



**ZERO TO THREE**  
Early connections last a lifetime

# Infant and Early Childhood Mental Health Competencies: A Briefing Paper

It is becoming increasingly understood by practitioners and policymakers alike that social and emotional development of infants and young children is the foundation upon which all development—physical growth and health, cognitive skills, and language acquisition—unfolds. It stands to reason, then, that those who work with infants, young children, and their families, from across many different disciplines, should integrate the tenets of infant and early childhood mental health (IECMH) in their practice and professional competencies. Unfortunately, this is not often the case. IECMH is an area of practice that is not taught in many undergraduate or graduate programs. It is challenging to find professionals who understand IECMH theoretical foundations, know how to work with infants and very young children and with their parents, use relationship-based approaches, conduct appropriate screening and assessment, and provide evidence-based services across the promotion, prevention, and treatment continuum.<sup>1</sup>

As states take on expanded responsibility for financing evidenced-based services and supports that promote healthy development in the early childhood system, it is of utmost importance that there be (a) clarity about what constitutes the professional core competencies of IECMH and (b) assurance that there is consistency of practice and quality of services across all disciplines and settings. IECMH must be included as a routine aspect of service regardless of whether the service is a mental health consultation in early care and education, a well-child check up in pediatric primary care, a mental health assessment in child welfare and Part C early intervention, or a preventive intervention service through home visiting. IECMH must also be included when a significant developmental disturbance or relational disorder has been identified in a child or family. In addition, program administrators and funders must ensure that the providers are qualified and the services are evidence-informed. Policymakers care about competencies because they want effective services provided by a workforce that is knowledgeable about IECMH theoretical foundation and practice recommendations. Effective programs hinge on high-quality services delivered by a skilled workforce.

One way for a state to build a skilled workforce is through the use of a set of agreed-upon competencies or standards for knowledge, skills, and experiences. IECMH core competencies help to upgrade professional standards, provide guidelines for higher education and other training programs, recognize IECMH within Medicaid and other health financing systems, and increase recognition of IECMH as a field of practice. As of 2016, more than 28 states through state associations of infant mental health, have moved forward to adopt or establish IECMH competencies, important progress for preparing and ensuring qualifications of the workforce.



This briefing paper will address what IECMH competencies are, who they are for, why they are important, and why states should consider using them. Policy recommendations are offered to guide efforts in states across the country.

### What Are IECMH Competencies?

Competencies describe content knowledge (e.g., infant and early child development, family dynamics, or risk factors), as well as practical skills and abilities (e.g., assessment skills, relationship based intervention or treatment approaches, or reflective capacities) that specialists must have in order to successfully perform their duties.<sup>2</sup> IECMH competencies are specific and provide areas of knowledge and practice required of someone who works with infants and young children and their families—regardless of the service delivered—to ensure they have the knowledge, skills, and experience to support healthy development through relationship-based practices with an emphasis on social and emotional well-being.

### Why Are IECMH Competencies Important?

IECMH competencies create a framework to support the knowledge and know-how of professionals who touch the lives of infants, young children, and their families across disciplines and service systems. Although programs and disciplines involved in supporting the development of infants, toddlers, and their families increasingly recognize the importance of social and emotional development, recognition does not necessarily translate into changes in practice or policy. For some, it is a lack of exposure to the concept; for others, it is an unwillingness to accept that infant mental health exists and that there is a need to focus on IECMH promotion, prevention, intervention, and treatment. The reality, however, is that social and emotional development is a core part of young children's overall development. Development during the early years is highly interrelated, and challenges to social and emotional development can have a negative impact on children's overall well-being. Thus, building knowledge and capacities of those working with infants, toddlers, and families to promote strong social and emotional development is essential. IECMH competencies are a positive step toward building knowledge and capacity throughout the professions that touch the lives of young children and their families, including health, mental health, early care and education, and child welfare. Competencies provide a framework for the promotion of healthy development in infancy and early childhood, as well as strong learning outcomes for young children.

#### Key Terms<sup>\*</sup>

**Competencies:** Competencies are specific areas of knowledge and practice required of someone who works with infants, toddlers, and their families to ensure they have the knowledge, skills, and reflective practice experience to support healthy development through relationship-based practices with an emphasis on social and emotional well-being.

**Endorsement:** Endorsement refers to the process of giving public approval to candidates who have demonstrated their knowledge and abilities as detailed by a particular competency system or framework. The term implies that a professional board or association has given their approval or assurance that a candidate meets its definition of a competent professional.

**License:** Licensing refers to the granting of permission or authorization to practice in a way that would otherwise be unlawful; implying a formal oversight process. Licenses are applied to a designated profession (e.g., psychology, social work, or medicine) and are usually governed at the state level.

**Certification:** Certification is a term used to describe the process of demonstrating professional competence.

*It is important to note that these terms may be used differently across states and professions, and, in addition, the processes may be carried out at the national, state, or local levels.*

\* Adapted from Korfmacher, 2014.

***Competencies build a skilled workforce. They help to upgrade professional standards that increase consistency of practice and quality of services, provide guidelines for higher education and other training programs, recognize IECMH within Medicaid and other behavioral health financing systems, and increase recognition of IECMH as a field of practice.***



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### Recommendations for Policymakers

- 1. Require IECMH competencies when providing infant and early childhood promotion, prevention, and treatment services and supports:** Professionals working in a variety of programs or settings—early care and education, home visiting, family support, child welfare, early intervention, and pediatrics—are able to best provide promotion, prevention, and treatment services when their work is informed by IECMH competencies. Owning the knowledge and skills reflected in competencies ensures that professionals are able to support healthy development through relationship-based practices with an emphasis on social and emotional well-being.
- 2. Consider IECMH competencies and endorsement systems as a lever for behavioral health financing:** Medicaid and multiple public behavioral health financing systems require treatment services to be delivered by qualified personnel. For example, Michigan's Medicaid system requires master's prepared professionals who deliver infant mental health home-based treatment services to meet Michigan Association for Infant Mental Health Competency Guidelines® and earn endorsement.<sup>3</sup> States developing or adopting IECMH competency and endorsement systems should build upon these efforts when seeking reimbursement or creating benefit packages, eligibilities, and evidence-based approaches for IECMH. In other words, having a system to verify the credentials of IECMH treatment providers will simplify the provider approval process, increase access to services, and improve overall quality and outcomes for children and families across the promotion, prevention, and treatment continuum.
- 3. Create connections between IECMH competencies and other infant and early childhood professional development systems:** States are still in the early stages of integrating IECMH principles and competencies into state and federal early childhood professional development initiatives across education, early intervention and special education, child welfare, and mental health.<sup>4</sup> This integration sends a clear message about the value of embedding social and emotional well-being into other systems serving young children and their families. Policymakers should deliberately establish connections between IECMH competencies and other early childhood professional development initiatives including:

#### Policy Recommendations in Brief

1. Require IECMH competencies when providing infant and early childhood promotion, prevention, and treatment services and supports.
2. Consider IECMH competencies and endorsement systems as a lever for behavioral health financing.
3. Create connections between IECMH competencies and other infant and early childhood professional development systems.
4. Address implications of IECMH competencies for institutions of higher education.
5. Encourage research and evaluation efforts for existing and new IECMH competency systems.



- **Infant-toddler specialist networks.** These networks are intended to create a system of specialized technical assistance to support the infant-toddler workforce in state early care and education systems. The education, training, and experience requirements vary by state but should be considered when thinking about IECMH competencies (and vice versa).
- **Infant-toddler credentials.** Thirty-one states have developed infant-toddler credentials for the early care and education workforce, and more are in development. Of those 31 states, 21 have adopted IECMH competencies. Some states are working to develop crosswalks between the IECMH competencies and the infant-toddler credential. IECMH competencies—at the earlier competency levels, not the advanced clinical levels—should be addressed in the coursework to attain infant-toddler credentials, and mental health professionals should be involved in the development and review process. For example, in New Jersey, many providers who have the infant-toddler credential go on to obtain an infant mental health endorsement as well.
- **Part C Early Intervention credentials.** Three states—Florida, Missouri, and Virginia—have developed courses or modules that are part of a credentialing process required for Part C providers. At least 13 other states have on-line training materials that are designed to provide in-service supports. These credentials and training material should be linked to IECMH competencies.
- **Home visitor core knowledge and competencies.** Twenty-five states have developed core knowledge and competencies for home visitors, and 12 states are either in the process of developing competencies or piloting them. Several states are aligning their home visiting core knowledge and competencies with state early childhood competencies. States can use this opportunity to also align with the IECMH principles and competencies.
- **State early childhood core knowledge and competencies.** Most states have early childhood core knowledge and competencies (CKCs) for the early care and education workforce. These efforts should be linked to state efforts around IECMH competencies. Multiple sectors are involved in the creation of the CKCs, and IECMH competencies should be embedded. For example, in Wisconsin, an IECMH professional was at the table during the development of core competencies for early care and education. And in Nebraska, integrated competencies have been developed for professionals across early care and education, early childhood mental health, and home visiting.
- **State Quality Rating and Improvement Systems.** State Quality Rating and Improvement Systems (QRIS) should use professional IECMH competencies to help measure the quality of social and emotional practices and teaching strategies and to help guide quality improvement efforts. They can use IECMH principles and approaches to determine measures to assess a program's ability to promote the social and emotional health of young children, create socially and emotionally supportive environments, and support the IECMH professional development needs of staff. Further, QRIS can support programs with IECMH consultants and can help programs link to practitioners who can provide IECMH screenings and follow-up services.
- **Community health workers and core competencies.** Since the Affordable Care Act defined community health workers as a part of the health care workforce, interest in standards and certification has increased. [The Institute for Public Health Innovations](#) has an initiative with



states to develop core competencies. Already, Florida, Minnesota, and Texas have community health worker certification processes requiring the completion of courses and examinations. As competencies and certification processes are developed, states can integrate IECMH competencies to ensure community health workers have the IECMH knowledge and skills to support families as they guide them toward services in their community.

- **Ongoing in-service and pre-service professional development across settings.** Several states are linking IECMH competencies to ongoing in-service and pre-service professional development efforts for providers who work with infants and young children. For example, New Mexico's Early Care, Education, and Family Support Professional Development System includes a Family Infant Toddler track for home visiting and IDEA Part C, which embeds mental health competencies and reflective supervision.

**4. Address implications of IECMH competencies for institutions of higher education:** The move toward developing IECMH competencies directly impacts colleges, universities, and other institutions of higher education (IHE). Policymakers should create connections between IECMH and IHE to share research and data regarding the importance of IECMH for young children's overall development, the extreme shortage of IECMH professionals, and the need for IHE to play a role in building workforce capacity. They should also address implications for higher education efforts including:

- **Scan of existing coursework.** States and IHE should use IECMH competencies to conduct a scan of their existing coursework to see how the course offerings align with the competencies. Such a scan can help identify where courses are offered that are a good fit for an IECMH program or study certificate, where electives could be added for IECMH specialization within a degree, and where there are content gaps that should be remedied by additional course offerings to ensure professionals have access to the training needed to meet or exceed the expected core competencies.
- **IECMH content and courses across disciplines.** States should acknowledge the importance of social and emotional development and infuse IECMH content into courses of study in nursing, pediatrics, social work, psychology, counseling, school psychology, early childhood education, occupational therapy, and others. IECMH competencies could be used to guide efforts to create cross-sector IECMH programs of study. These programs may be "stand-alone" degrees based on IECMH competencies, or they may be credit-bearing, complementary certificates students could earn as part of their degree programs. Many states have identified and embedded IECMH competencies into coursework across undergraduate and graduate programs and successfully created specialized, interdisciplinary IECMH certificate and post-graduate programs as well. For example, the Minnesota Association for Children's Mental Health-Infant and Early Childhood Division holds an annual Faculty Symposium on Embedding Core Principles of IECMH into [pre-service] Curricula, offering learning modules cross-walked to infant mental health competencies for multidisciplinary faculty from 2- and 4-year colleges and universities.
- **Training for advanced practice mental health practitioners.** States should recognize that a critical component of IECMH competency work is building a cadre of leaders in the field who are steeped in the theoretical constructs, have knowledge of diagnostic and classification systems for infants and young children, can skillfully engage in reflective supervision and mental health consultation, and are able to provide IECMH treatment services and oversight for IECMH competency systems. States need to be intentional to ensure training is available for advanced practice mental health clinicians and psychiatrists who will play this leadership and oversight role in advancing the field and ensuring competencies effectively guide practice.

- 5. Encourage research and evaluation efforts for existing and new IECMH competency systems:** Research and funding is needed to test the validity of existing IECMH competencies and endorsement systems, and the impact of such systems on improving social and emotional outcomes for young children.<sup>5</sup> Further, new competency systems should include a plan and funding for evaluation as part of its development. Although establishing the validity of these competency systems is important, professionals also need to look at the effect competencies are having on overall quality of practice for those serving infants, toddlers, and families. How has the work of professionals changed with the help of competencies? Attention needs to be paid to whether the competency systems are effective in developing a larger and better-equipped cadre of professionals across the IECMH promotion, prevention, and treatment continuum.

For more information, and to see other briefing papers in the series, please visit [zerotothree.org/policy-and-advocacy/social-and-emotional-health](http://zerotothree.org/policy-and-advocacy/social-and-emotional-health)



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## About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at [www.zerotothree.org/policy-and-advocacy/social-and-emotional-health](http://www.zerotothree.org/policy-and-advocacy/social-and-emotional-health)

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## Endnotes

1. Nelson, F. (2013). *Supporting a workforce for infants, toddlers, and their families: A cross-sector core competencies project*. Washington, DC: ZERO TO THREE.
2. Korfmacher, J. (2014). *Infant, toddler, and early childhood mental health competencies: A comparison of systems*. Washington, DC: ZERO TO THREE.
3. Available at: <http://mi-aimh.org/endorsement/>
4. Cohen, J., Oser, C., & Quigley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Washington, DC: ZERO TO THREE.
5. Korfmacher, J. (2014). *Infant, toddler, and early childhood mental health competencies: A comparison of systems*. Washington, DC: ZERO TO THREE.