



# COMPETENCIES

## FOR PRACTICE IN THE FIELD OF INFANT MENTAL HEALTH

### OVERVIEW

Service providers in the field of infant mental health come from a diverse range of professional backgrounds, including medicine, nursing, social work, psychology, early childhood education, occupational therapy, physiotherapy, speech & language pathology and others. In addition, an increasing number of lay home visitors trained on-the-job offer support and intervention in the field. Service is provided to infants both in the homes of families and in a variety of settings under the auspices of many organizations, for example, public health, hospitals, child welfare, infant development programs, childcare, community and family resource centres.

Regardless of background and training, broad-based theoretical knowledge and a variety of skills are essential for infant mental health practice. The level of knowledge and skill in each specific item would be different for different disciplines and different areas of practice.

This document outlines the knowledge and skills needed to provide competent care specific to each infant and family. The document was developed by Infant Mental Health Promotion in order to broaden and refine understanding of the cross-disciplinary competencies required to provide quality care for infants and their families, and to offer guidelines for the training needed by infant mental health practitioners.

It is recognized that no individual practitioner is likely to have all of these competencies. However, all practitioners should have access to consultation and collaboration with a supervisor, members of a team, and other professionals in the system of services in order to meet the wide variety of needs presented by infants and families.

**Infant mental health practice** refers to the promotion of optimal development and well being in infants (prenatal to age 3) and their families, the prevention of difficulties, and intervention when infants are at-risk or have identified problems.

The goal of infant mental health services is to ensure optimal child outcomes in terms of a sense of security and self-esteem, and the ability to form satisfying relationships, to engage with the world, to learn, to cope and problem solve, and to continue positive development throughout life.

Infant mental health services strive to promote stable and supportive families and communities. Collaboration with families is central to the work.

### KNOWLEDGE REQUIRED

### Section 1

Practitioners in the field of infant mental health must demonstrate understanding of:

#### The Child

- \_\_\_ Normal infant and toddler development
- \_\_\_ Common behavioural problems, syndromes and disorders of early childhood (e.g. sleeping and feeding difficulties, developmental delays, autistic spectrum disorder)
- \_\_\_ Effects of prematurity, illness, hospitalization, and special needs on infants and families

#### Influences on Child Development

- \_\_\_ Risk and protective factors (e.g. socio-demographic factors, infant characteristics and health, parental health and knowledge, family functioning, community and social supports)
- \_\_\_ Influences of community, social and family supports on parent-child interaction and infant well being
- \_\_\_ Socio-cultural differences in child rearing and parenting expectations
- \_\_\_ Different patterns of parent-infant interaction and attachment and their impact on child outcomes
- \_\_\_ Impact of past experience of being parented on parents' expectations of their infant & their parent-child relationship
- \_\_\_ Effects of parental health, mental health and substance use on parent-child interaction
- \_\_\_ Physical, psychological and social adaptations of pregnancy, and the transition to parenthood

#### Intervention

- \_\_\_ Basic principles of a variety of individual and group approaches to prevention, intervention and parenting education
- \_\_\_ Basic principles of different theories that inform practice, including developmental, psychodynamic, social support, cognitive behavioural, trauma, family and group dynamics, communication, and ecological and systems theory.
- \_\_\_ Awareness of research on the effectiveness of approaches
- \_\_\_ Resources available to families in the local community
- \_\_\_ Legislation relating to child protection and reporting, confidentiality and consent

#### Discipline Specific

- \_\_\_ Principles and research relating to work with infants and families in the discipline originally trained (e.g. nursing, psychology)

**Service Delivery \_\_\_\_\_ 2.1**

Practitioners in the field of infant mental health must demonstrate ability to:

**Relate to Families**

- \_\_\_\_\_ Establish a therapeutic relationship with families
- \_\_\_\_\_ “Be with” families and listen actively
- \_\_\_\_\_ Understand the experiences of both infants and parents
- \_\_\_\_\_ Be sensitive to the learning styles of each infant and parent

**Intervene**

- \_\_\_\_\_ Observe, make decisions on approaches needed by each family, and set priorities
- \_\_\_\_\_ Provide developmental information and anticipatory guidance
- \_\_\_\_\_ Suggest and demonstrate ways to nurture a child’s development
- \_\_\_\_\_ Intervene regarding the safety of an infant and family
- \_\_\_\_\_ Use a variety of techniques to facilitate positive parent-infant interaction and enhance parents’ capacity to be responsive and sensitive to their baby
- \_\_\_\_\_ Use a variety of techniques to reduce negative parent-infant interaction
- \_\_\_\_\_ Help parents understand their child’s point of view
- \_\_\_\_\_ Recognize and develop the strengths of families and extended families
- \_\_\_\_\_ Adapt intervention to the diverse needs of infants and families and their sociocultural differences
- \_\_\_\_\_ Help parents understand and cope with unresolved issues from their past that might be interfering with their ability to parent
- \_\_\_\_\_ Plan, develop and implement group parent education programs
- \_\_\_\_\_ Maintain their own personal safety
- \_\_\_\_\_ Manage crises

**Collaborate**

- \_\_\_\_\_ Establish working relationships with other community agencies and collaborate on behalf of children and families
- \_\_\_\_\_ Consult with other service providers and agencies and make referrals as needed
- \_\_\_\_\_ Facilitate linkages to community resources

**Discipline Specific**

- \_\_\_\_\_ Effectively use and share with others techniques of the discipline in which originally trained (e.g. nursing, psychology, occupational therapy)

1. See also *Core Prevention and Intervention for the Early Years*, IMHP, 2004, and *Organizational Policies & Practices to Support High Quality Infant Mental Health Services*, IMHP March 2004.

Each IMHP *Best Practice Guidelines* document has an accompanying web-based interactive learning module which presents the information in an interactive and accessible format that can be used for trainings and individual learning.

These and other resources are available online at [www.IMHPromotion.ca](http://www.IMHPromotion.ca) or contact [imp.mail@sickkids.ca](mailto:imp.mail@sickkids.ca) for more details.

**Assessment & Formulation \_\_\_\_\_ 2.2**

Practitioners in the field of infant mental health must demonstrate ability to:

- \_\_\_\_\_ Recognize infants who are not developing normally
- \_\_\_\_\_ Identify factors that might place infants at risk and those that protect infants
- \_\_\_\_\_ Recognize signs and symptoms of child abuse and neglect, and when a situation requires immediate action
- \_\_\_\_\_ Observe and analyze parent-child interactions
- \_\_\_\_\_ Recognize contributions of both infants and parents
- \_\_\_\_\_ Recognize signs and symptoms of parental issues that interfere with their ability to care for their child e.g. depression, unresolved trauma, substance use, family violence and other mental health issues
- \_\_\_\_\_ Recognize child characteristics and temperament that might make the child difficult to care for
- \_\_\_\_\_ Use non-standardized and standardized screening tools
- \_\_\_\_\_ Integrate information and formulate plans together with family
- \_\_\_\_\_ Monitor progress and reformulate plans as needed with the family
- \_\_\_\_\_ Recognize when referral to other professionals and services is needed

**Discipline Specific**

- \_\_\_\_\_ Use standardized assessment instruments specific to one’s own discipline
- \_\_\_\_\_ Analyze and interpret assessment findings

**Personal and Interpersonal \_\_\_\_\_ 2.3**

Practitioners in the field of infant mental health must demonstrate:

- \_\_\_\_\_ Capacity for empathy
- \_\_\_\_\_ Capacity for self-reflection and ability to engage in ongoing assessment of strategies and effectiveness
- \_\_\_\_\_ Awareness of the effects of one’s own personal and cultural background on one’s work
- \_\_\_\_\_ Flexibility and resilience
- \_\_\_\_\_ Ability to communicate effectively both orally and in writing
- \_\_\_\_\_ Initiative to seek new or unfamiliar information as needed
- \_\_\_\_\_ Non-judgmental attitudes and acceptance of difference
- \_\_\_\_\_ Openness to different approaches and perspectives
- \_\_\_\_\_ Ability to use supervision effectively
- \_\_\_\_\_ Persistence in trying to engage hard-to-reach families
- \_\_\_\_\_ Capacity to work independently and as part of a team
- \_\_\_\_\_ Ability to recognize one’s own limitations and seek help when needed
- \_\_\_\_\_ Ability to recognize and take steps to reduce personal stress and burnout