

Training for Infant Mental Health Specialists: Suggested Guidelines for Teaching Institutions

The Michigan Association for Infant Mental Health encourages development of university-based training opportunities in infant mental health in order to:

1. Provide students already enrolled in professional training programs (medicine, nursing, social work, psychology, child development, special education) with knowledge about infant development, assessment, and intervention modalities.
2. Develop researchers and administrators.
3. Develop an available cadre of trained infant mental health specialists for educational and training programs for parents.
4. Develop an available cadre of trained infant mental health specialists for clinical intervention services.

Infant Mental Health Specialists

Opportunities for infant mental health specialists who can undertake clinical and/or educational interventions with multi-problem families will be opening over the next decade as a consequence of infant mental health guidelines adopted by the Michigan Department of Mental Health.

Infant mental health specialists may also be employed directly or under contract by medical care practices, public health clinics, hospitals, protective services agencies, educational institutions and community agencies.

Infant mental health specialists will be carrying out the following types of responsibilities:

1. Intervention with at-risk families and their young infants because of parental factors which place the infant at risk for impaired cognitive and/or psychosocial development
2. Intervention with distressed infants and toddlers and their families
3. Development and implementation of parent education programs, including service and program development staff, administrators, and consultants to school-based teenage parent programs, education for parenthood and infant day care programs
4. Service as expert witnesses and consultants to protective services and the courts on child abuse and neglect and custody issues
5. Provision of program consultation and case consultation and training to caregivers working with infants and their parents in various settings

The population to be served includes all families with infants, with special concern for families whose pattern of living from crisis to crisis and/or pre-existing conflicts severely limit their ability to adequately care for their infants, or whose infants who have special needs which parents are ill-prepared to meet.

Educational opportunities to become an infant mental health specialist should be available as an option at the master's level or above, or as a terminal professional degree, within various academic specialties related to social work, psychology, nursing, child development, medicine, and special education. An institute or consortium arrangement which allows for interdisciplinary offerings is desirable. Training of an infant mental health specialist requires not only the indicated knowledge base but a year's clinical supervision in the practice of assessment and intervention.

Areas of Study

A. Background Information

The infant mental health specialists shall have a thorough academic and experiential grounding in the following areas:

1. Human development:
 - a. psychological-biological-sociological dimensions of pregnancy, labor/delivery and parenting
 - b. infant development and its relationship to nurturance, neonatal temperament and the infant's capabilities
 - c. the processes of bonding, attachment, and infant-parent interaction
 - d. the effects of separation and loss under conditions of hospitalization, substitute care, divorce, or adoption
 - e. family systems theory and the ecology of the family
 - f. socio-cultural differences in child rearing and parental expectations
2. Parent/infant psychopathology:
 - a. dysfunctional parent or infant behavior
 - b. dysfunctional parent-infant interaction
3. Special situations:
 - a. reproductive casualties, such as prematurity, birth of a handicapped infant, or death of an infant

- b. neonatal intensive care
 - c. child abuse and neglect, including failure to thrive
 - d. adolescent parenting
 - e. multi-problem families
 - f. alcoholism and drug abuse
4. Community/social/legal resources:
 - a. hospital organization and its effect on maternal-infant care
 - b. health and social services resources available to families
 - c. school-based adolescent parent programs
 - d. community organization principles as they relate to interagency collaboration, development of service teams, advisory committees, and training seminars
 - e. child protection laws and programs for implementation
 - f. court procedures and expectations for an expert witness
 5. Assessment techniques (see Clinical Skills)
 6. Intervention models, techniques and principles (see Clinical Skills)
 7. Mechanics of clinical practice:
 - a. record keeping
 - b. recipient rights
 - c. evaluative feedback
 - d. program evaluation
 8. Research methodology and statistical concepts.

B. Clinical Assessment, Intervention, and Program Development Skills

1. The infant mental health specialist shall be able to:
 - a. install a systematic procedure for identifying infants as risk
 - b. conduct assessment and intervention sessions at agency sites and within the home setting in the presence of both parent and infant
 - c. undertake an assessment of parent-infant interaction and of family systems through observation and sophisticated listening to elicit information informally and indirectly
 - d. undertake all assessment of infant status, parent-infant interaction and home environment using standardized testing instruments
2. The infant mental health specialist shall be able to implement interventions and develop educational programs based upon the ability to:
 - a. interpret informal and formal assessments in the context of therapeutic processes, such as the principles of psychodynamic theories, behavior modification theories, and social-learning theories
 - b. communicate emotional support
 - c. facilitate parent-infant interaction
 - d. model nurturant behavior through interactions with parent
 - e. provide developmental information and anticipatory guidance for the issues of infant development and child care
 - f. determine and facilitate use of infant stimulation techniques appropriate to infants' and parents' capabilities
 - g. facilitate service linkages and community networking
 - h. teach problem solving to parents
 - i. teach communication skills to parents
 - j. act as advocate for the family with other agencies and with the courts
 - k. use assessment as an intervention and evaluation technique
 - l. create a support system from extended family, neighborhood or community resources
 - m. develop and adapt parent education programs

C. Communication and Community Program Development Skills

The infant mental health specialist shall have the ability to organize, teach, supervise, and consult with other professionals, paraprofessionals and volunteers in clinical practice, educational settings, training workshops, and program development sessions.

These guidelines were adopted Dec., 1983, by the Michigan Association for Infant Mental Health Board of Directors.