



Alliance for the Advancement of
Infant Mental Health



Endorsement® is Good for Babies

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Babies' early experiences and relationships shape how the brain is built and form the foundation for all future development. In order to support optimal early relational development, support for professional development initiatives in the infant, young child and family workforce is a crucial strategy. **Providing services to vulnerable babies, young children and their families, particularly those facing chronic adversity, is challenging and requires a unique set of skills.** In order to meet these demands, the workforce must have access to high quality in-service training, educational opportunities and reflective experiences that support their work. Acquiring and maintaining this level of professional development requires individual commitment and systems engagement. Recognition for the commitment of infant and early childhood mental health (IECMH) informed professionals can be demonstrated by earning the Infant or Early Childhood Mental Health (IMH-E®/ECMH-E®) Endorsement® credential. **Growing evidence indicates that endorsed professionals are better prepared to support the foundational early development of babies and young children, in the context of their caregiving relationships.**

In addition, as noted in the Diversity-Informed Tenets for Work with Infants, Children, and Families, infant mental health work is social justice work (Irving Harris Institute, 2018). **Support for the workforce needs to include training that addresses implicit bias and encourages cultural humility and reflective supervision/consultation (RSC) practices that examine diversity** (Wilson, Barron, Wheeler, and Jedrzejek, 2018). We must “create space and make pathways” (Irving Harris Institute, 2018) that attract more Black and Brown professionals so that the workforce and the leaders in the field better reflect the diversity of the families served. We believe Endorsement® can play a significant role, using the requirements for specialized training and RSC to make progress toward a more culturally-responsive, diverse, equitable and inclusive workforce.

Supporting Evidence

Endorsement® Evaluation

The Arizona State University Center for Child Well-Being worked alongside 14 IMH associations to conduct a survey of infant family professionals (Krysiak, Kubicek, McCormick, & Warren, 2018). They found that of those surveyed (n = 1294):

- 89% responded that Endorsement® was “highly beneficial” or “beneficial” in terms of increasing their own understanding of IMH;
- 90% responded that Endorsement® had a “highly beneficial” or “beneficial” impact on their ability to promote IMH; and
- 93% responded that Endorsement® had a “highly beneficial” or “beneficial” effect on their ability to promote social-emotional development in babies and toddlers.

Reflective Supervision/Consultation (RSC) Evaluation

A critical component of Endorsement® is RSC. The use of RSC by professionals to integrate knowledge, skills and emerging capacities into their practice can substantially benefit the babies, young children, caregivers and families served. **RSC offers professionals a supportive mentor relationship that nurtures their ability to provide consistent and quality relationship-based services to parents/caregivers.** The concept of “parallel process” asserts that this leads to parents/caregivers experiencing a relationship that promotes their own learning and encourages their desire and capacity to nurture and teach their little ones. RSC is required for most categories of Endorsement® and is strongly recommended for all. Thanks to this requirement and the growth of the Endorsement® credential, more IECMH professionals have access to qualified and skilled providers of RSC than ever before. To date, over 900 IECMH professionals have earned Endorsement® in a category that allows them to provide RSC to others.

Recent research demonstrates why RSC is so valuable to babies, young children and families and highlights how essential it is that RSC is provided via Endorsement®. Watson, Gatti, Cox, Harrison, and Hennes (2014) examined data from early childhood special education professionals who had participated in reflective consultation (RC) for seven years. The professionals received regular RC throughout the school year. At the end of the seven years, Watson et al. (2014) found that **RC reduced the participants' stress by increasing their ability to shift their perspectives and take on the perspectives of the infant, toddler or parent/caregiver.**

Additionally, a qualitative evaluation of the impact of RC for a group of Early Childhood Special Education teachers and developmental therapists was conducted by Mary Harrison (2016). Harrison (2016) found that practitioners who received RC described:

- Improved capacity to shift perspective;
- Improved ability to address personal biases;
- Improved ability to set boundaries; and
- Improved capacity to slow down, observe, and listen.

Of additional significance was that practitioners reported:

- Feeling heard, validated and affirmed in the work they were doing; and
- Being more effective in their ability to assess, focus, and respond to the young children with whom they were working (Ibid).

Furthermore, Urban Institute conducted a national study of the home visiting workforce for programs receiving Maternal Infant Early Childhood Home Visiting (MIECHV) funding. Their primary focus was on workplace indicators that lead to recruitment and retention (Benatar, Coffey, Sandstrom, 2020). One of their top three findings was that, **“Home visitors repeatedly cited supervisory support, both in the forms of reflective supervision and more informal gestures, such as workplace initiatives, as a key factor in home visitors’ decisions to remain in their job”** (Benatar, et al, 2020).

An accumulating amount of research indicates that RSC correlates to reduced burnout in the IECMH field (Begic, S., Weaver, J., & McDonald, T.W., 2019; Frosch, C.A., Varwani, Z., Mitchell, J., Caraccioli, C., & Willoughby, M., 2018; Shea, S.E., Jester, J.M., Huth-Bocks, A.C., Weatherston, D.J., Muzik, M., Rosenblum, K.L., The Michigan Collaborative for Infant Mental Health Research, 2020). We know that babies and young children in particular benefit from having consistent and predictable relationships and this includes with infant, early childhood and family professionals. **Retention of the workforce that serves our most vulnerable population is critically important.**

Lastly, Shea (2020) conducted an evaluation of a statewide RSC model for IECMH professionals. In total, 38 participants, including program managers, supervisors, preschool program and infant-toddler specialists, and IECMH consultants, agreed to participate in group RSC for 2-hours/month for 2-years. At the end of the first year, Shea (2020) found that the **participants had increased reflective practice and relational skills, in addition to reduced burnout risk factors.**

Conclusion

In summary, the prenatal and zero-to-six workforce needs and deserves specialized support; Endorsement® ensures that the professionals serving the most vulnerable are equipped with the culturally-responsive and reflective skills to promote early relational health, making life better for babies and their families. To learn more about the Alliance for the Advancement of Infant Mental Health, please visit the website at allianceaimh.org. To learn more about the Oklahoma Association for Infant Mental Health and the Endorsement® credential, please visit our website at www.okaimh.org.

References

- Begic, S., Weaver, J., & McDonald, T.W. (2019). Risk and protective factors for secondary traumatic stress and burnout among home visitors. *Journal of Human Behavior in the Social Environment*, 29(1).
- Benatar, S., Coffey, A., & Sandstrom, H. (2020, August 6). *Home visiting careers: How workplace supports relate to home visitor recruitment and retention*. Urban Institute.
<https://www.urban.org/research/publication/home-visiting-careers-how-workplace-supports-relate-home-visitor-recruitment-and-retention>
- Frosch, C.A., Varwani, Z., Mitchell, J., Caraccioli, C., & Willoughby, M. (2018). Impact of reflective supervision on early childhood interventionists' perceptions of self-efficacy, job satisfaction, and job stress: Reflective supervision and self-efficacy. *Infant Mental Health Journal*, 39(4), 385-395.
- Harrison, M. (2016). Release, Reframe, Refocus, and Respond: A practitioner transformation process in a reflective consultation Program. *Infant Mental Health Journal*, 37(6), 670-683.
- Irving Harris Foundation. (2018). *Diversity-informed tenets for work with infants, children and families*. Retrieved from www.diversityinformedtenets.org.
- Krysik, J., McCormick, A., Kubicek, L., & Warren M. (2019). Perceptions of Endorsement in Infant Mental Health: Results from a 14 State Survey. Poster Presentation. ZERO TO THREE. Ft. Lauderdale, FL.
- Shea, S.E. (2020). *The implementation of a statewide reflective supervision consultation model for infant-early childhood program professionals, supervisors, and program managers by Pennsylvania's Office of Child Development and Early Learning, the Pennsylvania Key and the Alliance for the Advancement of Infant Mental Health: Pilot evaluation report*. Southgate, MI: The Alliance for the Advancement of Infant Mental Health.
- Shea, S.E., Jester, J.M., Huth-Bocks, A.C., Weatherston, D.J., Muzik, M., Rosenblum, K.L., The Michigan Collaborative for Infant Mental Health Research, 2020. Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. *Infant Mental Health Journal*, 41(2), 191-205.
- Watson, C., Shelley Neilsen Gatt, S., Cox, M., Harrison, M., & Hennes, J. (2014). Reflective supervision and its impact on early childhood intervention. *Early Childhood and Special Education; Advances in Early Education and Day Care*, 18, 1-26.
- Wilson, K., Barron, C., Wheeler, R., & Jedrzejek, P. (2018) The importance of examining diversity in reflective supervision when working with young children and their families. *Reflective Practice*, 19 (5), 653-665.