

Clinical Intervention/Treatment

This category of Endorsement is typically for someone with licensure as a Mental Health Clinician and/or whose role includes intervention or treatment of the child's primary caregiver relationship (i.e., biological, foster, or adoptive parent or guardian). Work experience includes therapies and practices that are intended to explore issues related to attachment, separation, trauma, and unresolved losses as they affect the development, behavior, and care of the infant/young child. Therapies or interventions may include HV, IPP/PPP, Minding the Baby, or Interaction Guidance.

Mental Health Specialists provide treatment/clinical intervention to the infant/young child and their caregiver together when IECMH disorders exist or when a caregiver's mental or behavioral disorder affects their relationship with the infant/young child. They use their IECMH expertise to address identified social-emotional and treatment needs through direct clinical intervention. Mental Health Specialists *may* also provide I/ECMH Reflective Supervision/Consultation.

Education

Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctorate in Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Doctor of Osteopathy (DO), Medical Degree (MD) or other degree specific to one's professional focus in IECMH, post-graduate specialization, or university certified program in accordance with the Competency Guidelines.

Work Experience

2-years post-graduate supervised work experience as a licensed infant/early childhood mental health therapist delivering culturally sensitive, relationship-focused parent-infant or parent-child psychotherapy - a dyadic mental health treatment aimed at enhancing the parent-infant/child attachment relationship and optimal infant/child development.

Work experience must be with both the infant/toddler (birth to 36 months) and/or young child (3-6 years), and their biological, foster, or adoptive parent on behalf of the parent-child relationship.

These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved grief and loss as they affect the attachment relationship, development, behavior, and care of the infant/child. The unresolved losses, or "ghosts," might be from adverse childhood experiences that occurred during the caregivers' own early childhood or may be related to more current circumstances for the infant/child and family, such as a difficult labor and delivery. Strong feelings, such as grief and loss, could also be associated with diagnosis or manifestation of a chronic illness, delay, or disability.

Trainings

Minimum 30 clock hours of relationship-based training/continuing education that meet competencies as specified in the Competency Guidelines. <https://www.vaimh.org/competency-guidelines>

Training content will encompass the promotion of social-emotional development and the relationship-based principles and practices of I/ECMH. In addition to the 30 clock hours of relationship-based training/continuing education, the following are also required:

- A minimum of 3 hours addressing diversity, equity, and inclusion (DEI) in infant/early childhood mental health.
- A minimum of **10 hours** on parent-infant/child psychotherapy.

Typically, successful MHS applications include an **average of 75 or more** hours of specialized training.

Reflective Supervision

Minimum of **50 clock hours** must be received from a qualified RSC Provider (**FS-ERS, MHS-ERS, or MHM-C**) with a focus on relationship-based IECMH principles individually or in a group. This RSC must be received post-Masters while also providing services to infants/toddlers (0-36 months) and/or young children (3-6 years), and their families.

As in relationship-focused practice with families, RSC is most effective when it occurs in the context of a relationship that has an opportunity to develop by meeting regularly with the same supervisor/consultant over a period of time.

Therefore, applicants will have received the majority of their hours from just one source with the balance coming from no more than one other source.

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 RSC criteria for Endorsement as specified in the Competency Guidelines.

MHS applicants will receive RSC that is focused on their direct service work with infants, toddlers, and/or young children and their caregivers/families. For individuals who provide RSC, the focus will also be on the complexity of supervising others to provide relationship-based services to infants, toddlers, and/or young children, and their families.

RSC received must have occurred while you are/were gaining the work experiences required for your category.

Leadership

N/A

References *(this is the last step in the Endorsement Application process)*

Total of three professional reference ratings from:

1. (1) from a current program supervisor
2. (1) from a person providing RS/C to you
3. (1) from another supervisor, teacher, trainer, consultant, or from a colleague or supervisee (if you are a supervisor)

Exam

No

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Annual Renewal

Applicants (*those in process of attaining Endorsement*): <https://www.vaimh.org/vaimh-membership>

1. Renew VAIMH Membership annually by December 31.

Endorsees (*those already Endorsed*):

Endorsees commit to the ongoing process dedicated to annual professional development as it relates to IECMH principles through:

1. **VAIMH Membership Renewal:** <https://www.vaimh.org/vaimh-membership>
 - annually by December 31
2. **Training/Professional Development:** <https://www.vaimh.org/endorsement-renewal>
 - minimum of 12 training hours received per year of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of IECMH.
 - minimum of 3 hours of training related to diversity, equity, and inclusion (DEI) in IECMH.
 - For Endorsed Reflective Supervisors (MHS-ERS), a minimum of 3 hours of training received should be on the [provision](#) of RS.
3. **Reflective Supervision/Consultation (RS/C):**
 - minimum of 12 hours of RS/C (group or individual) from someone endorsed as an FS-ERS, MHS-ERS, or MHM-C.
 - For Endorsed Reflective Supervisors (MHS-ERS), the RS/C you [receive](#) should also focus on the RSC you [provide](#) to others.

Endorsements are renewed every three years (beginning in 2024). In 2027 endorsees will attest to having received 45(+) hours of training and 36(+) hours of RS/C between January 1, 2025 - December 31, 2027. These hours will be prorated for applicants who earn Endorsement in the “in-between” years.

MHS-ERS endorsees will [renew their Mental Health Specialist Endorsement](#).