



Australian Association
for Infant Mental Health
West Australian Branch

AAIMH

Competency Guidelines[®]

and

Endorsement[®] ***Requirements***

INFANT MENTAL HEALTH MENTOR

CLINICAL, POLICY, RESEARCH/ACADEMIC

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

INFANT MENTAL HEALTH MENTOR Competency Detail

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

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

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Theoretical Foundations</p> <p style="text-align: center;"><u>Knowledge Areas</u></p> <p style="text-align: center;"><i>pregnancy & early parenthood infant/ young child development & behaviour</i></p> <p style="text-align: center;"><i>infant/young child- & family-centred practice</i></p> <p style="text-align: center;"><i>relationship-focused, therapeutic practice</i></p> <p style="text-align: center;"><i>family relationships & dynamics</i></p> <p style="text-align: center;"><i>attachment, separation, trauma, grief, & loss</i></p> <p style="text-align: center;"><i>psychotherapeutic & behavioural theories of changes</i></p> <p style="text-align: center;"><i>disorders of infancy/early childhood</i></p> <p style="text-align: center;"><i>mental & behavioural disorders in adults</i></p> <p style="text-align: center;"><i>cultural competence</i></p> <p style="text-align: center;"><i>adult learning theory & practice</i></p> <p style="text-align: center;"><i>statistics</i></p> <p style="text-align: center;"><i>research & evaluation</i></p>	<p><i>May practise each of the following on his/her own but more importantly facilitates these skills in novice practitioners, students, clients, and other colleagues (A)</i></p> <ul style="list-style-type: none"> • Understands both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and in day-to-day interactions with the infant/very young child and family • Supports provision of information, guidance, and support to families related to the development and care of infants and very young children to further develop parenting capabilities and the attachment relationship • Understands the conditions that optimise early infant brain development • Supports communication in languages that meet the community’s needs • Supports informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and very young children served • Supports informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, and risks in families served • Supports development of service plans that account for the unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities of each infant/young child and family Promotes services that reinforce and nurture the caregiver-infant/very young child relationship • Supports in parent-infant/very young child relationship-based therapies and practices to explore issues (including attachment, separation, trauma, and loss) that affect the development and care of the infant/very young child • Recognises conditions that require the assistance of other professionals from health, mental health education, and child welfare systems • Understands family relationship development, with sensitivity to cultural differences <p><i>Typically demonstrates these skills on his/her own:</i></p> <ul style="list-style-type: none"> • Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organisations (A) • Applies understanding of Australian Aboriginal and Torres Strait Island¹ cultures to communicate effectively, establish positive relationships with families and demonstrate respect (A) • Writes articles and books on infant mental health principles and practice (P/RA) • Promotes, develops, and delivers effective learning interventions as part of conferences, workshops, university courses, and other opportunities to educate on effective infant mental health principles and practice (P/RA) • Facilitates monitoring and evaluation of service process and outcomes (P/RA) • Promotes research projects intended to increase the body of knowledge on infant mental health, early development, and effective interventions (P/RA) • Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (P)

¹ Terminology for Australian Aboriginal and Torres Strait Island Peoples may vary across the nation.

INFANT MENTAL HEALTH MENTOR
Competency Detail

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

INFANT MENTAL HEALTH MENTOR
Competency Detail

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

INFANT MENTAL HEALTH MENTOR
Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Working with Others</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>building & maintaining relationships</i></p> <p style="text-align: center;"><i>supporting others</i></p> <p style="text-align: center;"><i>coaching & mentoring</i></p> <p style="text-align: center;"><i>collaborating</i></p> <p style="text-align: center;"><i>resolving conflict</i></p> <p style="text-align: center;"><i>crisis management</i></p> <p style="text-align: center;"><i>empathy & compassion</i></p> <p style="text-align: center;"><i>consulting</i></p>	<p><i>Applies to all designations (A)</i></p> <ul style="list-style-type: none"> • Builds and maintains effective interpersonal relationships with a broad range of people including families, colleagues, agency and community representatives, and/or legislators, as the individual role requires by: <ul style="list-style-type: none"> ○ Proactively establishing connections ○ Sharing information ○ Partnering on projects (e.g., research, publication, program development, legislation, education initiatives) ○ Identifying and reaching out to families not being served or being underserved • Deals with all people in a tactful and understanding manner • Works in collaboration with Australian Aboriginal and Torres Strait Island communities and collaborates with elders to maintain respectful and supportive relationships • Promotes supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow • Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups • As an expert resource, provides guidance and feedback to novice staff, graduate students, and other colleagues as requested • Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, service systems, taking into account needs, goals, context, and constraints to: <ul style="list-style-type: none"> ○ Develop policy and procedure that support relationship-focused work ○ Advocate for policy, program, and/or system improvements ○ Obtain funding and other resources <p><i>Applies to Clinical designation (C)</i></p> <ul style="list-style-type: none"> • Training/coaching/guiding of caregivers and/or other professionals (e.g., childcare teacher, foster parent, health, mental health, legal)
<p style="text-align: center;">Leading People</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>motivating</i></p> <p style="text-align: center;"><i>advocacy</i></p> <p style="text-align: center;"><i>developing talent</i></p>	<p><i>Applies to all designations (A)</i></p> <ul style="list-style-type: none"> • Models personal commitment and empathy in promotion of all aspects of the practice of infant mental health • Uses influencing and persuading skills, backed by own and others' expert knowledge, to promote effective infant mental health principles, practice, and programs • Coaches/guides practitioners, students, colleagues, reporting employees, clients in a range of skills to help them become: <ul style="list-style-type: none"> ○ Highly effective infant mental health practitioners/professionals ○ Positively contributing human beings ○ Culturally sensitive individuals

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

INFANT MENTAL HEALTH MENTOR
Competency Detail

Area of Expertise	As Demonstrated by
<p style="text-align: center;">Reflection</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>contemplation</i></p> <p style="text-align: center;"><i>self-awareness</i></p> <p style="text-align: center;"><i>curiosity</i></p> <p style="text-align: center;"><i>professional/personal development</i></p> <p style="text-align: center;"><i>emotional response</i></p> <p style="text-align: center;"><i>parallel process</i></p>	<p><i>Practises each of the following on his/her own, but also nurtures these skills in novice practitioners, students, and other colleagues; applies to all designations (A)</i></p> <ul style="list-style-type: none"> • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns with reflective supervisor or mentor • Seeks a high degree of congruence between self-perceptions and the way others perceive him/her • Consults regularly with others to understand own capacities and needs, as well as the capacities and needs of families, and maintain sensitivity to culture • Encourages others (peers, supervisees, etc.) to examine their own thoughts, feelings, and experiences in determining a course of action • Remains open and curious • Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities • Keeps up to date on current and future trends in antenatal, infant/young child development and infant mental health practice • Regularly examines effectiveness of policies and procedures • Utilises statistics and other data to assess service effectiveness and appropriate use of resources • Consistently maintains awareness of Australian Aboriginal and Torres Strait Island cultures • Modifies policies and procedure to enhance service effectiveness and appropriate use of resources • Utilises training and research resources to enhance service effectiveness • Recognises and responds appropriately to parallel process
<p style="text-align: center;">Administration</p> <p style="text-align: center;"><u>Skill Areas</u></p> <p style="text-align: center;"><i>program management</i></p> <p style="text-align: center;"><i>program development</i></p> <p style="text-align: center;"><i>program evaluation</i></p> <p style="text-align: center;"><i>program funding</i></p>	<p><i>Applies to Policy designation (P)</i></p> <ul style="list-style-type: none"> • Promotes relationship-focused service and infant/young child- and family-centred practice by identifying options and opportunities • Identifies opportunities and needs for program improvements, expanded services, and new services • Partners with agencies, programs, legislative bodies, and/or service systems to develop new services and/or achieve improvements • May take the lead in facilitating new programs or improvements to existing programs • Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to agencies • Assists agencies, programs, legislative bodies, and service systems in obtaining funding, including grant development and preparation • Advocates for funds/programming for effective service delivery to families outside of the dominant culture • Promotes research and evaluation for program improvements • Applies research findings to culturally sensitive, relationship-focused policy promoting infant mental health • Shares his/her generated knowledge with others via publication in infant-family related books and journals and/or presentations at conferences

INFANT MENTAL HEALTH MENTOR
Competency Detail

Area of Expertise

As Demonstrated by

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

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

Requirements

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

² Two years of postgraduate, supervised paid work experiences providing culturally sensitive, relationship-focused, infant mental health services. This specialised work experience must be with **both** the infant/toddler (birth to 36 months) and the biological, foster, or adoptive parent(s) or guardian(s) on behalf of the parent-child relationship. Infant mental health services will include parent-child, relationship-based therapies and practices and early relationship assessment and can include concrete assistance, advocacy, emotional support, and developmental guidance. These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and losses as they affect the attachment relationship, development behaviour, and care of the child. The unresolved losses or “ghosts” might be from adverse childhood experiences that occurred during the caregivers’ own early childhood or may be more recent for the child. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay or disability.

Professional References <i>Please note: At least one reference must come from someone who has earned Endorsement® as Infant Family Practitioner, Infant Mental Health Practitioner, or Infant Mental Health Mentor. Referees must be familiar with the applicant's capacity to implement infant mental health principles into practice</i>	Three references required: 1. One from current program /work supervisor 2. One from person providing reflective supervision/consultation to the applicant 3. One from person receiving RS/C from the applicant
Code of Ethics Statement & Endorsed® Agreement	Signed
Documentation of Competencies	1. Application will document that requirements and competencies have been adequately met through specialised education, in-service training, and reflective supervision/consultation experiences. 2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay section. While the multiple-choice exam is the same for all categories of Endorsement®, the essay portion of the exam differs for clinical, policy and research/academic applicants
Professional Membership	Membership in AAIMHI WA

Continuing Endorsement® Requirements

Education and Training	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships of children (prenatal up to 5 years of age). This includes the principles and practices of infant mental health (e.g., regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group). For those who earn Endorsement® as IMHM-Clinical and provide RS/C to others, it is recommended that at least 3 hours of specialised training be about RS/C.
Professional Membership	Annual renewal of membership in AAIMHI or another infant mental health association.
Reflective Supervision	It is required that all professionals endorsed as IMHM-Clinical receive a minimum of 12 hours RS/C annually. Once an IMHM-Clinical professional has earned and maintained IMHM-C for a minimum of 3 years they are required to receive a minimum of 10 hours of RS/C annually; peer supervision or collaborative consultation (with those endorsed at the same category) will count toward the minimum annual renewal hours.

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

Requirements

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

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

Continuing Endorsement® Requirements

Education and Training	<p>Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development in the context of family and other caregiving relationships of children (prenatal up to 36 months).</p> <p>This includes the principles and practices of infant mental health (e.g., regional training, related course work at colleges or universities, infant mental health conference attendance, participation in competency-based activities such as professional reading group, community of practice, mentorship group).</p>
Professional Membership	Annual renewal of membership in AAIMH WA
Reflective Supervision	Optional for Policy



Photo courtesy of Ngala

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

Requirements

Education	Master and/or doctoral degree in relevant health, mental health, social science, science, policy or education fields or qualified medical doctor. Official transcripts required.
<p>Training</p> <p><i>Please Note: There is an expectation that applicants for IMHM-R/A have the same foundational knowledge as IMHM-C and IMHM-P related to infant and young childhood mental health principles and practices. All IMHM applicants will take the same multiple-choice exam</i></p>	<ul style="list-style-type: none"> • Applicants will include as many hours of training and/or continuing education as necessary to document that competencies (as specified in the <i>Competency Guidelines®</i>) have been met • For those whose degree is in a field that is unrelated to infant and young childhood, more specialised in-service training may be required to meet the breadth and depth of the competencies • Training content will include the promotion of social-emotional development and/or the relationship-based principles of infant mental health • Minimum 30 clock hours required • Typically, successful IMHM-R/A applications include an average of 75 or more hours of specialised training unless the applicant has completed coursework specific to the infant mental health competencies
Specialised Work Experience	Three years of postgraduate experience as a leader in university, teaching, and/or published research related to infant mental health principles and practices, in the context of family and other caregiving relationships, and other leadership activities at the regional or state level
<p>Leadership Activities at the Regional or State Level</p> <p><i>Please note: though some of these leadership activities may be demonstrated through paid work experience, there is an expectation that some will be demonstrated in addition to paid work experience</i></p> <p><i>These lists, meant to demonstrate some of the activities in which leaders might engage, are not comprehensive. Also, applicants would not need to engage in all the activities listed to earn Endorsement® as IMHM</i></p>	<ul style="list-style-type: none"> • Provide leadership in higher education infant mental health (IMH) programs • Serve as an instructor for higher education for IMH courses • Participate in interdepartmental efforts to integrate IMH competencies into appropriate syllabi • Participate as a member of a doctoral applicant committee when IMH topics are proposed • Participate in planning for regional, statewide or national IMH specific conferences • Present and/or publish on topics related to the promotion or practice of IMH • Serve in a leadership role or as an active committee member in local/state IMH association • Engage in reflective consultation
Reflective Supervision/Consultation (RS/C)	Optional
<p>Professional References</p> <p><i>Please note: At least one reference must come from someone who has earned Endorsement® as Infant Family Practitioner, Infant Mental Health Practitioner, or Infant Mental Health Mentor. Referees must be familiar with the applicant's capacity to implement infant mental health principles into practice</i></p>	<p>Three references required:</p> <ol style="list-style-type: none"> 1. One from current department supervisor or chair if he/she is familiar with infant mental health (IMH). If not, applicant may ask a colleague 2. One from a person providing reflective supervision/consultation (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 Statement & Endorsed® Agreement	Signed

Documentation of Competencies	<p>1. Application will document that requirements and competencies have been adequately met through specialised education, in-service training, and reflective supervision/consultation experiences.</p> <p>2. Successful completion of the IMH Endorsement® written examination, which includes a multiple-choice and an essay section. While the multiple-choice exam is the same for all categories of Endorsement®, the essay portion of the exam differs for clinical, policy and research/academic applicants</p>
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Professional Membership	Annual renewal of membership in AAIMH WA
Reflective Supervision	Optional for Research/Academic



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