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## Mission and Values of Infant Mental Health Service Providers/Professionals

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The primary mission of the infant mental health profession is to promote and support nurturing relationships for all infants. The focus is on the development of the infant or toddler within the context of complex relationships. Services are comprehensive and intensive, covering multiple domains, including concrete needs, problem solving skills, and family relationships, as well as infant/toddler development, parent-infant interactions and developing attachment relationships. Services are supportive, affirming, and strengths-based. They are specifically designed to be respectful of the infant's and family's individuality, culture and ethnicity.

VAIMH service providers/professionals work in a variety of ways to assure that all infants have opportunities for nurturing relationships essential for optimal growth and development. VAIMH service providers/professionals offer direct services to infants and families: supervise and train staff; consult with, collaborate, and educate other community professionals; advocate for services; develop best practice policies; and/or teach and conduct research in colleges and universities. All of these activities reflect a commitment to values that are the bedrock of infant mental health practice.

### **Value: Importance of Relationships**

- Understands the importance of relationship, the primary instrument for growth and change.
- Uses knowledge and skills to provide services that promote, support, restore and sustain nurturing relationships for all infants and families.
- Works to establish strong, collaborative relationships with community professionals to enhance services to all infants and families.
- Understands the importance of past relationship experiences to the development of current relationships.

### **Value: Respect for Ethnicity, Culture, Individuality and Diversity**

- Understands and respects the uniqueness of each individual with respect for ethnicity, culture, individuality, and diversity in all aspects of infant and family practice.

### **Value: Integrity**

- Practices in ways that are ethical, trustworthy, honest, responsible and reliable.

### **Value: Confidentiality**

- Abides by the ethical standards of the agency or place of work and is guided by the legal and practice standards in human services.

### **Value: Knowledge and Skill Building**

- Works continuously to acquire new knowledge and skills to enhance best practice within the infant and family field.

### **Value: Reflective Practice**

- Seeks out and uses Reflective Supervision and Consultation to reflect on professional development and personal growth related to work with or on behalf of infants and families.



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## Infant Mental Health Basic Beliefs

1. Optimal growth and development occur within nurturing relationships;
2. The birth and care of a new baby offer a family the possibility of new relationships, growth and change;
3. What happens in the early years affects the course of development across the life span;
4. Early developing attachment relationships may be distorted or disturbed by parental histories of unresolved losses and traumatic life events;
5. The therapeutic presence of an IMH Specialist may reduce the risk of relationship failure and offer the hopefulness of warm and nurturing parental responses.

## Infant Mental Health Skills and Strategies

1. Building relationships and using them as agents of change
  2. Meeting with the infant and parent together throughout the period of intervention
  3. Sharing in the observation of the infant's growth and development
  4. Offering anticipatory guidance to the parent that is specific to the infant
  5. Alerting the parent to the infant's individual accomplishments and needs
  6. Helping the parent find pleasure in the relationship with the infant
  7. Creating opportunities for interaction and exchange between parents and infant or parent and practitioner
  8. Allowing the parent to take the lead in interacting with the infant or determining the agenda or topic for discussion
  9. Identifying and enhancing the capacities that each parent brings to the care of the infant
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10. Wondering about the parent's thoughts and feelings related to the presence and care of the infant and the changing responsibilities of parenthood
  11. Wondering about the infant's experiences and feelings in interaction with and relationship to the caregiving parents
  12. Listening for the past as it is expressed in the present-inquiring and talking
  13. Allowing core relational conflicts and emotions to be expressed by the parent-holding, containing and talking about them as the parent is able
  14. Attending and responding to parental histories of abandonment, separation, and unresolved loss as they affect the care of the infant, the infant's development, the parent's emotional health, and the early developing relationship
  15. Attending and responding to the infant's history of early care within the developing parent-infant relationship
  16. Identifying , treating, and/or collaborating with others, if needed, in the treatment of disorders of infancy, delays and disabilities, parental mental illness, and family dysfunction
  17. Remaining open, curious and reflective
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