ILLINOIS ASSOCIATION FOR
Infant Mental Health

Executive Summary

IECMH Competencies

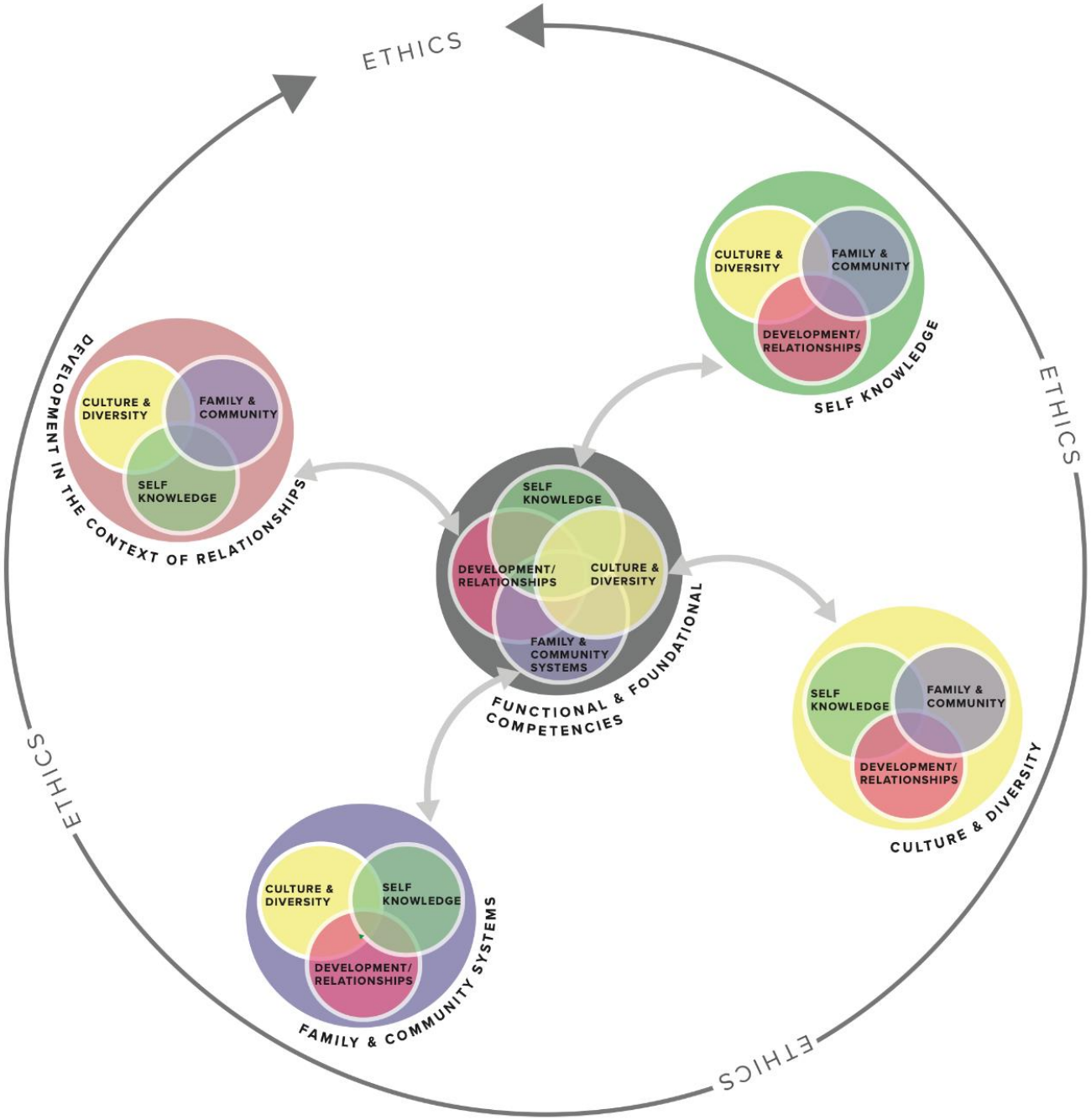
The Illinois Association for Infant Mental Health (ILAIMH) incorporated in 1981, has been a national leader and pioneer in promoting professional development *and* raising awareness of the critical importance of nurturing, supporting, and protecting the well-being of pregnant people, infants, young children and their families. In 2008, after years of deliberation and exploration, ILAIMH committed to developing an Illinois IECMH credentialing system for recognizing infant mental health professionals, including development of their own competencies. The Competencies, originally completed in 2013 were updated and enhanced in 2025.

The revised IECMH Competencies serve as the **anchoring and organizing framework** for ILAIMH's professional development endeavors and systematically define the **foundational knowledge and functional skills** required for practitioners working with pregnant people, infants, young children (birth to five), and their families across multiple disciplines (e.g., social work, early childhood education, psychology, law and healthcare) and in a range of settings and roles.

The core message is that IECMH practice is **relationship-based, reflective, and deeply informed by family, culture and community systems.**

Key Principles and Components

The competencies are organized into **five interconnected and dynamic Core Competency domains** - 1.0, 2.0, 3.0 and 4.0 are bound by 5.0 **Professional Ethics.**



The Five Core Competencies

1.0 Reflective Practices/Self-Knowledge:
Emphasizes the crucial importance of continuous self-awareness-recognition of one's personal identity, implicit biases and professional self, self-regulation, and **Reflective Supervision/Consultation (RS/RC)**. RS/RC is recognized as essential for ethical best practice, managing the emotionally evocative nature of the work, and upholding the concept of the **parallel process** (an RS/RC-practitioner relationship is characterized by openness, non-judgment, respect and curiosity allowing for emotional safety and learning, and serving as a model for practitioner-family and practitioner-colleague relationships).

2.0 Culture and Diversity: Contextual Factors:
Commits to **Diversity, Equity, Inclusion, Belonging, and Justice (DEIBJ).** The development of competence requires practitioners to examine their own cultural biases and operate with **cultural humility** based on understanding the historical roots of their own culture, beliefs, and values; develop the capacity to recognize how systemic oppression, racism, and historical factors impact child development and family well-being.

3.0 Family and Community Systems:
Requires an understanding of transactional and systemic models of development, including essential knowledge of family systems theory. A systems perspective provides a way of understanding the dynamics of interdependent relationships within families and the larger community/society. Practitioners require knowledge of specific community, state, and national systems and/or programs impacting and available to families with infants and young children and how to support families in accessing and navigating through various systems. Competent practice involves working collaboratively across various child-serving systems (e.g., child welfare, healthcare, education) and actively **advocating** for equitable access to needed resources.

4.0 Infant/Child Development in the Context of Relationships:
The broadest and most all-encompassing core competency, focuses on growth and development of the infant/child and family in the context of relationships beginning prenatally through the critical early years, emphasizing the interconnectedness of development, attachment, and self-regulation. **4.0** includes knowledge of social-emotional (social interactions, play, expression of affect), physical, cognitive, speech/ language and neurological growth and development, as well as the critical importance of recognizing non-dominant models of development and the impacts of contextual factors. It requires expertise in assessing mental health concerns in the context of relationships, considering a range of psychosocial risk factors (e.g., trauma, parental mental illness, extended separations from primary caregiver, and poverty), and recognizing protective factors. The Competencies endorses the use of the multiaxial classification system **DC:0–5™** for assessment and the discernment/use of unbiased and age-appropriate assessment strategies and tools. Promotion, prevention, intervention and treatment strategies/approaches to IECMH practice are explored and discussed.

5.0 Professional Ethics:
This section has been enhanced. It outlines guidelines for IECMH practice, including informed consent, confidentiality, a relationship-based approach to mandated reporting, managing boundaries, a commitment to professional self-care and continuous learning, as well as the importance of acknowledging transitions and endings with child/family/caregivers and helping them with next steps. At this point, leaders in this multidisciplinary field are grappling with developing a formal IECMH code of ethics. The task of an IECMH practitioner is to blend the code(s) of ethics from their own discipline while maintaining an IECMH lens/perspective and upholding IMH principles. Additionally, the field is informed and guided by **The Diversity-Informed Tenets for Work with Infants, Children and Families** (*Irving Harris Foundation Professional Development Network Tenets Working Group*) and ZERO TO THREE's Infant and Early Childhood Mental Health (IECMH) Guiding Principles.

Illinois Association for Infant Mental Health IECMH Competencies provide an infant early childhood mental health (IECMH) lens – a scaffold for practitioners enabling them to consider and reflect on all aspects of a child's development within the context of the family, community/society, culture, and with attention to systemic and historical impacts. ILAIMH's grid framework is unique and supports reflective practices - in reflective supervision/consultation, between peers, in classrooms and communities of practice, and for individuals. These Competencies are appropriate for practitioners along their professional journey from beginners working to comprehend the field to those at mid and advanced stages who want to deepen their understanding,

2.0 Culture and Diversity: Contextual Factors			
Example of Foundational Competency (2.1)			
Foundational Competencies	**Self-Knowledge**	**Relationships**	**Family & Community Systems**
Demonstrates knowledge of diverse theoretical perspectives regarding culture (values, beliefs, customs, practices, language) that allow broader understanding of how infants, young children are regarded and raised within their families and society Dr. Cynthia García Coll: Frameworks, Perspectives, & Relevance for Today - Foundation For Child Development Diversity and Inclusion | Society for Research in Child Development SRCD	Demonstrates awareness of and can articulate one's own cultural values, beliefs, and biases Demonstrates awareness and understanding of the potential impact one's cultural values, beliefs, and biases on the work	Can demonstrate how one's own cultural values, beliefs, and biases contribute to or are obstacles to relationship-building with clients and colleagues across other systems	Demonstrates an awareness and understanding that culture and diversity shape each family's beliefs, practices, traditions and behavior Recognizes the ways in which the dominant U.S. culture supports and honors some cultures and cultural practices, and also oppresses, disrespects and/or fails to understand other cultures and cultural practices Recognizes the culture of one's own profession and agency/workplace re: values, beliefs, practices, biases and how one's profession is perceived by the larger culture

4.5 Mental Health Concerns of Infancy and Early Childhood			
Example of Functional Competency (4.5.d)			
Functional Competencies	**Self-Knowledge**	**Family & Community Systems**	**Culture & Diversity**
Demonstrates ability to work collaboratively in the assessment process with a multidisciplinary team for the benefit of the child/family	Demonstrates an awareness of one's comfort with and capacity to work collaboratively with other professionals who may have a different professional approach and lens Uses RS to address team tensions that can arise from different understandings of how to approach the work	Can demonstrate an awareness that both families and community systems may or may not recognize that infants/young children are vulnerable to and can experience MH challenges	Can recognize that cultural concepts and beliefs regarding MH diagnoses in young children can influence practices which support or undermine the wellbeing of the child and family

In summary, ILAIMH's revised Competencies provide the IECMH workforce with the essential roadmap for delivering ethical, integrated, and effective mental health services to the youngest and most vulnerable members of the community and their families. This document is a comprehensive and dynamic professional standard, revised to strengthen DEIBJ perspectives, emphasize the importance of continuous reflective practices for practitioners at all levels from direct service providers and therapists to consultants, to program supervisors, administrators and policy makers. Additionally, it reflects evolving language, perspectives and concepts regarding development, culture, families and community and provides accessible and updated references and resources – embedding hyperlinks directly into the document to inform and advance best practices as well as to incorporate new research and developments and reflect shifting views of work, roles, and approaches in the IECMH field.

See also ILAIMH's IECMH practice recommendations for young child-family serving programs and systems that are essential to support and scaffold multidisciplinary professionals, leadership and staff, and contribute to healthy workplace environments.

Acknowledgements

The ILAIMH IECMH Competencies represent the culmination of many years of work by multiple individuals, some of whom made pivotal and continuous contributions; other contributors moved in and out of the effort over time. We are grateful to everyone who participated in the development and production of these Competencies, both the original version (2013) and the revised one (2025).

This work was made possible by our Champions

- The children and families who have trusted us as practitioners, allowed us into their homes and lives, and have been our teachers and guides.
- The Illinois Association for Infant Mental Health, the Board and the membership
- The IECMH professionals who volunteered many hours to discuss, write and think about effective ways to impart the essential and broad knowledge of this field to practitioners from multiple disciplines working in different roles and settings.

Revision: 2022-2025

The IECMH Competencies revision workgroup

Laura Hansen, LCSW, I/ECMH-C
Patricia Husband, LMFT, I/ECMH-C
Mary Marovich, M.Ed., I/ECMH-C, Infant Early Childhood Mental Health Consultant
Catherine Murray, LCSW, I/ECMH-C, DIR-Expert, ICDL DIRFloortime® Training Program Coordinator

Credential Committee Members: +leadership, **Credential facilitator

+Karen Freel, Ph.D, **+Elizabeth B. Frisbie**, MA, MSEd, I/ECMH-C, CCP, **CCP, Lili Gray,** MSSA, LCSW, RYT, **+**Linda Horwitz**, MSEd, I/ECMH-C, ****Camille Y. Humes**, EdD, LCPC(IL), I/ECMH-C, IMH-E®, **Jake Jacob**, LCPC, I/ECMH-C, **Mary Lehman**, LCSW, DT, I/ECMH-C, **Michelle Lee**, MEd, LCPC, I/ECMH-C, **+Lynn R. Liston**, M.S. Ed., I/ECMH-C, **Sarah Martinez**, MA, M.Ed., LCPC, I/ECMH-C, **Nancy Mork**, LCSW, I/ECMH-C, **Susan Mrazek**, Ph.D, I/ECMH-C, **Carol Montgomery-Fate**, LCSW, I/ECMH-C, **Nancy Segall**, LSCW, I/ECMH-C, **Christine Sparks**, MBA, I/ECMH-C

Consultant/Expert Reader – 2.0 Culture & Diversity

Nucha Isarowong, PhD, LCSW, Director of the Advanced Clinical Training (ACT) Program at the Barnard Center for Infant and Early Childhood Mental Health at the University of Washington. As a member of the Irving Harris Professional Development Network he worked on the development of the Diversity informed Tenets.

Resource and reference contributor – **Allison Lowe-Fotos**, MSW, LCSW, I/ECMH-C

Technical Support – **Nick Mills**, BM, **Colleen Wilson**, MSW, MSEd

‘

Original Competencies Contributors: 2009-2013

Heartfelt thanks to everyone who helped write these Competencies and develop the Credential Project

Lynn R. Liston, M.S. Ed., I/ECMH-C, Project Director, 2008-2024. Lynn's leadership and dedication to IECMH knowledge and practice brought ILAIMH's Credential project to life. Working in collaboration with ILAIMH Board members, Lynn made important and lasting contributions to this project from the initial vision, planning and implementation to recruitment and credentialing of ten cohorts of Illinois practitioners.

Ida Cardone, Ph.D., the first author of the Competencies, was an early leader in the field of Infant Mental Health in Illinois. Ida's vital contributions helped to fully launch this aspect of the Credential project. Ida listened carefully to the input of many contributors, conducted a thorough review of the literature, brought her own experience and reflections, integrated many ideas into a beautifully written introduction and created a first draft of these Competencies which was the basis for expansion by an editing/writing group.

Credential Project Committee Members:
Karen Freel, Ph.D., Co-Chair Credential; **Laura Hansen**, LCSW, I/ECMH-C, Competencies Co-chair, Credential Co-Chair, Editing Group; **Marsha Hawley**, MS, Competencies Co-chair, Developed Diagram for Competencies; **Patricia Husband**, LMFT, I/ECMH-C, Competencies, Editing Group; **Cheryl Pratt**, Ph.D., I/ECMH-C, Pilot/Implementation, Editing Group, Bibliography; **Nancy Segall**, LCSW, I/ECMH-C, Pilot/Implementation, Editing Group

Expert Readers:
Neena Malik, Ph.D., **Paula Zeanah**, Ph.D. *Thank you for your careful review of the original Competencies. Your thoughtful comments and guidance were invaluable in shaping this document and generating further reflection and discussion among the editing group.*

Contributors:
Barbara Abel, Ph.D., I/ECMH-C, **Theresa Atchley**, M.Ed., I/ECMH-C, **Tonya Bibbs**, MSW, Ph.D., **Jeanna Capito**, MS, **Tina Dorow**, MS, LCSW, I/ECMH-C, **Roselyn Harris**, MA, LPC, **Laurie Kabb**, LCSW, I/ECMH-C, **Susan Kaplan**, LCSW, **Jon Korfmacher**, Ph.D., **Sarah Martinez**, LCPC, I/EMCH-C, **Maeve O'Shiel**, LCSW, **Christina Shirley**, LCPC, I/ECMH-C, **Lauren Wiley**, M.Ed.,I/ECMH-C, **Pam Wirth**, LCSW