

Frequently Asked Questions

Why has FAIMH chosen to adopt the Michigan Endorsement® system?

The Board of Directors and Board of Advisors have wanted FAIMH to sharpen its focus on training and professional development. FAIMH wants to be an organization that supports the Florida IMH workforce and can help drive members' professional development forward!

Other states have experienced an important outcome as Endorsement® expands: payers, other providers, and agency directors are better able to appreciate the importance of Infant Mental Health (IMH) when there is an established professional development ladder. In some states, this has even led to better reimbursement rates for Endorsed providers.

Michigan's system is by far the best-developed system in the field of Infant Mental Health. Creating a separate system for Florida would take a tremendous amount of work and the FAIMH Board believes having Florida in the National Alliance will help us work more closely with other states in building IMH work.

Tracking statewide training needs is critical. Since Endorsement® is tied to a written set of Competencies, IMH practitioners can now have a very good sense of what trainings/experiences they need and FAIMH can work to meet those needs more effectively.

One key to Endorsement® is reflective supervision. Many of most sophisticated interventions in IMH involve reflective process and we believe the emphasis on reflection that the Endorsement® process has will provide more opportunities for groups of FAIMH members to reflect together. The MI-AIMH website has useful information on reflective supervision: <http://mi-aimh.org/wp-content/uploads/2016/03/BPGRSC-20160428-NP-FE.pdf>

Why apply for FAIMH Endorsement?

Both Neurons to Neighborhoods (Shonkoff & Phillips, 2000) and Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation (2015) report there is a critical shortage of well trained professionals who have the knowledge, skills and supervised work experience to promote healthy social and emotional development, and to intervene and treat serious early childhood mental health problems. By engaging in the endorsement system, you will:

- Grow and develop as a professional in the rapidly expanding infant and family service field.
- Be recognized by employers and peers for having attained a category of competency in culturally sensitive, relationship-based practice that promotes infant mental health.
- Become a part of one of the first and most comprehensive international efforts to identify best practice competencies at multiple levels and across disciplines and to offer a pathway for professional development in the infant and family field.

If I already have a license or certification, why would I need this additional Endorsement?

Endorsement[®] provides a set of competencies for professional development in the infant and family field. Endorsement[®] assures that persons providing culturally sensitive, relationship-focused services promoting infant mental health meet standards that are approved by a highly recognized professional organization for the discipline of infant mental health.

Endorsement[®] recognizes the importance of continuing education and training for professionals in the infant and family field. Those who earn the Endorsement demonstrate their commitment to this principle as they provide services that promote infant mental health with a high level of quality and integrity.

It is a process that supports the development and recognition of infant and family professionals within an organized system of culturally sensitive, relationship-based learning and work experiences that promote infant mental health.

Who is able to apply?

Any professional (degreed and non-degreed) who resides in Florida and has experience working with or on behalf of infants and toddlers, in the context of their relationship with their parents and or other caregivers and who meets the educational, training, and reflective supervision requirements as specified for each type of Endorsement.

Can years of experience be substituted for educational degree requirements?

No. The four categories of endorsement include a full range from non-degreed to post-Masters degreed professionals. You should apply at the category for which you have earned the required degree and meet all requirements. Professionals at each of these categories provide equally valuable contributions to the well-being of Florida's infants, toddlers and their families.

Getting Started

What do I do to get started?

Read more about Endorsement at faimh.org/endorsement. Carefully look over the Endorsement Requirements to see where your work experience, education, specialized training and reflective supervision/consultation experiences fit best. Review the Competency Guidelines and the Getting Started document so that you can spend the next several months obtaining the necessary training and reflective supervision while waiting for the Endorsement process to begin.

Begin to prepare your portfolio materials. It takes a while to gather your in-service training and supervisory experiences. This reflects your capabilities within the infant and family field as identified for each category of Endorsement. You will be asked to list the names and email addresses for three individuals who will complete reference rating forms on your behalf. Match your competencies to those listed in the FAIMH Competency Guidelines and document their source. Start this now so you are ready when FAIMH Endorsement opens statewide.

Portfolio Development Questions

Specialized In-Service Training

I have attended well over 30 hours of in-service trainings but I'm not sure if all of it will be accepted. Should I submit a list of every in-service training I've ever attended?

All in-service training hours that meet criteria toward endorsement must be related to the FAIMH Competency Guidelines. Be sure to list which specific knowledge or skill area is covered at each training, e.g., attachment, separation and loss; cultural competence. For a training to count toward Endorsement, at least one competency must have been covered. It is important to remember that Endorsement reflects training specialization in the promotion of culturally sensitive, relationship-based practice promoting social and emotional well-being in the first years of life or infant mental health. Please list no more than 3 knowledge/skill areas for training events of 1 to 2 hours; no more than 6 knowledge/skill areas for training events of 6 to 8 hours; and so on. Although the minimum requirement is 30 hours, we expect Endorsement candidates to document that they have achieved competency in all (or almost all) of the categories (as identified at your desired category) via college course work, on-the-job training, in-service opportunities and reflective supervision/consultation. So, if there are still gaps in your competencies with only 30 hours, include as many others as you can to fill those gaps.

How far back can I go when including trainings that meet criteria for endorsement?

There is no limit on how long ago the training was attended to be counted toward requirements. Some candidates may have been in the field for many years and are encouraged to include all the trainings that have shaped their practice in infant-family work. However, it is not necessary to submit a comprehensive list of every training ever attended. The list should reflect a balance of breadth and depth across the competencies and the promotion of infant mental health.

Are only FAIMH sponsored trainings eligible for Endorsement®?

The training does not need to be sponsored by FAIMH to be eligible to count toward your minimum for endorsement. In fact, many trainings that you attend for professional licensing or agency requirements may also qualify for Endorsement (for example an ethics training for social workers, Early On training about family-centered planning, or doula training, to name only a few). A specialized training that is eligible for Endorsement should meet the following criteria:

- Is culturally sensitive, relationship-focused and promotes infant mental health
- Relates to one or more of the competencies in the FAIMH Competency Guidelines
- Is specific to the category of Endorsement for which you are applying

Specialized Work Experience

How many infants or toddlers do I need to work with to meet the specialized work criteria?

FAIMH believes that Endorsement applicants should have enough experience with infants and toddlers so that the person who completes the reference rating forms can confidently answers questions about the applicant's knowledge and skills related to the promotion and practice of infant mental health. For practitioners whose work experience has been primarily with preschool aged children, FAIMH expects service delivery to a minimum of 10 families where the infant/toddler (i.e., birth to 36 months) is the target of the intervention over a period of time that is at least six months. If the practitioner's experience has not yet included infants/toddlers or preschoolers, FAIMH expects service delivery to a minimum of 10 families where the infant/toddler is the target of the intervention over a period of time that is at least two years.

I have my Master's degree, so shouldn't I start at Category III?

Overall, Endorsement is seen as a professional development ladder. It is most common for people to start at Category II. Over time, once practitioners have had an opportunity to serve many infant mental health cases while receiving reflective supervision/consultation from someone who is endorsed and after participating in many specialized in-service training opportunities, they may have developed a degree of expertise that qualifies them for Category III. It is important to be sure that a candidate has achieved that expertise so that there is greater assurance of successfully completing the written exam. Also, once a practitioner has earned Category III, they can be considered as potential providers of reflective supervision/consultation to other candidates who are seeking Endorsement.

Is there a difference between the specialized work experiences that meet criteria for Infant Family Specialist (Category II) versus Infant Mental Health Specialist (Category III)?

Yes, in general Category II work experience is more broad and encompasses many of the ways that candidates might work with the families of infants and toddlers including case management, Part C service coordination, parent-child play groups, parent education, and family support. Category III work experiences are often (but not always) home-based and include the following interventions: advocacy, developmental guidance, emotional support, concrete assistance, and parent-infant psychotherapy. Competence as an Infant Mental Health Specialist builds with supervised work experience over time with services delivered to the families of infants and toddlers that are relationship-focused and culturally sensitive with an emphasis on examining the role of relationships in reflective supervision

Reflective Supervision

What is Reflective Practice?

Interest in reflective practice and supervisory support is growing rapidly as with the increased focus on the social and emotional well-being of babies, toddlers, and preschool age children. Whether trained as a mental health professional, a health professional, a

social worker, or an early childhood professional, if you are working with children birth to age three and their families, you will benefit from supportive consultation to help you better understand yourself in relationship to the very young children and families with whom you work. Reflective practice focuses on the development of relationships that support growth and development between supervisors and staff, staff and families, and parents and children. It is within these relationships that learning and change is able to take place. It is more a way of being than a way of doing (Zero to Three).

What are the requirements for Reflective Supervision/Consultation (RS/C) at each Endorsement Category?

Infant Family Associate

Infant Family Associate (Category I) applicants are not required to receive RS/C; however, FAIMH recommends that all infant/toddler professionals seek RS/C.

Infant Family Specialist

Infant Family Specialist (Category II) applicants must receive a minimum of 24 clock hours of RS/C in no less than one year and no more than a two-year time frame. To meet the criteria for Endorsement®, RS/C must be conducted by someone who is Endorsed at Category III or Category IV-Clinical. The only exception is for applicants who are pursuing Category II and are Bachelor's prepared; they can receive qualified RS/C from someone who has earned Category II Endorsement® AND is Master's prepared.

Infant Mental Health Specialist

Infant Mental Health Specialist (Category III) applicants must have received a minimum of 50 clock hours of RS/C within the same time 1-2 year time frame. Reflective supervision/consultation that meets criteria for Endorsement® must come from someone who is endorsed at Category III or Category IV-Clinical.

Infant Mental Health Mentor – Clinical

Infant Mental Health Mentor – Clinical (Category IV-C) applicants must have received a minimum of 50 clock hours of RS/C within the same time 1-2 year time frame. Reflective supervision/consultation that meets criteria for Endorsement® must come from someone who is endorsed at Category III or Category IV-Clinical.

Infant Mental Health Mentor – Policy

Infant Mental Health Mentor – Policy (Category IV-P) applicants are not required to receive RS/C; however, FAIMH recommends that all infant/toddler professionals seek RS/C.

Infant Mental Health Mentor – Research/Faculty

Infant Mental Health Mentor – Research Faculty (IV-R/F) applicants are not required to receive RS/C; however, FAIMH recommends that all infant/toddler professionals seek RS/C.

Generally, can co-workers provide the hours of reflective supervision that I need?

Peer supervision (defined as colleagues meeting together without an identified supervisor/consultant to guide the reflective process), while valuable for many experienced practitioners, does not meet the reflective supervision/consultation criteria for Endorsement®. The provider of reflective supervision is charged with holding the emotional

content of the cases presented. The ability to do so is compromised when the provider is a peer of the presenter. Unnecessary complications can arise when the provider of reflective supervision has concerns about a peer's ability to serve a particular family due to the peer's emotional response AND the provider and peer share office space, etc. You may find answers to other questions like this in *Best Practice Guidelines for Reflective Supervision/Consultation*.

Endorsement Exam

What is the format of the exam for the Infant Mental Health Specialists and Infant Mental Health Mentors? (no exam is needed for Infant Family Associates/Specialists)

There are two parts to the exam: Part 1 consists of 60 multiple choice questions. Part 2 consists of three vignettes with corresponding questions; you will be asked to respond to two of the three vignettes. You will have three hours to complete the entire examination (90-minutes for Part 1 and 90-minutes for Part 2). The material covered requires knowledge about pregnancy, early development and clinical practice experiences. Both parts draw on cumulative learning experiences in college or university settings and specialized in-service trainings, as well as self-study (e.g. books and journal articles about infancy, early parenthood and infant mental health). Your supervised work experiences with infants, toddlers and families, and experiences within reflective supervision or consultation groups related to your work with infants and families will also contribute to learning that is reflected in the examination questions.

What primary topics are covered in the multiple-choice portion of the test?

The multiple-choice questions are related to the knowledge and skill areas of the competencies as indicated in the FAIMH Competency Guidelines booklet such as:

- Attachment separation, and loss
- Pregnancy, infant and young child development and behavior
- Relationship-based therapeutic practice
- Infant mental health screening and assessment
- Disorders of infancy/early childhood
- Cultural competence
- Reflective practice

You can also use the *Bibliography for Exam Preparation*.