



## WI-AIMH ENDORSEMENT (IMH-E®) REQUIREMENTS

### INFANT MENTAL HEALTH SPECIALIST LEVEL III

#### Requirements:

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| <p><b>Education</b></p>                   | <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), Medical Doctor (MD), Doctor of Osteopathy (DO) or other degree specific to one’s professional focus in infant mental health; university certificate program and/or course work in areas such as infant and toddler development, family-centered practice, cultural sensitivity, family relationships and dynamics, assessment and intervention, 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 coursework.</p>  |
| <p><b>Training</b></p>                    | <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>  |
| <p><b>Specialized Work Experience</b></p> | <p>2 years, post-graduate, supervised work experiences providing culturally sensitive, <b>relationship-focused</b>, infant mental health services.* This specialized work experience must be with <b>both</b> the infant/toddler and his/her biological, foster, or adoptive parent** on behalf of the parent-infant relationship. Infant mental health services will include concrete assistance, advocacy, emotional support, developmental guidance, early relationship assessment, and parent-infant/very young child relationship-based therapies and practices. These therapies and practices may include but are not limited to infant-parent psychotherapy, interaction guidance, and child-parent psychotherapy. They are intended to explore and explicitly address any separations, trauma, and/or unresolved losses as they affect the development, behavior and care of the infant/very young child and the emerging attachment relationship. The unresolved losses, or “ghosts” might be from the caregivers’ own early childhood or may be more recent. Work on unresolved losses does not have to be explicit with every family with whom the applicant works. But the applicant must have had the training and RSC that prepares them to provide that level of intervention when it is appropriate for a referred family.</p> <p>In some cases, 1 year of a supervised graduate internship with direct IMH practice experience as described above may be counted toward the 2 years paid work experience requirement if the supervisor of the internship is an endorsed professional (Level IV-C or Level III). Applicant will submit description of internship for application reviewers’ consideration.</p> <p>Primary responsibilities will include intervention or treatment with a) families and their infants, toddlers and very young children because of parental factors which place</p> |

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|   | <p>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.</p> <p>OR:</p> <p>In some cases, 1 year of a supervised graduate internship with direct IMH practice experience as described above may be counted toward the 2 years paid work experience requirement if the supervisor of the internship is an endorsed professional (Level IV-C or Level III). Applicant will submit description of internship for application reviewers' consideration.</p> |
| <b>Reflective Supervision/ Consultation</b>   | Relationship-focused, reflective supervision/consultation with an approved supervisor/consultant, individually or in a group, while providing services to infants, toddlers and families. Minimum: 50 clock hours within a 1-year minimum and 2-year maximum timeframe. Supervisor or Consultant must meet requirements for Level III or Level IV-Clinical.   |
| <b>Demonstration of Competencies</b>  | Must meet Infant Mental Health Specialist competencies based on portfolio review and passing the written exam.  |
| <b>Professional Reference Ratings</b><br><i>Please note: At least one rating must come from someone endorsed at Level II, III, or IV.</i> | <p>Total of three professional reference ratings from:</p> <ol style="list-style-type: none"> <li>1. One rating from current program supervisor, teacher, trainer or consultant.</li> <li>2. One rating from person providing reflective supervision/consultation.</li> <li>3. Third rating may be from another supervisor, teacher, trainer or consultant; colleague; or supervisee (if candidate is a supervisor).</li> </ol>   |
| <b>Code of Ethics &amp; Endorsement Agreement</b>   | Signed.   |
| <b>Professional Membership</b>  | Must have a membership with WI-AIMH (\$60 annual fee) or another infant mental health association.  |
| <b>Fees</b>   | <p>Registration: \$20</p> <p>Application: \$200</p>   |

\*Infant mental health services will include concrete assistance, advocacy, emotional support, developmental guidance, early relationship assessment, and parent-infant psychotherapies (those considered best practice and/or evidence-based), within the limits of the individual's professional scope of practice.

\*\*Infant mental health services that meet Level III specialized work criteria are provided by professionals whose role includes intervention or treatment of the infant/toddler's primary caregiving relationship, (i.e., biological, foster, or adoptive parent); these experiences are critical to the development of a specialization in infant mental health. Infant Family Specialist, Level II is broader and includes practitioners whose work experiences come solely from programs that provide education/support/consultation to infant & early childhood care providers or whose intent is primarily to educate parents.