COMPETENCIES AND GUIDELINES FOR THE INFANT-FAMILY AND EARLY CHILDHOOD REFLECTIVE PRACTICE FACILITATOR

WORKING DEFINITION OF REFLECTIVE PRACTICE FACILITATION

"Reflective practice facilitation" is defined as an individual or small group integrative experience that supports the practitioner to explore ways to apply relevant theories and relevant knowledge bases to clinical situations; to model an appreciation for the importance of relationships that are at the core of infant-family and early childhood mental health; to reflect on the experiences, thoughts, and feelings involved in working with infants, young children, and families; to understand the parents' culture and the parents' and infants' interpersonal perspectives; and to explore possible approaches to working effectively with infants and families. It is acknowledged that dynamics in the reflective practice facilitation relationship will in turn influence practitioner/family relationships, and thus that the Reflective Facilitator embodies ways of being that are considered best practice for infant-early childhood mental health practitioners.

Infant-family and early childhood mental health (IFECMH) is an interdisciplinary field that inherently challenges the traditional boundaries of discrete disciplines. The endorsement process is designed to establish standard training guidelines to expand competence in infant-family and early childhood mental health principles for practitioners coming from a range of disciplines. In this document, the clinician/trainee/person receiving reflective practice facilitation is referred to as "practitioner." The agency or institution at which the practitioner is working/training is referred to as the "practice setting." The Reflective Practice Facilitator may be situated in the same or in a different setting. Reflective Practice Facilitators must be able to competently support practitioners working in a range of disciplines to apply infant mental health principles in their work. While it is hoped that practitioners will learn new skills and adopt new sensibilities, it is important that both practitioner and Reflective Practice Facilitator attend to the scope of practice parameters appropriate to the practitioner's field/license/credential/role and practice setting.

Three categories of endorsement are possible for Infant-Family and Early Childhood Mental Health Reflective Practice Facilitators. A person endorsed as a Reflective Practice Facilitator I has attained endorsement as a Transdisciplinary IFECMH Practitioner and has also met the training requirements and facilitation competencies delineated here and is endorsed to provide reflective practice facilitation for Transdisciplinary IFECMH Practitioners. A person endorsed as a Reflective Practice Facilitator II has attained endorsement as an Infant-Family and Early Childhood Infant Mental Health Specialist and has also met the training requirements and facilitation competencies delineated here and is endorsed to provide reflective practice facilitation to Infant Mental Health Specialists and/or Transdisciplinary IFECMH Practitioners. A person endorsed as a Reflective Practice Facilitator Mentor has attained endorsement as a Reflective Practice Facilitator I or II and has also met the requirements delineated here to be able to train, support, and facilitate the learning of others in undertaking the work of reflective practice facilitation.

The endorsement process for Transdisciplinary IFECMH Practitioners includes both curriculum-based and integrative experience-based learning components focused specifically on the challenges and responsibilities of this role. This includes training in reflective practice facilitation and participation in one-on-one meetings with a Reflective Practice Facilitator or in a group of Transdisciplinary IFECMH Practitioners led by a Reflective Facilitator I, II, or Mentor.

Training for Reflective Practice Facilitators includes:

1. Reading a basic set of articles/books related to reflective practice facilitation.

2. Viewing a set of videos and DVDs detailing reflective practice facilitation skills.

3. Completing a minimum of 9 hours of didactic training with a curriculum built from the Transdisciplinary IFECMH Practitioner competencies.

4. Participating in one-on-one reflective practice facilitation meetings with a Reflective Practice Facilitator Mentor or in a reflective practice facilitation group of eight participants or fewer led by a Reflective Practice Facilitator Mentor. Participation involves a minimum of 48 hours of contact over a period of 9 months or longer, with the frequency, duration, and number beyond the minimum to be determined by the candidate's progress and satisfactory demonstration of the reflective practice facilitation competencies. Contacts must be monthly at a minimum; weekly contacts are encouraged. Contacts may be in person or in real time electronically supported modes.

5. Conducting a reflective practice facilitation meeting under the observation of a Reflective Practice Facilitator Mentor in person, by audiotape, or by videotape.

A qualified Transdisciplinary IFECMH Practitioner possesses, IN ADDITION, the competencies that follow.

REFLECTIVE PRACTICE FACILITATOR COMPETENCIES

I. Clarity Regarding Roles and Ethics	
1.	Demonstrates the ability to articulate and communicate directly and explain to the practitioner and any involved agencies or institutions his or her role as reflective facilitator, which may or may not include or overlap with additional roles in relation to the practitioner, such as clinical supervisor, administrative supervisor, consultant, mentor, tutor, proctor, etc.
2.	Evidences accomplishment within a particular infant-family and early childhood mental health orientation or conceptual framework as well as awareness of alternative infant-family and early childhood mental health orientations or conceptual frameworks with which she or he may be less familiar.
3.	Understands and can explain the legal and ethical issues pertinent to the role of the facilitator, such as when issues presented in reflective practice facilitation sessions must be referred back to program supervisors or discussed with program administrators. This entails specifically the ability to manage complex intra- and/or interagency issues around boundaries, confidentiality, personnel matters, and agency culture and politics in ways that promote practitioners' development, practice setting integrity, and families' well-being.
4.	Understands that a variety of legal and ethical issues exist pertinent to a scope of practice and is able to support the practitioner in seeking clarity about these issues as needed.
5.	Is able to sensitively assist the practitioner in reflecting on his or her disciplinary scope of practice and the interdisciplinary nature of infant-family and early childhood mental health work, including, on the one hand, identifying times when additional referrals or consultation are needed for a child or family and, on the other hand, considering when there may be more professionals or agencies involved with a family than may be helpful or welcome.
6.	Is able to help the practitioner recognize and maintain professional boundaries in a variety of intervention/treatment settings such as home, child development center, social service system, health facility, or other community setting.
7.	Is able to help the practitioner assess the strengths and limitations of the practice setting and to consider best ways to provide services given family needs and relational and practical possibilities, as well as limitations and the need to consider interagency referral and/or collaboration.
8.	Can help the practitioner learn to listen closely to the family and discover the things that are important to them about their child and themselves and then collaborate with the family on behalf of the child. This means embracing the idea that intervention must be rooted in a worry or a wish that a family has in relation to a child, rather than in some motivational system entirely external to the family.
9.	Possesses the ability to assist the practitioner to learn how to set the frame for the work as focused on parent-child relationships in spite of multiple needs and distractions.

II. Understanding of Interpersonal Influence Issues	
1.	Demonstrates an appreciation of the importance of relationships that is central to infant and early childhood development and mental health, as reflected in a strong commitment to consistent reflective practice facilitation meetings and attentiveness to the practitioner-Transdisciplinary Mental Health Practitioner relationship.
2.	Possesses a basic set of skills that is both embodied by the reflective facilitator and promoted in the practitioner. These include a nonjudgmental, accepting stance; facility with interpersonal understanding and inquiry; and promotion of positive change.
3.	Has the ability to consider and address issues of culture, including the impact of racism, class, immigration-related issues, socioeconomic issues, etc. on families, practitioners and the practitioner-Transdisciplinary Mental Health Practitioner relationship.
4.	Expands practitioner's understanding of how to create a feeling of reciprocity and comfort/friendliness with a family by allowing for normal everyday social interactions without losing a sense of purpose and safety about role and reason for involvement with the family (e.g., the ability to consider the costs and benefits of accepting offered tea and cookies on a home visit, ability to understand parents' worry that their children's developmentally inappropriate needs/behaviors will reflect badly upon them, etc.).
5.	Works with the practitioner to understand that personal characteristics, clinical context, culture, style, and professional role may unconsciously influence the interactive process with families.
6.	Helps the practitioner learn to observe and reflect on individual behavior and the interactive exchange with others, reflect on these processes, and attribute relational meaning.
7.	Expands the practitioner's capacities to consider, observe, and monitor impact of interactions on the family and talk with the family about this in a way that is potentially meaningful for them. In addition, facilitators should have the ability to help the practitioner expand these concepts to staff and collateral contacts and consultation relationships.
8.	Expands the practitioner's capacities to use self-knowledge and the ability to think about the client's experience to help formulate therapeutic responses and to act on the family's behalf in the context of collateral relationships.
9.	Expands the practitioner's capacity to understand and accept that each family is unique and will perceive the clinician and the intervention through the lens of their own experience and to extend this idea to work with staff and collateral contacts.
10.	Supports the practitioner to be able to tolerate strong affect and situations that are ambiguous realizing that these situations may involve not knowing or not understanding behaviors and motivation of the family.
11.	Helps the practitioner to recognize and think about experienced internal pressures that can "press" toward an emotional response and urges or wishes to act before adequate reflection or assessments are made. (As Clinical Professor in Psychiatry and Director of the Infant/Parent Program at the University of California-San Francisco Jeree Pawl has said, "Don't just do something, stand there!")

III. Facilitation Skills	
1.	Has an ability to understand the developmental level of the practitioner and tailor reflective practice facilitation sessions to individual needs.
2.	Is able to set a tone and plan and sequence the use of time in the reflective practice facilitation sessions that help the practitioner regulate his or her thoughts and emotions so the practitioner can think about and experience his or her work in new ways.
3.	Possesses basic group skills that support and develop practitioner abilities. Such skills include awareness of and the ability to address unconscious group dynamics, patterns of role assumption in groups, challenges of "airtime" sharing and other group resource sharing issues, group/infant family parallel process possibilities, and the healing/transformative potential of collaborative processes.
4.	Inspires confidence in infant-family and early childhood mental health principles and practice that lead to the practitioner's ability to be effective at outreach and relationship-building, successfully engaging families that might otherwise miss needed services.
5.	Helps practitioners working in nontraditional settings, such as shelters, medical facilities, and early care and education and in developing ways to integrate infant-family and early childhood mental health principles into a variety of settings.

For guidance to become a Reflective Practice Facilitator Mentor, visit our website at www.cacenter-ecmh.org

Note: Many of these competencies are adapted from those described in *Finding an Authentic Voice*, Heffron, Ivins, Weston. *Infants and Young Children*. Vol. 18, No. 4, 2005.