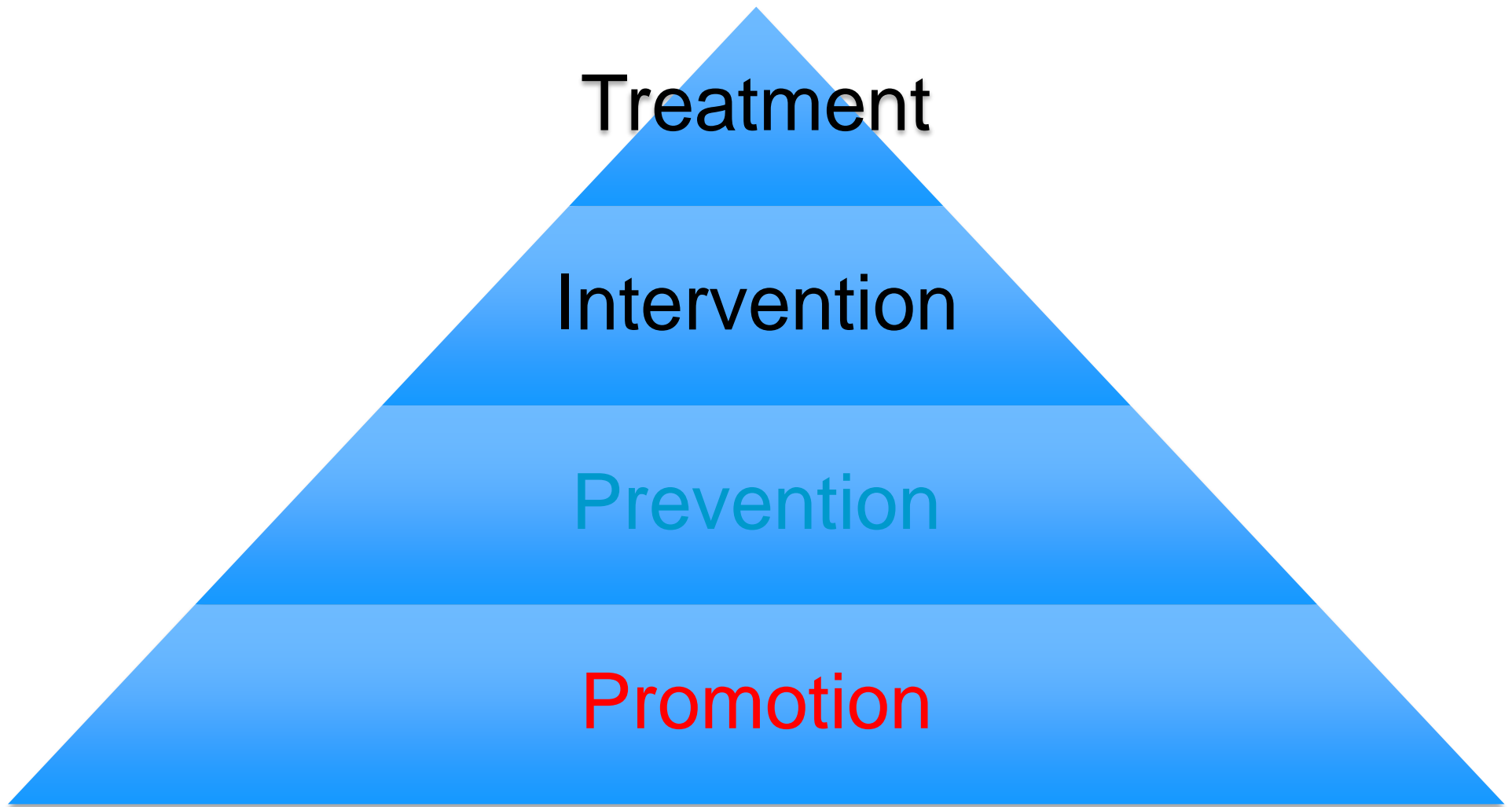


"I wish I'd started therapy at your age."

Defining Infant Mental Health

- Infant mental health is an interdisciplinary field of practice supporting families with children from conception to five years of age.
- Infant mental health is the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn – all in the context of family, community, and culture. C. Oser, 2012
- Infant mental health promotion, prevention, intervention and treatment services are intended to support, enhance, nurture and protect the development of women during pregnancy, infants and young children within the context of loving relationships.

Infant Mental Health: A Framework



The Birth of a Professional System



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

Training Guidelines

- 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

MI-AIMH Endorsement Committee

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

Completion of *Competency Guidelines*® and a Work Plan

- 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 Treasure to Return to Babies

- The Competency Guidelines® provide a framework that reflects this basic belief :
 - *The knowledge we have about early development and relationships is “a treasure that should be returned to babies and their families as a gift from science.”*
 - *S. Fraiberg, 1980*

Where will the professionals come from?

Disciplines

Psychology

Social Work

Pediatrics

Psychiatry

Nursing

Early Education

Early Intervention

Special Education

Agencies/Organizations

Depts. of Mental Health

Head Start/Early Head Start

Children's medical services

Depts. of Health

University faculty

Depts. of Rehabilitation Service

Private, Non-Profit Foundations

Child Care Councils

Many, many other collaborators

Interest Spread Across States

- MI-AIMH accepted its first Michigan applicants in June of 2002 and its first state affiliate (Texas) in 2005.
- In 2006 MI-AIMH received a national award from the Annapolis Coalition for the promotion of work force development and systems change through the competency-based *Endorsement*.
- In 2007 leaders formed a “league of affiliate states” to support one another in implementing the standards and agreed to convene annually

How have we begun to close the gap?

- Multiple stakeholders committed to social and emotional well-being in infancy and early parenthood have joined hands to build capacity in the infant and family work force:
 - They formed network groups, study groups, informal alliances on behalf of babies
 - They participated in strategic planning processes to bring babies into the picture
 - They sought and received funding from private and public sources to expand services to children birth to 3, to offer competency-based trainings to professionals, and to bring a systematic approach to work force development into their states
 - They sat at the same table together, over time, and used the Competency Guidelines® as the centerpiece for change through their working

RELATIONSHIPS RELATIONSHIPS RELATIONSHIPS RELATIONSHIPS RELATIONSHIPS!

Back to the Beginnings: Competencies

- Context: A grassroots approach to change for services to babies and their families through the developing field of infant mental health in Michigan in the early 1970's, the establishment of the Michigan Association for Infant Mental Health in 1977, and awareness of the complex educational and training needs across service settings
- Impetus: The growth of the infant mental health community and the realization that competency, as defined by expert consensus, required the development of a unique knowledge base, assessment and intervention or treatment skills specific to infancy and early parenthood, and reflective, relationship-based practice experiences

Building and Sustaining a Well-Trained Infant Mental Health Work Force

- *Competency Guidelines*® 2002/rev. 2011/2015
 - A systematic, professional development pathway to competence
 - Knowledge, skills, and reflective practice experiences
 - Early care and education professionals, home visitors, social workers, health care professionals, psychologists, family counselors, pediatricians, psychiatrists



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

8 Core Competency Domains

Competency Domain	Knowledge/Skill Area
Theoretical Foundations	Pregnancy & early parenthood; infant development & behavior; infant/family-centered practice; relationship-based therapeutic practice; family relationships & dynamics; attachment, separation, trauma & loss; disorders of infancy & early childhood; cultural competence
Law, Regulation, Policy	Ethical practice; government, law & regulation
Direct Service Skills	Observation & listening, screening & assessment; developmental guidance; relationship-based therapies
Working with Others	Building relationships, collaborating
Communicating	Listening, speaking, writing
Systems Expertise	Service delivery systems
Thinking	Solving problems, analyzing information
Reflection	Contemplation, self awareness, curiosity

The Competency Guidelines®

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

Individual Benefits

Adaptation and implementation of the Competency Guidelines® 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 IMH

Outcomes: Knowledgeable, Skillful, & Reflective

- Over 1350 people have earned Endorsement® at all levels
- Over 950 people are working toward Endorsement® now
- A strong leadership base from league IMH state associations share information monthly via conference calls about training, higher education, reflective practice, policies, and research and plan an annual leadership retreat
- Recognition from ZERO TO THREE that the Competency Guideline®s and Endorsement® provide an important grass roots initiative to expand capacity and transform services in the infant and family field to promote infant mental health

22 State Association Partners...

- Alaska Infant and Toddler Mental Health Association
- Arizona Infant Toddler Children's Mental Health Association
- Colorado Association for Infant Mental Health
- Connecticut Association for Infant Mental Health
- Idaho Association for Infant Mental Health
- Indiana Infant and Toddler Mental Health Association
- Kansas Association for Infant Mental
- Michigan Association for Infant Mental Health
- Minnesota Infant and Early Childhood Mental Health Association
- New Jersey Association for Infant Mental Health
- New Mexico Association for Infant Mental Health
- Oklahoma Association for Infant Mental Health
- Rhode Island Association for Infant Mental Health
- Texas Association for Infant Mental Health
- Virginia Association for Infant Mental Health
- West Virginia Association for Infant Mental Health
- Wisconsin Alliance for Infant Mental Health
- Washington Association for Infant Mental Health

22 State Association Partners

- The newest members:
 - New York State Association for IMH
 - Massachusetts Association for IMH
 - Iowa Association for IMH
 - Australian Association for IMH West Australia
- Considering: Hawaii AIMH

Let's look more closely at 3 of the 8 core competency domains

- Theoretical Foundations
- Direct Service Skills
- Reflection

Theoretical Foundations

Competency Domain	Knowledge/Skill Area
Theoretical Foundations	<ul style="list-style-type: none">• Pregnancy & early parenthood• Infant/very young child development & behavior• Infant/family-centered practice• Relationship-based therapeutic practice• Family relationships & dynamics• Attachment, separation, trauma, grief & loss• Disorders of infancy & early childhood• Psychotherapeutic & behavioral theories of change• Mental & behavioral disorders in adults• Cultural competence

Direct Service Skills

Competency Domain	Knowledge/Skill Area
Direct Service Skills	<ul style="list-style-type: none">• Observation & listening• Screening & assessment• Responding with empathy• Intervention/treatment planning• Developmental guidance• Supportive Counseling• Parent-infant/very young child relationship-based therapies & practices• Advocacy• Life skills• Safety

Reflection

Competency Domain	Knowledge/Skill Area
Reflection	<ul style="list-style-type: none">• Contemplation• Self awareness• Curiosity• Professional/personal development• Emotional response• Parallel process

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®

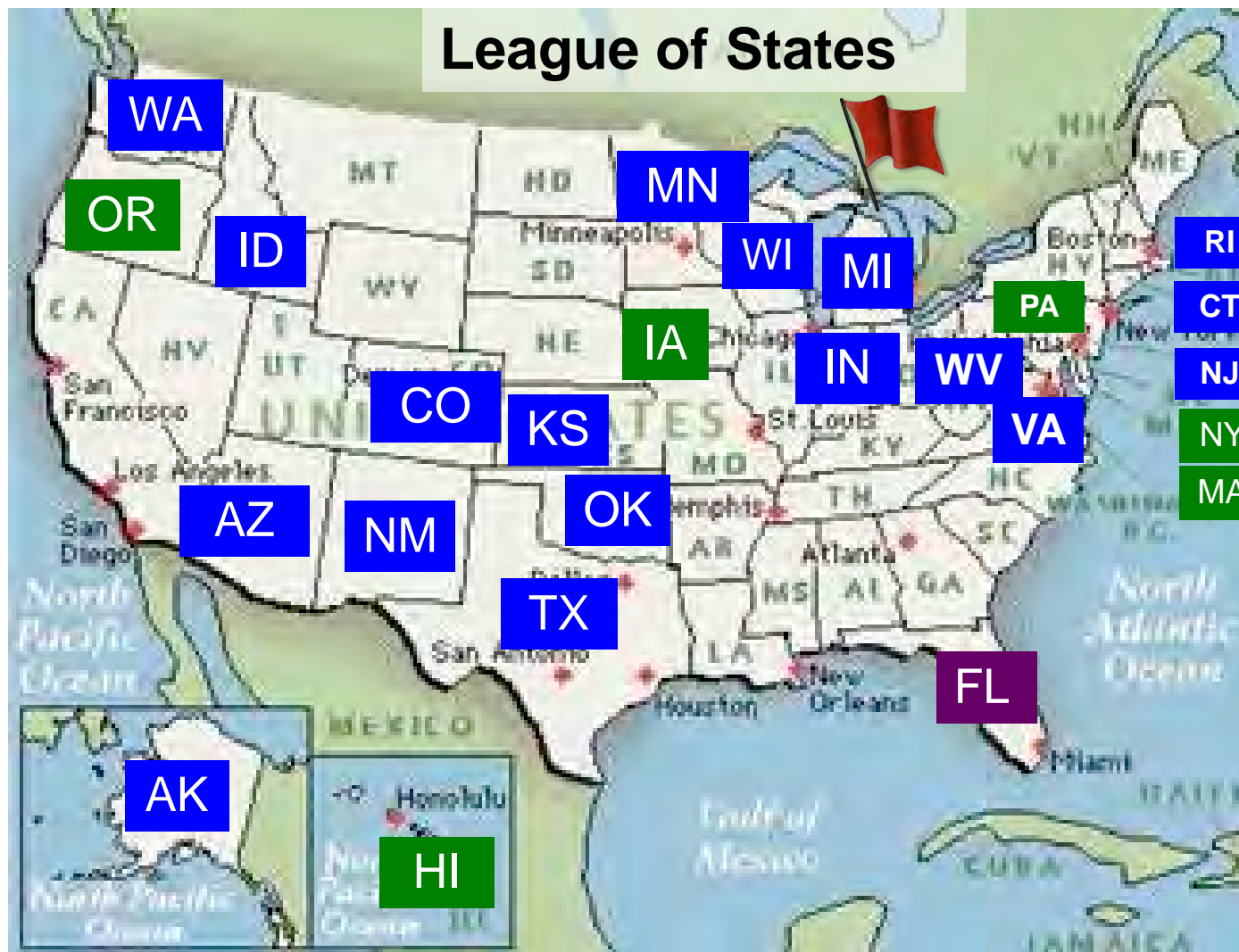
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Endorsement®: A 4-Level Plan

	Infant Family Associate	Infant Family Specialist	IMH Specialist	IMH Mentor: Clinical, Faculty, or Policy
Education	CDA/Associate	Bachelors or Masters	Masters or Post-Graduate	Masters, Post-Graduate
Work Experience* www.mi-aimh.org	2 yrs. in infant/family field	2 yrs. in infant/family field	2 yrs. post-masters IMH practice	3 years as IMH practice leader
In-Service Training	Minimum 30 hrs.	Minimum 30 hrs.	Minimum 30 hrs.	Minimum 30 hrs.
References	3	3	3	3
Reflective Supervision	Not required	Minimum: 24 hours	Minimum: 50 hours	Clinical: Minimum 50 hours
Code of Ethics & Agreement	Signed	Signed	Signed	Signed
Written Exam	No	No	Yes	Yes
Membership	Yes	Yes	Yes	Yes

League of States (Alliance)



League Member

Pursuing/Pending Membership

Agency Partners



2014 League Leadership Partners



New levels of investment in the promotion of infant mental health

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

Innovative Professional Strategies

- Alaska State funding supports the facilitation of 3 reflective supervision/consultation groups in Anchorage, Juneau and Fairbank. These groups were funded to expand the capacity of local experts within the state to provide RS/C across the state. As a result, programs are beginning to see the value of RS/C. Part C programs have recently contracted with newly endorsed professionals to provide RS/C to Part C staff who will in turn apply for endorsement.
- Connecticut AIMH has received several years of funding from Part C, Head Start, Child Welfare, and the Annie Casey Foundation to offer an IMH training series and regularly scheduled RS/C to staff in their systems. Training and RS/C will help participants meet criteria for endorsement.

Collaborations Promoting IMH

- Indiana Infant Toddler AIMH partnered with Sunny Start (Early Childhood Comprehensive Systems) for new funding focused on Toxic Stress in 0-3. Endorsed leaders will provide training on toxic stress in early childhood to child welfare, child care, and early intervention professionals. Support to work toward eligibility for endorsement at level I and II is a component of the grant.
- Indiana Infant Toddler AIMH partnered with the Division of Mental Health and Addiction to provide 48 hours of training in infant and early childhood mental health for child and adolescent community mental health professionals.

Policy Changes Promote Endorsement

- Effective October 1, 2008, Infant Mental Health therapists required to earn Endorsement® as infant family specialists, minimum level II, in Detroit-Wayne County, the largest county in Michigan, with 8 infant mental health programs, 44 providers
- Effective October 1, 2009, Michigan's Department of Community Health required the same of all infant mental health and Medicaid funded home-based programs across the state.
- Virginia: 2012, Virginia Department of Social Services contracted with ECMH Committee to infuse VAIMH Competencies into Virginia Professional Development efforts; increase numbers of early care and education staff to earn endorsement; link VAIMH Endorsement & Daycare Licensing requirements; 2014, home visiting programs, reflective groups

Innovative Training Promotes Endorsement

- New Mexico Children, Youth & Families Department uses the competencies to guide training and builds in reflective supervision for state-wide home visiting program staff, encouraging application for professional recognition through level II endorsement. The Department has also sponsored a year-long, intensive Advanced Training in IMH for mental health professionals to build capacity to provide services to infants, toddlers and families and to meet criteria for endorsement.
- New Jersey AIMH sought and received Hurricane Sandy disaster response funding to offer and coordinate training, resource distribution and create a bank of professionals with IMH knowledge and skills to provide disaster response counseling for infants, very young children and families. These professionals will be eligible to apply for endorsement.
- NJ AIMH has incorporated the sub-committee of NJ Council for Young Children responsible for CSEFEL Pyramid Training.

An Intensive, Reflective Practice & Home Visiting Training Model

- Wisconsin: A 2-year collaboration between WI-AIMH and the Department of Children and Families
- Goals: To integrate IMH and reflective practice into state funded home visiting sites across the state; to build reflective capacity among supervisors and home visiting staff
- A collaborative, paired mentoring model
- 3, 2-day retreats for supervisors/home visiting staff

Outcomes: New University Programs

Graduate Programs

- Advanced Studies (MA) in Infant and Family Practice at Arizona State University incorporating competencies in new degree in 2008.
- University of Minnesota Certificate in Infant and Early Childhood Mental Health created to reflect competencies.
- University of Texas at Dallas: Human Development & Childhood Disorders Graduate Program
- University of Alaska Anchorage: Children's Behavioral Health Graduate Certificate
- Wayne State University: 2012 New Dual Graduate Degree in IMH
- Michigan State U: Interdepartmental Grad Specialization in Infancy & Early Childhood

Outcomes: Certificate Programs

Certificate/Non-Degree Programs

- Indiana: Purdue and Indiana University – 12 hour certificate in Early Childhood Mental Health
- Kansas: On-line course on social-emotional development
- Michigan: University of Michigan School of Social Work 'mini-courses'
- Minnesota: CEED on-line courses in infant and early childhood mental health
- Wisconsin: University of Wisconsin Infant, Early Childhood & Family Mental Health Certificate Program granted credit for courses.
- New Mexico: Southwestern College created a 40 hour, infant mental health concentration and a 10-month course in Parent-Infant Studies

- All are aligned with the competencies and requirements for endorsement.

Non-Degree Program: On-Line

- League Training Sub-Committee's work has recently focused on "On-Line Training"
- Collaborative work with Tulane University to develop an on-line course that meets some of the competencies for endorsement as an Infant Mental Health Specialist (Level III)
- Will complement other ways that candidates across league states can meet competency
- Social and Emotional Development on-line course developed by Susan Dickstein, PhD, Rhode Island and aligned with competencies

Work force development plans

- Colorado: Project LAUNCH incorporated Competency Guidelines® into work force development plans for staff including competency-based training and reflective supervision
- Michigan: 5 Head Start/Early Head Start programs in regions across the state have included the Competency Guidelines® and Endorsement® as basis for work force development for staff. Training in core competency areas and financial support for reflective supervision for home visitors, family support staff, and child care providers help to build capacity in EHS teams.
- Alaska: Continued state funding for 3 Reflective Supervision groups in Anchorage, Juneau & Fairbanks for providers across service systems interested in endorsement

Systems Development: Child Care and Education

- Texas: Received a training grant promoting IMH from the Hogg Foundation to develop and provide training that covered infant & young child development and behavior; infant/young child & family-centered practice; relationship work; attachment, separation, trauma & loss; cultural competency; disorders of early childhood; reflection; ethical practice; and advocacy.
- Impact: Developed and provided 24 hours of competency-based training for over 30 child care providers and 30 child welfare staff (CPS, CASA, attorneys) resulting in a more knowledgeable/skillful work force
- Impact: Developed modules for competency-based training to replicate for child care providers and child welfare staff across the state/other states
- Impact: Worked with system to triple (from 8 to 24) the number of hours of training for child care providers required by the state, effective 2012

National System: Healthy Families America

- Kate Whitaker, IMH-E® IV (Policy) in Arizona
- National Training Director, HFA
- ***Professional Recognition:*** The *Best Practice Standards* and Critical Elements that form the structure for HFA coupled with the ISHV training meet the requirements for an Infant Mental Health Endorsement, Level 1: *Infant Family Associate* through the Michigan Association of Infant Mental Health (and states that are licensed to implement this process). The *Infant Family Associate* endorsement applies to staff that have an Associate of Arts degree or no degree.
- Seeking collaborative funding to nurture workforce development through Endorsement® process for HFA program staff

Reflective Supervision

- Reflective Supervision and Consultation is a hallmark of quality infant and early childhood mental health services
- League leaders have worked collaboratively for the past 4 years to identify core elements of reflective supervision in order to effectively evaluate its impact on service provision
 - Production of a reflective supervision training DVD
 - Live, real-time supervisions recorded/discussed at league retreats
 - Development of a reflective observation tool (Christopher Watson & Megan Cox, University of Minnesota and League partners) with monthly league discussions
 - Completion of a Delphi Study, Critical Components of Reflective Supervision, Angie Tomlin (Indiana) and Deb Weatherston (Michigan)

Research Sub-Committee



Outcomes: Knowledgeable, Skillful, & Reflective Practice Experiences

- Over 1,350 (2014) people have earned Endorsement® at all levels
- Over 950 people are working toward Endorsement®
- A strong leadership base from league IMH state associations share information monthly via conference calls about training, higher education, reflective practice, policies, and research and plan an annual leadership retreat
- Formation of the Alliance for the Advancement of Infant Mental Health in 2014 to formalize the infrastructure; to better assure regional development, technical assistance and quality assurance; to seek funding collaboratively from national sources.

New Directions

- Alliance for the Advancement of Infant Mental Health:
Promoting Early Relationships Birth to Five
 - *To better assure governance of the work force development plan*
 - *To seek funding to benefit participating partners*
 - *To raise a collective voice on behalf of babies, their families, and the infant mental health community*

The Alliance/League of States

- A strong, relationship-based leadership core
- A clear model design: 4-level system with established criteria for workforce development; standardized policies and procedures; EASy application; on-going technical assistance to facilitate fidelity to the model; possibility for regional T & TA
- A clear partnership structure: to seek funding to support and strengthen cross-systems work, regional training, quality assurance, partnerships with other entities to work on behalf of infants, toddlers and their families

The Alliance/League of States

- Strategic partnerships with all participating IMH associations, assuring quality, fidelity to the model, and representation in decision-making processes
- Clear communication across partnerships with emphasis on building and maintaining relationships to support growth and systems change; consistency of response; frequent contact and feedback loops; continuous efforts to engage partners

The Alliance/League of States

- Personalized and individualized training and technical assistance for each participating association to facilitate fidelity to the competencies and endorsement process
- T & TA inclusive of such topics as engaging stakeholders, outreach to targeted groups, competency-informed training, building reflective capacity, seeking new resources, identifying best practice instruments/materials, EASy review, policies promoting systems change, test review

Building Relationships: For families and for ourselves



Stronger Collaborations Across States

Join RI Association for Infant Mental Health!

Expanding Infant & Early Childhood Mental Health Principles and Practices: Taking Rhode Island to the Next Level



DATE: April 29, 2015 8:30 AM - Noon

LOCATION: Rhode Island College, Alger Hall Room 110

FEE: There is no cost to participate

REGISTRATION IS REQUIRED

KEYNOTE SPEAKER

Debbie Weatherston, PhD, *Michigan Association for Infant Mental Health*

PANELISTS

- Margaret Holmberg (*CT Association for Infant Mental Health*)
- Kaitlin Mulcahey (*NJ Association for Infant Mental Health*)
- Katherine Mulrooney (*Zero to Three*)

Infants and toddlers are vulnerable to environmental risks (e.g., maltreatment, maternal depression, poverty). Sustained exposure impacts the architecture of the developing brain associated with adverse developmental consequences. This event moves RI toward incorporating a framework of infant mental health knowledge, skills, and reflective practice experiences for the early childhood workforce.

CO-SPONSORS

RI Department of Children, Youth and Families; Child Welfare Institute at Rhode Island College

Paul V. Sherlock Center at Rhode Island College; RI KIDS COUNT

Prevent Child Abuse RI; Bradley Hospital; & Children's Friend

A LIGHT BREAKFAST WILL BE PROVIDED



Summary

The Competency Guidelines® provide:

- Best practice standards for professionals working with or on behalf of women during pregnancy to the first 5 years and their families, at all levels of service and across disciplines.
- A framework to promote social and emotional wellbeing during pregnancy, in the early years and assure nurturing relationships for all infants, toddlers, very young children and families.



Rewards and Unexpected Outcomes

- Visible recognition of the importance of infant mental health principles across multiple systems (early childhood, mental health, health, child welfare, child care) and participating states.
- Expanded opportunities for partnerships through League, e.g. secure site for questions, shared documents, ideas, programs and monthly conference calls for League leaders.
- Recognition that reflective supervision/consultation is integral to work force development and quality service to the infant and family field with continuing focus through annual League retreats beginning in & now planning 2015.
- Creation of League subgroups in Research, Policy, & Training. Of particular interest is the effort to seek NIH funding for study of reflective supervision/consultation as an evidence based practice and the use of Medicaid for service funding.
- Strong working relationships across states through the League.