

Infant/Early Childhood Family Reflective Supervisor (I/ECFRS)

The I/ECFRS category of Endorsement was developed to recognize the work of professionals whose direct service experience both aligns with Infant/Early Childhood Family Specialists (I/ECFS) **and** includes their expertise of providing reflective supervision/consultation (RSC) to other I/ECFS professionals. Those who work within the prevention/early intervention scope of practice most often meet the requirements for I/ECFS. Requirements and competencies for this new category are intended to target experience doing prevention/early intervention direct service work **and** development/use of RSC skills.

We know that it may take some time for applicants to be able to demonstrate they meet all the requirements for I/ECFRS Endorsement. So there is an additional status option called: EMERGING. Emerging is an option for applicants who do not YET meet all of the requirements for I/ECFRS Endorsement but who are well on their way. It allows these applicants to begin providing qualifying hours of RSC to I/ECFS and I/ECFRS endorsees and applicants while they obtain the qualifications, experience, and support to build required competence and further develop expertise. See below for details regarding which requirements allow for applicants to be approved as emerging and the requirements for moving from emerging to endorsed as I/ECFRS.

An applicant will submit their I/ECFRS application for review and at least one trained/qualified application reviewer will determine whether the applicant:

1. meets the requirements for I/ECFRS Endorsement
2. meets requirements for the emerging status for I/ECFRS
3. does not yet meet requirements and is deferred for now

If an applicant is awarded the emerging status, they are otherwise considered endorsed as I/ECFRS. Emerging means they are able to use the IMH-E®/ECMH-E® credential and they are required to renew annually. Once fully endorsed as I/ECFRS, they will receive a new certificate, their status will change from emerging to endorsed and they will remain on track for annual renewal from when initially receiving the emerging status.

Rationale for emerging RSC requirement: The task force identified (supported by interview data) that requirements around providing RSC as an endorsed provider are a barrier to becoming approved to provide RSC. Emerging allows those who do not yet have qualifying hours as a provider to begin providing to others with a plan of continuing their experiences and development of competence before becoming endorsed.

Included in this message are the IFRS Requirements. ECFRS Requirements are nearly identical with the age range, 3-6 years, inserted where the age range, 0 up to 36 months, is listed. That said, please note who can be considered a qualified provider of RSC across both the IMH-E® and ECMH-E® credentials:

Applicant	Provider of RSC
IFRS	IFRS or IMHM-C
ECFRS	IFRS, ECFRS, IMHM-C or ECMHM-C

Infant Family Reflective Supervisor (IFRS) Requirements and Rationale

Education

Not applicable; no degree required.

Applicants will have the option to upload unofficial transcripts and select competencies from any coursework or degree earned under the education section.

Rationale for the exclusion of an educational requirement:

An educational requirement may exclude professionals who have experience, knowledge and skill providing RSC and who have not earned an educational degree. The data gathered from interviews determined that an educational requirement was not identified as a quality or qualifier desired in a RSC provider. Educational requirements explicitly NOT being a qualifier of quality RSC came up with a high frequency in the interviews.

Work Experience

Minimum 2-years paid, professional work experience providing prevention and/or early intervention services that promote IMH. Work experience meets this criterion as long as the applicant has:

Part 1 (same as IFS work requirements)

- Served a minimum of 10 families where the target of services is and infant/toddler (birth to 36 months) **and**
- A primary focus of the services provided is the social-emotional needs of the infant/toddler **and**
- Services focus on the promotion of the relationships surrounding the infant/toddler

Part 2 Separate (**not required for emerging)

- Minimum 12-months providing RSC for professionals doing prevention and/or early intervention

***Part 2 of the work requirement is not required to be approved as emerging. Part two can be left as “not yet obtained” and will be fully updated at the time of/and in order for an applicant to move from emerging to endorsed. See RSC experience for additional details around the

requirement and rationale. *Applicants must meet Part 1 of the requirements to be approved as emerging, in addition to the training/leadership requirements described below.*

RSC Experience

- Received: Minimum 24-hours received of relationship-focused, reflective supervision/consultation (RSC) within a minimum 12-month to maximum 24-month time-frame, individually or in a group while providing early intervention/prevention work. A minimum of 12-hours of the RSC received should be about the RSC the applicant provides/ed to others (**not required for emerging*)
- Applicant's provider of RSC must have earned/maintained IFRS, ECFRS, IMHM-C, or ECMHM-C Endorsement

*Provision of RSC is not required to be approved as emerging: Within a minimum 12-month to maximum 24-month time-frame of being awarded emerging, applicants must provide a minimum of 12-months of RSC while receiving 24-hours of RSC, with 12 of the hours of RSC focused on their provision of RSC. **Must receive RSC from an IFRS/ECFRS or IMHM-C/ECMHM-C endorsed professional.**

Endorsement as an IFRS qualifies endorsees to provide RSC to any IFS, IFRS, ECFS, or ECFRS applicant or endorsee. Similarly, while in the emerging status, IFRS applicants can provide qualifying hours of RSC to any IFS, IFRS, ECFS, or ECFRS applicant or endorsee.

Rationale for the approved categories of Endorsement for providers:

Interview data was clear that a desired quality of a RSC provider is that the provider has received quality and/or "mentor" type RSC experiences. IMHM-C and this new category, IFRS, are the only two categories that require demonstration of RSC provision/experience and competencies/training/knowledge around the provision of RSC in order to become endorsed. Experience and competencies developed around RSC will be captured in this new category through supervision, RSC specific training hours earned, documentation of competencies in providing RSC, and in reference rating forms from both their provider of RSC and someone they have provided RSC to.

**Note that "mentor" experiences from the interview data is not defined as Infant Mental Health Mentor-Clinical experience and should not be interpreted as such. The task force has integrated this data with the understanding that the experience can come from a variety of sources including but not limited to training, coursework and receipt of "felt experience" of RSC or a comparable relationship.*

Rationale for not requiring having provided "qualifying" hours of RSC for emerging:

To recognize non-dominate bodies of knowledge it is important that people are able to document their experiences of RSC that have supported their work and growth in the field. IFRS applicants will also receive 24-hours of RSC, within a minimum 12-month to maximum 24-month time-frame, from an IFRS or IMHM-C while they are in the emerging status, with 12 of the hours being specific to the provision of RSC.

In-service Training Experience

- Minimum of 48 Hours required
- 30-hours of training specific to promotion of social-emotional development and the relationship/based principles of IMH
- 15-hours of training specific to the provision of RSC
- 3-hours of training specific diversity, equity, and inclusion in IMH

Rationale for additional training requirements:

Interview data identified training on the provision of RSC as a desired quality of a provider of RSC. The work of the task force has determined these points:

1. Increased training needs to be required in order to appropriately capture developed competencies.
2. A degree earned is not sufficient in determining whether a person has developed any or enough competence in RSC to be approved as a “qualified” provider.
3. An applicant may want to include a specific course taken and/or include content about RSC while not having earned a degree. While an earned degree may not include any course work directly on/or related to the provision RSC.

Reference Ratings

Total of three professional reference rating from:

1. One from current program supervisor
2. One from person providing reflective supervision/consultation to the IFRS applicant
3. One from a person receiving/ed reflective supervision/consultation (RSC) from the applicant.

*For applicants who have not yet provided RSC to others, (i.e., those who will be in emerging status), can get one form completed by another supervisor, teacher, trainer, consultant, or colleague. In order to move from emerging to endorsed, applicants will request a reference rating form from a person receiving/ed reflective supervision/consultation (RSC) from them WHILE in the emerging phase.

Rationale for the reference rating requirement:

Interview data clearly indicated that quality of RSC is important. The task force explored multiple options to measure “quality” including but not limited to, exams, videos, written descriptions, etc. The task force utilized knowledge around barriers related to constructs such as exams (access, bias, etc.) and incorporated the importance of the Diversity Informed Tenets #4 and #9 to inform the inclusion of a reference form from someone who received RSC from the applicant as a way to help determine “quality” provision of RSC:

- **4 Recognize and Respect Non-Dominant Bodies of Knowledge:** Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.
- **9 Make Space and Open Pathways:** Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and

groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

The Competency Guidelines and the interview data are being utilized to develop alternative reference rating forms for providers and receivers of RSC that can capture the desired qualities of RSC as identified in the Competency Guidelines, Best Practice Guidelines for Reflective Supervision/Consultation, and interview data. When the reference rating form is final, we will share with COAIMH membership.

Leadership

A minimum of 12-months of leadership activities/experiences at the local, regional or state level (specific to work with or on behalf of pregnant people and/or 0 up to 36-month olds). This may include supervisory or mentorship of infant-young child and family professionals (paid or unpaid). For additional activities that meet this requirement, please refer to EASy.

Rationale for Leadership requirement:

Data from the interviews indicated a desire for providers of RSC to engage in ongoing personal and professional development and demonstrate leadership within their community and scope of practice.

Written Exam

No

Rationale for not having an exam:

The task force explored multiple options to measure “quality” of RSC including but not limited to, exams, videos, written descriptions, etc. The task force utilized knowledge around barriers related to constructs such as exams (access, bias, etc.) and determined that an exam was not the best way to demonstrate competence as a provider of RSC. Additionally, the data from the interviews did NOT support the addition of an exam for providers of RSC, but rather focused primarily on providers of RSC having access to and receiving training on RSC and the provision of RSC. See Rationale under Reference Rating forms for additional details.

Renewal for IFRS emerging and endorsed:

- 12 hours of RSC from a provider who is IFRS or IMHM-C endorsed
- 15 hours of training (3 of which need to be on the provision of RSC and 1 of which needs to focus on diversity, equity, and inclusion)

Submission to move from emerging to endorsed:

- Update application with full requirements
 - Work: Completion of part 2, minimum 12-months providing RSC to those doing prevention/early intervention work
 - Training: Enter an additional 15-hours of RSC training (on top of the 15-hours already submitted to be approved for emerging)

- Supervision: Provision of RSC documented. Enter an additional 24-hours of RSC received, with a minimum 12-hours being about the RSC the applicant provides/ed to others
- References: 3 new reference rating forms meeting the requirements (including one from a person receiving/ed RSC from the applicant)
- Training and RSC hours entered for annual renewal while in the emerging status can count towards meeting these requirements.

If applicant doesn't submit for Endorsement after the 2-year period for emerging ends, their application in EASy will change to "Endorsed at Category II," i.e., Infant Family Specialist and they will no longer be able to provide qualifying hours of RSC to I/ECFS endorsees and applicants.

Data gathered from IFRS applicants will inform the needs of those who don't become IFRS endorsed and how to approach their continued Endorsement journey effectively and equitably. There will be more information released about this as time goes on.

Next Steps:

COAIMH will send more information about I/ECFRS later this summer, including offering multiple office hours for applicant support. Interested applicants will not be able to apply for I/ECFRS in EASy until September 2022, at the earliest. If you wish to go ahead and get started on meeting the requirements outlined for I/ECFRS (e.g., attending training on the provision of RSC, etc.), we are happy to answer any questions you may have.