



WI-AIMH ENDORSEMENT (IMH-E®) REQUIREMENTS

INFANT MENTAL HEALTH MENTOR (CLINICAL, POLICY, RESEARCH/FACULTY) LEVEL IV

Requirements:

Education:	<p>Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctorate in 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; post-graduate specialization or university certificate program; in accordance with WI-AIMH Training Guidelines and Endorsement Competencies. Official transcript(s) required.</p> <p>Applicants may ask to use intensive in-service training to fulfill some of the recommended course work.</p>		
Training:	<p>Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in Competency Guidelines) have been met.</p>		
Specialized Work Experience in at least one of the three categories:	Clinical: Meets specialized work experience criteria as specified at Level III* plus three years post-graduate experience as practice leader in infant mental health (e.g., infant mental health supervisor, trainer, or consultant)	Policy: Three years post-graduate experience as a leader in policy and/or program administration related to the infant/family field	Research/Faculty: Three years post-graduate experience as a leader in university-level teaching and/or published research related to the infant/family field
Leader activities: <i>These lists are meant to demonstrate some of the activities in which leaders might engage. These are not comprehensive lists. Also, candidates would not need to engage in all the activities listed in order to earn Endorsement as an Infant Mental Health Mentor.</i>	Clinical: <ul style="list-style-type: none"> -Organize and facilitate reflective practice groups and/or IMH study groups -Provide reflective supervision or consultation to IMH practitioners -Participate in system of care planning initiatives -Participate in planning for regional, statewide, or national IMH-specific conferences -Represent IMH 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 	Policy: <ul style="list-style-type: none"> -Provide feedback to state agencies on current & proposed policies that promote IMH practices -Provide presentations on IMH, its importance, and its role in all early childhood disciplines/systems -Participate in planning groups promoting IMH within early childhood systems -Participate in regional-, state-, & 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 	Research/Faculty: <ul style="list-style-type: none"> -Provide leadership in graduate certificate IMH programs -Participate in inter-departmental efforts to integrate IMH competencies into appropriate syllabi -Participate as member of doctoral candidate's committee when IMH-related 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 infant mental health -Leadership in local/state IMH association

	-Work to address reimbursement issues for IMH services -Leadership in local/state IMH association	IMH service delivery systems -Work to address reimbursement issues for IMH services -Work to increase the preference for Endorsed personnel in contracts for services, child care rating schemes -Leadership in local/state IMH association	
Reflective Supervision/Consultation:	Relationship-focused, reflective supervision/consultation with an approved supervisor/consultant, individually or in a group. Minimum: 50 clock hours within a 1-year minimum to 2-year maximum time frame. Required for Clinical; recommended for Policy or Research/Faculty. - Supervisor or Consultant must meet requirements for Level IV-Clinical.		
Demonstration of Competencies	Must meet Infant Mental Health Mentor competencies for the desired track (Clinical, Policy, or Research/Faculty) based on portfolio review and passing the written exam.		
Three Professional Reference Ratings: (Please note: At least one reference rating must come from someone who has earned endorsement at Level II, III, or IV)	Clinical: 1. One from current program supervisor, teacher, trainer, consultant or colleague 2. One from person providing reflective supervision/consultation 3. One from a supervisee/consultee	Policy: 1. One from current program supervisor, teacher, trainer or consultant, if applicable 2. One from person providing reflective supervision/consultation, if applicable 3. If no one available from first two categories, candidate may ask three colleagues	Research/Faculty: 1. One from current department supervisor or chair if he/she is familiar with IMH. If not, ask a colleague 2. One from person providing reflective supervision/consultation, if applicable. If not applicable, candidate may ask a colleague 3. One from a student taught and/or supervised by the candidate
Code of Ethics & Endorsement Agreement:	Signed.		
Membership in an IMH Association	Must have membership with WI-AIMH (\$60 fee) or another Infant Mental Health Association.		
Fees	Registration: \$20 Application: \$300		

*Two years, post-graduate, supervised work experiences providing culturally sensitive, **relationship-focused**, infant mental health services. This specialized work experience must be with **both** the infant/toddler and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Responsibilities will include intervention with a) families and their infants, toddlers and very young children because of parental factors which place the infant at risk for impaired cognitive and/or psychosocial development, b) distressed infants and toddlers and their families, c) high risk families whose pattern of living from crisis to crisis and/or pre-existing conflicts severely limit their ability to adequately care for their infant, and/or d) families who are ill-prepared to meet the special needs of their infants. –OR- One year supervised graduate internship with direct service experience in providing culturally sensitive, relationship-based, infant mental health services and one year, post-graduate, supervised work experience **as described above**. Please see Level III requirements for additional details.