California Compendium of Training Guidelines, Personnel Competencies, and Professional Endorsement Criteria for Infant-Family and Early Childhood Mental Health

CALIFORNIA CENTER FOR INFANT-FAMILY AND EARLY CHILDHOOD MENTAL HEALTH

AT WESTED CENTER FOR PREVENTION & EARLY INTERVENTION

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California Compendium of Training Guidelines, Personnel Competencies, and Professional Endorsement Criteria for Infant-Family and Early Childhood Mental Health was produced by the California Center for Infant-Family and Early Childhood Mental Health at WestEd Center for Prevention & Early Intervention.

For more information about infant-family and early childhood mental health or to download copies of this *Compendium*, please visit www.cacenter-ecmh.org, or email info@cacenter-ecmh.org.

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Introduction to
Infant-Family and Early Childhood Mental Health

The field of infant-family and early childhood mental health is a broad-based, interdisciplinary field of study, research, and practice that focuses on the social and emotional development and well-being of infants and young children within the context of their early relationships, family, community, and culture.

Developments in neuroscience, infant mental health, and attachment, as well as prenatal and perinatal psychology and health, indicate that the optimal time to make positive interventions in human development is from the very beginning of life. Research demonstrates that many life-enhancing or life-diminishing patterns, including health or chronic disease, self-regulation, and attachment issues, originate in the prenatal and perinatal periods. The best outcomes occur when families are supported in their mental and physical well-being throughout pregnancy, birth, infancy, and early childhood.

Infant-family and early childhood mental health services emphasize the importance of early caregiving relationships on brain development, attachment, and the regulation of emotions and behavior. Early infant mental health services can mitigate effects of risk and stress and help families develop buffers to reduce early adversity. Early caregiving relationships provide the emotional foundations for the development of resiliency and self-esteem. Through early attachments and interactions, children develop trust and security or learn to mistrust and protect themselves against the insecurity of their world. A strong emotional and social foundation is also an essential component of school readiness and overall health and development. Early mental health services promote healthy development by strengthening foundational early relationships, family functioning, the young child's emotional regulation, and social competence. Relationships that support a child's ability to cope, learn, and adapt to stressors and new environmental demands build resilience and are key to lifelong health and well-being.

To offer effective intervention and support, each provider of service interacting with infants, young children, and their families must understand the basic concepts of development and mental health principles of infants and young children. Providers have an equally important professional role to support families in their ability to protect, nurture, and guide their children.

Experts in the field of mental health, and particularly infant-family and early childhood mental health, have endeavored for some years to articulate the specialized course work and skills to build providers' skills and competencies that qualify them as adept in delivering services to infants and young children within the context of their families.

The purpose of the 2016 *California Compendium of Training Guidelines, Personnel Competencies, and Professional Endorsement Criteria for Infant-Family and Early Childhood Mental Health (Compendium)* is to articulate the knowledge, skills and

experience necessary to work effectively in the field of infant-family and early childhood mental health, and to introduce a process of professional endorsement to indicate an individual's level of competence attained in the field.

BACKGROUND OF EFFORTS IN CALIFORNIA

During the last two decades, professionals in California and throughout the country have worked to clarify the knowledge, skills, and competencies needed to provide effective infant-family and early childhood mental health services. In California, an initial set of recommendations and personnel competencies was identified in 1996 through a leadership training grant funded by the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, under the direction of the University of Southern California University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles.

Based on these initial recommendations, a state workgroup was established in 2001 in association with California's Infant, Preschool and Family Mental Health Initiative. This statewide special project, funded by the First 5 California Children and Families Commission through the Department of Mental Health, and coordinated by WestEd Center for Prevention & Early Intervention (CPEI) in partnership with eight county teams, provided a new venue and renewed interest in personnel competencies and staff development in the field of infant-family and early childhood mental health.

The 2001–2003 interdisciplinary workgroup included representatives from Alliant International University, the California Department of Health Services (now called the California Department of Health Care Services), the California Department of Mental Health, Children's Hospital & Research Center at Oakland, the University of Southern California University Affiliated Program at Children's Hospital, Los Angeles, and WestEd CPEI. The workgroup reviewed materials and recommendations from other states, consulted with field leaders, and gathered information from organizations to address the need for training guidelines and personnel competencies in the interdisciplinary field of study, research, and clinical practice. In 2003, the workgroup developed training guidelines that were published and disseminated through the California Early Intervention Technical Assistance Network (CEITAN)[1] at WestEd.

A second 2007–2009 interdisciplinary workgroup was comprised of infant-family and early childhood leaders who were engaged in training throughout California based on the 2003 training guidelines and/or worked with service providers from multiple disciplines and systems of care. The workgroup also included representatives from the California Department of Mental Health, CEITAN, and the Infant Development Association of California. Based on practice and more recent literature reviews, a revised draft of the training guidelines was sent to infant and early childhood mental health professionals throughout the country for feedback.

[1] CEITAN is a project of the WestEd Center for Prevention & Early Intervention.

This *Compendium* represents the next generation of practice and research. This refined set of skills and competencies embodies the expertise an individual needs to work with infants, young children, and their families and provides a framework for developing academic training and other personnel preparation in infant-family and early childhood mental health.

PRACTICE OF PROVIDING EARLY MENTAL HEALTH SERVICES

The guidelines in this document promote the belief that early mental health services provided to infants, young children, and their families must extend across a continuum of promotion, preventive intervention, and treatment services, starting even before birth. This continuum requires that the community provide a variety of services to support infant and early childhood mental health.

- **Promotion:** These services and supports recognize the central importance of early relationships on brain development, learning, and the emotional and social well-being of all young children. Services include a focus on positive early caregiving relationships and guidance within the home, child development settings, and other service settings for young children and their families.
- **Preventive and Early Intervention:** These services and supports buffer effects of risk and stress and address potential early relationship challenges or vulnerabilities that have a documented impact on early development. Specific intervention strategies are designed to nurture mutually satisfying family-child and other caregiving relationships and prevent the progression of further difficulties. Health and developmental vulnerabilities, parenting difficulties, domestic violence, family discord, and other major child and family stressors may warrant the delivery of preventive intervention services in a variety of settings.
- **Treatment:** These services and supports target children and their families in distress or with clear symptoms indicating a mental health disorder. The services address attachment and relationship problems and the interplay between the child and significant caregivers that jeopardize achieving optimal early mental health and early emotional and social development outcomes. Specialized early mental health treatment services may focus on caregiver-child dyads or other relationships and are designed to improve child and family functioning and the mental health of the child, the parents, and other caregivers.

Across this continuum, infant-family and early childhood mental health services seek to facilitate a child's biological, neurological, social, and emotional development while focusing on early relationships and the "goodness of fit" among the child, the parents, and other significant caregivers.

KEY TERMS AND CONCEPTS

The following definitions provide the reader with a unified understanding of words and phrases used in this *Compendium*.

caregiver: anyone included in the definition of **parent** as well as any individual who is providing caregiving for an infant or young child, such as early care and education providers, preschool educators, and nannies.

direct service: those interactions determined by the provider's scope of practice, in which the provider interacts directly with the child, family, and other caregivers/providers.

family: the primary caregivers and others who assume major long-term roles in an infant's or toddler's daily life.[2]

infant-family and early childhood mental health (IFECMH): social and emotional development of infants and young children within the context of family well-being, biology, relationships, culture, and environmental conditions. The field of IFECMH is a broad-based, transdisciplinary field of study, research, and practice focused on enhancing overall development, social and emotional well-being, and relational health.

parent: a biological or adoptive parent; a person acting in place of a parent such as a grandparent, second parent, or step-parent with whom the child lives or whom the child regards as a parent; or a person who is legally responsible for the child's welfare.

provider: a trained individual who interacts directly with infants, young children, and their families to deliver family-centered, diversity-informed, developmentally appropriate services and supports across the continuum of infant-family and early childhood mental health within their scopes of practice, training, and codes of ethics. In addition to specific training and experience in infant-family and early childhood mental health, a provider's background might include a degree, license, credential, and/or training in audiology, counseling, early intervention, human development, medicine, nursing, occupational therapy, physical therapy, psychology, social work, special education, speech and language pathology, and/or other related fields.

reflective practice: a continuous process of deliberate self-observation and analysis of experiences, thoughts, and feelings in the context of one's work to better understand one's own actions and the reactions those actions prompt in oneself and others, potentially resulting in developmental insight, a refocus of thinking, generation of new ideas, and modifications of actions, behavior, treatment, and learning — with a goal of improving one's professional practice.

[2] Title 17, California Code of Regulations (CCR), Chapter 2, Section 52000 (b)(15).

reflective practice facilitation: an individual or small group integrative experience that supports the provider to reflect on his or her work. This includes:

- identifying the experiences, thoughts, and feelings involved in doing this work;
- considering the interplay of diversity issues including race, power, and privilege as these affect the provider and the families served;
- exploring ways to apply relevant theories and knowledge bases to clinical situations;
- upholding an appreciation of the importance of relationships at the core of infant-family and early childhood mental health;
- exploring possible approaches to working effectively with all infants and families.

scope of practice: the procedures, actions, and processes that providers are permitted to undertake in keeping with the terms of their professional license, credential, or certification. The scope of practice is limited to that which the law allows for specific education and experience and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training and define scope of practice.

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Professional Endorsement: Defining a Standard of Excellence

All professionals working with young children and their families need to be grounded in the core knowledge and training necessary to provide family-centered, diversity-informed, and developmentally appropriate services across the continuum of infant-family and early childhood mental health. The endorsement process described in this section identifies how a service provider might achieve competency in the field of infant-family and early childhood mental health. The process offers guidance for obtaining the knowledge and skills that will result in a better-trained and more effective workforce capable of providing enhanced services for infants, young children, and their families, as well as guidance for appropriate supervision by qualified personnel. Endorsement also establishes a standard of excellence against which professionals can evaluate their training and experience, employers can assess the expertise of an applicant, and consumers can make decisions about providers of services to their children and families.

A provider can seek endorsement in the following categories, depending upon her or his current training, experience, and professional goals:

- **Transdisciplinary Infant-Family and Early Childhood Mental Health Practitioners** (Transdisciplinary IFECMH Practitioners) include highly skilled providers with a bachelor's degree or higher who are endorsed by the California Center for Infant-Family and Early Childhood Mental Health, having met the Transdisciplinary IFECMH Practitioner criteria described in this *Compendium*. Transdisciplinary IFECMH Practitioners provide direct services in their specialty to pregnant women, infants, toddlers, preschoolers, and their families — infusing infant-family and early childhood mental health principles and practices within their scope of practice and professional ethics. The Transdisciplinary IFECMH Practitioners typically have the most frequent contact with infants, very young children, and their families; provide services in the areas of promotion, preventive intervention, and treatment; and partner with and make referrals to IFECMH Specialists. Individuals may have a professional license or credential in a field related to infant-family and early childhood mental health and early intervention services.

- **Advanced Transdisciplinary Infant-Family and Early Childhood Mental Health Practitioners** are individuals with a master's degree or higher in a relevant field who are endorsed by the California Center for Infant-Family and Early Childhood Mental Health, having met the criteria for the Transdisciplinary IFECMH Practitioner. Advanced Transdisciplinary IFECMH Practitioners have a minimum of eight years of direct experience with infants and young children, prenatal up to age 5.

- **Infant-Family and Early Childhood Mental Health Specialists** (IFECMH Specialists) include providers with a master's degree or higher who are endorsed by the California Center for Infant-Family and Early Childhood Mental Health, having met the IFECMH Specialist criteria. IFECMH Specialists are from relevant professional practice disciplines and they provide prenatal, infant-family, and early childhood mental health services within their scope of practice and professional

ethics in the areas of promotion, preventive and early intervention, and treatment. Individuals also have a professional license or credential from a state regulatory agency.

- **Reflective Practice Facilitators I** and **II** (RPF I and II) are individuals endorsed by the California Center for Infant-Family and Early Childhood Mental Health who support the reflective practice of providers working with infants, toddlers, young children, and their families and who have completed an additional set of trainings and competencies focusing on the reflective practice facilitation process as outlined in this *Compendium*. Reflective Practice Facilitator I must first be endorsed as a Transdisciplinary Mental Health Practitioner, Advanced Transdisciplinary Mental Health Practitioner or Mental Health Specialist. Reflective Practice Facilitator II must currently be endorsed as a Mental Health Specialist. RPFs I provide reflective practice facilitation for Transdisciplinary Mental Health Practitioners and Advanced Transdisciplinary Mental Health Practitioners. RPFs II can provide reflective practice facilitation for either Transdisciplinary Mental Health Practitioners or Mental Health Specialists, depending on their cross discipline experience. Reflective Practice Facilitators play many roles in communities and programs. Many impart reflective practice skills as clinical or reflective supervisors infusing these skills to address both the relational dynamics of direct service delivery and related administrative issues. Some are in supportive roles preparing staff to work effectively with families. It is widely acknowledged that the dynamics of the reflective practice facilitation relationship will in turn influence provider/family relationships; thus, the Reflective Practice Facilitator must embody ways of being that are considered best practice for infant-family and early childhood mental health providers across systems.

- **Reflective Practice Mentors** (RP Mentors) are individuals endorsed by the California Center for Infant-Family and Early Childhood Mental Health who have attained endorsement as a Reflective Practice Facilitator I or II and have also met the requirements to be able to train, support, and facilitate the learning of others undertaking the work of reflective practice facilitation. Activities of a mentor include but are not limited to program development, evaluation, supervision, training, staff development, policy development, research, and work within and across systems of care serving young children and families. Endorsement for the Reflective Practice Mentor requires additional hours focused specifically on developing reflective facilitation skills.

The process for pursuing endorsement involves gathering a portfolio of materials. The portfolio must document learning experience in specific areas of knowledge, verify direct service provided to children and families, and identify direct service supported by reflective practice facilitation. The applicant submits the portfolio along with an application for review by the California Center's endorsement board. The process is outlined in detail at the end of this section.

The *Compendium* also provides matrices, organized by endorsement category, that identify

the knowledge and training necessary to work with very young children and their families — with a focus on early relationships and early mental health. The matrices provide a framework to guide professionals seeking specialized training in infant-family and early childhood mental health. They also guide the development of both university-based academic coursework and comprehensive infant-family and early childhood mental health training programs, as well as applied workshops through continuing education, in-service training, and direct service settings.

TRAINING AND ENDORSEMENT SPECIFICS

Each matrix includes two domains of content: Domain 1, the Knowledge domain, includes key concepts and competencies providers need in various aspects of the infant mental health field. Domain 2, Direct Service Experience Supported by Reflective Practice Facilitation, delineates specifics related to face-to-face service provision, supported by reflective practice, considered to constitute professional accomplishment.

The lists in the matrices provide an overview of critical core material; they are not intended to be exhaustive or to specify objectives of individual training curricula.

ENDORSEMENT AS A TRANSDISCIPLINARY IFECMH PRACTITIONER OR IFECMH SPECIALIST

Applicants for endorsement as either Transdisciplinary IFECMH Practitioners or IFECMH Specialists must choose an age group specialization with which to work:

- Infants and children from prenatal up to age 3 (prenatal through 35 months) and their families
- Children ages 3 up to 5 (36 through 59 months) and their families
- Infants and children from prenatal up to age 5 (prenatal through 59 months) and their families

Training for the Transdisciplinary IFECMH Practitioner focuses on providing an overview and application of the core concepts within each broad domain of knowledge.

Training for IFECMH Specialists focuses on using basic understanding of core infant mental health concepts as a building block for in-depth assessment and intervention, with the goal of developing appropriate interventions to enhance all services designed to meet individual child and family needs.

Training for Reflective Practice Facilitators I and II involves both curriculum-based and integrative experience-based learning components, including training in reflective practice facilitation.

Reflective Practice Mentors have additional training and requirements beyond those required of Reflective Practice Facilitators I and II, as indicated in later sections in this *Compendium*.

Endorsement as a Reflective Practice Facilitator

Applicants for Reflective Practice Facilitator I or II who have been endorsed as a Transdisciplinary IFECMH Practitioner, an Advanced Transdisciplinary IFECMH Practitioner, or an IFECMH Specialist need at least one letter of recommendation from an individual who provided reflective practice facilitation and mentorship during the years the applicant provided reflective practice to others. Applicants must also provide the names and contact information of three individuals for whom they facilitated reflective practice. A California Center endorsement panel will contact the references to verify the length of time and quality of the reflective practice facilitation. Letters of recommendation for the Reflective Practice Facilitator should be from a different individual than those who wrote references for the applicant for Transdisciplinary IFECMH Practitioner or IFECMH Specialist. The application requests verification that criteria for the Reflective Practice Facilitator were met, including training, readings, video viewing, and hours mentored.

Endorsement as a Reflective Practice Mentor

Applicants for Reflective Practice Mentor must previously have met criteria for RPF I or II endorsement. They must submit a short personal statement regarding their qualifications as a mentor, the names of three Reflective Practice Facilitators they mentored, and at least one letter of recommendation from a professional who provided mentorship to the applicant as they became a mentor. Applicants must also submit a video of a reflective practice facilitation mentoring session and reflective narrative.

Endorsement Submission and Processing

Endorsement primarily requires applicants to gather supporting documentation of their training and experience and to complete and submit an application. Specifics are available on the California Center's website, www.cacenter-ecmh.org.

Submission

Documents are submitted through the California Center's website. Transdisciplinary IFECMH Practitioner and IFECMH Specialist documentation includes a brief personal statement, a current resume, a brief narrative of learning experiences indicating how the required training of the knowledge domain (Domain 1) was met, documentation of direct service experience supported by reflective practice facilitation (Domain 2), and a letter of recommendation. The letter must be on letterhead and from a supervisor who knows the applicant's direct service practice and may have provided supervision and/or reflective practice facilitation to the applicant.

Processing

An application fee is required at the time of submission of an endorsement application. The average time to complete the panel review is six weeks after the receipt of the required documents in the appropriate format.

Review Panel

The California Center review panel reviews all endorsement applications based on the requirements of knowledge, experience, letters of recommendation, and verifications. The Reflective Practice Mentor recommending the applicant must advise the panel whether a Reflective Practice Mentor candidate's quality of reflective practice, based on their professional judgement, is appropriate for a Mentor level endorsement.

Supplemental Endorsements

An applicant already endorsed as a Transdisciplinary IFECMH Practitioner, Advanced Transdisciplinary IFECMH Practitioner, IFECMH Specialist, or RPF I or II can seek additional categories of endorsement or a change in his/her current endorsement.

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Requirements for the Transdisciplinary Infant-Family and Early Childhood Mental Health Practitioner and Advanced Transdisciplinary Infant-Family and Early Childhood Mental Health Practitioner

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Domain 1: Knowledge

A: Parenting, Caregiving, Family Functioning, and Parent-Child Relationships

Key Concepts	Hours	Competencies
• Range of family structures • Cultural issues in parenting and family development • Pregnancy and childbirth • Postpartum period • Attachment issues • Parenting as a developmental process • Family dynamics • Family expectation regarding child development • Providing family-sensitive services • Cultural issues in parenting and family development • Goodness of fit between parents and young children • Importance of relationships to development • Family systems	20	• Is aware of a wide range of family structures, family dynamics, and cultural influences on family functioning. • Is able to support and promote family pleasure and pride in family culture(s). • Demonstrates an understanding of optimal health during pregnancy. • Demonstrates an understanding of the birthing process and impacts on the family. • Demonstrates an understanding of healthy attachment following birth and the importance of the postpartum period on the newborn and family. • Demonstrates an understanding of family and parenting function as a lifelong developmental process beginning before conception. • Demonstrates an understanding of different patterns of parent-infant interaction and attachment and their impact on child outcomes. • Is knowledgeable about the emergence of communicative intent and gestural communication in dyadic interaction during the first year of life. • Understands the complexity of interrelationships between infant and caregivers within an environmental context and demonstrates a variety of appropriate strategies to support and promote family well-being. • Uses a variety of techniques to facilitate and reinforce positive parent-infant interaction and enhances parents' capacity to be responsive and sensitive to their baby. • Is aware of the potential negative impact of multiple separations and/or multiple family placements on early development.

B: Infant, Toddler, and Preschool Development

Key Concepts	Hours	Competencies
• Typical development in infancy, toddler, and/or preschool periods • Cultural variations in development and family expectations • Milestones of development • Peer relationships	24	• Balances awareness of maturational processes and developmental lines with appreciation of cultural variability. • Demonstrates knowledge of sequences of development and effects of risk factors on early development, beginning prenatally and including sensory, motor, communication, cognitive, play, social, emotional, self-help, and adaptive behaviors. • Demonstrates knowledge of social and emotional development and resiliency, including the

• Expectations of children in groups		development of attachment and trust. • Demonstrates understanding of the importance of development of self-regulation, early childhood social relationships, communication and representational skills, and executive function abilities for school readiness. • Successfully initiates and sustains an effective working relationship with parents/families that nurtures their strengths and emerging capacities. • Collaborates with parents/families in devising early intervention activities to promote development and identity and to reduce risk of delay or disorder. • Actively involves parents/families to implement strategies to facilitate emotional and social development. • Provides guidance and information in a manner timed and suited to the parents'/families' strengths, concerns, priorities, and cultural values.
C: Biological and Psychosocial Factors Impacting Outcomes		
Key Concepts	**Hours**	**Competencies**
• Temperament • Regulatory and sensory issues • Brain research • Neuro-developmental issues • Prematurity and low birth weight • Child abuse • Child neglect • Nutrition • Health disparities • Historical trauma • Poverty • Community resources • School and community services • Impact of such factors upon development and relationships	12	• Demonstrates knowledge of the effects of cumulative risk factors such as genetics, medical complications, prematurity/low birth weight, substance exposure, and other teratogens and the impact of familial, cultural, social, physical, and/or economic factors including poverty, abuse, and neglect on growth, development, and relationships. • Demonstrates knowledge of the effects of medical risk factors, health, and nutritional concerns for the infant and toddler with disabilities or risk concerns. • Demonstrates knowledge of neurological and physiological systems, and their interdependence with the psychosocial and caregiving environments. • Considers the impact of stress and trauma on development and learning. • Supports family/caregivers to respond to child's cues and preferences, including sensory processing needs. • Recognizes the significance of socio-cultural and political contexts for development of infants and young children from diverse backgrounds. • Conveys to families an awareness of and a willingness to challenge overt, covert, and inadvertent discrimination, which undermines child and family well-being.

D: Risk and Resiliency		
Key Concepts	**Hours**	**Competencies**
• Atypical development • Parental depression • Maternal history of trauma • Chronic physical illness • Chronic mental illness in parents • Developmental disabilities • Prematurity • Communication and interaction problems • Substance abuse in families • Family and community violence • Incarceration of parents/family members • Deportation of parents/family members • Working with challenging caregivers • Foster care • Institutional care • Factors that promote resiliency and help to insulate families from risk • Promoting resiliency in young children and families	30	• Demonstrates knowledge of the effects of risk factors such as genetics, medical complications, prematurity/low birth weight, substance exposure and teratogens, and the impact of familial, cultural, social, physical and/or economic factors including poverty, abuse, and neglect on development and relationships. • Recognizes that certain family and cultural groups are overt, covert, and inadvertent targets of discrimination, which undermines child and family well-being. • Is aware that practices should be responsive to developmental protective factors. • Considers the concept of resilience and the protective factors that influence it. • Demonstrates the ability to select strategies based on parent concerns, priorities, and resources, including consideration for culture, language, and education. • Recognizes and supports cultural beliefs and values of families. • Is aware that practices should be responsive to risk factors and build on resiliency factors. • Demonstrates knowledge of the impact of familial, economic, and social factors on relationships and social and emotional development. • Recognizes and supports family/cultural strengths, values, and protective factors.
E: Observation, Screening, and Assessment		
Key Concepts	**Hours**	**Competencies**
• Development of observational skills with infants and young children • Diversity-informed assessment • Use of observational information • Use of screening tools • When to make referrals for more comprehensive assessment • How to make a referral, including securing comprehensive, informed consent from parents and following through or assisting family with initial contacts • Introduction to major assessment instruments and processes	12	• Selects and uses a variety of formal and informal observation and screening tools and practices appropriate for infants, young children, and their families. • Conducts observation and other informal assessment procedures in a variety of settings natural to the family, as appropriate. • Selects and uses screening and assessment practices appropriate to pregnant and postpartum parents, including screening for depression. • Interprets and links assessment results with needed outcomes and services based on infant, young child, and family needs and perspectives. • Integrates assessment results with information from parents and other agencies/professionals. • Recognizes when further assessment is warranted and collaboratively makes appropriate referrals. • Assists family to make initial contact with appropriate professionals and/or agencies.

F: Diagnosis and Intervention		
Key Concepts	**Hours**	**Competencies**
• Diagnostic systems for infants, toddlers, and young children • Diversity-informed diagnosis and intervention • Linking assessment and diagnosis to intervention • Development of intervention goals • Effective communication with caregivers and others • Concrete assistance • Home-based service delivery • Community resources • Developmental guidance • Strategies to promote infant-family and early childhood mental health • Strategies for preventive intervention addressing social and emotional-behavioral vulnerabilities • Intervention strategies • Therapeutic options, including current knowledge of evidence-based practices (i.e., those informed by research, professional wisdom, and parental/family values) • Developing reflective practice skills • Use of self in provision of services	12	• Demonstrates awareness of implicit bias in patterns of diagnosis and practice of intervention. • Builds partnerships with families to formulate culturally appropriate and meaningful intervention plans. • Demonstrates knowledge of the distinctions among difference, delay, and disorder and appropriate referral for each. • Integrates information and formulates plans together with the family. • Selects and implements relationship-based intervention strategies that are appropriate to support and promote the infant or young child's strengths and needs. • Ensures that families are primary members of the individualized family service plan/individualized education program team. • Assists parents in identifying community resources for services that parents identify as important. • Assists parents in accessing community resources for services and advocates on behalf of families with whom barriers to inclusion are encountered. • Provides resources for related services such as primary care, child welfare, mental health, or social services and provides guidance regarding child's development. • In partnership with the family and other team members, develops, uses, and analyzes ongoing observation and assessment data to achieve child and family outcomes.

G: Interdisciplinary/Multidisciplinary Collaboration		
Key Concepts	**Hours**	**Competencies**
• Understanding the roles of other providers in working with young children and families • Respecting boundaries of practice • Community resources • Working together with other providers to create an integrated plan • Collaborating to prioritize child and family needs	6	• Coordinates early intervention services across a variety of agencies. • Facilitates relationships, communication, and collaboration among family and all other team members. • Works cooperatively with fellow team members and other agencies. • Respects and incorporates information and feedback from other team members. • Provides resources to families for services and supports in collaboration with regional centers, Early Start, and/or Early Head Start. • Demonstrates knowledge of the limits of the scope of practice of one's discipline and the need for referral for issues beyond the expertise of one's discipline.

H: Ethics		
Key Concepts	**Hours**	**Competencies**
• Ethics of scope of practice • Working ethically in family settings • Diversity and inclusion	4	• Considers and reflects on the interpersonal nature of the family-provider relationship. • Demonstrates familiarity with tenets of diversity-informed infant mental health. • Recognizes and supports the cultural beliefs, values, and linguistic preferences of families. • Recognizes the significance of socio-cultural and political contexts of children from diverse backgrounds. • Follows state and federal laws and regulations while observing discipline-specific requirements and principles. • Maintains professional ethics, including recognizing scope-of-practice parameters of one's own discipline and appropriate boundaries in interactions. • Develops and implements a professional development plan recognizing a continuum of lifelong professional development. • Establishes effective supervision/mentoring relationships.
Total Didactic Training	**120**	

Domain 2: Direct Service Supported by Reflective Practice Facilitation		
Direct Service Provided		**Reflective Practice Facilitation Received**
• To work with infants and children prenatal up to age 3 (prenatal through 35 months) and their families, 60 hours of direct service as defined by one's discipline • To work with children age 3 up to 5 (36 through 59 months) and their families, 60 hours of direct service as defined by one's discipline • To work with infants and children prenatal up to age 5 (prenatal through 59 months) and their families, 120 hours of direct service as defined by one's discipline		• To meet the direct service requirement for serving infants and toddlers from prenatal up to age 3, the provider must have received a minimum of 12 hours of reflective practice facilitation comprised of either individual or group reflective practice facilitation. • To meet the direct service requirement for serving children ages 3 up to 5, the provider must have received a minimum of 12 hours of reflective practice facilitation comprised of either individual or group reflective practice facilitation. • To meet the direct service requirement, providers serving children prenatal up to age 5 and their families must have received: • 12 hours of reflective practice facilitation with prenatal up to age 3 • 12 hours of reflective practice facilitation age 3 up to 5 • For a total of 24 hours of reflective practice facilitation for prenatal up to age 5 Reflective practice facilitation can be received either individually and/or as part of a group of up to eight individuals.

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Requirements for the Infant-Family and Early Childhood Mental Health Specialist

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Domain 1: Knowledge		
A: Parenting, Caregiving, Family Functioning, and Parent-Child Relationships		
Key Concepts	**Hours**	**Competencies**
• Range of family structures • Cultural issues in parenting and family development • Pregnancy and childbirth • Postpartum period • Attachment issues • Parenting as a developmental process • Family dynamics • Family expectation regarding child development • Providing family-sensitive services • Cultural issues in parenting and family development • Goodness of fit between parents and young children • Importance of relationships to development • Family systems	32	• Is aware of and able to competently engage with a wide range of family structures, family dynamics, and cultural influences on family functioning. • Is able to support and promote family pleasure and pride in family culture(s) and identify and address impediments via intervention and advocacy. • Demonstrates an understanding of optimal health during pregnancy. • Demonstrates an understanding of the birthing process and impacts on the family. • Demonstrates an understanding of healthy attachment following birth and the importance of the postpartum period on the newborn and family. • Demonstrates an understanding of family and parenting function as a lifelong developmental process beginning before conception. • Demonstrates an understanding of different patterns of parent-infant interaction and attachment and their impact on child outcomes. • Is knowledgeable about the emergence of communicative intent and gestural communication in dyadic interaction during the first year of life. • Understands the complexity of interrelationships between infant and caregivers within an environmental context and demonstrates a variety of appropriate strategies to support and promote family well-being. • Uses a variety of techniques to facilitate and reinforce positive parent-infant interaction and enhances parents' capacity to be responsive and sensitive to their baby. • Is aware of the potential negative impact of multiple separations and/or multiple family placements on early development. • Understands assessment of difficulties in parent-child relationships as delineated in the current version of the American Psychological Association's *Diagnostic and Statistical Manual for Mental Disorders (DSM)* and other professional diagnostic criteria, and the implications for relationship-focused interventions. • Understands strategies for facilitating change and growth processes in families with significant problems in relationships at the representational, dyadic, and systemic levels. • Demonstrates reflective insight into personal relationship history and dynamics and understands importance of one's own awareness in context of therapeutic relationships with families.

B: Infant, Toddler, and Preschool Development		
Key Concepts	**Hours**	**Competencies**
• Typical development in infancy, toddler, and/or preschool periods • Cultural and familial variability with respect to developmental milestones • Milestones of development • Peer relationships • Expectations of children in groups • Cultural variations in development and family expectations	36	• Understands the developmental sequences and range of variation across multiple dimensions of child development, beginning prenatally and including sensory, motor, cognitive, communication, play, self-regulatory, social, and emotional domains. • Balances awareness of maturational processes and developmental lines with appreciation of cultural variability. • Demonstrates an understanding of the importance of development of self-regulation, early childhood social relationships, communication and representational skills, and executive function abilities for school readiness. • Understands social and emotional development in a dyadic relationship context, as described in the current version of the American Psychological Association's *Diagnostic and Statistical Manual for Mental Disorders (DSM)*, Zero to Three's *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC0-3)*, and other accepted professional references and exemplified as social and emotional milestones, which may begin prenatally, and the implications for treatment of atypical dyadic emotional development. • Accurately interprets information from direct and reported information, observations, and assessments in a range of settings to identify capacities and strengths, as well as developmental delays and/or emotional disturbances in infants and young children served. • Uses collaborative approaches to explore appropriate family expectations and provides developmental guidance in achieving strategies that support those expectations. • Suggests, demonstrates, and coaches families on strategies to nurture a child's development across all domains, including their strengths, emerging capacities, and cultural values. • Understands social and emotional development and the role of peer and group interactions and can utilize a range of strategies for promoting optimal interactions.

C: Biological and Psychosocial Factors Impacting Outcomes		
Key Concepts	**Hours**	**Competencies**
• Temperament • Regulatory and sensory issues • Brain research • Neuro-developmental issues • Prematurity and low birth weight • Child abuse • Child neglect • Nutrition • Poverty	24	• Accurately interprets the bi-directional nature of biological and psychosocial circumstances that influence infant brain development, parent-child relationships, and the regulation of emotions and behavior, including genetics, low birth weight, under-nutrition, substance exposure, disability, and the impact of family discord and trauma. • Can identify and address family and child health factors, including nutrition, and their role in child and family outcomes from preconception onward. • Can identify and assess infant/child/adult states of arousal and how they are regulated and modulated. • Understands the concept that prolonged unaddressed stress in the infant/child/parent or dyad

• Community issues • School and community services • Impact of such factors upon development and relationships		affects all domains of development and that chronic stress may lead to subsequent interference with brain development and emotional regulation. • Identifies and addresses prolonged stress as a focus of intervention. • Comprehends that over-reactivity, under-reactivity, or a combination of both to sensory information can disrupt typical development and is able to provide appropriate intervention where there is a mismatch between the parent and the infant or child. • Recognizes when and how culturally embedded language, biases, and assumptions adversely affect infant and child development and is able to advocate accordingly. • Collaborates with families to challenge embedded language, biases, and assumptions as well as overt, covert, and inadvertent discrimination that undermines family well-being. • Recognizes and works to combat the adverse effects of poverty and marginalization.
D: Risk and Resiliency		
Key Concepts	**Hours**	**Competencies**
• Neglect, trauma, child maltreatment • Atypical development • Parental depression • Teenage parents • Maternal history of trauma • Historical trauma • Chronic physical illness • Chronic mental illness in parents • Developmental disabilities • Prematurity • Communication and interaction problems • Substance abuse in families • Family and community violence • Incarceration of parents/family members • Deportation of parents/family members • Working with challenging caregivers • Foster care • Institutional care • Factors that promote resiliency and help to insulate families from risk • Promoting resiliency in young children and families	36	• Demonstrates a theoretical understanding of the cumulative risk factors that affect family well-being and parent-child relationships for infants, young children, and their families and communities stemming from a variety of sources. • Recognizes that certain family and cultural groups are overt, covert, and inadvertent targets of discrimination, which undermines child and family well-being. • Integrates an understanding of relevant historical traumas and/or resources of cultural heritage into understanding of child and family. • Demonstrates a theoretical understanding of the resilience factors that allow infants, toddlers, and preschoolers to adapt positively despite significant life adversities. • Applies concepts of resilience to guide treatment planning assessment and interventions with children and families. • Demonstrates an ability to modulate intervention style and strategies in response to specific strengths and vulnerabilities of each infant, child, and family. • Demonstrates an ability to consider culture and context as well as risk factors in planning assessment and interventions. • Demonstrates the ability to identify and address parent-family difficulties that negatively impact the parent-child relationship and infant's or child's social and emotional development.

E: Observation, Screening, and Assessment		
Key Concepts	**Hours**	**Competencies**
• Development of observational skills with infants and young children • Diversity-informed assessment • Use of observational information • Use of screening tools • When to make referrals for more comprehensive assessment • How to make a referral, including securing comprehensive informed consent from parents and following through or assisting family with initial contacts • Introduction to major assessment instruments and processes	60	• Demonstrates an understanding of assessment as intervention. • Identifies and counters cultural bias in available assessment tools and practices. • Successfully uses a wide range of strategies in varied settings to reach and engage families. • Demonstrates an understanding of how to use observation, screening, and assessment to determine necessary components for the individual infant, young child, and family. • Selects and uses screening and assessment practices appropriate to pregnant and postpartum parents, including screening for depression. • Incorporates observations of the infant and young child in multiple settings including play, child-parent interactions, early care and education settings, and home into every assessment of the child. • Demonstrates an understanding of and ability to integrate a multidimensional assessment of an infant or young child, using information from other providers and caregivers as appropriate, inclusive of health, physical, social, emotional, psychological, and cultural aspects from a developmental and relational perspective. • Understands how to select and use specific components of assessments for prenatal up to age 5and their caregivers within the scope of practice and training. • Uses components of assessment including observations, interviews, standardized and non-standardized tests, and other professional reports, as appropriate, to provide a multidimensional assessment with appropriate interpretation and application of findings in the design of interventions. • Recognizes, through observation and interview, challenges to adults functioning as parents, such as signs of substance abuse, developmental delay, mental illness, and so forth, and provide appropriate referrals and interventions. • Demonstrates an ability to integrate multiple sources of information into a cohesive, family-friendly report.
F: Diagnosis and Intervention		
Key Concepts	**Hours**	**Competencies**
• Diagnostic systems for infants, toddlers, and young children • Diversity-informed diagnosis and intervention • Linking assessment and diagnosis to intervention • Effective communication with caregivers and others • Concrete assistance • Home-based service delivery • Community resources	60	• Demonstrates awareness of implicit bias in patterns of diagnosis and practices of intervention. • Builds partnerships with families to formulate culturally appropriate and meaningful intervention plans. • Uses the current version of the American Psychological Association's *Diagnostic and Statistical Manual for Mental Disorders (DSM)*, Zero to Three's *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC0-3)*, and other accepted professional references to diagnose problems in very young children and can provide the cross-reference diagnosis between the two systems within their scope of practice.

• Developmental guidance • Strategies to promote infant-family and early childhood mental health • Strategies for preventive intervention addressing social, emotional and behavioral vulnerabilities • Intervention strategies • Therapeutic options, including current knowledge of evidence-based practices (i.e., those informed by research, professional wisdom, and parental/family values) • Developing reflective practice skills • Use of self in provision of services		• Recognizes intervention must be developed immediately following recognition of a child's developmental risk in order to minimize the likelihood of failure to progress. • Integrates information and formulates plans together with the family. • Understands and addresses the importance of and need for concrete assistance, developmental guidance, crisis management, and advocacy in therapeutic and developmental work with families of infants and toddlers. • Demonstrates an understanding of basic principles from a variety of individual, dyadic, and family therapeutic approaches to promotion, preventive intervention, and treatment. • Demonstrates knowledge of and skill in implementing developmentally appropriate, relationship-based, and best practice interventions. • Provides developmental guidance and implements developmentally appropriate strategies for common problems in early childhood (e.g., tantrums, sleeping, eating, crying, regulation). • Provides resources for related services such as primary care, child welfare, mental health, or social services. • Is able to monitor progress and problems with intervention in writing, make adjustments as needed, and maintain ongoing communication and collaboration with family and other agencies or providers regarding their perceptions and concerns. • Is able to integrate advocacy efforts to combat culturally embedded language, biases and assumptions into intervention plans as needed.
G: Interdisciplinary/Multidisciplinary Collaboration		
Key Concepts	**Hours**	**Competencies**
• Understanding the roles of other providers in working with young children and families • Respecting boundaries of practice • Community resources • Working together with other providers to create an integrated plan • Collaborating to prioritize child and family needs	8	• Demonstrates an ability to assemble an interagency and interdisciplinary team in which team and family members exchange information and learn from one another. • Demonstrates awareness that relationships with other providers will have an effect on their relationships with the child and family. • Demonstrates the importance of sensitive, respectful, and effective communication with other providers of services to the child and family. • Demonstrates knowledge of the existence of a wide variety of resources and systems providing services to young children and families. • Understands limits and boundaries of practice and makes appropriate referrals.

H: Ethics		
Key Concepts	**Hours**	**Competencies**
• Ethics of scope of practice • Working ethically in family settings • Diversity and inclusion	4	• Demonstrates self-awareness and the ability to reflect on one's impact on families and vice versa. • Demonstrates a clear understanding of scope of practice as defined by license, certification, and/or position/role and seeks consultation when questions arise. • Demonstrates a clear understanding of scope of areas of personal competency as determined by training and experience and seeks consultation when questions arise. • Maintains appropriate boundaries with families and other providers. • Keeps abreast of new scholarship and evolving notions of best practice in areas of competence through reading, continuing education, consultation, and so forth. • Recognizes and supports the cultural beliefs and values of families. • Recognizes the significance of socio-cultural and political contexts of children from diverse backgrounds. • Makes effective use of reflective practice facilitation and/or supervision. • Understands how to implement tenets of diversity-informed infant mental health.
Total Didactic Training	**260**	

Domain 2: Direct Service Supported by Reflective Practice Facilitation		
Direct Service Provided		**Reflective Practice Facilitation Received**
• To work with infants and children prenatal up to age 3 (prenatal through 35 months) and their families, 500 hours of direct service. • To work with children age 3 up to 5 (36 through 59 months) and their families, 500 hours of direct service. • To work with children prenatal up to age 5 (prenatal through 59 months) and their families, 1,000 hours of direct service.		• To meet the direct service requirement, providers serving infants and children prenatal up to age 3 *or* age 3 up to 5 and their families must have received 60 hours of reflective practice facilitation *for the selected age group* comprised of: 10 hours minimum of 1:1 reflective practice facilitation 10 hours minimum of 1:group reflective practice facilitation of up to eight individuals 40 hours of either individual or group reflective practice facilitation • To meet the direct service requirement, providers serving children prenatal up to age 5 and their families must have received a total of 60 hours of reflective practice facilitation for each age group (prenatal up to age 3 *and* age 3 up to 5) as indicated in the previous bullet for a total of 120 hours. 20 hours minimum 1:1 reflective practice facilitation 20 hours minimum of 1:group reflective practice facilitation of up to eight individuals 80 hours of either individual or group reflective practice facilitation

Requirements for the Reflective Practice Facilitator I and II and Reflective Practice Mentor

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Reflective Practice Facilitator I and II and Reflective Practice Mentor[3]

Key Concepts and Competencies for RPF I and II and RP Mentor	
A. Clarity Regarding Roles and Ethics	
Key Concepts	**Competencies**
• Scope of practice • Scope of competence • Role clarity • Discipline-specific codes of ethics • Legal and ethical issues including limits of confidentiality • Diversity and inclusion • Advocacy • Organizational dynamics including lines of authority and responsibility • Professional boundaries • Flexible frame • Respect for parental authority • Systems integration • Rigorous relational focus	• Evidences accomplishment within a particular infant-family and early childhood mental health orientation or conceptual framework as well as awareness of alternative infant-family and early childhood mental health orientations or conceptual frameworks with which she or he may be less familiar. • Is able to refer providers for additional support when questions or issues arise that fall outside the reflective practice facilitator's scope of practice or competence. • Demonstrates the ability to articulate and communicate directly and explain to the provider and any involved agencies or institutions his or her role as reflective practice facilitator, which may or may not include or overlap with additional roles in relation to the provider, such as clinical supervisor, administrative supervisor, consultant, mentor, tutor, or proctor. • Upholds the code of ethics of his or her own discipline and is familiar with and able to promote the code(s) of ethics of providers' disciplines. • Supports provider in considering the interplay of diversity and inclusion issues including race, power, and privilege, as these affect the provider and the families served. • Embraces advocacy as part of infant-family and early childhood mental health work (including advocating for inclusion, overcoming barriers to access, and identifying and striving to eliminate bias and institutional oppression) and supports provider in developing advocacy skills in keeping with his or her role and duties. • Understands and can explain the legal and ethical issues pertinent to the role

[3] Many of these competencies are adapted from those described in Heffron, M.C., Ivins, & Weston, "Finding an authentic voice," *Infants and Young Children*, 2005, Vol. 18, No. 4.

	of the facilitator, such as when issues presented in reflective practice facilitation sessions must be referred back to the provider's supervisors or discussed with other involved co-workers or authorities. This entails specifically the ability to manage complex intra- and/or inter-agency issues around boundaries, confidentiality, personnel matters, and agency culture and politics in ways that promote providers' development, practice setting integrity, and families' well-being. • Understands that a variety of legal and ethical issues exist pertinent to a scope of practice and is able to support the provider in seeking clarity about these issues as needed. • Is able to sensitively assist the provider in reflecting on his or her disciplinary scope of practice and the interdisciplinary nature of infant-family and early childhood mental health work, including, on the one hand, identifying times when additional referrals or consultation are needed for a child or family and, on the other hand, considering when there may be more providers or agencies involved with a family than may be helpful or welcome. • Conveys to the provider a sense of how families are often involved with multiple systems that may be integrated or fragmented and equips the providers with tools to facilitate integration as needed. • Is able to help the provider recognize and maintain professional boundaries in a variety of intervention/treatment settings such as home, child development center, social service system, health facility, or other community setting as appropriate. • Is able to help the provider assess the strengths and limitations of the practice setting and to consider best ways to provide services given family needs and relational and practical possibilities, as well as limitations and the need to consider interagency referral and/or collaboration. • Can help the provider learn to listen closely to the family and discover the things that are important to them about their child and themselves and then collaborate with the family on behalf of the child. This means embracing the idea that intervention must be rooted in a worry or a wish that a family has about a child, rather than in some motivational system entirely external to the family. • Possesses the ability to assist the provider to learn how to set the frame for the work as focused on parent-child relationships despite multiple needs and distractions.

B. Understanding of Interpersonal Influence Issues	
Key Concepts	**Competencies**
• Relational awareness • Diversity and inclusion • Race, power, and privilege • Rupture and repair • Parallel process • Transference and counter-transference • Respectful stance • Challenge • Negative capability • Mutual regulation • Over-determination and multiple meanings • Multiple perspectives, multiple voices • Collateral collaboration • Appreciation of diversity • Tolerating ambiguity • Affect expression	• Demonstrates an appreciation of the importance of relationships that is central to infant and early childhood development and mental health. • Has a thorough understanding of the diversity-informed infant mental health tenets and is able to support the provider in implementing them. • Is attentive to the reflective practice facilitator-provider relationship and able to support the provider in expanding his or her awareness of relational dynamics between them. This includes explicit attention to rupture and repair, parallel process, and transference/counter-transference. • Explicitly addresses issues of race, power, and privilege as they play out in the RPF-provider relationship. • Conveys a steadily respectful stance toward provider even when addressing difficult material or challenging the provider. • Assists providers to be aware of internal and external pressures that can push for a premature response or action. • Expands the provider's understanding of how to "be" with a family in ways that promote the family's sense of ease and safety with the provider and an understanding of the provider's professional role. • Supports provider in addressing with the family issues of race, power, and privilege as these play out in the provider-family relationship. • Makes use of the concept of mutual regulation within the RPF-provider relationship and equips the provider with tools to make use of this concept within the provider-family relationship. • Helps the provider learn to observe and reflect on individual behavior and the interactive exchange with others, and to hypothesize about possible meanings. • Expands the provider's capacities to consider multiple voices, including those of all involved family members as well as collateral providers. • Expands the provider's capacities to act on the family's behalf in the context of collateral relationships. • Expands the provider's capacity to understand and accept that each family is unique and will perceive the provider and intervention through the lens of their own experience and to extend this idea to work with staff and collateral contacts. • Supports the provider to be able to tolerate ambiguous situations and to realize these situations may involve not knowing or not understanding

	behaviors and motivation of the family. • Expands the provider's comfort with a wide range of individually and culturally variable patterns of affect presentation.
C. Facilitation Skills	
Key Concepts	**Competencies**
• Professional development • Consistency • Reliability • Accountability • Containment and challenge • Diversity and inclusion • Unconscious group dynamics • Role assumption in groups • Inspiration/vision • Promotion and inclusion • IFECMH knowledge domains • Flexible application and implementation of IFECMH principles	• Has an ability to understand the developmental level of the provider and tailor reflective practice facilitation sessions to individual needs. • Upholds a strong commitment to consistent reflective practice facilitation meetings despite the many impediments encountered. • Demonstrates reliability and accountability, including the capacity to frankly discuss with provider the RPF's limitations, misunderstandings, mistakes, and oversights as needed. • Is able to set a tone and plan and sequence the use of time in the reflective practice facilitation sessions to support the provider in working from an optimal growth-promoting zone of challenge. • Comfortably addresses diversity and inclusion issues with individuals and groups. • Possesses basic group skills that support and develop provider abilities. Such skills include awareness of and the ability to address unconscious group dynamics, patterns of role assumption in groups, challenges of "airtime" sharing and other group resource sharing issues, group-infant family parallel process possibilities, and the healing-transformative potential of collaborative processes. • Inspires confidence in infant-family and early childhood mental health principles and practice. • Expands provider's ability to be effective at outreach and relationship-building, successfully engaging families that might otherwise miss needed services. • Able to support provider in integration knowledge domains with direct service experience. • Helps providers working in nontraditional settings, such as shelters, medical facilities, and early care and education to develop ways to integrate infant-family and early childhood mental health principles into these settings.

Reflective Practice Facilitation Requirements for RPF I and II	
The RPF I and II must: • Read a basic set of articles/books related to reflective practice facilitation. • View a set of videos and DVDs detailing reflective practice facilitation skills. • Complete a minimum of 9 hours of didactic training with a curriculum built from the Transdisciplinary IFECMH Practitioner competencies. • Participate in one-on-one reflective practice facilitation meetings with a Reflective Practice Mentor or in a reflective practice facilitation group of up to eight participants led by a Reflective Practice Mentor. • Provide 24 direct reflective practice facilitation hours within a one-year period. • Conduct a reflective practice facilitation meeting under the observation of a Reflective Practice Mentor in person, by audiotape, or by video. • Provide a letter of recommendation from a professional who has provided reflective facilitation to the applicant. • Provide three email verifications from people who have received facilitation for their work with children and families.	**Hours Required:** Has provided 24 hours of Reflective Practice Facilitation to others. *plus* Has received 12 hours of Reflective Practice Facilitation support in their professional development. Note: Hours provided and received can be attained concurrently and in any order. If providing reflective practice facilitation to transdisciplinary providers, it is necessary for the RPF to have had direct experience with those services or population.

Reflective Practice Facilitation Requirements for RP Mentor	
The RP Mentor must: • Have provided 200 hours of reflective practice facilitation to supervisees or mentees over a minimum of 2 years and a maximum of 4 years. The Review Panel will determine the reflective practice experience along with mentoring experience to determine if the RP Mentor applicant has met the criteria required for endorsement. **Note**: These are hours accrued *after* the original endorsement as an RPF I or II. Mentors are required to have had experience in both individual and group supervision. • Have one year of experience providing reflective facilitation with someone in a leadership role who is building reflective practice facilitation skills (e.g., support to a program manager or site supervisor). This experience can be acquired concurrently with experience requirements outlined in the previous bullet. • Submit a video of themselves working with a supervisee or mentee in a leadership role and a one-page reflection on the video. Video length should be 15 to 20 minutes, but no more than 20 minutes. A link to upload the video to a secure site will be provided upon request. • Have worked across at least two disciplines. As an example, a social worker might have worked in community mental health and also provided consultation to a Head Start Program. These requirements are meant to help capture the notion that the mentor demonstrates professional and leadership responsibility to the growth and development of the field. • Have 18 hours of consultation from a Reflective Practice Mentor endorsed by the California Center for IFECMH. • Provide a letter of recommendation from a professional who has worked with the applicant as a mentor or colleague and who is able to discuss the applicant's skills as a Reflective Practice Facilitator and his/her ability to mentor others to provide these services. • Provide three email verifications from people who have been mentored to become an RPF.	**Hours Required:** Has provided 200 hours of Reflective Practice Facilitation to others (supervisees or mentees). *plus* Has received 18 hours of consultation from an RP Mentor. Note: Hours provided and received can be attained concurrently and in any order. Reflective practice facilitation provided by the Reflective Practice Mentor can be 1:1 or in a group of up to 8 over at least 9 months with at least monthly contact (weekly encouraged). Hours can be face-to-face or by phone, Skype or other real-time electronic technology.

Summary of Endorsement Categories and Related Knowledge, Training, Direct Service and Reflective Practice Facilitation Requirements

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Comparison Summary: Transdisciplinary IFECMH Practitioner, Advanced Transdisciplinary IFECMH Practitioner, and IFECMH Specialist Training and Requirements

	Transdisciplinary IFECMH Practitioner / Advanced Transdisciplinary IFECMH Practitioner	IFECMH Specialist
Definition	Highly skilled provider who: • Is from relevant health and human service, development, and educational disciplines. • Has a bachelor's degree or higher and may have a professional license or credential in a field related to infant-family and early childhood mental health and early intervention services. • Has achieved the Transdisciplinary IFECMH Practitioner competencies described in this *Compendium*. **The Transdisciplinary IFECMH Practitioner:** • Provides direct services in his/her specialty to pregnant women, infants, toddlers, preschoolers, and their families. • Infuses infant-family and early childhood mental health principles within the scope of practice of her/his specific discipline and/or specialty. • Has the most frequent contact with infants, very young children, and their families. • Is the most likely individual to provide promotion and preventive mental health interventions. • Is also likely to partner with and make	An individual from relevant professional practice disciplines who has: • A master's or higher degree. • A professional license or credential[4] from a state regulatory agency. • Achieved the IFECMH Specialist competencies described in this *Compendium*. **The IFECMH Specialist:** • Provides prenatal, infant-family, and early childhood mental health services within his/her scope of practice in the areas of promotion, preventive intervention, and treatment.

[4] Individuals with licenses or credentials in related fields and/or from other states or countries who feel they may qualify are invited to request a review of their credentials by the California Center Review Panel at cacenter-ecmh@wested.org.

	Transdisciplinary IFECMH Practitioner / Advanced Transdisciplinary IFECMH Practitioner	IFECMH Specialist
	referrals to Infant-Family and Early Childhood Mental Health Specialists. Applicants must choose one age group for specialization: • The Infant-Family Mental Health Practitioner works with children prenatal up to age 3 (prenatal to 35 months) and their families. • The Early Childhood Mental Health Practitioner works with children age 3 up to 5 (36 through 59 months) and their families. • The Infant-Family and Early Childhood Mental Health Practitioner works with children prenatal up to age 5 (prenatal through 59 months) and their families. **The Advanced Transdisciplinary IFECMH Practitioner** must have a minimum of eight years of direct experience with infants and young children prenatal up to age 5 and a master's degree in a relevant field, in addition to having met the criteria for the Transdisciplinary IFECMH Practitioner.	Applicants must choose one age group for specialization: • The Infant-Family Mental Health Specialist works with children prenatal up to age 3 and their families. • The Early Childhood Mental Health Specialist works with children age 3 up to 5 and their families. • The Infant-Family and Early Childhood Mental Health Specialist works with children prenatal up to age 5 and their families.
Minimum Degree	BA/BS in field related to infant-family and early childhood mental health. (Applicants for Advanced Transdisciplinary IFECMH Practitioner must have a master's degree.)	Master's degree or higher in field related to infant-family and early childhood mental health.

	Transdisciplinary IFECMH Practitioner / Advanced Transdisciplinary IFECMH Practitioner			IFECMH Specialist		
A. Parenting, Caregiving, Family Functioning, and Parent-Child Relationships	20			32		
B. Infant, Toddler, and Preschool Development	24			36		
C. Biological and Psychosocial Factors Impacting Outcomes	12			24		
D. Risk and Resiliency	30			36		
E. Observation, Screening, and Assessment	12			60		
F. Diagnosis and Intervention	12			60		
G. Interdisciplinary/Multidisciplinary Collaboration	6			8		
H. Ethics	4			4		
Total Didactic Training	120			260		
Direct Service Hours	60	60	120	500	500	1,000
Reflective Practice Facilitation Support Received	12[1]	12[1]	24[1]	60[1]	60[1]	120[1]
Endorsement Category	• Prenatal up to age 3 (prenatal through 35 months) • Age 3 up to 5 (36 through 59 months) • Prenatal up to age 5 (prenatal through 59 months)			• Prenatal up to age 3 (prenatal through 35 months) • Age 3 up to 5 (36 through 59 months) • Prenatal up to age 5 (prenatal through 59 months)		

[1] Reflective practice support may be 1:1 or in groups of up to 8. Of the reflective practice hours **for MHS**, at least 10 hours must be 1:1 reflective facilitation and another 10 hours of group 1:≤8.

Comparison Summary: Reflective Practice Facilitator I and II and Reflective Practice Mentor Training and Requirements

	Reflective Practice Facilitator I	Reflective Practice Facilitator II	Reflective Practice Mentor
Definition	Individual who, within his/her discipline's scope of practice and code of ethics: • Facilitates the reflective practice of individuals working with infants, toddlers, young children, and their families. • Is endorsed as a Transdisciplinary Infant-Family and Early Childhood Mental Health Practitioner. • Has an additional set of trainings and competencies focusing on the reflective practice facilitation process. This role is similar to that of a clinical supervisor, but does not necessarily involve the same set of responsibilities, as discussed in the final section of this document.	Individual who, within his/her discipline's scope of practice and code of ethics: • Facilitates the reflective practice of individuals working with infants, toddlers, young children, and their families. • Is endorsed as an Infant-Family and Early Childhood Mental Health Specialist. • Has an additional set of trainings and competencies focusing on the reflective practice facilitation process. This role is similar to that of a clinical supervisor, but does not necessarily involve the same set of responsibilities, as discussed in the final section of this document.	A Reflective Practice Facilitator I or II who has also met the requirements to be able to train, support, and facilitate the learning of others undertaking the work of reflective practice facilitation within his/her discipline's scope of practice and code of ethics. Activities of a mentor include but are not limited to program development, evaluation, supervision, training, staff development, policy development, research, and work within and across systems of care serving young children and families.
Basic Training Workshop	9 hours	9 hours	
Reading Component	18 hours	18 hours	

	Reflective Practice Facilitator I	Reflective Practice Facilitator II	Reflective Practice Mentor
Video/DVD Viewing	2 hours to view and review	2 hours to view and review	• Submit a 20-minute video working in a mentoring role with a supervisee or mentee and a one-page written self-reflection on the video.
Reflective Practice Facilitation Received	12 hours	12 hours	• Received at least 18 hours of reflective practice facilitation (individual or group) from an endorsed Reflective Practice Mentor on mentoring others to provide reflective practice facilitation for individuals and/or groups. • Experience working with at least two disciplines.
Reflective Practice Facilitation Provided	24 hours	24 hours	• Provided at least 25 hours of specific reflective practice facilitation. Minimum one year of experience providing reflective practice facilitation as an RPF I or II with someone who is building reflective practice facilitation skills. • 200 hours of reflective practice facilitation to supervisees or mentees over a period of 2 to 4 years.
Provide Reflective Practice Support (within his/her discipline's scope of practice and code of ethics)	• For Transdisciplinary IFECMH Practitioners.	• For Transdisciplinary IFECMH Practitioners and IFECMH Specialists depending on cross discipline experience.	• For Reflective Practice Facilitators I and II and other Reflective Practice Mentors.

	Reflective Practice Facilitator I	Reflective Practice Facilitator II	Reflective Practice Mentor
Other Requirements	• A letter of recommendation from a professional who has supervised the Reflective Practice Facilitator. • Three email verifications from people who have received facilitation for their work with children and families.	• A letter of recommendation from a professional who has knowledge of the Reflective Practice Facilitator's skills. • Three email verifications from people who have received facilitation for their work with children and families.	• A letter of recommendation from a professional who has worked with the applicant as a mentor or colleague and who is able to discuss the applicant's skills as a Reflective Practice Facilitator and his/her ability to mentor others to provide these services. • Three email verifications from people who have been mentored to become an RPF. • Documentation of the number of years and frequency of mentoring sessions they provided to others to become Reflective Practice Facilitators.

Appendix: Workgroup Members, Contributors, and Field Reviewers 1992-2016

APPENDIX: WORKGROUP MEMBERS, CONTRIBUTORS, AND FIELD REVIEWERS 1992-2016

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