Crosswalk Between Child First Training Curriculum and Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health®



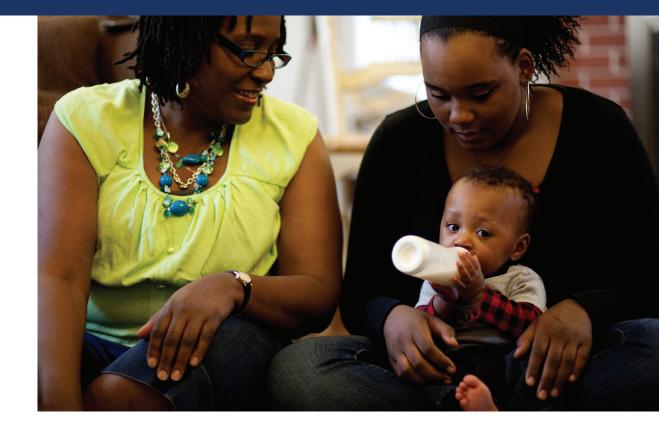
Child First helps families build and enhance strong, nurturing relationships that heal and protect young children from the damaging impact of trauma and chronic stress. Child First uses a two-generation approach, providing psychotherapy to parents and children together in their homes, and connecting them with the services they need to make healthy child development possible. Research shows that Child First stabilizes families and improves the health and wellbeing of both parents and children. This proven intervention currently has affiliates throughout Colorado, Connecticut, Florida, and North Carolina.

The Child First training curriculum integrates several major training components. Only those integral to this crosswalk are listed: (1) A Learning Collaborative, for new or major expansions of replication sites, (2) Staff Accelerated Training (STAT) for new staff at already existing affiliate sites, (3) Clinical Supervisor Training, and (4) Distance Learning, which is completed by staff in between the Learning Sessions/STATs.

Learning Collaborative: A Child First Learning Collaborative is the core training provided with new replications of Child First. It is an intensive process comprised of four multiday Learning Sessions, provided over approximately six months. It is provided in person or virtually through teleconference (synchronous training). It is designed to facilitate the adoption of evidencebased practices with fidelity, within agencies and communities. A Learning Collaborative involves much more than clinical training, and requires ongoing participation by Clinicians, Care Coordinators, affiliate site Clinical Supervisors, administrators, and community partners during and between the Learning Sessions. Participants engage in a highly interactive series of topics beginning with foundational Child First tenets including the core importance of reflective process, the elements of relationship-based approach, the dynamics of early adversity and trauma, and the importance of dyadic co-regulation to healthy executive functioning in both children and adults. Later sessions focus on active engagement with the Child First process as they use case examples to learn about and practice aspects of assessment, treatment planning, intervention, and termination using multiple lenses as they consider the unique characteristics of the families they serve.

Staff Accelerated Training (STAT): Staff Accelerated Training (STAT) is a series of four trainings that correspond to materials presented in a traditional Learning Collaborative. This training is intended for new staff who are joining an existing site. STAT is a blend of teleconferenced (synchronous) presentations led by the National Service Office for Nurse-Family Partnership and Child First staff and onsite learning activities, and discussions guided by a regional facilitator. STAT is designed to help support the new staff member's understanding of core components of the Child First model, the theory underlying intervention, and special considerations regarding the population served by Child First. This training model is designed for staff when there is not an active Learning Collaborative occurring within reasonable proximity to their site, or when a staff person may have only had the opportunity to participate in part of a Learning Collaborative.

Clinical Supervisor's Training: The Clinical Supervisor training is designed to support the new affiliate site Clinical Supervisor in learning the day-to-day activities needed to implement Child First with clinical and programmatic fidelity. Topics include how to hire staff and introduce Child First to the community, as well as the essential components of reflective supervision. In addition, it is meant to help the affiliate site Clinical Supervisor connect with and learn from others in the same role.



Distance Learning: Child First has developed a blended training model that incorporates distance learning using web-based technology between Learning Sessions.

These distance learning modules provide foundational knowledge intended to prepare all staff for subsequent Learning Sessions/STATs and for working with children and families. During each Distance Learning Period, staff will view narrated presentations, watch videos, read necessary materials, and complete additional exercises.

Staff may choose to go through the modules within each Distance Learning Period as a group but should complete all module tasks (such as viewing presentations, taking quizzes, completing evaluations, etc.) from their own computers to ensure they receive credit for completion. All modules can be reviewed at any time to reinforce learning or when the topic is especially relevant to a specific family.

The Alliance for the Advancement of Infant Mental Health (Alliance) partners with the associations for infant mental health (AIMHs) so that AIMHs can support, grow, diversify, and advocate for their local IECMH-informed workforce through the use of workforce development initiatives like the *Competency Guidelines* and the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health[®] (IMH-E[®]/ECMH-E[®])¹ To date, the Alliance membership includes AIMHs from 32 US states (including Colorado, Connecticut, Florida, and North Carolina), as well as Ireland, and Western Australia. Over 3,700 professionals have earned IMH Endorsement and over 2,500 are in the process of applying.

Meant to raise the professional standards for the infant and early childhood mental health (IECMH) field, the *Competency Guidelines* define the knowledge, skills, and reflective practice experiences across disciplines and service sectors that touch the lives of infants, young children, caregivers, and families. IECMH-informed professionals include those who work in behavioral health, child welfare, early childhood education, early intervention, health, home visiting, and mental health consultation. Endorsement is a credential that demonstrates an individual has specialized in IECMH by meeting the defined competencies through required experiences. Individuals can earn Infant Mental Health Endorsement (IMH-E^{*}) or Early Childhood Mental Health Endorsement (ECMH-E^{*})² in the category that is the best fit for one's scope of practice:

- Promotion: Infant Family Associate (IFA) & Early Childhood Family Associate (ECFA)
- Prevention/Early Intervention: Infant Family Specialist (IFS) & Early Childhood Family Specialist (ECFS)
- Treatment/Intervention: Infant Mental Health Specialist (IMHS) & Early Childhood Mental Health Specialist (ECMHS)
- Leadership: Infant Mental Health Mentor (IMHM) & Early Childhood Mental Health Mentor (ECMHM) Clinical, Policy, or Research/Faculty





Specifically, both frameworks highlight the importance of the following:

- Relationship-based support for infants/young children and their families is critical
- Utilization of self-awareness and reflection is essential to inform one's work with infants/young children and families
- Understanding family relationships and dynamics can provide integral information to infant's/young children's development and functioning
- The adult(s) in the lives of infants and young children are incredibly important
- Infants/young children and caregivers develop optimally within the context of nurturing relationships
- Early relationships serve as prototypes for later relationships
- Early developing attachment relationships may be disturbed or interrupted by parental/caregiver histories of unresolved losses or traumatic events
- The therapeutic presence of an infant/young child-family professional supports and enhances the responsive, nurturing relationships between a child and their caregiver, buffering the child's brain from high levels of stress and promoting healthy functioning and resilience
- The workforce that supports infants, young children, and families necessitates specialized professional development support and initiatives

The crosswalk identifies the knowledge/skill areas, as identified in the *Competency Guidelines*, that are addressed or met for each category of Endorsement, across the Child First training curriculum. One knowledge/skill area is listed per clock hour of training. For members of the Alliance: this crosswalk has been approved as a Tier 4 co-branded crosswalk in accordance with the Alliance Crosswalk Policy³.

The Child First training curriculum was reviewed specifically for the purpose of addressing competencies that professionals applying for or renewing Endorsement would require in their training record. Please see the Notes columns of the crosswalk for information about whether the identified knowledge/skill areas were met or partially met and for which Endorsement[®] categories. Recommended supplemental training is also listed in Notes.

Throughout the entirety of the Child First training curriculum, the following tenets are foundational to the content: relationship-based practice, self-awareness, cultural competence, and reflection. It can be assumed that these knowledge/skill areas are present in the curriculum at all times and could be counted towards an Endorsement application.

The Child First training curriculum covers a majority of the knowledge/skill areas for Infant/early Childhood Family Associate and Infant/Early Childhood Family Specialist, with slightly fewer being covered for Infant/Early Childhood Mental Health Specialist and Infant/Early Childhood Mental Health Mentor.

That said, Child First staff also complete numerous trainings in evidence-based practices (EBP), including Child-Parent Psychotherapy (CPP), Circle of Security (COS), and DC: 0-5. Although these EBPs have not been formally cross-walked with the *Competency Guidelines*, they do indeed demonstrate competence in the knowledge/skills areas from the *Competency Guidelines* and can be used to fulfill the competencies. In other words, if an Endorsement applicant has gaps in knowledge/skill areas from the Child First training curriculum itself, participation in trainings for those EBPs will fill those gaps. This means that Child First staff typically receive all the training they need to demonstrate fulfillment of the competencies at all categories of Endorsement, including Infant/Early Childhood Family Associate, Infant/Early Childhood Family Specialist, Infant/Early Childhood Mental Health Specialist, and Infant/Early Childhood Mental Health Mentor.

For Endorsement Applicants:

Within the final column of the crosswalk, you will use an X to indicate the portions of the curriculum you attended. Once you have completed the Child First training curriculum and accompanying crosswalk, you can submit a copy of your crosswalk to your AIMH's Endorsement Coordinator. This will be uploaded to your Endorsement application.

It is important to note that the knowledge/skill areas that make up the *Competency Guidelines* are the same for both IMH-E[®] and ECMH-E[®]; the competencies encompass a range of knowledge and skill areas that drive best practice with or on behalf of pregnant people, children ages 0 up to 6 years old, and their caregivers/families. IMH-E[®] applicants are required to demonstrate competency from prenatal up to 36-months of age. Training experience specific to 3 up to 6years old can be added to an IMH-E[®] application, however, the bulk of the training experience must be specific to prenatal up to 36-months of age. ECMH-E[®] applicants are required to demonstrate competency prenatal up to 6-years of age. This supports our core understanding that the first three years of life are the foundation for all subsequent development. Additionally, we believe that we come to understand better the needs of older children when we more fully understand infancy and toddlerhood.

¹ These standards were developed by the Michigan Association for Infant Mental Health (MI-AIMH) who has contracted with the Alliance to manage licensing, implementation, and quality assurance.

² All member AIMHs of the Alliance have licensed the use of the IMH-E^{*}. The ECMH-E^{*} is relatively new and only a small number of AIMHs have licensed it as of 2021. Please contact your own AIMH to find out whether the AIMH has licensed the ECMH-E^{*}

3 Member AIMHs of the Alliance will have access to the Crosswalk Policy which outlines the crosswalk tiers.

Distance Learning Modules							e for the Advance nt Mental H		child first (
Period 1, Module 1: Beginning Child First	Knowledge/Skill Areas	D	esignatior	for IMH-	E®	De	signation	for ECMH	-E®	Mark X if training module
Period 1, Module 1. Beginning Child First	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	completed
	relationship focused practice	Partially Met	n/a	n/a	n/a	Partially Met	n/a	n/a	n/a	
	relationship-based therapeutic practice	n/a	Partially Met	Partially Met	Partially Met	n/a	Partially Met	Partially Met	Partially Met	
The Child First Process; Synergy Between Care Coordination and Therapeutic Intervention; Use of Video in Child First;	resolving conflict	Met	Met	Met	Met	Met	Met	Met	Met	
Psychodynamic Theory; Quality Enhancement at Child First	observation & listening	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	
	psychotherapeutic & behavioral theories of change*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
	research & evaluation*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
Total Hours: 4.5			/IMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 3 year olds areas not fully met, specific to 0 up to 6 year olds							
Period 1, Module 2: Child Development	Knowledge/Skill Areas	Designation for IMH-E®				De	Mark X if training module			
	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	completed
Infant Development; Toddler Development; Preschool Development	infant/young child development & behavior	Met	Met	Met	Met	Met	Met	Met	Met	
Total Hours: 4.5										
	Knowledge/Skill Areas	Designation for IMH-E [®]				Designation for ECMH-E®				Mark X if
Period 1, Module 3: Caregiver Development	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	training module completed
Transition to Parenthood: Motherhood and Pregnancy;	pregnancy & early parenthood	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met	
Transition to Parenthood: Foster/Kin Parents	collaborating	Met	Met	Met	Met	Met	Met	Met	Met	
Total Hours: 2			Recommend add ot fully met, spec				A: Recommend ac ot fully met, spec			
	Knowledge/Skill Areas		esignation				signation			Mark X if
Period 1, Module 4: Attachment and Relationships	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	training module completed
	attachment, separation, trauma, grief, & loss	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met	
Development; Ghosts and Angels in the Nursery	disorders of infancy & early childhood	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met	
	responding with empathy	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	
		IMHS/IMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 3 year olds areas								

Distance Learning Modules							e for the Advance nt Mental H	child first (
Period 1, Module 5: Assessment	Knowledge/Skill Areas	Designation for IMH-E®				De	Mark X if training module			
	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ЕСМНМ	completed
Introduction to Assessment: Approach to assessment, domains and timeline, and engaging families in the assessment process;	relationship-based therapeutic practice	n/a	Partially Met	Partially Met	Partially Met	n/a	Partially Met	Partially Met	Partially Met	
Child Domains: Child development domain, child social- emotional domain - age based assessments, child social-	observation & listening	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	
emotional domain - trauma assessments; Parent Domains: Caregiver strengths and challenges - emotional health	screening & assessment	Met	Met	Met	Met	Met	Met	Met	Met	
assessments, caregiver strengths and challenges - trauma assessments; Family and relationships: Service needs domain	service delivery system	Met	Met	Met	Met	Met	Met	Met	Met	
Total Hours: 5.5			nend additional tr Ily met, specific to			ECMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 6 year olds				
Devied 2. Medule 1. Cefety and Celf Care	Knowledge/Skill Areas	D	esignation	for IMH-	E®	De	signation	for ECMH	-E®	Mark X if training module
Period 2, Module 1: Safety and Self-Care	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	completed
Family Safety Planning; Home Visitor Safety; Self Care	crisis management*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	safety	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	
	self-awareness	Met	Met	Met	Met	Met	Met	Met	Met	
Total Hours: 2.5	-	IFA/IFS/IMHS/IMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 3 year olds				ECFA/ECFS/ECMHS/ECMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 6 year olds				
Period 2, Module 2: Mental Health Consultation in	· · · · · · · · · · · · · · · · · · ·	Designation for IMH-E®				Designation for ECMH-E®				Mark X if training module
Early Care and Education	Addressed	IFA	IFS	IMHS	IMHM	ECFA	ECIFS	ECMHS	ECMHM	completed
Mental Health Consultation in Early Care and Education	consulting*	n/a	n/a	Met	Met	n/a	n/a	Met	Met	
Total Hours: 1										
Period 2, Abecedarian in Child First	Knowledge/Skill Areas		esignatior	1	r			for ECMH	1	Mark X if training module
	Addressed	IFA	IFS	IMHS	IMHM	ECFA	ECIFS	ECMHS	ECMHM	completed
	relationship-based therapeutic practice	Met	Met	Met	Met	Met	Met	Met	Met	
Introduction; Language Priority; Conversational Reading; Learning Games; Enriched Caregiving; Abecedarian	developmental guidance*	n/a	n/a	Met	Partially Met	n/a	n/a	Met	Partially Met	
Implementation	infant/young child & family-centered practice	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met	
Ė.	intervention & treatment planning*	n/a	n/a	Met	Partially Met	n/a	n/a	Met	Partially Met	
Total Hours: 4.25			Recommend add iot fully met, spec			ECMHS/ECMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 6 year olds				

*indicates competency areas specific to IMHS, ECMHS, IMHM, ECMHM.

Distance Learning Modules								Alliance for the Advancement of Infant Mental Health				
Period 3, Module 1: Strategies for Engaging	Knowledge/Skill Areas Addressed	D	esignation	for IMH-	E®	De	signation	for ECMH	-E®	Mark X if		
Families		IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	training module completed		
Working with Caregivers Impacted by Substance Abuse Disorders; Working with Caregivers with Cognitive Limitations;	mental & behavioral disorders in adults*	n/a	n/a	Met	Partially Met	n/a	n/a	Met	Partially Met			
	empathy & compassion	Met	Met	Met	Met	Met	Met	Met	Met			
Total Hours: 4			nend additional tr lly met, specific to			t ECMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 6 year olds						
Period 3, Module 2: Working with Families, System	Knowledge/Skill Areas	Designation for IMH-E [®]				Designation for ECMH-E®				Mark X if		
Risk Factors	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	training module completed		
	family relationships & dynamics	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met			
Intergenerational Poverty, and its Effect on Families and Parenting; Impact of Homelessness on Families and Parenting; Young Child and Disability in Child First Practice	supporting others	Met	Met	Met	Met	Met	Met	Met	Met			
	disorders of infancy & early childhood	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met			
Fotal Hours: 3		IMHS/IMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 3 year olds				ECMHS/ECMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 6 year olds						

Staff Accelerated Training (S1				Allian Infa	ice for the Advan Int Mental	chi first	d			
Training Module and Training Outline	Knowledge/Skill Areas	D	esignatior	for IMH-	E®		Notes for	ECMH-E®		Mark X if
Training Module and Training Outline	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	training module completed
Power, Oppression and Your Work in Child First; Reflective Practice: Relationship-Based Practice and Vignettes; Stories from the Field; Dyadic Regulation & Executive Functioning; CCIS (Caregiver-Child Interaction Scale); Strengths & Vulnerabilities; Formulation; Formulation Activity;	reflective supervision*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	intervention & treatment planning*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
	developmental guidance*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
Collaborating with Families; Treatment Strategies; Simply Play; Dyadic Therapeutic Play; Use of Video in Child First; Fidelity Framework; Autism; Stories from the Field (Autism); Circle of	cultural competence	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	
Security & Child Parent Psychotherapy in Child First; Stories from the Field (COS/CPP); Termination; Ports of Entry & Care Coordination; Compassion Fatigue; Case Specific Treatment Planning; Case Process: Care Coordination & Mental Health Consultation; Abecedarian Case Template Activity; Next Steps	building & maintaining relationships	Met	Met	Met	Met	Met	Met	Met	Met	
	life skills	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met	
	observation & listening	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	

Staff Accelerated Training (S1	ΓΑΤ)					Alliance for the Advancement of Infant Mental Health			chile first C	
Training Module and Training Outline	Knowledge/Skill Areas	D	esignatior	for IMH-	E®		Notes for	ECMH-E®		Mark X if training module
	Addressed	IFA	IFS	IMHS	імнм	ECFA	ECIFS	ECMHS	ECMHM	completed
Power, Oppression and Your Work in Child First; Reflective Practice: Relationship-Based Practice and Vignettes; Stories from the Field; Dyadic Regulation & Executive Functioning; CCIS (Caregiver-Child Interaction Scale); Strengths &	planning & organizing	Met	Met	Met	Met	Met	Met	Met	Met	
	group process*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	curiosity	Met	Met	Met	Met	Met	Met	Met	Met	
	exercising sound judgement	Met	Met	Met	Met	Met	Met	Met	Met	
	infant/young child development & behavior	Met	Met	Met	Met	Met	Met	Met	Met	
	solving problems	Met	Met	Met	Met	Met	Met	Met	Met	
Vulnerabilities; Formulation; Formulation Activity; Collaborating with Families; Treatment Strategies; Simply Play;	community resources	Met	Met	Met	Met	Met	Met	Met	Met	
Dyadic Therapeutic Play; Use of Video in Child First; Fidelity Framework; Autism; Stories from the Field (Autism); Circle of	writing	Met	Met	Met	Met	Met	Met	Met	Met	
Security & Child Parent Psychotherapy in Child First; Stories from the Field (COS/CPP); Termination; Ports of Entry & Care Coordination; Compassion Fatigue; Case Specific Treatment	supporting counseling*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
Planning; Case Process: Care Coordination & Mental Health Consultation; Abecedarian Case Template Activity; Next Steps	disorders of infancy & early childhood	n/a	Met	Partially Met	Partially Met	n/a	Met	Partially Met	Partially Met	
	contemplation	Met	Met	Met	Met	Met	Met	Met	Met	
	listening	Met	Met	Met	Met	Met	Met	Met	Met	
	advocacy	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	
	parent-infant/young child relationship-based therapies & practices*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
Total Hours: 28.75				end additional tra pecific to 0 up to				Recommend addit net, specific to 0 u		

Learning Collaborative				Alliance for the Advancement of Infant Mental Health			child first (
Learning Sessions 1.4	Knowledge/Skill Areas	D	esignatior	for IMH-	E®		Notes for	ECMH-E®		Mark X if training module
Learning Sessions 1-4	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	completed
	service delivery systems	Met	Met	Met	Met	Met	Met	Met	Met	
	reflective supervision*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
Overview of Child First; Power, Oppression and Your Work in Child First; Caregiver Reflective Functioning; Reflective Supervision; Relationship-Based Practice & Vignettes; Stories	building & maintaining relationships	Met	Met	Met	Met	Met	Met	Met	Met	
	collaborating	Met	Met	Met	Met	Met	Met	Met	Met	
	life skills	Met	Met	Partially Met	Partially Met	Met	Met	Partially Met	Partially Met	
	relationship-based therapeutic practice	Met	Met	Met	Met	Met	Met	Met	Met	
	screening & assessment	Met	Met	Met	Met	Met	Met	Met	Met	
from the Field; Dyadic Regulation and Executive Functioning; Preparing to Engage Families & First Visit Activity; Guide to	observation & listening	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	
Family and Clinical History; CCIS; Strengths and Vulnerabilities; Formulation; Formulation Activity; Collaborating with Families; Treatment Strategies; Simply Play; Dyadic Therapeutic Play;		Met	Met	Met	Met	Met	Met	Met	Met	
Use of Video in Child First; Fidelity Framework; Points of Entry & Care Coordination; Case Specific Treatment Planning;	group process*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
Abecedarian Case Template Activity; Group Case Work; Circle of Security & Child Parent Psychotherapy in Child First; Stories	advocacy	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met	
from the Field (COS); Termination; Autism & Young Children; Stories from the Field (Autism); Quality Enhancement;	curiosity	Met	Met	Met	Met	Met	Met	Met	Met	
Compassion Fatigue & Self-Care; Case Process: Care Coordination & Mental Health Observation; Next Steps	exercising sound judgement	Met	Met	Met	Met	Met	Met	Met	Met	
	infant/young child development & behavior	Met	Met	Met	Met	Met	Met	Met	Met	
	intervention & treatment planning*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
	developmental guidance*	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
	cultural competence	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	
	parent-infant/young child relationship-based therapies & practices	n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	

Learning Collaborative					Alliance for the Advancement of Infant Mental Health			chil first (d	
Learning Sessions 1.4	Knowledge/Skill Areas	D	esignatior	n for IMH-	E®		Notes for	ECMH-E®		Mark X if training module
Learning Sessions 1-4	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	completed
from the Field; Dyadic Regulation and Executive Functioning; Preparing to Engage Families & First Visit Activity; Guide to Family and Clinical History; CCIS; Strengths and Vulnerabilities; Formulation: Formulation Activity: Collaborating with Families	solving problems	Met	Met	Met	Met	Met	Met	Met	Met	
	community resources	Met	Met	Met	Met	Met	Met	Met	Met	
	writing	Met	Met	Met	Met	Met	Met	Met	Met	
		n/a	n/a	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
& Care Coordination; Case Specific Treatment Planning;	disorders of infancy & early childhood	n/a	Met	Partially Met	Partially Met	n/a	n/a	Partially Met	Partially Met	
from the Field (COS); Termination; Autism & Young Children;	research & evaluation*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	contemplation	Met	Met	Met	Met	Met	Met	Met	Met	
	listening	Met	Met	Met	Met	Met	Met	Met	Met	
Total Hours: 45.50		IFA/IFS/IMHS/IMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 3 year olds				ECFA/ECFS/ECMHS/ECMHM: Recommend additional training related to those areas not fully met, specific to 0 up to 6 year olds				

Clinical Supervisor Training						Alliand Infa	chi first			
Initial Training	Knowledge/Skill Areas	D	esignatior	n for IMH-	E®		Mark X if training modu			
	Addressed	IFA	IFS	IMHS	IMHM	ECFA	ECIFS	ECMHS	ECMHM	completed
	self-awareness	Met	Met	Met	Met	Met	Met	Met	Met	
Diversity Informed Practice; Using Multiple Lenses; QE Part I; QE Part 2; Deepening our Understanding of the Case Part 1 & 2; Child First Supervision; The Supervisory Relationship; Supervisory Vignettes; Interviewing Applicants for CF - Role Play; Welcoming New Staff/Case Assignment/Engagement Discussion; Feedback in Supervision - Vignette 3; Supervision	analyzing information	Met	Met	Met	Met	Met	Met	Met	Met	
	reflective supervision*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	consulting*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	research & evaluation*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	collaborating	Met	Met	Met	Met	Met	Met	Met	Met	
/ideo & Discussion; Explaining Child First to our Communities	motivating*	n/a	Met	Met	Met	n/a	Met	Met	Met	
	developing talent*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	coaching & mentoring*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
	service delivery systems	Met	Met	Met	Met	Met	Met	Met	Met	
otal Hours: 14			nend additional tr met, specific to 0					al training about o 0 up to 6 year o		
Booster Session	Knowledge/Skill Areas	D	esignatior	for IMH-	E®		Notes for	ECMH-E®		Mark X if training modu
Dooster Session	Addressed	IFA	IFS	IMHS	ІМНМ	ECFA	ECIFS	ECMHS	ECMHM	completed
Successes Leading QE and how to build on them/Challenges	research & evaluation*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
eading QE and how to overcome them; Reflective Supervision Skills and Competencies (Review) and Video Vignette 4;	reflective supervision*	n/a	n/a	n/a	Met	n/a	n/a	n/a	Met	
Finding Joy at Work	emotional response	Met	Met	Met	Met	Met	Met	Met	Met	
otal Hours: 3			nend additional tr met, specific to 0					al training about 1 0 0 up to 6 year o		