



## **GLOSSARY**

**Administrative Supervision:** The oversight of federal, state, and agency regulations, program policies, rules, and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives: hire, train/educate, oversee paperwork, write reports, explain rules and policies, coordinate, monitor productivity, and evaluate

**Alliance for the Advancement of Infant Mental Health:** The Alliance for the Advancement of Infant Mental Health (The Alliance) is an organization that includes infant mental health associations who have licensed the use of the Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® under their associations' names. In the past this Alliance has been termed the League of States

**Applicant:** A professional who is applying for the MI-AIMH Endorsement® as Infant Family Associate (I), Infant Family Specialist (II), Infant Mental Health Specialist (III), or Infant Mental Health Mentor (IV)

**Applicant's Waiver:** An agreement signed by an Endorsement® applicant waiving the right to review professional reference forms. The waiver is included when applicant identifies each person who will provide a reference rating

**Attachment:** An emotional bond between a parent/primary caregiver and infant that develops over time and as a result of positive care-seeking behaviors (eg, crying, smiling, vocalizing, grasping, reaching, calling, following) and responsive caregiving (eg, smiling, talking, holding, comforting, caressing)

**Clinical Supervision/Consultation:** Supervision or consultation that is case-focused, but does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to work with an infant/very young child and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives as well as review casework, discuss the diagnostic impressions and diagnosis, discuss intervention strategies related to the intervention, review the intervention or treatment plan, review and evaluate clinical progress, give guidance/advice, and teach

**Collaborate:** To work willingly with other direct-service providers, parents, community agencies, faculty, and other professionals to obtain, coordinate, and research services that effectively nurture infants and families

**Competency Guidelines®:** A description of specific areas of expertise, responsibilities and behaviors that are required to earn the MI-AIMH Endorsement® as an Infant Family Associate (I), Infant Family Specialist (II), Infant Mental Health Specialist (III), and Infant Mental Health Mentor (IV). The areas of expertise, very generally described here, include Theoretical Foundations; Law, Regulation, and Policy; Systems Expertise; Direct-Service Skills; Working with Others; Communicating; Reflection; and Thinking

**Consultant:** In most instances, this term refers to a provider of reflective supervision/consultation (RS/C). The RS/C may be provided to groups of practitioners or individuals. Consultant often refers to a provider of RS/C who is hired contractually from outside an agency or organization; ie, separate from a program supervisor

**Cultural Competence:** The ability to observe, understand, and respond, appreciating individual capacities and needs of infants, very young children, and families, with respect for their culture, including race, ethnicity, values, behaviors, and traditions

**Cultural Sensitivity:** The ability to respect and acknowledge differences in beliefs, attitudes, and traditions related to the care and raising of young children, remaining open to different points of view and approaching families with respect for their cultural values

**Early Childhood:** A timeframe from birth to five years, including infancy, toddlerhood, and early childhood

**Early Childhood Professional:** A service provider who works with infants and very young children (birth to five years). Examples include a child care & education provider, an Early Head Start teacher, a family support specialist, a home visitor, a maternal support specialist, and an infant mental health specialist

**Early Intervention:** Early intervention typically refers to a system of coordinated services that promotes a very young child's growth and development and supports families during the critical early years. Early intervention services to eligible infants, very young children, and families are federally mandated through the Individuals with Disabilities Education Act (Part B and/or Part C). Early intervention services delivered within the context of the family are intended to:

- Improve both developmental, social, and educational gains
- Reduce the future costs of special education, rehabilitation, and health care needs
- Reduce feelings of isolation, stress, and frustration that families may experience
- Help alleviate and reduce behaviors by using positive behavior strategies and interventions
- Help children with disabilities grow up to become productive, independent individuals

**EASy (Endorsement® Application System):** A secure, Web-based application designed to compile Endorsement® applications; facilitate communication between and among applicant, Endorsement® Coordinator, Endorsement® Advisor, and application reviewers; coordinate application reviews; and archive Endorsement® database

**Endorsement®:** The MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®) is intended to recognize experiences that lead to competency in the infant-family field. It does not replace licensure or certification, but instead is meant as evidence of a specialization in this field. The MI-AIMH

Endorsement® is cross-sector and multidisciplinary including professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, social work, and others. Endorsement® indicates an individual's efforts to specialize in the promotion/practice of infant mental health within his/her own chosen discipline

Those who have earned Endorsement® have demonstrated that the individual has received a minimum of specialized education, work, in-service training, and reflective supervision/consultation experiences that have led to competency in the promotion and/or practice of infant mental health. Endorsement® does not guarantee the ability to practice as a mental health professional, although many have earned Endorsement® as licensed mental health professionals

There are multiple paths to Endorsement®. Individuals demonstrate competency by completing a wide range of coursework and specialized in-service training while performing a wide range of paid roles with or on behalf of infants, very young children, and families. There is no one defined way, course, or set of training sessions that exclusively lead to Endorsement®

**Endorsement® application:** The application submitted by Endorsement® applicant via EASy contains the following:

- Official transcripts from all colleges/universities attended
- Lists of **specialized** education, work, in-service training, and (for Levels II, III, & IV-C) reflective supervision/consultation experiences while working with infants, very young children, and their families
- Three reference ratings
- Signed Code of Ethics
- Signed Endorsement® Agreement
- Proof of membership in MI-AIMH or other infant mental health association
- Endorsement® Processing Fee

**Family-Centered Practice:** An emphasis on the infant/very young child within the context of the family with respect for the family's strengths and needs as primary when conducting assessments and/or interventions

**Graduate or Post Graduate Certificate Program in Infant Mental Health:** A university-based program of course work related to infant development, attachment theory, family studies, and relationship-based practice with infants, very young children, and their families.

**Infant Mental Health:** An interdisciplinary field dedicated to understanding and promoting the social and emotional wellbeing of all infants, very young children, and families within the context of secure and nurturing relationships. Infant mental health also refers to the social and emotional wellbeing of an infant or toddler within the context of a relationship, culture, and community

**Infant Mental Health Home Visiting:** A home visiting model that uniquely includes infant-parent psychotherapy, using masters prepared staff, as practiced in accordance with the Michigan Medicaid Provider Manual, and by practitioners in Maine, Illinois, Minnesota, and New Mexico. Other components of the IMH Home Visiting model that are shared with other home visiting models are case management (basic needs and advocacy), developmental guidance, emotional support, promoting life skills, and social support. *Early Attachments: IMH Home Visiting®* is MI-AIMH's model for IMH home visiting

**Infant Mental Health Mentor:** A professional/service provider who meets the requirements for MI-AIMH Endorsement® at IV

**Infant Mental Health Practices:** Relationship-focused interventions with **both** the infant/very young child and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health practice will include case management, advocacy, emotional support, developmental guidance, early relationship assessment, social support and parent-infant/very young child relationship-based therapies and practices. These therapies and practices may include but are not limited to parent-infant psychotherapy, interaction guidance, and child-parent psychotherapy and are intended to explore issues related to attachment, separation, trauma, grief and unresolved losses as they affect the development, behavior, and care of the infant/very young child. Work is aimed at the relationship between the infant/toddler and his/her primary caregiver to explicitly address any unresolved separations, traumas, grief, and/or losses that may be affecting the emerging attachment relationship between a caregiver(s) and the infant/toddler. The unresolved losses or “ghosts in the nursery” might be from the caregiver’s own early childhood or may be more recent as in a difficult labor & delivery or a diagnosis of a chronic illness, delay, or disability for this infant/toddler

Professionals from a variety of disciplines, not only licensed mental health professionals, may practice infant mental health. However, the practitioner will have received the specialized IMH training necessary to provide this level of intervention AND receive reflective supervision/consultation (RS/C) from a qualified professional about the intervention

Work on unresolved losses does not have to be explicit with every family with whom the applicant works. However, the applicant must have had the specialized IMH training and RS/C that prepares them to provide that level of intervention when it is appropriate for a referred family

Infant mental health practice can be conducted in the home, in a clinic, or in other settings

**Infant Mental Health Principles:** The theoretical foundations and values that guide work with or on behalf of infants, toddlers, and families. Theoretical foundations include knowledge of pregnancy & early parenthood; infant/very young child development & behavior; infant/very young child & family-centered practice; relationship-focused therapeutic practice; family relationships & dynamics; attachment, separation, trauma, grief, & loss; disorders of infancy & early childhood; and cultural competence. The values include importance of relationships; respect for ethnicity, culture, individuality, & diversity; integrity; confidentiality; knowledge & skill building; and reflective practice

**Mentor:** An experienced infant mental health practice leader who offers guidance, support, and learning opportunities to professionals/service providers within the infant and family field. An Infant Mental Health Mentor meets the requirements for MI-AIMH Endorsement® at Level IV

**MI-AIMH Endorsement® Advisor:** A volunteer who has earned Endorsement®, is a member of MI-AIMH, and who agrees to guide an Endorsement® applicant through the MI-AIMH Endorsement® process

**MI-AIMH Endorsement® Committee:** The MI-AIMH Endorsement Committee’s purpose is to uphold the standards set forth in the *Competency Guidelines*®, *the MI-AIMH Code of Ethics* and in the *IMH-E® Policies and Procedures Manual*. The MI-AIMH Endorsement® Committee shall

include 8-10 voting members, one of whom will be a representative from an Alliance for the Advancement of Infant Mental Health member association

**Parallel Process:** Ability to focus attention on all of the relationships, including the ones between practitioner and supervisor, practitioner and parent(s), and parent(s) and infant/very young child. It is critical to understand how each of these relationships affects the others

**Part C of the Individuals with Disabilities Education Improvement Act (IDEA):** This program mandates a statewide, comprehensive, multidisciplinary service system to address the needs of infants and very young children who are experiencing developmental delays or a diagnosed physical or mental condition with a high probability of an associated developmental disability in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, and self-help skills. In addition, states may opt to define and serve at-risk children

**Reference Rating:** Three reference ratings are required as part of the application submitted by each Endorsement® applicant. Requirements for who shall provide ratings are specific to the Endorsement® level at which the applicant is applying. Details can be found at <http://mi-aimh.org/endorsement/requirements/>. Raters will answer questions about the applicant's level of knowledge and skill in the competency areas

**Reflective:** Self-aware, able to examine one's professional and personal thoughts and feelings in response to work within the infant and family field

**Reflective Practice:** Able to examine one's thoughts and feelings related to professional and personal responses within the infant and family field

**Reflective Supervision/Consultation (RS/C):** Supervision or consultation that distinctly utilizes the shared exploration of the parallel process. In addition, reflective supervision/consultation relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Finally, there is often greater emphasis on the supervisor/consultant's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor/consultant

**Relationship-Focused Practice:** Supports early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one's capacity to nurture and support others

**Specialized In-Service Training:** A training experience that offers opportunities for discussion and reflection about the development, behavior, or treatment of infants and very young children within the context of the family. Examples include half-day or full-day training experiences or training over time, ie, 6 hours monthly for 6 months or 3 hours monthly for 12 months. A specialized training that is eligible for Endorsement® should meet the following criteria:

1. Is culturally sensitive, relationship-focused, and promotes infant mental health
2. Relates to one or more of the competencies in the *MI-AIMH Competency Guidelines*®
3. Is specific to the level of Endorsement® at which applicant is applying

***Specialized Internship/Field Placement:*** One year of a supervised graduate internship with direct IMH practice experience (as described for Infant Mental Health Specialist) 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 III). Applicant will submit description of internship for application reviewers' consideration