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Promoting Infant and Early Childhood Mental Health Evaluation of the Michigan Association for Infant Mental Health Infant Family Associate Endorsement (IMH-E®)

Introduction

In 2020, Michigan was one of 20 states selected by the U.S. Department of Health and Human Services to receive a Preschool Development Grant renewal (PDG-R). Michigan used a portion of its PDG-R funds to support 200 infant and early childhood professionals in earning the Infant Mental Health Endorsement® (IMH-E®) as an Infant Family Associate (IFA) from the Michigan Association for Infant Mental Health (MI-AIMH).

To build the capacity of the early childhood workforce to promote young children's mental health, MI-AIMH offers a range of training opportunities for earning various professional endorsements, including the IFA. Typically, participants pay \$100 to apply for the IFA Category of IMH-E®, in addition to an annual renewal cost.¹ With PDG-R funds, Michigan expanded access to the MI-AIMH endorsement program by offering it at no cost to applicants.

As part of Michigan's PDG evaluation, the Michigan Department of Education contracted with the American Institutes

¹ This does not include the cost of training obtained from an organization other than MI-AIMH that is used toward meeting the training requirements.

About the IMH-E®

The IMH-E® provides a set of competencies for professional development in the infant and family field. MI-AIMH first developed the IMH-E® in 2001 for early childhood professionals in Michigan. The endorsement credential drew enough interest in the field that MI-AIMH founded a new organization, the Alliance for the Advancement of Infant Mental Health, which supports the endorsement credential in the United States and globally. As of 2021, approximately 4,000 professionals worldwide have earned the endorsement credential. Michigan offers 12 categories of endorsement based on professionals' scope of practice.

The endorsement credential demonstrates experience and specialization as an Infant and Early Childhood Professional through documentation of specialized in-service trainings, support from mentors or supervisors, and acquired knowledge to promote the delivery of high-quality, culturally sensitive, relationship-focused services to infants, toddlers (0–3 years), parents, other caregivers, and families. The IFA endorsement is designed to provide center-based teachers, family childcare home providers, early interventionists, home visitors, and other early childhood professionals in the scope of promotion with the knowledge and skills to promote infant and toddler mental health and develop strong partnerships with their families.

To earn the IFA endorsement, participants must fulfill professional development requirements (up to 30 hours of training from MI-AIMH or another source). Examples of the training topics are as follows:

- Children's healthy social-emotional development, including temperament
- Trauma and trauma-informed approaches to working with young children and their families
- Brain development and strategies for supporting healthy development
- Strategies to support children and families experiencing grief
- Supporting the social-emotional wellness of pregnant women and their families

Next, participants submit an online endorsement application, which includes documentation of participation in relevant professional development and coursework and how this training aligns with key competencies related to the promotion of infant and toddler mental health. To guide participants through the application process, which can occur several months after completing the training process, MI-AIMH staff conduct outreach and provide support in the form of "office hours" and individual consultation.

for Research® (AIR®) to conduct a study of the MI-AIMH IFA endorsement program to understand if and how the PDG-R funds enhanced the capacity of the state’s workforce to support infant and toddler mental health. The evaluation used surveys and interviews of professionals (and their directors and supervisors) after they earned their endorsement. Data collection took place between December 2021 and June 2022.

RESEARCH QUESTIONS

1. Who participated in the IFA endorsement program?
2. To what extent are participants satisfied with trainings offered through the IFA endorsement program and with the endorsement process itself?
3. What are the perceived benefits of the IFA endorsement, according to directors of program participants?
4. What factors facilitate or hinder participation in the program?
5. How is participation in the IFA endorsement related to changes in practice, according to participants?
6. How is participation in the IFA endorsement related to changes in child and family outcomes, according to participants?
7. Why do participants leave the IFA program before obtaining their endorsement?

DATA COLLECTION STRATEGIES

- Online survey of IFA-endorsed professionals (referred to as the *participant survey* in this report) administered (in waves) 4–6 weeks after professionals earned their endorsement. The participant survey response rate was 80% ($N = 75$).
- Online survey of directors or supervisors of IFA-endorsed professionals, distributed at the same time as the participant survey. The director survey response rate was 52% ($N = 37$).
- Brief interviews with a sample of IFA-endorsed professionals ($N = 15$) to gather in-depth context about their experiences with the project. The evaluation team randomly selected endorsed professionals for recruitment, from each survey wave. In addition, near the end of the data collection period, to reach the goal of 15 interviews, the team worked with MI-AIMH to identify additional IFA-endorsed professionals who may be responsive to participation in the interviews to supplement the recruitment efforts.

Findings

The evaluation findings are organized by the seven research questions. This brief summarizes the major findings from the participant and director/supervisor surveys. The findings highlighted here are consistent with the full set of results based on analyses conducted on all items included in the survey.

A total of 200 professionals from across the state’s early childhood mixed delivery system participated in the IFA endorsement program.

Michigan allocated funds to support 200 early childhood professionals in earning the IFA endorsement from MI-AIMH, beginning in January 2021. Within the current timeline for the PDG-supported project, participants have until December 2022 to fulfill the training requirements and submit their endorsement application (at no cost). As of July 2022, 120 professionals in the PDG-supported cohort have earned the endorsement. The remaining 80 professionals in the cohort have an endorsement application in progress but have not yet submitted it, according to MI-AIMH staff. (Factors that may explain why some participants have not completed their application are described later in this brief.) MI-AIMH

staff reported that they believe this group is on track to earn their endorsement by the end of 2022, based on their outreach and engagement with the participants.

Many IFA-endorsed professionals are from the early childhood care and education (ECCE) sector, although other sectors of Michigan’s mixed delivery system also are represented (Exhibit 1). More than half of the survey respondents work in the ECCE field: 26% are teachers or caregivers, 14% are childcare consultants, 14% are center-based program directors, and 4% are family childcare owners (data on specific ECCE roles are not in Exhibit 1). Other respondents are from the special education/early intervention (23%), home visiting (9%), and mental health (5%) fields. Survey respondents are a highly educated and experienced group—76% of the respondents reported having more than 10 years of experience working in the human services field (Exhibit 2). In addition, 22% of the respondents reported having a bachelor’s degree and 50% a graduate degree (not shown in exhibit).

Exhibit 1. Participants’ Employment by Sector

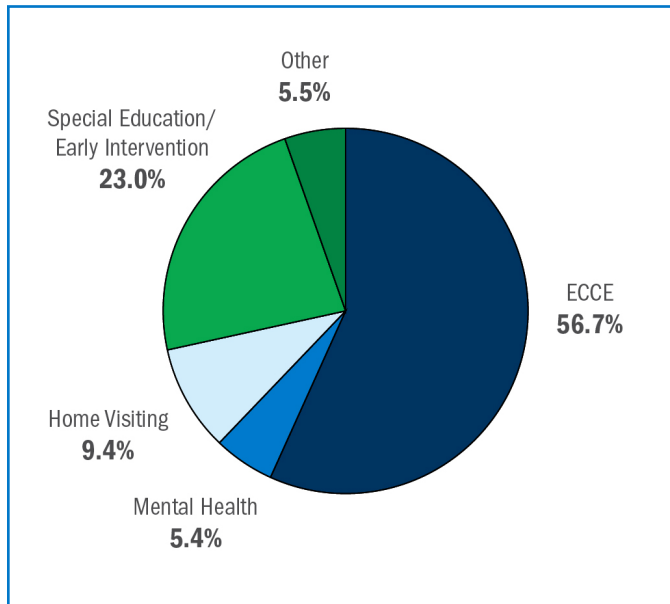
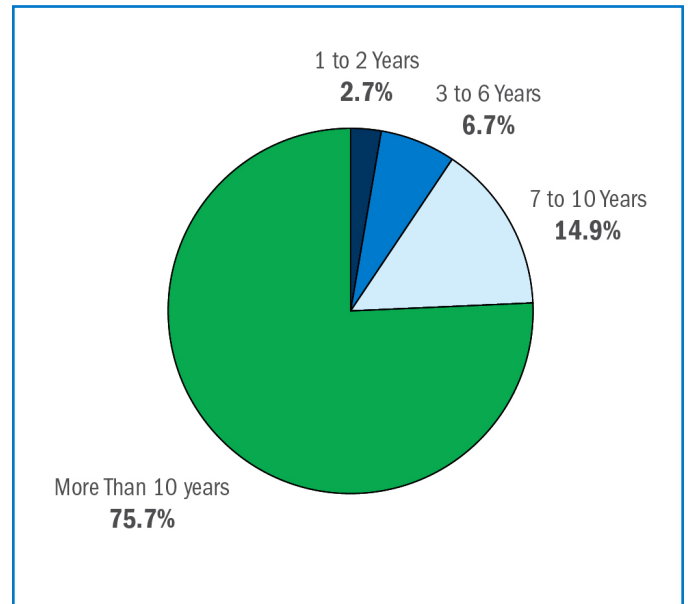


Exhibit 2. Participants’ Years of Experience



Source. 2022 IFA Participant Survey. N = 74.

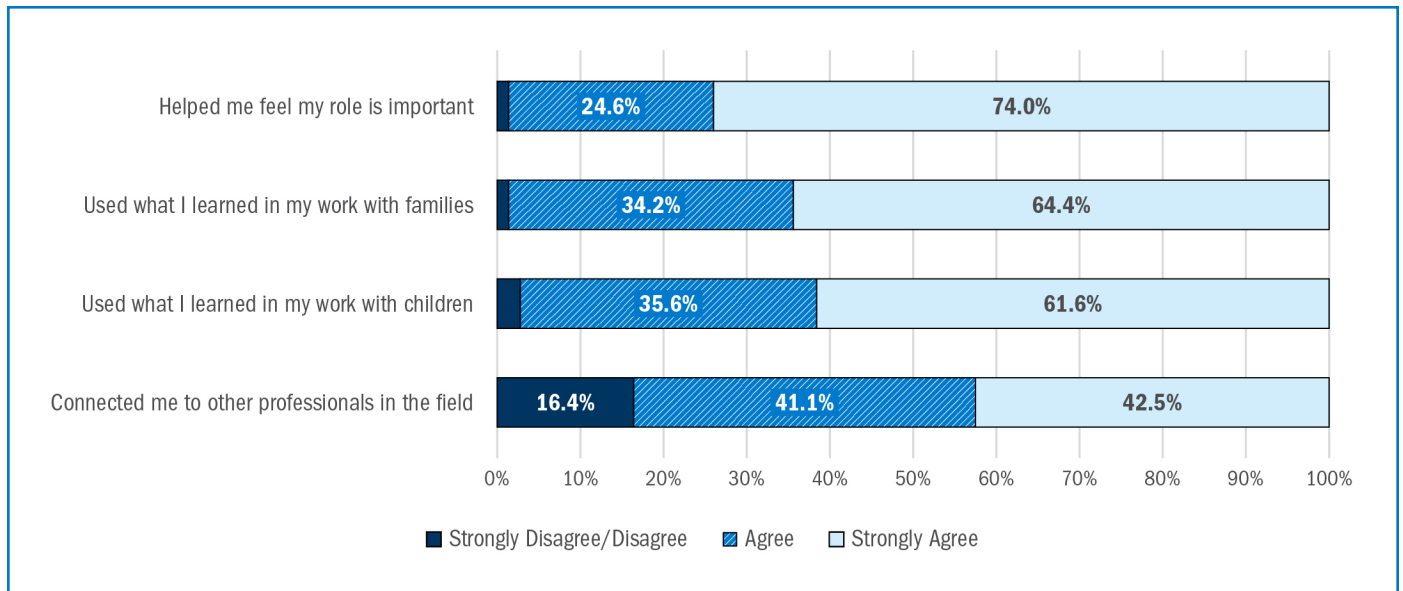
Participants were highly satisfied with the MI-AIMH IFA endorsement program.

Participants gave high marks to the MI-AIMH IFA endorsement program (see Exhibit 3). For example, three quarters of the survey respondents (74%) “strongly agreed” that (a) they would recommend the program to their friends and colleagues and (b) the experience made them feel that their role working with children and families is important. Respondents also “strongly agreed” that they have used what they learned from the endorsement program in their work with families (64%) and with children (62%). In interviews, participants emphasized the value of learning concrete strategies in the training (including highly experienced professionals, who described the training as an important “refresher”).

“The IFA endorsement gives you that extra sense of accomplishment and sense of value as an educator in this field. Whether it’s certain conversations that come up or certain challenges that come up with families, it gives me those added like bonuses . . . I can help them. I can support them. I can research with them. We can work together.”

-IFA-endorsed professional

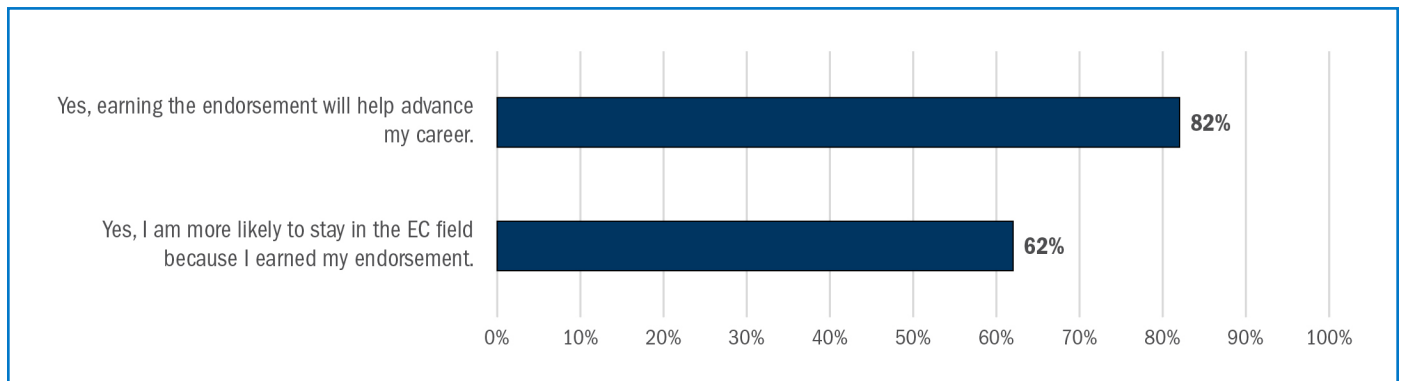
Exhibit 3. Many participants strongly agreed that earning the IFA endorsement resulted in a range of professional benefits.



Source. 2022 IFA Participant Survey. N = 73.

IFA-endorsed professionals also pointed to broader benefits of earning the IFA endorsement (see Exhibit 4). Sixty-two percent of the respondents indicated that earning the endorsement made them more likely to stay in the early childhood field, and 82% said they believed the endorsement would help them advance in their careers.

Exhibit 4. Participant survey data suggest that the IFA endorsement may bolster retention and advancement in the early childhood field.



Source. 2022 IFA Participant Survey. N = 73.

Directors and supervisors of endorsed professionals indicated strong support for the IFA endorsement.

In the survey, the majority of directors and supervisors “strongly agreed” that it was beneficial for staff to have an IFA endorsement (71% of the respondents) and worthwhile to support their staff in earning the endorsement (79%). Directors reported that their staff who participated in the endorsement project have deepened their knowledge of infant and toddler mental health and related topics and learned new strategies to use in their work with children and families. (More details about directors’ feedback on changes in staff knowledge and practice are included later in this brief, integrated with participants’ responses in these areas.)

 We have a home visiting program, and I feel this credential assists our specialist in providing current information and advanced support to the home visitors.”

–Supervisor of an IFA-endorsed professional

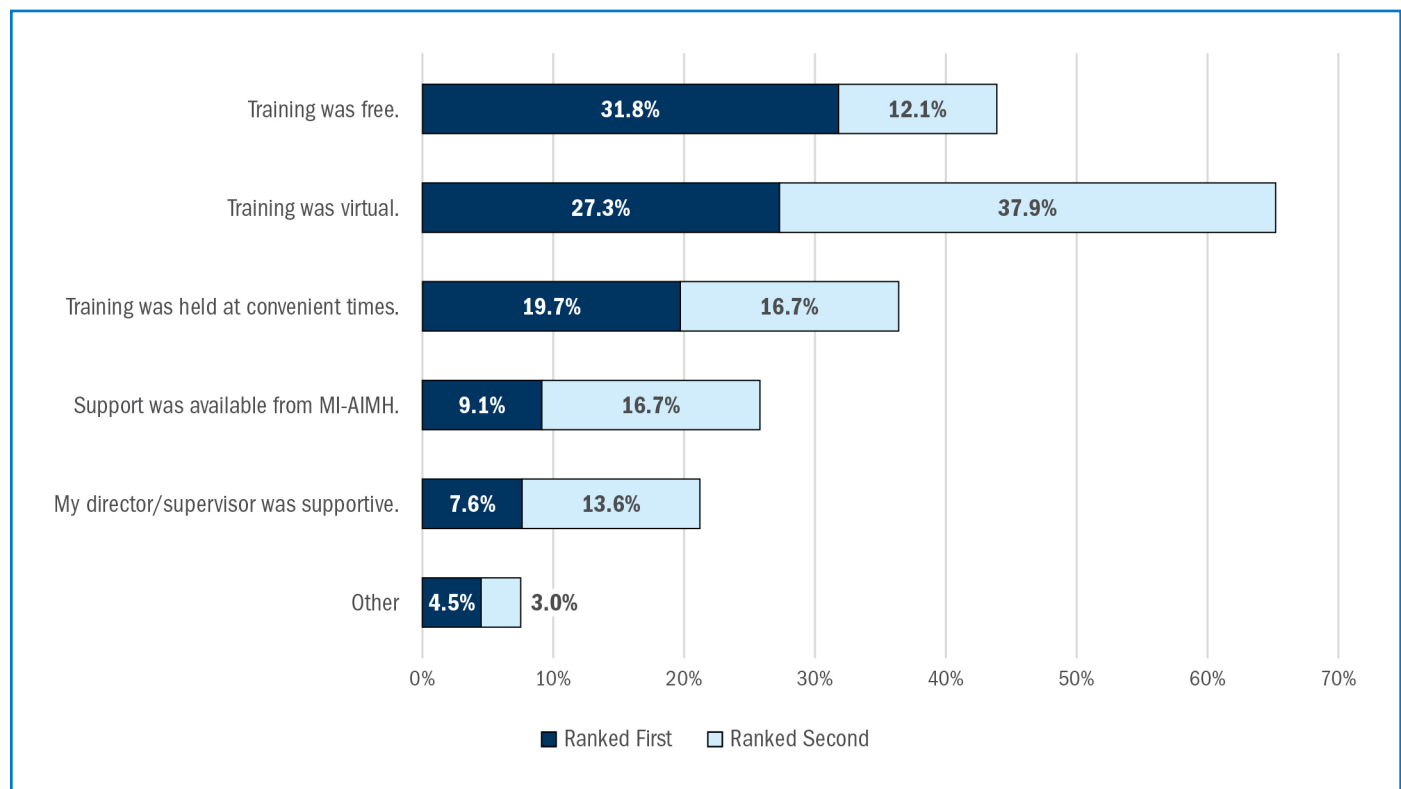
Based on feedback from directors and supervisors, the IFA endorsement project is addressing a need in the workforce. Directors and supervisors value staff who have the capacity to promote infant mental health, including being knowledgeable about children’s social-emotional development, applying trauma-informed approaches, using observation to identify developmental and behavioral concerns, and using a relationship-based approach to working with families, among other strategies (approximately 90% of the directors and supervisors surveyed “strongly agreed” that staff should have these skills). At the same time, directors and supervisors suggested that limited professional development is available to the workforce in these areas—about half of the directors and supervisors (49%) reported that “some” free or no-cost training related to infant mental health areas is available to their staff, followed by 22% who indicated there is only “a little” available.

“Any training to facilitate increased connection and collaboration between families and staff is crucial in addressing the needs of our youngest learners.”
–Supervisor of an IFA-endorsed professional

Participants reported that earning the IFA endorsement was easier because training was free, offered virtually, and held at convenient times.

When survey respondents ranked the three most important factors that facilitated their participation in the IFA endorsement project, training logistics (cost, delivery mode, and timing) rose to the top. As shown in Exhibit 5, 32% of the respondents reported that the most important factor in earning the endorsement was that the training was offered at no cost, followed by being able to access the training virtually (27%) and at convenient times (20%). Offering online training appears to be particularly important, with a rating as either the first or second most important factor by 65% of the survey respondents.

Exhibit 5. Training logistics facilitated participation in the IFA endorsement program.



Source. 2022 IFA Participant Survey. N = 66.

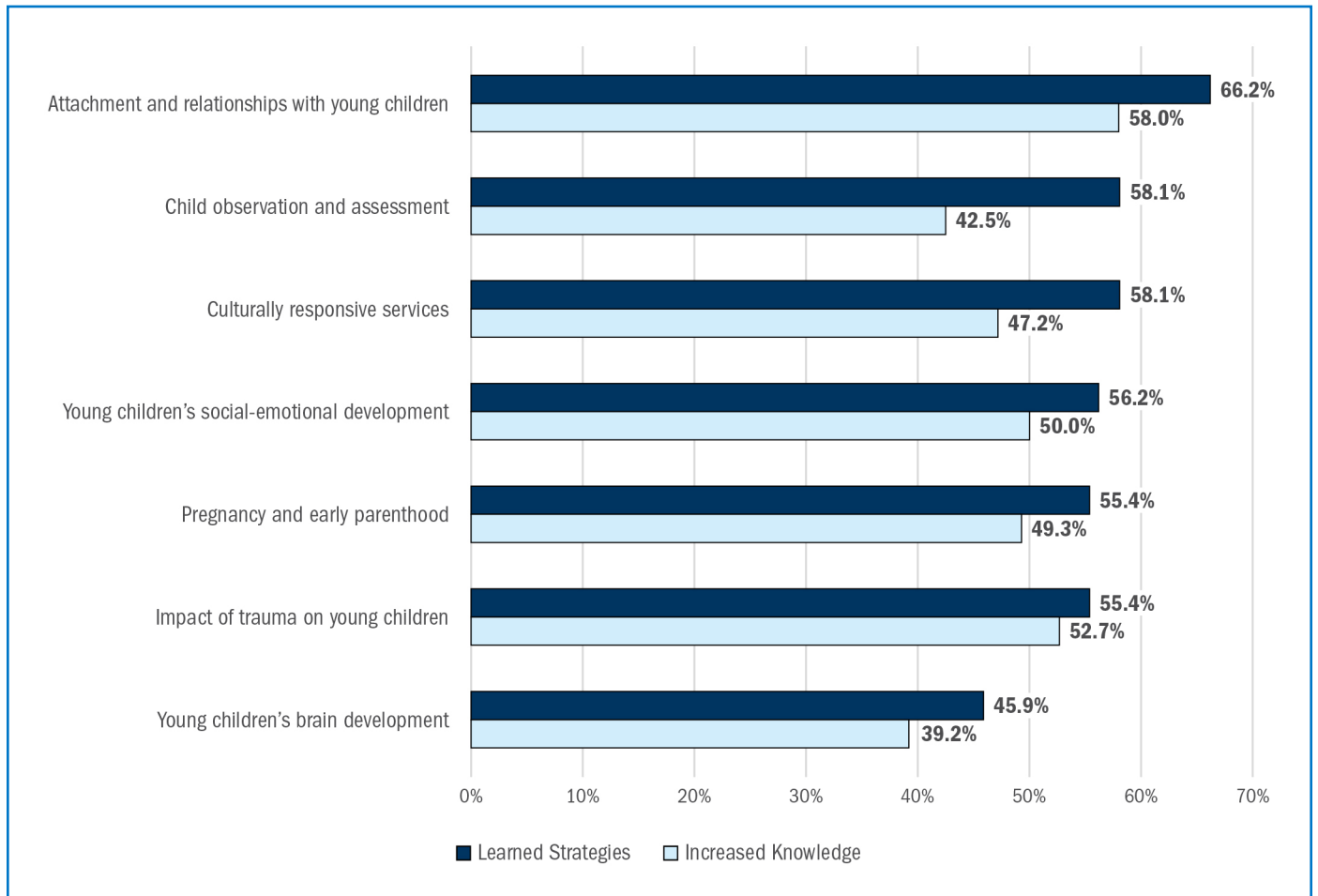
Interview data provide a more nuanced picture of *when* supports are most useful in facilitating successful completion of the endorsement program. In interviews, endorsed professionals emphasized that support from MI-AIMH staff in the form of office hours and individual discussions during the endorsement application process was critical. The combination of free, online training with tailored supports during the application process appears to be most effective in helping participants earn their endorsement.

Professionals reported that earning the IFA endorsement improved their knowledge of infant mental health and strategies to promote it.

According to participants, the IFA endorsement program helped them deepen their knowledge of infant mental health and related topics and learn new strategies to use in their work with children and families, particularly regarding attachment and relationships with young children. Exhibit 6 shows the percentage of survey respondents who described deepening their content knowledge (dark blue bars) and learning new strategies (light blue bars) “a lot” because of their participation in the endorsement program.

The IFA training appears to be slightly more effective in regard to teaching new strategies compared with improving content knowledge (but both areas received high marks by the survey respondents). This finding aligns with themes that emerged in interviews with endorsed professionals, who emphasized that the training provided actionable strategies that they could apply to their work, particularly regarding navigating difficult behaviors with children.

Exhibit 6. Participants reported that they improved their knowledge of content and strategies “a lot” through the IFA training.

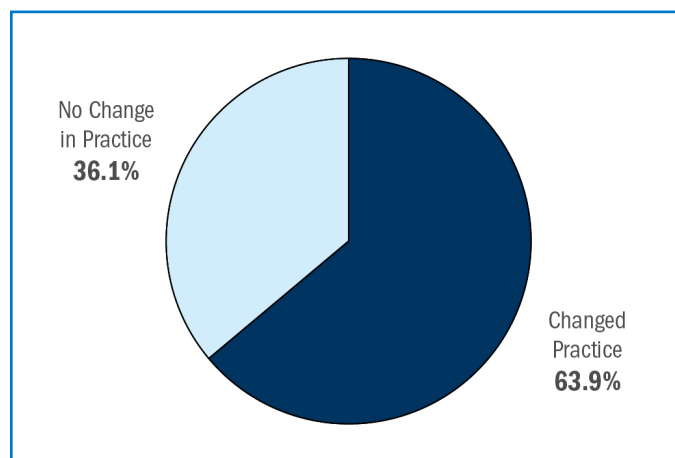


Source. 2022 IFA Participant Survey. N = 74.

Most participants said that they have made changes in their practice—primarily in terms of how they work with families—since earning the endorsement.

Based on self-reports, participants have applied new knowledge and skills gained through the IFA endorsement process to make changes in their practice. Sixty-four percent of the survey respondents indicated that they have adapted their approaches to working with young children and/or their families because of the professional development they received

Exhibit 7. About two thirds of respondents reported making changes in their practice after earning the endorsement.



as part of earning their IFA endorsement. When asked to provide examples of these changes, about half of the respondents ($n = 18$) focused on their partnerships with families. Endorsed professionals said that they engage parents and caregivers more frequently and share more resources. For example, one respondent wrote, “Thinking about and talking with families about social-emotional aspects of activities and routines is more natural and frequently occurring.” Another respondent reported that they now ensure they include “specific information on attachment and its impact on [a] baby’s brain development in every Early On evaluation completed with families.”

Other changes in practice, according to some participants ($n = 10$), include an increased use of self-reflection in their work. Participants described pausing and considering

the factors that may drive children’s behavior, before reacting to them, with greater frequency. Other examples of changes in practice include increased child observation and the use of developmental screening tools such as the Ages and Stages Questionnaire. Similar themes emerged in interviews with a sample of endorsed professionals. In these discussions, endorsed professionals also emphasized that they feel more confident in understanding infant mental health and ways to foster it (both directly with children and in partnership with parents), which has facilitated changes in their practice.

In addition, directors and supervisors of IFA-endorsed professionals provided feedback on changes they have observed among staff once they had earned their endorsement (Exhibit 8). Most directors indicated they had seen “some” or “a lot” of change across a variety of areas. The greatest increases were in regard to IFA-endorsed staff confidence in working with infants, toddlers, and their families (50% of directors said they had observed “a lot” of change in this area). Directors and supervisors observed somewhat less change in the capacity of endorsed staff to help families with referrals and resources for mental health services. Finally, some directors and supervisors (ranging from 14% to 22% across the items in Exhibit 8) indicated either that they “don’t know” if staff capacity has changed or the skill is not applicable to the role of the endorsed staff person; these data are not shown in the exhibit.

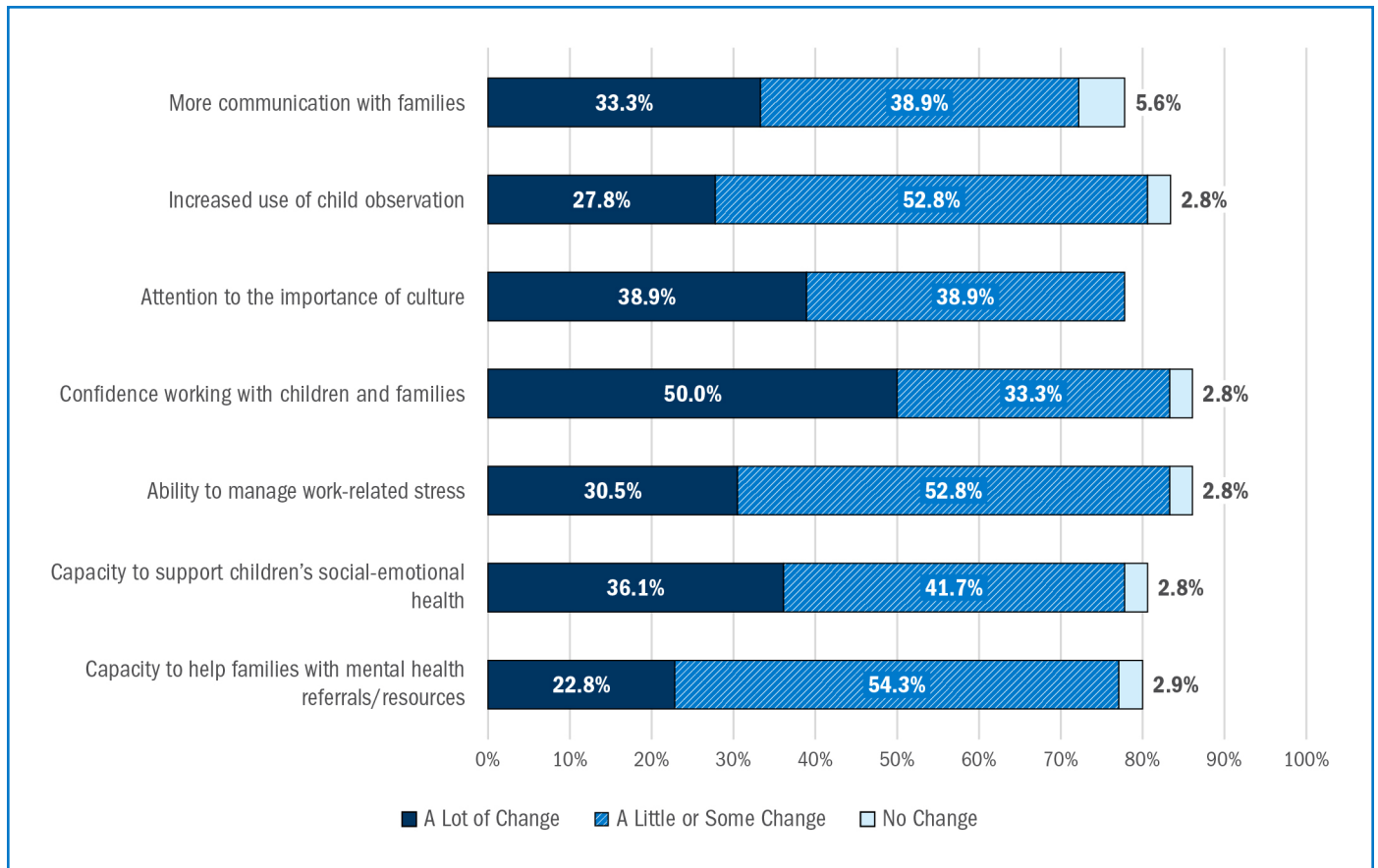
“People tend to listen a lot more when they know you have some letters or an endorsement to back up what you’re saying. . . . It adds a certain level of credibility to those you’re interacting with, but it also gives you the confidence [in] the knowledge you have, that you are an expert, and you know what you’re talking about.”

-IFA-endorsed professional

“Because of the IFA endorsement, I am trying to build parents’ confidence to support the whole child.”

-IFA-endorsed professional

Exhibit 8. Directors of IFA-endorsed professionals observed positive shifts in staff capacity, particularly staff confidence in their work.



Source. 2022 IFA Director Survey. N = 66.

Since earning the endorsement, more than half of the participants surveyed indicated seeing changes in outcomes for the clients, mostly for families.

Based on self-reports from participants, the perceived impact of the IFA endorsement reaches the child and family level, although specific changes in outcomes are difficult to determine. Sixty percent of the IFA-endorsed participants who responded to the survey indicated that they have observed changes in the children or families they serve since earning the endorsement. About half of this group ($n = 21$) provided examples of change in client outcomes, most of which focused on families ($n = 17$). Respondents reported that parents appeared to be more comfortable engaging with them or responsive to their outreach. In fact, both survey and interview respondents indicated that parents seemed more comfortable and empowered asking for help or seeking services. For example, one survey respondent wrote, “I have had two families request social-emotional outcomes at their annual IFSP [Individualized Family Service Plan] meeting in the past three months—that has never happened previously.”

“ I had a little guy that was in foster care. The behaviors that we were seeing were textbook trauma. Had I not known that what he was displaying was trauma, had we not reached out for that social-emotional consultant, and had I not received training from the endorsement, we would’ve given up on him. . . . Having that knowledge helped us go the extra mile, to not give up, and to support him, his foster mother, and his biological mother through the reunification process. Once we found out a little bit more information about him, I understood where his brain was, I understood where he was emotionally. I understood what he needed.”

—IFA-endorsed professional

Directors also provided feedback on the extent to which they had observed changes in child or family outcomes because of staff earning the endorsement. Here, we see more of a mixed picture compared with participant feedback. Twenty-five percent of the directors and supervisors reported seeing positive shifts in family outcomes, and 31% said the same about child outcomes. However, many directors and supervisors indicated they could not confidently comment on any changes for families and children (61% and 50%, respectively). Directors and supervisors may not be able to observe these changes firsthand or may believe it is too early and/or difficult to track child- or family-level outcomes and link them to the IFA endorsement.

For some, the challenge was not the training requirement of the endorsement but rather the online application process.

Participant survey respondents did not identify major challenges to earning the IFA endorsement—66% reported that it was “not at all difficult” to do so, and 34% said it was “a little difficult.” About half of the survey respondents who described why they rated the endorsement process as difficult pointed to the online endorsement application process ($n = 10$), and this theme also emerged in interviews with endorsed professionals.²

Using the online application system, the Endorsement Application System (EASy), participants must document their training and coursework (completed through MI-AIMH and/or elsewhere), which can involve entering information from the MiRegistry, the state’s early childhood education professional development tracking system, to the MI-AIMH application platform. Then participants align each training with the competency areas they believe were covered in the trainings (e.g., knowledge of pregnancy and prenatal development, child observation), which, according to MI-AIMH staff, serves as reflective opportunity for professionals to assess their training and coursework. MI-AIMH staff reported that this alignment process helps professionals identify their training needs when they seek out more professional development. In addition, the application package must include a set of three references, in which directors or supervisors rate applicants on items based on the endorsement’s required competencies.

Survey respondents who described the IFA endorsement process as a “little difficult” explained that entering training hours into the application and aligning them with the required competencies was time consuming and/or confusing. Moreover, some interview respondents described the online application platform as difficult to navigate. The application process did not appear to be a major barrier; rather, it was a logistical hurdle that created some challenges for a subset of participants.

MI-AIMH also investigated the barriers to applicants submitting their endorsement application. In spring 2022, MI-AIMH staff conducted a brief survey of those 80 participants who had yet to complete their endorsement and found that almost half ($n = 35$) reported “feeling stuck” with the process. According to MI-AIMH staff, these participants were struggling to navigate the endorsement application platform and needed support in finding more specialized training and/or finding time to complete the application, given other responsibilities in their lives. MI-AIMH staff, however, indicated that they continued to assist these participants through regular outreach and offers of support. According to MI-AIMH staff, most applicants said they felt ready to complete the application after participating in an office hour session.

MI-AIMH staff provided additional insight into details of the application process. They noted that the application can take about an hour to complete (if it is completed in one to two sittings). MI-AIMH staff said that they have found this time commitment is in line with other credentialing bodies but are continuously making changes that benefit the applicant’s use of the system. For example, MI-AIMH eliminated the need for a narrative in place of a close-ended question and eliminated the requirement to submit transcripts.

² Other responses were varied, but the most common response was the challenge of finding time to complete the application while balancing other work or personal responsibilities.

Formal attrition from the IFA endorsement program is rare and often caused by factors beyond the MI-AIMH program.

MI-AIMH staff reported that only three participants in the PDG-supported IFA cohort have officially left the program. They explained that, typically, participants drop out from MI-AIMH's endorsement programs because of personal or professional factors, for example, taking maternity leave or moving to a job outside the early childhood field (versus dissatisfaction with the MI-AIMH program itself). The evaluation team was able to recruit only one individual who formally decided to not pursue the IFA endorsement as part of the PDG-funded cohort. This participant had recently accepted a position in a field outside early childhood and no longer viewed the IFA endorsement as immediately beneficial to their career.

Given that participants can complete the required training and submit their application at their own pace, it is difficult to track "attrition" from the program. Several factors, such as the amount of relevant training the applicant has previously completed, challenges with the online application system, and broader issues of finding time and focus to complete the application, may slow participants in moving through the endorsement program. In addition, MI-AIMH staff emphasized the larger systemic challenges that the workforce currently faces, stemming from the COVID-19 pandemic. These challenges include program closures, workforce shortages, and staff burnout, which may limit the bandwidth of professionals to complete the requirements and application for their endorsement.

Conclusion

Participants in the PDG-supported IFA endorsement program described their experiences as positive, with concrete professional benefits, including an increased sense of confidence. Participants gave high marks to the quality and relevance of the MI-AIMH training and indicated that their participation improved their content knowledge of infant mental health, such as attachment issues, brain development, and the impact of trauma, and helped them learn new strategies that they described as actionable and relevant to their work with young children and their families. According to many participants, earning the endorsement has led to changes in practice, particularly in regard to working with families. Moreover, most participants indicated that they view the endorsement as a means to advance their careers, which made them more likely to stay in the early childhood field. Directors and supervisors of IFA-endorsed professionals also provided strong, positive feedback about the program.

Endorsed professionals reported that the fact that trainings were free and were held online and at convenient times were the most important facilitators of their participation in the program. Some participants identified only one real challenge—navigating the endorsement application platform. As the state and MI-AIMH explore ways to improve and/or expand the program, they should consider the following recommendations:

- **Continue to support virtual professional development.** As the pandemic wanes and more training occurs in person, MI-AIMH might consider how to continue to offer virtual sessions to participants who find it most useful.
- **Continue to review and revise the online application system on a regular basis.** MI-AIMH should continue to gather detailed participant feedback about the electronic application system and revise the system and pilot test it with a small group of participants to ensure it is user friendly and clear. It is important to note that only a subset of participants found the application platform challenging, but their feedback suggests the instructions for using the system (and the system itself) should be reviewed to better meet the needs of all applicants. In addition, MI-AIMH and the state might explore how to link the EASy application platform with MiRegistry, the state's early childhood education registry, to identify ways to facilitate data sharing and streamline the endorsement application process.

- **Conduct follow-up with participants to determine if the endorsement impacts retention in the field.** Sixty-two percent of endorsed professionals said earning the IFA endorsement made them likely to stay in the early childhood field. Tracking these professionals—and perhaps comparing them to professionals who have not participated in the MI-AIMH endorsement program—may help the organization and the state better understand the long-term impact of the program as a workforce retention strategy.
- **Consider how to attract less experienced staff to the IFA endorsement program.** Survey respondents were highly educated (with higher education degrees) and experienced—many with more than 10 years of experience in the fields of early childhood, education, and/or human services. MI-AIMH might consider how to market the endorsement program with staff who are in an earlier stage of their career (particularly if the endorsement proves to be an effective strategy in reducing attrition from the field).

Based on this evaluation, the state should consider expanding access to the MI-AIMH IFA endorsement program, given participants' (and their directors') feedback that participation in the program enhanced participant capacity to promote young children's mental health, by increasing their knowledge, helping them to learn new strategies, and making changes in their practice.



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