

The *Delivery of Infant-Family and* *Early Mental Health Services*

Training Guidelines *and Recommended* *Personnel Competencies*



*California's Infant,
Preschool & Family
Mental Health Initiative*

California's Infant, Preschool & Family Mental Health Initiative is a statewide special project funded by the First 5 California Children and Families Commission through the California Department of Mental Health and coordinated by the WestEd Center for Prevention and Early Intervention in collaboration with the Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, San Francisco, and Stanislaus County Departments of Mental Health and their interagency partners.

The following is a list of all of the products available for the 2003 Final Report of California's Infant, Preschool & Family Mental Health Initiative.

- *The Clinical Services Study:
Development, Implementation and Findings*
- *Building Capacity to Provide Infant-Family and Early Mental Health Services:
Training, Technical Assistance, Consultation and Supervision Models*
- *Training Guidelines and Recommended Personnel Competencies:
Delivering Infant-Family and Early Mental Health Services*
- *Impact and Evaluation Findings:
Training Activities and Changes in Providers and Communities*
- *Evolving Perspectives in Infant-Family Mental Health and Reflective Supervision*

For more information on the Initiative or on obtaining copies of any of the products, please contact one of the following:

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California Department of Mental Health	www.dmh.ca.gov
First 5 California Children and Families Commission	www.cfcf.ca.gov

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OVERVIEW OF CALIFORNIA'S INFANT, PRESCHOOL & FAMILY MENTAL HEALTH INITIATIVE

The field of infant-family and early 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.

The continuum of infant-family and early mental health services includes:

Promotion: Services that recognize the central importance of early relationships on brain development, learning and the emotional and social well-being of all young children. These services include a focus on positive parent-child and primary caregiver relationships within the home, child development settings and other service settings for young children and their families.

Preventive Intervention: Services that mitigate 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 parent-child 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: Services that target children in distress or with clear symptoms indicating a mental health disorder. They address attachment and relationships problems and the interplay between the child, parent and other significant caregivers that jeopardize early mental health and early emotional and social development. Specialized early mental health treatment services focus on the parent-child dyad and are designed to improve child and family functioning and the mental health of the child, parents and other primary caregivers

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

Infant-family and early mental health services emphasize the importance of the early interactions, patterns of relating that develop, the impact of these relationships on the child and parent/caregiver and what the young child learns through these interactions. It is these relationships that provide the emotional foundations for the development of resiliency and self-esteem. It is through these patterns of early attachment and interaction that children develop trust and security or learn to mistrust and protect themselves against the insecurity of their world.

Early mental health services also promote school readiness by strengthening early relationships, family functioning, the young child's emotional regulation and social competence.

In 2001 – 2003, the Infant, Preschool & Family Mental Health Initiative (IPFMHI) was funded by the First 5 California Children and Families Commission through the California Department of Mental Health. Work was coordinated by the WestEd Center for Prevention and Early Intervention in partnership with local departments of mental health and interagency teams in the following counties:

- Alameda
- Fresno
- Humboldt
- Los Angeles
- Stanislaus
- Riverside
- Sacramento
- San Francisco

THE MAJOR GOALS OF THE INITIATIVE WERE TO:

1. Pilot new and innovative approaches to the delivery of integrated infant-family and early mental health services within communities and across service agencies.
2. Identify effective methods, measures and approaches to screening, assessment, intervention, service coordination and funding.
3. Expand education, training and consultation opportunities for interdisciplinary professionals and parent mentors concerned about early parent-child relationships and early emotional and social development.
4. Expand education, training and supervision opportunities for mental health professionals.
5. Promote interagency and interdisciplinary collaboration at the state and local levels.
6. Evaluate outcomes and changes for children and families, service providers, service systems and communities.

Across the continuum of promotion, preventive intervention and treatment, IPFMHI worked concurrently to develop new early mental health services and to build state and county-level capacity to provide comprehensive and well-coordinated early mental health services for very young children, their families and other primary caregivers.

The Initiative successfully established new models of service delivery, organized program and staff development activities and catalyzed the interagency and interdisciplinary collaboration. The Clinical Services Study, a quality improvement study, examined the impact and outcomes of new early mental health services for children, families, service providers, agencies and communities. The Initiative's evaluation framework developed tools and processes to track progress across the major goal areas.

This document and others in the series, provide information regarding the overall Initiative for direct service providers, administrators, policy makers, parent mentors and others interested in the field of infant-family and early mental health.

PRODUCTS IN THIS SERIES INCLUDE:

The Executive Summary: An overview of the Initiative's background and development, major project goals and activities, key findings across all components and recommendations for future planning.

The Clinical Services Study: Development, Implementation and Preliminary Findings: Details the creation and initial findings of a study established to document and evaluate the effectiveness and outcomes of early mental health services provided for a representative group of young children and their families within each of the eight participating counties. Common procedures, screening and assessment measures, intervention approaches, preliminary findings regarding child and family outcomes, family satisfaction and recommendations for replication and continued development are included.

Building Capacity to Provide Infant-Family and Early Mental Health Services: Training, Technical Assistance, Consultation and Supervision Models: An overview of the capacity-building approaches and training activities utilized by the participating counties and sample materials from selected trainings. This product also includes information on state-level trainings, presentations and other capacity-building activities to facilitate interagency and interdisciplinary collaboration.

Training Guidelines and Recommended Personnel Competencies: Delivering Infant-Family and Early Mental Health Services: Identifies the knowledge and skills recommended to provide relationship-based early intervention services and early mental services across the continuum of promotion, preventive intervention and treatment. The overall framework, core concepts, key knowledge and supervision skills, recommended hours of training, and a sample portfolio for individual assessment of personnel competencies are included.

Impact and Evaluation Findings: Training Activities and Changes in Providers and Communities: An analysis of the backgrounds and expertise of participants involved in the Initiative, field responses to the training and consultation activities, and the results of a statewide survey regarding the overall impact of the Initiative on individual participants, agencies and communities. Evaluation tools and implications for replication and continued development are included.

Evolving Perspectives in Infant-Family Mental Health and Reflective Supervision: A collection of published articles, presentations and training materials prepared for the Initiative by the Early Intervention Services Unit at Children's Hospital and Research Center in Oakland, California in partnership with WestEd. *Evolving Perspectives* addresses the many facets, complexities and importance of early mental health for all young children and families, emphasizing young children with special health and developmental needs.

Further information on the Initiative and copies of these reports may be requested from:

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BACKGROUND

During the last decade, professionals in California and throughout the country have worked to clarify the knowledge, skills and competencies needed to provide effective infant-family and early mental health services. In California in 1996, an initial set of recommendations and personnel competencies were identified 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 Dr. Marie Kanne Poulsen, of the University of California University Affiliated Program at Childrens Hospital Los Angeles.

Based on these initial recommendations, a new state workgroup was established in 2001 in association with California's Infant, Preschool & 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 the WestEd Center for Prevention and Early Intervention 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 mental health.

The new interdisciplinary workgroup (2001-2003) was comprised of representatives from Alliant International University, the California Department of Health, California Department of Mental Health, Children's Hospital & Research Center at Oakland, the University of Southern California University Affiliated Program at Childrens Hospital, Los Angeles, and the WestEd Center for Prevention and Early Intervention. The workgroup reviewed materials and recommendations from other states, consulted with field leaders and gathered information from organizations addressing the need for training guidelines and personnel competencies in this emerging, interdisciplinary field of study, research and practice.

This manual presents the refined set of training guidelines and recommended competencies for mental health practitioners and other core providers working to provide infant-family and early mental health services. These guidelines, and the proposed personal portfolio for assessment of one's competencies, provide a framework for programs and individuals interested in obtaining specialized training and/or a specialized certificate of practice in infant-family and early mental health.

PHILOSOPHICAL FRAMEWORK

These guidelines are based on the guiding principles that training for all professionals working with young children and their families should be designed to foster family-centered, culturally competent and developmentally appropriate services. It is a strong belief that parent-professional partnerships are crucial to the effective delivery of all services and that all early mental health services must be based on the goal of strengthening relationships. The guidelines also reflect the belief that early mental health services provided to children birth to 5 years old and their families must extend across a continuum of promotion, preventive intervention and treatment services. This continuum requires that mental health and other professionals provide a variety of services to support early mental health. Such services, aimed at strengthening parent-child relationships, may range from basic parent support and guidance, to intensive dyadic psychotherapeutic interventions. The Workgroup defined this continuum in the following way:

- **Promotion:** Services that recognize the central importance of early relationships on brain development, learning and the emotional and social well-being of all young children. These services include a focus on positive parent-child and primary caregiver relationships within the home, child development settings and other service settings for young children and their families.

- **Preventive Intervention:** Services that mitigate 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 parent-child 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:** Services that target children in distress or with clear symptoms indicating a mental health disorder. They address attachment and relationships problems and the interplay between the child, parent and other significant caregivers that jeopardize early mental health and early emotional and social development. Specialized early mental health treatment services focus on the parent-child dyad and are designed to improve child and family functioning and the mental health of the child, parents and other primary caregivers

Every individual who touches a baby should be trained to understand the basic concepts of infant-family mental health and early development. Everyone who interacts with preschoolers and their families should be trained to understand the basic concepts of mental health and development for children 3 to 5 years old. In addition, professionals from different disciplines must be secure in their own expertise in order to infuse these early mental health concepts and processes into their specific work with young children and their families.

DEFINITION OF TERMS AND KEY CONCEPTS

For the purposes of this document, the following concepts are defined to provide the reader with a unified understanding of the words and phrases used therein.

- **Infant Mental Health** is defined as “the state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships, and culture. The field of infant mental health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural contexts” (Zeanah & Zeanah, 2001, 14).
- **Core Providers** include professionals working with infants, toddlers and preschoolers and their families from the fields of Child Care, Early Childhood Education, Early Intervention, Nursing, Occupational Therapy, Physical Therapy, Speech and Language Pathology, Special Education and Human Development.
- **Mental Health Practitioners** include individuals who are eligible for licensure to provide mental health services and include Clinical Psychologists, Developmental Psychologists, School Psychologists, Marriage and Family Therapists, Licensed Clinical Social Workers, Psychoanalysts and Psychiatrists. These individuals also seek to provide specialized mental health services to infants, toddlers and preschoolers and their families.
- **Reflective Supervision** is a regularly scheduled time when staff receive support and opportunities to develop insight and skills about the process and content of their clinical work with children and families through in-depth discussion and reflection with a supervisor or mentor.

- **Mentors** are those who provide supervision to individuals working with infants and toddlers and who themselves have training and experience with infants, toddlers and preschoolers and their families. It is recommended that mentors have a minimum of a Master's degree in a mental health field plus 1,500 hours of experience in the direct provision of relationship-based services, including assessment, therapy or intervention, encompassing a range of practice specific to infants, toddlers and preschoolers and their families. Mentors also have a demonstrated record of leadership and commitment to the field involving training, writing and presentation skills in the area of mental health services for children birth to 5. Two years of post-graduate experience supervising the provision of mental health services for children birth to 5 within an infant, toddler, preschool or family program or a relationship-based therapeutic practice is recommended for mentors and supervisors.

GUIDELINES FOR CORE PROVIDERS AND MENTAL HEALTH PRACTITIONERS

All professionals working with young children and their families need to feel competent and assured when providing the continuum of mental health services. Therefore, the workgroup developed two sets of training guidelines, one for **Core Providers** and the other for **Mental Health Practitioners**. The first set is focused on introducing early mental health concepts and general principles of practice to a **Core Provider** group of professionals from a wide variety of backgrounds and disciplines. The second set of guidelines is focused on developing applications of the core concepts of practice for Mental Health Practitioners.

It is a belief that the core provider group are the professionals with the most frequent contact with very young children and their families and are, therefore, the most likely individuals to provide promotion and preventive mental health interventions and to partner with and make referrals to mental health practitioners. Therefore, it is crucial that core providers have adequate training in the core concepts of infant-family and early mental health.

The majority of mental health professionals typically receive little training focused on the provision of services to very young children and their families. Providing mental health services to infants and toddlers and their families differs greatly from providing services in a traditional, adult-focused mental health practice. Thus, the guidelines also reflect the necessity of specialized training for the mental health professional to be able to move from an understanding of core concepts to more in-depth clinical applications and interventions appropriate for young children and their families within the context of their agency and practice area.

THE TRAINING MATRICES

The matrices for both **core providers** and **mental health practitioners** outline a framework for building a coherent foundation of the knowledge and training necessary for work with very young children and their families, with a focus on early relationships and early mental health. The matrices are designed to guide programs and training institutions in developing coursework, workshops and special certifications. They are also intended to guide professionals seeking specialized training in infant-family and early mental health. The matrices are not intended to specify objectives of individual training curricula, but to provide an overview of critical core material.

The matrices are divided into age groups. The **Infant Training Matrices** provide an overview of the core knowledge and clinical experience necessary for work with children birth to 3 years old and their families. The **Preschool Training Matrices** provide this overview for work with children 3 to 5 years old and their families. For individuals and programs interested in training across the birth to 5 age span, additional training is needed. The differences and overlap in curriculum were considered in the formulation of the **Birth-to-5 Training Matrices**. The basic knowledge is outlined in the Knowledge Domains D, E, F, G and

H. Any individual who plans to work primarily with preschoolers, aged 3-5, will find such baseline knowledge essential to the delivery of services. More specialized infant and preschool training is built into the Knowledge Domains A, B, C and F — ensuring that professionals understand infant and/or preschool development, typical and atypical behavior and critical assessment, diagnostic and intervention issues relevant to these age groups.

It is assumed that the vast majority of young children and families will most frequently interact with health, child development, education and social service professionals who provide a broad range of health, developmental and family support services. In such **core provider roles**, professionals from a variety of backgrounds benefit from more training focused on early relationships and mental health services for children birth to 5. However, some children and families, will need or seek more assistance and treatment for early mental health and relationship difficulties. The **mental health practitioners** providing such therapy and those providing mental health and psychosocial assessment, diagnostic and intervention services to very young children and their families require more specialized mental health skills relevant to their practices with this population. Thus, they need to build advanced professional competencies based on a solid knowledge and applications of the core concepts.

Because of the differences in the kinds of services delivered by mental health professionals and services delivered by practitioners from other fields, the matrices are further divided to reflect these differences in training needs. The first set of matrices reflects **Core Provider** knowledge (aimed at non-mental health professionals including child development specialists, speech and language professionals, physical therapists, occupational therapists, educators, nurses, etc.), divided by age groups. The second set of matrices reflects **Mental Health Practitioner** knowledge (aimed at mental health professionals including clinical psychologists, applied developmental psychologists, school psychologists, marriage and family therapists, clinical social workers, psychoanalysts, psychiatrists, psychiatric nurses, etc.), also divided by age groups.

The hours noted for each domain are considered minimum amounts of training needed to gain a basic understanding in each area. It is assumed that there is a life-long learning process involved in working with children of birth to 5 and their families. Most individuals will develop a portfolio of coursework and workshops far exceeding these basic requirements.

KEY AREAS OF KNOWLEDGE AND RELATED TRAINING TOPICS

The following is an overview of the range of topics recommended within each knowledge domain. The lists are not meant to be inclusive; some programs may include additional topics within the domains. However, within each domain, consideration should be given to a variety of areas. No training aimed at preparing practitioners for provision of core or more specialized mental health services should be focused solely on one topic within the domain.

The focus of the training for core providers is on providing an overview and application of the core concepts falling within each broad domain of knowledge. Training for mental health practitioners is focused on using basic knowledge as a building block for more in-depth assessment and intervention. Thus, trainings should be focused on building upon the mental health professional's understanding of core concepts, with the goal of developing appropriate interventions to enhance all services designed to meet individual child and family needs. In addition, extensive training of the mental health professional is required in Domain F – Observation, screening, assessment, diagnosis, and intervention – since these areas are critical components of the mental health professional's practice and focus on early relationships between parents and children.

KEY COMPONENTS WITHIN EACH DOMAIN

DOMAIN 1 - KNOWLEDGE

A – Parenting, Family Functioning and Child-Parent Relationships

- Pregnancy and childbirth
- Attachment issues
- Parenting as a developmental process
- Family dynamics
- Providing family sensitive services
- Cultural issues in parenting and family development
- Goodness of fit between parents and young children
- Importance of relationships to development

B – Infant, Toddler and/or Preschool Development

- Typical development in infancy, toddler and/or preschool periods
- Milestones of development
- How development may affect behavior and the care giving environment
- Family expectations regarding development
- Peer group development
- Expectations of children in groups
- Cultural variations in development and family expectations

C – Biological and Psychosocial Factors

- Temperament
- Regulatory problems
- Sensory problems
- Development of self-regulation
- Brain research

- Neuro-developmental issues
- Prematurity and low birthweight
- Nutrition
- Poverty implication
- Community issues
- Schools and community services
- Biological and psychosocial factors

D – High-Risk Influences

- Atypical development
- Teenage parenting
- “Ghosts” in the nursery
- Chronic physical illness in child or parent
- Chronic mental illness in parents
- Developmental disabilities
- Prematurity
- Communication and interaction problems
- Substance abuse in families
- Family violence
- Working with challenging caregivers
- Foster care
- Institutional care

E – Risk and Resiliency

- Risk and resiliency factors in family life
- Understanding factors that help to insulate families from risk
- Promoting resiliency in young children and families

F – Observation, Screening, Assessment, Diagnosis and Intervention

- Development of observational skills
- Use of observational information
- Use of screening tools
- When to make referrals for more comprehensive assessment
- How to make a referral, including following through or assisting family with initial contacts
- Introduction to major assessment instruments and processes
- Understanding family systems issues
- Diagnostic systems for infants, toddlers and young children
- Linking assessment and diagnosis to intervention
- Effective communication with caregivers and others
- Intervention strategies
- Therapeutic options
- Developing reflective practice skills
- Use of self in provision of services

G – Interdisciplinary Collaboration

- Understanding the roles of other professionals in working with young children and families
- Respecting boundaries of practice
- Community resources
- Working together with other professionals
- Collaborating to prioritize child and family needs

H – Ethics

- Ethics of scope of practice
- Working ethically in family settings

DOMAIN 2 – EXPERIENCE

- Clinical experience
- Supervision

RECOMMENDATIONS FOR CLINICAL EXPERIENCE/SUPERVISION

There has been a paradigm shift from solely administrative supervision towards reflective supervision and practice in work with very young children and their families. This is differentiated from the previous field emphasis on administrative supervision, accountability, documentation, and the mechanics of “case management” and is based on practice issues and service provider needs. Reflective practices and related supervision involve a focus on relationships, qualitative improvement, support and the investment of self in the intervention and treatment process.

Application cannot develop in a vacuum. Effective application of basic concepts involves the development of interventions at a variety of levels. Such application also requires supervision and feedback. This supervision may occur in the context of an academic setting for coursework (e.g., assessment training) or in supervised clinical settings where the application of information learned in workshops or the academic setting can be more fully developed. This need for reflective supervision is particularly evident as assessment, diagnostic, reporting and intervention skills are developing. An experienced mentor will be able to guide both **core providers** and **mental health providers** as they hone their skills in working with very young children and their families.

Within the context of these training guidelines, supervision is focused around principles of reflective practice. Supervision of the core provider may be done either individually or in small groups (four to six supervisees). Supervision of the mental health practitioner must be done individually and small groups may be added value as well. Within each set of matrices and age groupings Domain 2/Clinical Experience and Supervision, outlines the number of hours recommended for reflective support and supervision.

GUIDELINES FOR COURSEWORK, TRAINING AND SUPERVISION

The matrices were designed to guide the development of both academic coursework through university training programs and applied workshops through continuing education, in-service training and clinical practice settings. Because academic coursework generally is more rigorous, requiring extensive time outside of the classroom course assignments, including readings and practice application, academic course hours would be counted as 1.5 clock hours for every course hour.

The following are samples of how training might be provided across a range of programs and options offered by colleges/universities and insurance programs:

- **Academic Coursework at the Graduate Level.** For core providers, domains might be combined logically into several semester or quarter courses. In addition, 60 hours of supervised clinical work with children birth to 3 (or 3 to 5 year olds and their families) would be required.

For Mental Health Professionals, domains might be combined to create six 3-unit quarter courses or four 3-unit semester courses. In addition, a year-long (50 week) clinically supervised experience would be needed with a commitment of 10 hours per week of clinical work with children birth to 3 or children 3 to 5.

- **Workshops and Continuing Education Courses.** Each domain is designed so that the topic could be taught in a freestanding workshop in blocks of 4-6 hours. Supervised clinical experiences would need to be sought outside of the workshop format.
- **Supervised Clinical Practicums, Internships and Post-Doctorates.** Clinical sites and training programs could design a one to two year intensive program involving a combination of seminars and clinically supervised experiences developed in a sequential style.
- **Combination of Options.** A practitioner might elect to gain knowledge, training and supervision through a *combination* of academic coursework, workshops, continuing education and supervised clinical practicum or internship experiences from a variety of sources.

PERSONAL PROFILE FOR DOCUMENTATION OF KNOWLEDGE AND COMPETENCIES

In the course of developing the training guidelines and recommended competencies, it became clear that practitioners and potential supervisors would benefit from an organized process and self-assessment portfolio. This Personal Portfolio developed by the California workgroup was based on the work of other states currently offering special certifications in the practice of infant-family and early mental health. Its development was also based in the longer-term goal of establishing a statewide entity responsible for personnel standards and a state endorsement, certification and specialization in this area. The sample Portfolio was designed as a guide for individuals interested in evaluating their own knowledge base, competencies and skills related to providing direct services and/or serving as a mentor/supervisor of others. A sample portfolio was included in the field review of these materials.

The field review was most valuable in revising the sample Portfolio. Feedback from the field confirmed that this is an area of interest for practitioners, college and university faculty and professional organizations. Continued refinement of this document and the proposed specialization/certification process is recommended.

SUMMARY

This manual represents the next generation of thinking and guidance in the development of professional competencies and inservice and preservice training programs designed to develop those competencies. It is hoped that guidance for obtaining additional knowledge and skills, along with appropriate supervision by qualified personnel, will result in a better-trained and more effective work force and enhanced services for very young children and their families.

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MATRICES AND GUIDELINES FOR THE CORE PROVIDER

INFANTS AND TODDLERS AND THEIR FAMILIES CORE PROVIDERS

DOMAIN 1: KNOWLEDGE*	Key Concepts	Minimum Hours of Training
A. Understanding Parenting, Family Functioning, and Infant-Parent Relationships	<ul style="list-style-type: none"> • Overview of attachment issues • Goodness of fit • Parenting as a developmental process • Family dynamics • Cultural issues • Developing family sensitivity 	12
B. Infant/Toddler Development	<ul style="list-style-type: none"> • Typical infant/toddler development • Milestones • Cultural beliefs redevelopment • Family expectations 	16
C. Biological and Psychosocial Factors Impacting Outcomes in Infants and Toddlers	<ul style="list-style-type: none"> • Temperament • Neuro-development • Regulatory issues • Sensory problems • Nutrition • Brain development • Poverty • Communities • Schools • Impact of such factors upon development and relationships 	8
D. Understanding High-Risk Influences Upon Early Relationships**	<ul style="list-style-type: none"> • Atypical child and family factors • Teen parents • Chronic physical and mental illness • Developmental disabilities • Prematurity • Substance abuse • Family violence • Foster care • Institutional care 	16
E. Risk and Resiliency**	<ul style="list-style-type: none"> • Risk and resiliency factors • Factors that promote resiliency and help insulate infants, toddlers and their families from risk 	12

F. Observation, Screening, Assessment, Diagnosis and Intervention	<ul style="list-style-type: none"> • Basic observational skills with infants and toddlers • Use of observational information • Use of screening tools with infants and toddlers • How and when to refer for comprehensive assessment • Principles of reflective practice 	16
G. Interdisciplinary Collaboration**	<ul style="list-style-type: none"> • Other professional roles • Interdisciplinary collaboration on behalf of young children and families • Respecting boundaries of practice 	6
H. Ethics**	<ul style="list-style-type: none"> • Ethics of scope of practice 	4
DOMAIN 2: EXPERIENCE	Key Concepts	Minimum Hours of Training
Clinical Experience/Supervision	<ul style="list-style-type: none"> • Supervised clinical work with children birth to 3 years and their families*** 	60
COMBINED COMPETENCIES: DOMAIN 1 & 2	Key Concepts	Total Hours needed
Domain 1 Domain 2	<ul style="list-style-type: none"> • 90 hours Knowledge/Training • 60 hours Clinical Experience/Supervision 	150

** It is recommended that training to address all knowledge areas includes a focus on children within the context of their families and that parent-child relationships and development issues be infused in all areas of study.*

*** Portions of the KNOWLEDGE DOMAINS D, E, G, & H meet requirements for both infant/toddler and preschool training.*

**** Supervision at the Core Level may be provided by a mental health or other trained professional at the Advanced or Mentor level in this area and may be provided in small groups.*

PRESCHOOL-AGED CHILDREN AND THEIR FAMILIES CORE PROVIDERS

DOMAIN 1: KNOWLEDGE*	Key Concepts	Minimum Hours of Training
A. Understanding Parenting, Family Functioning, and Preschooler-Parent Relationships	<ul style="list-style-type: none"> • Attachment issues • Parenting as a developmental process • Family dynamics • Developing family sensitivity • Goodness of fit 	12
B. Preschool Development	<ul style="list-style-type: none"> • Typical preschool development: Cognition, social skills, behavioral issues, physical development, speech and language issues • Preschoolers in peer groups • Preschool settings 	16
C. Biological and Psychosocial Factors Impacting Outcomes in Preschoolers	<ul style="list-style-type: none"> • Temperament • Neuro-development • Regulatory issues • Sensory problems • Nutrition • Brain development • Poverty • Communities • Schools • Impact of such factors upon development and relationships 	8
D. Understanding High-Risk Influences Upon Early Relationships**	<ul style="list-style-type: none"> • Atypical child and family factors • Teen parents • Chronic physical and mental illness • Developmental disabilities • Prematurity • Substance abuse • Family violence • Foster care • Institutional care 	16
E. Risk and Resiliency**	<ul style="list-style-type: none"> • Risk and resiliency factors • Factors that promote resiliency and help insulate preschoolers and their families from risk 	12

F. Observation, Screening, Assessment, Diagnosis and Intervention	<ul style="list-style-type: none"> • Basic observational skills with preschoolers • Use of observational information • Use of screening tools with preschoolers • How and when to refer for comprehensive assessment • Principles of reflective practice 	16
G. Interdisciplinary Collaboration**	<ul style="list-style-type: none"> • Other professional roles • Interdisciplinary collaboration on behalf of young children and families • Respecting boundaries of practice 	6
H. Ethics**	<ul style="list-style-type: none"> • Ethics of scope of practice 	4
DOMAIN 2: EXPERIENCE	Key Concepts	Minimum Hours of Training
Clinical Experience/Supervision	<ul style="list-style-type: none"> • Supervised clinical work with children 3-5 years and their families*** 	60
COMBINED COMPETENCIES: DOMAIN 1 & 2	Key Concepts	Total Hours needed
Domain 1 Domain 2	<ul style="list-style-type: none"> • 90 hours Knowledge/Training • 60 hours Clinical Experience/Supervision 	150

** It is recommended that training to address all knowledge areas includes a focus on children within the context of their families and that parent-child relationships and development issues be infused in all areas of study.*

*** Portions of the KNOWLEDGE DOMAINS D, E, G, & H meet requirements for both infant/toddler and preschool training.*

**** Supervision at the Core Level may be provided by a mental health or other trained professional at the Advanced or Mentor level in this area and may be provided in small groups.*

WORKING WITH CHILDREN BIRTH TO 5 AND THEIR FAMILIES CORE PROVIDERS

DOMAIN 1: KNOWLEDGE*	Key Concepts	Minimum Hours of Training
A. Understanding Parenting, Family Functioning, and Infant-Parent and Preschool-Parent Relationships	<ul style="list-style-type: none"> • Overview of attachment issues • Goodness of fit • Parenting as a developmental process • Family dynamics • Cultural issues • Developing family sensitivity 	18
B. Infant and Preschool Development	<ul style="list-style-type: none"> • Typical infant, toddler and preschool development • Milestones • Preschoolers in peer groups • Preschool settings • Cultural beliefs redevelopment • Family expectations 	24
C. Biological and Psychosocial Factors Impacting Outcomes	<ul style="list-style-type: none"> • Temperament • Neuro-development • Regulatory issues • Sensory problems • Nutrition • Brain development • Poverty • Communities • Schools • Impact of such factors upon development and relationships 	12
D. Understanding High-Risk Influences Upon Early Relationships	<ul style="list-style-type: none"> • Atypical child and family factors • Teen parents • Chronic physical and mental illness • Developmental disabilities • Prematurity • Substance abuse • Family violence • Foster care • Institutional care 	16
E. Risk and Resiliency	<ul style="list-style-type: none"> • Risk and resiliency factors • Factors that promote resiliency and help insulate young children and their families from risk 	12

F. Observation, Screening, Assessment, Diagnosis and Intervention	<ul style="list-style-type: none"> • Basic observational skills with young children • Use of observational information • Use of screening tools with birth to 5 year olds • How and when to refer for comprehensive assessment • Principles of reflective practice 	24
G. Interdisciplinary Collaboration	<ul style="list-style-type: none"> • Other professional roles • Interdisciplinary collaboration on behalf of young children and families • Respecting boundaries of practice 	6
H. Ethics**	<ul style="list-style-type: none"> • Ethics of scope of practice 	4
DOMAIN 2: EXPERIENCE	Key Concepts	Minimum Hours of Training
Clinical Experience/Supervision	<ul style="list-style-type: none"> • 60 hours of supervised clinical work with children birth-3 and their families ** and • 60 hours of supervised clinical work with children 3-5 and their families** 	120
COMBINED COMPETENCIES: DOMAIN 1 & 2	Key Concepts	Total Hours needed
Domain 1 Domain 2	<ul style="list-style-type: none"> • 116 hours Knowledge/Training • 120 hours Clinical Experience/Supervision 	236

** It is recommended that training to address all knowledge areas includes a focus on children within the context of their families and that parent-child relationships and development issues be infused in all areas of study.*

*** Supervision at the Core Level may be provided by a mental health or other trained professional at the Advanced or Mentor level in this area and may be provided in small groups.*

MATRICES AND GUIDELINES FOR THE MENTAL HEALTH PRACTITIONER

INFANTS AND TODDLERS AND THEIR FAMILIES MENTAL HEALTH PRACTITIONERS

DOMAIN 1: KNOWLEDGE*	Key Concepts	Training in Concept Application	Minimum Hours of Training
A. Understanding Parenting, Family Functioning, and Infant-Parent Relationships	<ul style="list-style-type: none"> • Overview of attachment issues • Goodness of fit • Parenting as a developmental process • Family dynamics • Cultural issues • Developing family sensitivity 	<ul style="list-style-type: none"> • Specialized training regarding impact of parenting and family issues on infant behavior and functioning • Intervention strategies to support infant/parent relationships 	20
B. Infant Development	<ul style="list-style-type: none"> • Typical infant/toddler development • Milestones • Cultural beliefs regarding development • Family expectations 	<ul style="list-style-type: none"> • Understanding the role of infant mental health • Intervention options for atypical development • Working effectively with family and cultural belief systems to enhance child development 	24 (including 4 hours of observations)
C. Infant Biological and Psychosocial Factors Impacting Outcomes	<ul style="list-style-type: none"> • Temperament • Neuro-development • Regulatory issues • Sensory problems • Nutrition • Brain development • Poverty • Communities • Schools • Impact of such factors upon development and relationships 	<ul style="list-style-type: none"> • Understanding and intervening with typical and atypical factors impacting development and parenting • Evaluation the role of biological and psychosocial factors upon individual infants and their families. 	16
D. Understanding High-Risk Influences Upon Early Relationships	<ul style="list-style-type: none"> • Atypical child and family factors • Teen parents • Chronic physical and mental illness • Developmental disabilities • Prematurity • Substance abuse • Family violence • Foster care • Institutional care 	<ul style="list-style-type: none"> • Intervention strategies designed for high risk families and children 	24

E. Risk and Resiliency**	<ul style="list-style-type: none"> • Risk and resiliency factors • Factors that help insulate infants and families from risk 	<ul style="list-style-type: none"> • How to facilitate and support factors to build resiliency 	12
F. Observation, Screening, Assessment, Diagnosis and Intervention	<ul style="list-style-type: none"> • Basic observational skills • Use of observational information • Use of screening tools with infants and toddlers • How and when to refer for comprehensive assessment 	<ul style="list-style-type: none"> • Specialized professional training in assessment strategies and relationship-based interventions • Report writing skills for practice • Linking assessment to intervention • Formulating developmentally appropriate diagnoses • Integrating comprehensive child and family information to formulate appropriate, family-centered, relationship-based intervention strategies 	80 including 40 hours Observation, Screening, Assessment and Diagnosis; 40 hours Advanced Diagnostic and Intervention Strategies
G. Interdisciplinary Collaboration	<ul style="list-style-type: none"> • Other professional roles • Interdisciplinary collaboration on behalf of young children and families • Respecting boundaries of practice 	<ul style="list-style-type: none"> • Training in the development of interdisciplinary practice skills and strategies 	8
H. Ethics**	<ul style="list-style-type: none"> • Ethics of scope of practice 	<ul style="list-style-type: none"> • Ethical issues related to infant mental health practice 	4
DOMAIN 2: EXPERIENCE	Key Concepts	Training in Concept Application	Minimum Hours of Training
Clinical Experience/Supervision	<ul style="list-style-type: none"> • Clinical work with children birth to 3 and their families • 1:1 supervision 	<ul style="list-style-type: none"> • Based on direct work with children and families 	500 Clinical work 50 Supervision

COMBINED COMPETENCIES: DOMAIN 1 & 2	Key Concepts	Total Hours needed
Domain 1 Domain 2	<ul style="list-style-type: none"> • 184 hours Knowledge/Training • 500 hours Clinical Experience/Supervision 	684

** It is recommended that training address all knowledge areas includes a focus on children within the context of their families and that parent-child relationships and development issues be infused in all areas of study.*

*** Supervision at the Mental Health level must be provided by a mental health professional working at a Mentor level and provided in a 1:1 setting with small groups as added value.*

PREREQUISITES FOR MENTAL HEALTH PRACTITIONER TRAINING:

- Completed (or currently enrolled in) Masters degree program in Mental Health specialty
- Graduate level psychopathology course
- Undergraduate level child development course or demonstrated knowledge (web-based exam; experiential credit)

PRESCHOOL-AGED CHILDREN AND THEIR FAMILIES MENTAL HEALTH PRACTITIONERS

DOMAIN 1: KNOWLEDGE*	Key Concepts	Training in Concept Application	Minimum Hours of Training
A. Understanding Parenting, Family Functioning, and Preschooler-Parent Relationships	<ul style="list-style-type: none"> • Attachment issues impacting preschoolers • Goodness of fit • Parenting as a developmental process • Family dynamics • Cultural issues • Developing family sensitivity 	<ul style="list-style-type: none"> • Specialized training regarding the role of parenting and family issues on preschool behavior and function • Intervention strategies to support preschooler/parent relationships 	20
B. Preschool Development	<ul style="list-style-type: none"> • Typical preschool development: Cognition, social skills, behavioral issues, physical development, speech and language issues • Preschoolers in peer groups • Preschool settings 	<ul style="list-style-type: none"> • Understanding the role of development in preschool mental health • Intervention options for atypical development • Development in peer settings: preschools, childcare programs 	24 (including 4 hours of observations)
C. Biological and Psychosocial Factors Impacting Outcomes in Preschoolers	<ul style="list-style-type: none"> • Temperament • Neuro-development • Regulatory issues • Sensory problems • Nutrition • Brain development • Poverty • Communities • Schools • Impact of such factors upon development and relationships 	<ul style="list-style-type: none"> • Understanding and intervening with typical and atypical factors impacting development and parenting • Evaluation the role of biological and psychosocial factors upon individual preschoolers and their families. 	16

<p>D. Understanding High Risk Influences Upon Early Relationships**</p>	<ul style="list-style-type: none"> • Atypical child and family factors • Teen parents • Chronic physical and mental illness • Developmental disabilities • Prematurity • Substance abuse • Family violence • Foster care • Institutional care 	<ul style="list-style-type: none"> • Intervention strategies designed for high-risk families and children 	<p>24</p>
<p>E. Risk and Resiliency**</p>	<ul style="list-style-type: none"> • Risk and resiliency factors • Factors that help insulate preschoolers and families from risk 	<ul style="list-style-type: none"> • How to facilitate and support factors to build resiliency 	<p>12</p>
<p>F. Observation, Screening, Assessment, Diagnosis and Intervention</p>	<ul style="list-style-type: none"> • Basic observational skills with preschoolers • Use of observational information • Use of screening tools with preschoolers • How and when to refer for comprehensive assessment • Principles of reflective practice 	<ul style="list-style-type: none"> • Specialized professional training in assessment strategies and relationship-based interventions • Report writing skills for professional practice • Linking preschool assessment to intervention • Formulating developmentally appropriate diagnoses with preschoolers • Integrating comprehensive child and family information to formulate appropriate, family-centered, relationship-based intervention strategies 	<p>80 including 40 hours Observation, Screening, Assessment and Diagnosis; 40 hours Advanced Diagnostic and Intervention Strategies</p>
<p>G. Interdisciplinary Collaboration**</p>	<ul style="list-style-type: none"> • Other professional roles • Interdisciplinary collaboration on behalf of young children and families • Respecting boundaries of practice 	<ul style="list-style-type: none"> • Training in the development of interdisciplinary practice skills and strategies • Establishing collaborations within communities 	<p>8</p>

H. Ethics**	<ul style="list-style-type: none"> Ethics of scope of practice 	<ul style="list-style-type: none"> Ethical issues related to preschool mental health practice 	4
DOMAIN 2: EXPERIENCE	Key Concepts	Training in Concept Application	Minimum Hours of Training
Clinical Experience/Supervision	<ul style="list-style-type: none"> Clinical work with children 3 to 5 and their families 1:1 supervision 	<ul style="list-style-type: none"> Based on direct work with children and families 	500 Clinical work 50 Supervision
COMBINED COMPETENCIES: DOMAIN 1 & 2	Key Concepts		Total Hours needed
Domain 1 Domain 2	<ul style="list-style-type: none"> 184 hours Knowledge/Training 500 hours Clinical Experience/Supervision 		684

* It is recommended that training address all knowledge areas and includes a focus on children within the context of their families and that parent-child relationships and development issues be infused in all areas of study.

** Portions of the KNOWLEDGE DOMAINS D, E, G, & H meet requirements for both infant/toddler and preschool training.

*** Supervision at the Mental Health level must be provided by a mental health professional working at a Mentor level and provided in a 1:1 setting with small groups as added value. For those seeking certificate for preschool work at least half of the clinical hours must be with preschoolers.

PREREQUISITES FOR MENTAL HEALTH PRACTITIONER TRAINING:

- Completed (or currently enrolled in) Master's degree program in Mental Health specialty
- Graduate level psychopathology course
- Undergraduate level child development course or demonstrated knowledge (web-based exam; experiential credit)

CHILDREN BIRTH TO 5 AND THEIR FAMILIES MENTAL HEALTH PRACTITIONERS

DOMAIN 1: KNOWLEDGE*	Key Concepts	Training in Concept Application	Minimum Hours of Training
A. Understanding Parenting, Family Functioning, and Infant-Parent and Preschool-Parent Relationships	<ul style="list-style-type: none"> • Overview of attachment issues • Goodness of fit • Parenting as a developmental process • Family dynamics • Cultural issues • Developing family sensitivity 	<ul style="list-style-type: none"> • Specialized training regarding the role of parenting and family issues on infant, toddler, and preschool behavior and functioning • Intervention strategies to support infant/parent and preschooler/parent relationships 	30
B. Infant and Preschool Development	<ul style="list-style-type: none"> • Typical infant, toddler and preschool development • Milestones • Preschoolers in peer groups • Cultural beliefs redevelopment • Family expectations 	<ul style="list-style-type: none"> • Understanding the role of development in infant and preschool mental health • Intervention options for atypical development • Working effectively with family and cultural belief systems to enhance child development 	36 (including 6 hours of observations)
C. Biological and Psychosocial Factors Impacting Outcomes	<ul style="list-style-type: none"> • Temperament • Neuro-development • Regulatory issues • Sensory problems • Nutrition • Brain development • Poverty • Communities • Schools • Impact of such factors upon development and relationships 	<ul style="list-style-type: none"> • Understanding and intervening with typical and atypical factors impacting development and parenting • Evaluating the role of biological and psychosocial factors upon individual infants, toddlers and preschoolers and their families. 	24

<p>D. Understanding High-Risk Influences Upon Early Relationships</p>	<ul style="list-style-type: none"> • Atypical child and family factors • Teen parents • Chronic physical and mental illness • Developmental disabilities • Prematurity • Substance abuse • Family violence • Foster care • Institutional care 	<ul style="list-style-type: none"> • Intervention strategies designed for high-risk families and children 	<p>24</p>
<p>E. Risk and Resiliency</p>	<ul style="list-style-type: none"> • Risk and resiliency factors • Factors that help insulate young children and families from risk 	<ul style="list-style-type: none"> • How to facilitate and support factors to build resiliency 	<p>12</p>
<p>F. Observation, Screening, Assessment, Diagnosis and Intervention</p>	<ul style="list-style-type: none"> • Basic observational skills • Use of observational information • Use of screening tools with birth to 5 year olds • How and when to refer for comprehensive assessment • Principles of reflective practice 	<ul style="list-style-type: none"> • Specialized professional training in assessment strategies and relationship-based interventions • Report writing skills for professional practice • Linking assessment to intervention • Formulating developmentally appropriate diagnoses • Integrating comprehensive child and family information to formulate appropriate, family-centered, relationship-based intervention strategies 	<p>120 including 60 hours Observation, Screening, Assessment and Diagnosis; 60 hours Advanced Diagnostic and Intervention Strategies</p>
<p>G. Interdisciplinary Collaboration</p>	<ul style="list-style-type: none"> • Other professional roles • Interdisciplinary collaboration on behalf of young children and families • Respecting boundaries of practice 	<ul style="list-style-type: none"> • Training in the development of interdisciplinary practice skills and strategies 	<p>8</p>

H. Ethics**	<ul style="list-style-type: none"> Ethics of scope of practice 	<ul style="list-style-type: none"> Ethical issues related to infant, toddler and preschool mental health practice 	4
DOMAIN 2: EXPERIENCE	Key Concepts	Training in Concept Application	Minimum Hours of Training
Clinical Experience/Supervision	<ul style="list-style-type: none"> Supervised clinical experience Clinical work with children birth to 3 and their families 1:1 supervision Clinical work with children 3 to 5 and their families 1:1 supervision 	<ul style="list-style-type: none"> Based on direct work with children and families 	100 500 Clinical work 50 Supervision 500 Clinical work 50 Supervision
COMBINED COMPETENCIES: DOMAIN 1 & 2	Key Concepts		Total Hours needed
Domain 1 Domain 2	<ul style="list-style-type: none"> 252 hours Knowledge/Training 1000 hours Clinical Experience/Supervision 		1252

* It is recommended that training address all knowledge areas and includes a focus on children within the context of their families and that parent-child relationships and development issues be infused in all areas of study. Training within domains must encompass the entire birth to 5 age spectrum.

** Supervision at the Mental Health level must be provided by a mental health professional working at a Mentor level and provided in a 1-1 setting with small groups as added value. For those seeking certificate for preschool work at least half of the clinical hours must be with preschoolers.

PREREQUISITES FOR MENTAL HEALTH PRACTITIONER TRAINING:

- Completed (or currently enrolled in) Master's degree program in Mental Health specialty
- Graduate level psychopathology course
- Undergraduate level child development course or demonstrated knowledge (web-based exam; experiential credit)

DOCUMENTATION OF TRAINING AND CLINICAL WORK

PERSONAL PROFILE FOR DOCUMENTATION OF KNOWLEDGE AND COMPETENCIES

In the course of developing the training guidelines and recommended competencies, it became clear that practitioners and potential supervisors would benefit from an organized process and self-assessment portfolio. This Personal Portfolio developed by the California workgroup was based on the work of other states currently offering special certifications in the practice of infant-family and early mental health. Its' development was also based in the longer-term goal of establishing a statewide entity responsible for personnel standards and a state endorsement, certification and specialization in this area. The sample Portfolio was designed as a guide for individuals interested in evaluating their own knowledge base, competencies and skills related to providing direct services and/or serving as a mentor/supervisor of others. A sample portfolio was included in the field review of these materials.

The field review was most valuable in revising the sample Portfolio that is included with these guidelines. Feedback from the field confirmed that this is an area of interest for practitioners, college and university faculty and professional organizations. Continued refinement of this document, and the proposed specialization/certification process is clearly warranted.

PROPOSED DOCUMENTATION OF TRAINING & CLINICAL WORK: PERSONAL PORTFOLIO OF EXPERIENCE AND TRAINING

I. DEMOGRAPHIC DATA

Name			
	First	Middle	Last
Mailing Address			
	Street	City	State
Telephone	(Work) <input style="width: 150px;" type="text"/>	(Home) <input style="width: 150px;" type="text"/>	
E-Mail Address			

II. WORK EXPERIENCE

Current Employment			
Title			
Job Description			
Work with Young Children and their Families			

Additional Work with Children Birth to 5 and Their Families: (Attach additional pages if needed)

Setting	Title	Employment Dates	full- or part-time	hours/ week

Birth-to-5 Experience: Total Hours or Years if Employed Full-Time	
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III. EDUCATION AND TRAINING

Complete in order of highest degree first, followed by other degrees. Use additional pages if necessary. Attach official transcripts of all graduate work.

DEGREE	FIELD/AREA	INSTITUTION	DATES

Specialized Training (Attach additional pages if needed)

College/University OR		Date of Course
Training Program		
(Undergraduate Child and/or Family Development)		

College/University OR		Date of Course
Training Program		
Graduate Level Training - Psychopathology Courses:		

Other Specialized Training in Early Childhood, Family Functioning, Parent Development and/or Early Mental Health

Background Information: Attach a brief personal statement describing your background and any important information related to the certificate for which you are applying. Within this statement, please include a listing of major presentations and workshops you have conducted and any publications you have authored in the area of infant-family or preschool-family mental health (attach additional pages if necessary).

IV. CERTIFICATION REQUEST:

Please check the certificate for which you are applying:

- Infant-Family Core Training Certificate**
(Available to individuals from disciplines other than mental health)
- Preschool-Family Core Training Certificate**
(Available to individuals from disciplines other than mental health)
- Infant-Family Mental Health Professional Certificate**
(Available only to individuals holding a mental health degree)
- Preschool-Family Mental Health Professional Certificate**
(Available only to individuals holding a mental health degree)

ANALYSIS OF TRAINING AND SUPERVISION:

Complete the following pages indicating where and when you completed each Knowledge Domain and the number of hours completed. Attach relevant documentation (certificates of completion, transcripts, continuing education certificates, trainer or faculty members names and affiliation) for each domain.

DOMAIN 1: KNOWLEDGE AND TRAINING

COURSE/WORKSHOP NAME	DATE	HOURS
A – Parenting, Family Functioning and Child-Parent Relationships		
B – Infant, Toddler and/or Preschool Development		
C – Biological and Psychosocial Factors		
D – High-Risk Influences		
E – Risk & Resiliency		
F – Observation, Screening, Assessment, Diagnosis and Intervention		
Required for Mental Health Professionals: Advanced Diagnostic and Intervention Strategies		
G – Interdisciplinary Collaboration		
H – Ethics		

APPENDIX

FIELD REVIEW MATERIALS

February 2003

Dear Colleague,

As a leader in training and services for young children and their families, we are contacting you to ask for your participation in California's Infant, Preschool & Family Mental Health Initiative. **We would like your assistance in reviewing and commenting on training guidelines and recommendations developed over the last several years by an interdisciplinary work group of direct service providers, trainers and college/university based professionals within California.**

The guidelines were developed to address requests for clarification of the competencies and training needed for personnel development and to address the shortage of qualified, well-trained practitioners currently available to provide infant/family and preschool/family mental health services throughout California.

The Need:

Although many practitioners have indicated an interest in developing expertise in this area, there has been little guidance regarding specific training opportunities and the knowledge, skills and competencies needed to provide such services. Professional organizations have asked for guidance regarding how they might better respond to the needs in this area and how to structure trainings to address both beginning and advanced practitioners. Universities and community colleges have expressed interest in guidelines for coursework, special certificates and clinical training experiences within this area. In addition, community agencies, training and technical assistance networks, and funding organizations have requested information on courses, workshops, and programs that would address the overall goal of personnel development and capacity building within the field of infant and preschool mental health. These factors, along with a desire to insure that young children and families throughout California are served by the most qualified work force possible, have led to the development of the enclosed recommendations for personnel development and training standards.

The Matrices:

The guidelines are broad in scope and take the perspective that many practitioners with varied levels of experience and degrees need greater depth and/or breadth in their training, in addition to on-going supervision in the field of infant and preschool mental health. We also realized that mental health professionals come from a variety of training frameworks, and that the majority of services provided under the scope of infant and preschool mental health may be provided by professionals who are not specifically trained or licensed to provide "mental health services." Because of this, the enclosed guidelines identify core components as well as different levels of recommended training and competencies for each of these groups of professionals.

In addition, there are two matrices, one designed around training needed for professionals working with birth to three-year-olds and their families and the other designed around training needed for those working with three to five-year-olds and their families. Understandably, there is some overlap across the two matrices, and some practitioners will be qualified to provide services for young children in both age ranges. Others will be interested in acquiring knowledge and training to work primarily with one age group.

Within each set of matrices, there are descriptions of the minimum number of hours recommended within each of the "knowledge domains" and under clinical supervision for a practitioner to feel some comfort and competency in the delivery of services to young children and their families. The hours needed (knowledge and supervised clinical experience) are divided into separate sets – one for practitioners who are mental health professionals (e.g., social workers, psychologists, marriage and family therapists, psychiatric nurses, psychiatrists, etc.) and the other for practitioners from other disciplines (e.g., education, special education, child development, health, occupational, physical and speech therapy, etc.).

Because many individuals may receive training through avenues other than formal university course work, the training guidelines reflect the total minimum hours to be acquired from a variety of options. Thus, an intensive 2-day workshop (15-16 hours) would hold the same equivalence as a 1- unit semester course. The hours of training proposed are minimum standards and training programs/organizations would be free to develop more in-depth training to address specific interests and needs. In addition to minimum formal areas of training, supervised work with young children and their families is also recommended.

Our Request:

We believe that these guidelines and recommendations will assist in capacity building and the delivery of quality services for young children and their families. However, this is a complex task and process. We hope you will review the attached documents and provide feedback regarding their content, clarity, and scope. In addition to the matrices, a sample “personal portfolio” that could be used in a statewide certification process for professionals is enclosed. Such a portfolio would also be useful to professionals who want to evaluate their own knowledge base, training needs, and competencies.

Enclosed please find:

1. California’s Infant, Preschool and Family Mental Health Training Guidelines Including:
 - a. Infant Matrix
 - b. Preschool Matrix
2. Documentation of Training & Clinical Work: Personal Portfolio
3. Field Reviewer’s Feedback & Comment Sheets
4. Self-addressed envelope for return of feedback sheets
5. Roster with contact information of other participants

Your feedback will also assist us in addressing another longer term goal of this effort: to establish a statewide entity that would assume primary responsibility for continued work in establishing professional standards, reviewing completed professional portfolios, and providing a state endorsement for certification/specialization in the area of infant and preschool mental health. Such a process is underway in other states and is increasingly emerging across the nation. One of the options under current consideration includes a California branch of the World Association of Infant Mental Health that could serve as a state level certifying body. We would be very interested in any additional suggestions you might have regarding state level coordination and/or certification.

Thank you for your consideration and assistance on this important project. If you are attending the IPFMHI All County Meeting, Please bring your completed feedback form and comment sheets at that time. Dr. Finello will be attending a portion of Wednesday’s meeting and will be available to meet you and discuss your input. If you are not attending the meeting, you may fax your form to her at 626.284.0550, or mail it in the enclosed self-addressed envelope. You may also email comments to Karen Finello at kfinello@earthlink.net. If you have any additional questions, concerns or ideas, please feel free to contact any of us at the numbers listed below.

Sincerely,

*California Infant, Preschool & Family Mental Health Initiative
Training Guidelines Committee Members*