



**Infant Toddler Mental Health Coalition of
Arizona Perceptions on the Infant,
Toddler Mental Health Endorsement**

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Introduction

The Infant/Toddler Mental Health Coalition of Arizona (ITMHCA) began in 1995 as a non-profit organization to promote the understanding that infancy is a critical period of psychosocial development. In an effort to increase quality, knowledge-based services for infants and toddlers, the Coalition facilitates the “collaboration of professionals from local, state, and nonprofit community-based organizations to work toward policy and social change for the benefit of Arizona's youngest children and their families.”¹ ITMHCA provides infant mental health and child development training and offers a professional endorsement to individuals from a variety of disciplines who work with infants and toddlers.

The ITMHCA endorsement ensures that the endorsed individual has: attained a specified level of education, participated in specialized trainings, engaged in professional work related to infants and toddlers, obtained reflective supervision/consultation from mentors or supervisors, and has acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-based services to infants, toddlers, parents, and other caregivers and family members. There are four levels of competency within the ITMHCA endorsement. Please see www.itmhca.org for further information on the endorsement process and ITMHCA.

Purpose of the Survey

In the fall of 2015 a survey was developed to explore perceptions around membership in ITMHCA as well as about the Infant Mental Health Endorsement® (IMH-E®). The purpose of the survey was to gauge knowledge of and interest in ITMHCA and IMH-E®, as well as to document the degree to which endorsed members perceived value in obtaining the endorsement. The survey sought to better understand the barriers and challenges of participating in the endorsement process.

The survey, based on a member survey by the Colorado Association for Infant Mental Health (COAIMH), was designed to both gather Arizona responses and to add to a national database of states using a similar survey. ITMHCA and COAIMH are two of the states in the new international Alliance for the Advancement of Infant Mental Health (<http://mi-aimh.org/alliance/>).

Methodology

The survey was developed in collaboration between the ASU Center for Child Well-Being and Dr. Mary Warren, ITMHCA Endorsement Coordinator. Qualtrics, an online survey software tool, was used to develop and administer the survey. On January 15, 2016 a link to the online survey was sent to 166 unique e-mail addresses comprised of current ITMHCA members as well as all previously endorsed individuals regardless of their current membership status. Two emailed reminders were sent; the first on January 22nd with a follow-up on January 29th. The survey was closed on March 4th, 2016. Of the 166 emails sent, four were returned undeliverable. One hundred and five individuals responded out of a total of 162 valid email addresses, a 65%

¹ Retrieved from <http://www.itmhca.org/aboutus.php>

response rate. Arizona has 118 individuals who have earned endorsement; the percentage of all endorsed individuals represented among the survey respondents was 44.1%.

The survey consisted of 23 questions targeted to endorsed and non-endorsed members. Respondents were directed to answer different questions based on their endorsement status. Twenty survey questions requested numeric responses, and three questions sought written feedback. The following section describes the survey respondents.

Demographics of Survey Respondents

The survey collected demographic information in six areas: ITMHCA membership status, IMH-E® status, level of endorsement earned, length of time since receipt of endorsement, current job title, and the number of years employed in the field of Infant Mental Health.

ITMHCA Membership Status

Figure 1 shows that of those who responded to the survey ($N = 105$), 92.3% were members of the Infant/Toddler Mental Health Coalition of Arizona, and 7.7% were not current members indicating that they had earned endorsement but were no longer members. One respondent did not indicate his or her current membership status.

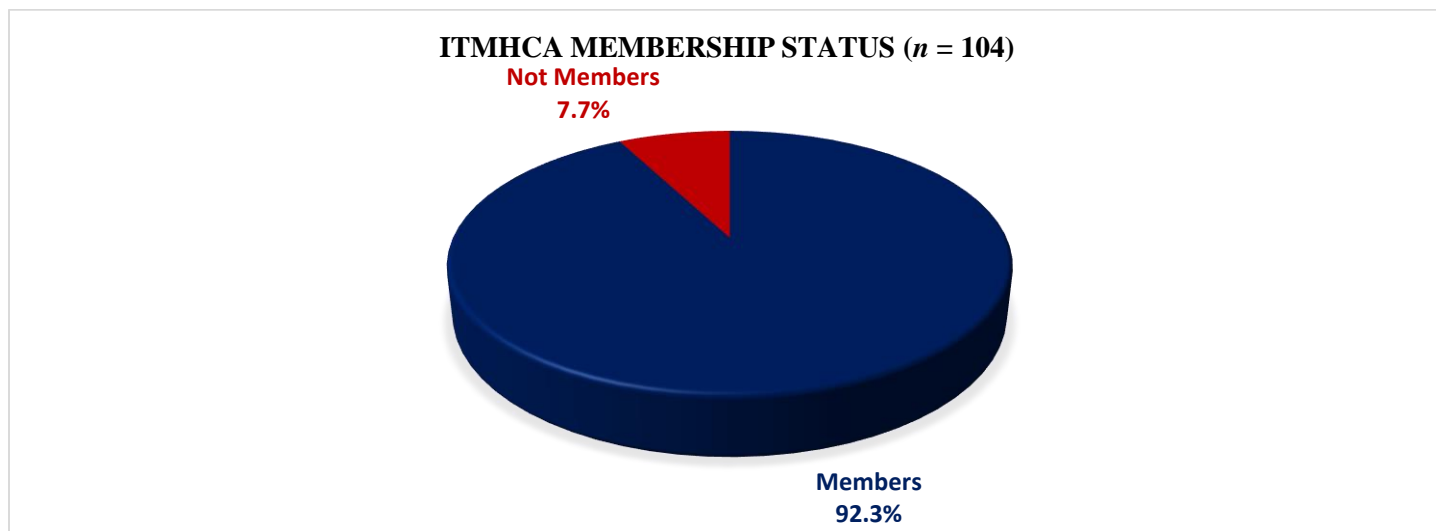


Figure 1

ITMHCA Endorsement Status

Figure 2 shows that of those who responded to the survey ($N = 105$), 49.5% had earned any level of endorsement, whereas 50.5% had not earned endorsement.

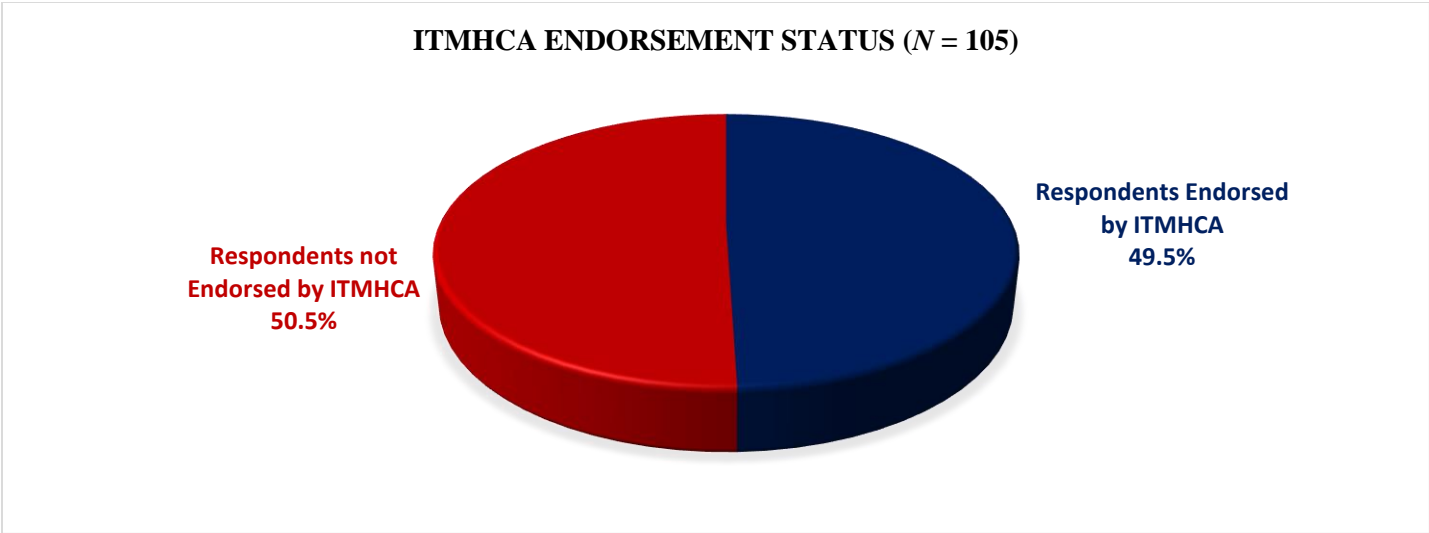


Figure 2

Highest Level of Endorsement Earned

Figure 3 shows the highest level of endorsement that respondents had earned. Of those who responded to this question ($n = 46$), 21.7% held Level I endorsement; 47.8% Level II; 23.9% Level III; 1.0% Level IV-Clinical; and 1.9% Level IV-Policy.

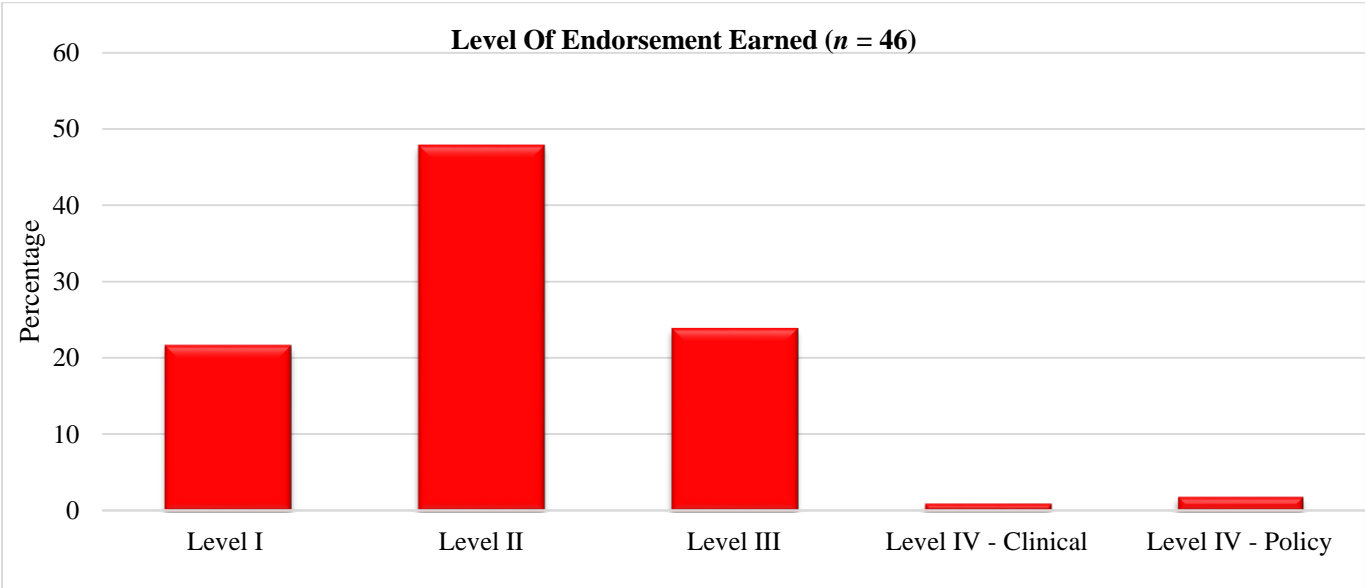


Figure 3

Length of Time Since Receipt of the Endorsement

Figure 4 shows that of those who responded ($n = 46$), 34.8% received their endorsement less than 12 months prior to survey completion; 37%, 1-3 years; 19.6%, 4-5 years; and 8.7%, 6 or more years prior.

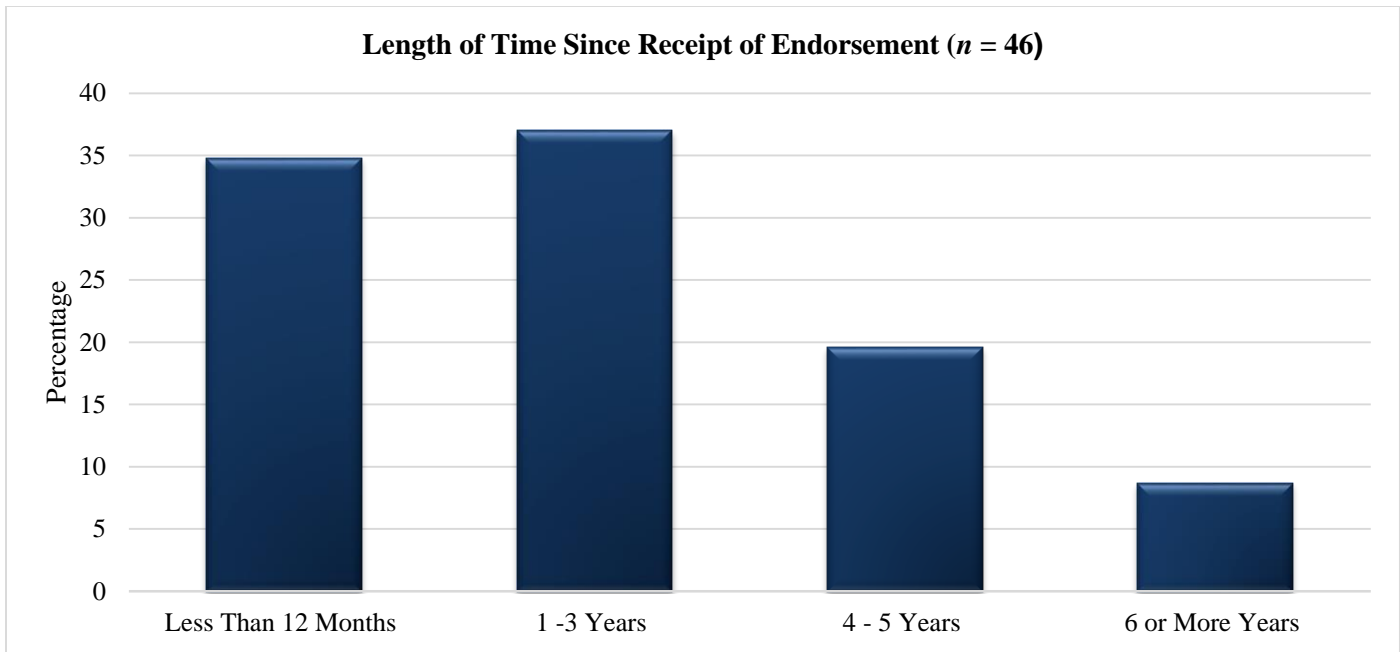


Figure 4

Current Job Title

Figure 5 shows that of the (n= 88) survey respondents responding to the question on job titles, the breakdown by job title was diverse as follows: 17 Clinicians, 12 Supervisors, 12 Managers; 7 Consultants; 6 Coordinators; 4 Social Workers; 10 Family Educators/Specialists; 2 Graduate Students; 5 Nurses; 9 with multiple roles; and 4 in other¹ roles.

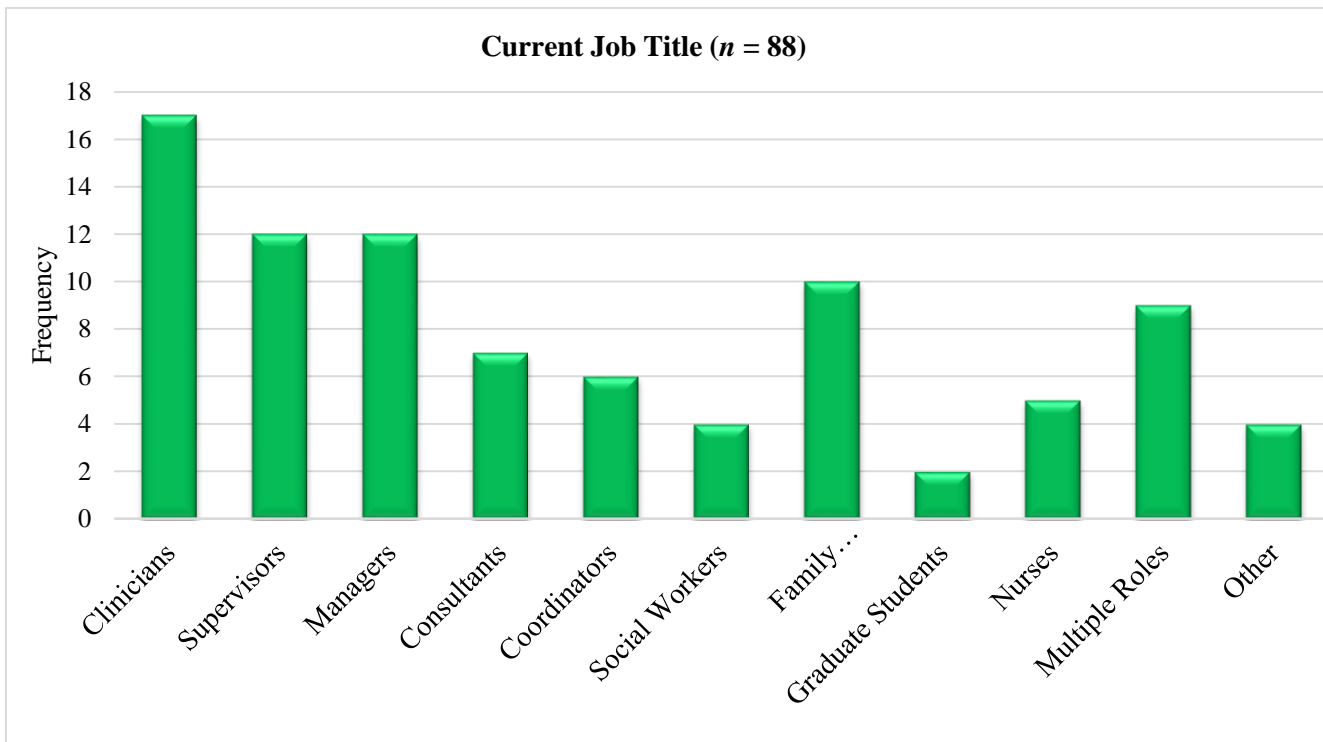


Figure 5

¹ Other includes: Behavior Health Technician, Mental Health Associate, Psychologist, and Stay at Home

Respondents by Location

Figure 6 shows the location of respondents' employment. All individuals were endorsed in Arizona, even though some now reside outside of the state. (It should be noted that IMH-E® is recognized by reciprocity by the states that are part of the Alliance for the Advance of Infant Mental Health (Alliance). Some current Arizona endorsees may have earned IMH-E® in another Alliance state.)

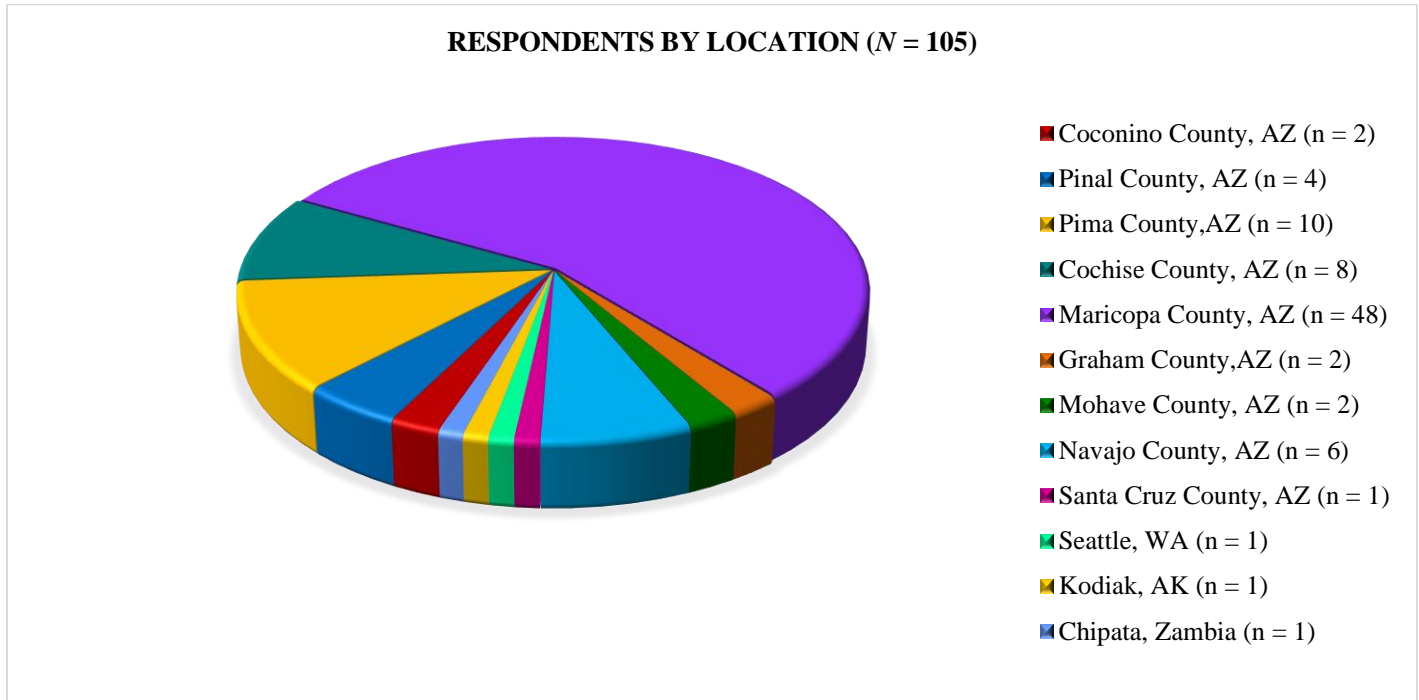


Figure 6

Length of Time in the Field of Infant Mental Health

Figure 7 shows that of those who responded to this question, ($n = 92$), 4.3% had no experience in the field of infant mental health; 9.8% had less than 2 years; 22.8%, 2-5 years; 39.1%, 6-10 years; 20.7%, 11-20 years; 2.2%, 21-30 years; and 1.1%, more than 30 years.

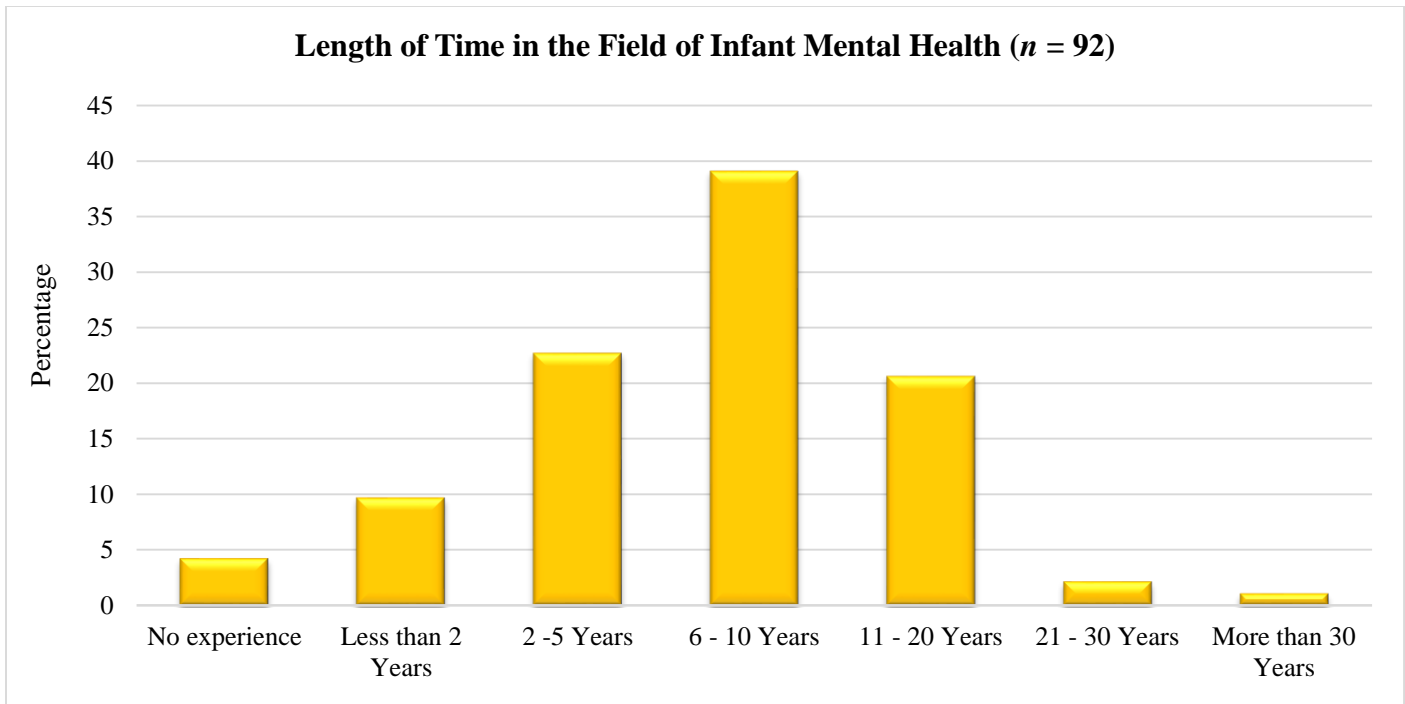


Figure 7

Findings

Non-Endorsed Respondents/Interested Potential Candidates

Perceived Benefits

Non-endorsed respondents were asked to choose categories that represented their perceptions of the benefits of obtaining IMH-E®. Figure 8 shows that of those who responded ($n = 31$), 31.4% perceived it would enhance their professional competence; 29.9% their practice with families; 28.6% the ability to promote social-emotional development in infants and toddlers; 27.6% a connection with other infant mental health practitioners; 26.7% the ability to promote infant mental health; 24.8% the ability to relate to or engage families; 23.8% the ability to supervise others with reflective supervision; 22.9% the ability to provide early childhood mental health consultation for families; 22.9% the ability to train others in infant mental health; 13.3% the ability to do infant mental health research; and 2.9% perceived other² benefits.

PERCEIVED BENEFITS (*n* = 31)

- Enhanced practice with families 29.5%
- Enhanced professional competence 31.4%
- Ability to promote infant mental health 26.7%
- Ability to promote social-emotional development in infants and toddlers 28.6%
- Ability to relate to or engage families 24.8%
- Ability to provide early childhood mental health consultation to families 22.9%
- Ability to supervise others with reflective supervision 23.8%
- Ability to do infant mental health research 13.3%
- Ability to train others in infant mental health 22.9%
- Connection with other infant mental health practitioners 27.6%
- Other 2.9%

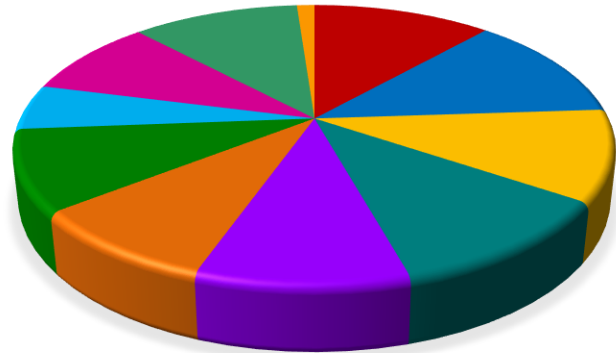


Figure 8

² Other benefits not specified.

Perceived Challenges

Non-endorsed members were asked to choose categories they perceived as being potential challenges to obtaining IMH-E®. Figure 9 shows that of those who responded (*n*= 31) 28.6% reported finding the time; 21.0% matching competencies to training; 20.0% financial costs; 18.1% understanding who values the endorsement; 17.1% finding a supervisor with reflective supervision; 13.3% accessibility to reflective supervision; 10.5% studying for the exam; 8.6% questions about the endorsement process; 7% figuring out how to use EASy/paper portfolio skills; 7.6% other³ challenges; and 1.0% none or minimal perceived challenges.

PERCEIVED CHALLENGES (N = 105)

- Figuring out how to use EASy 5.7%
- Matching competencies to training 21.0%
- Questions about the endorsement process 8.6%
- Finding the time 28.6%
- Finding a supervisor with reflective supervision skills 17.1%
- Studying for the exam 10.5%
- Financial costs 20.0%
- Accessibility to reflective supervision 13.3%
- Understanding who values the endorsement 18.1%
- None or minimal 1.0%
- Other 7.6%

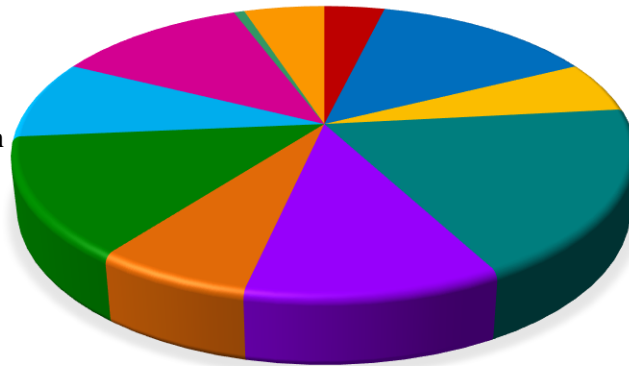


Figure 9

³ Other challenges offered by Respondents included: “Barriers within the process, unwritten rules;” “Completing my final semester at ASU IFP program;” “I am currently a supervisor and no longer provide counseling or manage cases;” “I am currently in a training position, much of my past work with infants and toddlers I was told would not count towards my endorsement due to doing assessment only;” “I don’t have clients because I am a Clinical Manager;” “The number of hours required and the challenge acquiring them in a two year window;” “Understanding how this will promote my career;” and “Why do it?”

Endorsed Candidates

What Respondents Found Most Helpful During the Endorsement Process

Respondents were asked to select from a predetermined list of items those they found most helpful. Figure 10 shows that of the number of respondents ($n = 52$), 21.0% believed the ITMHCA website or materials were most helpful; 17.1% their assigned advisor from ITMHCA; 14.3% communication with the Endorsement Coordinator; 13.3% colleague who was already endorsed; 7.6% work supervisor; 5.7% endorsement meeting or webinar; 4.8% other state’s infant mental health website; and 11.4% other⁴.

HELPFUL DURING THE ENDORSEMENT PROCESS (n = 52)

- Assigned advisor from ITMHCA 17.1%
- Communication with the Endorsement Coordinator 14.3%
- Work supervisor 7.6%
- Colleague who was already endorsed 13.3%
- The ITMHCA website or materials 21.0%
- Others state's infant mental health websites 4.8%
- Endorsement meeting or webinar 5.7%
- Other 11.4%

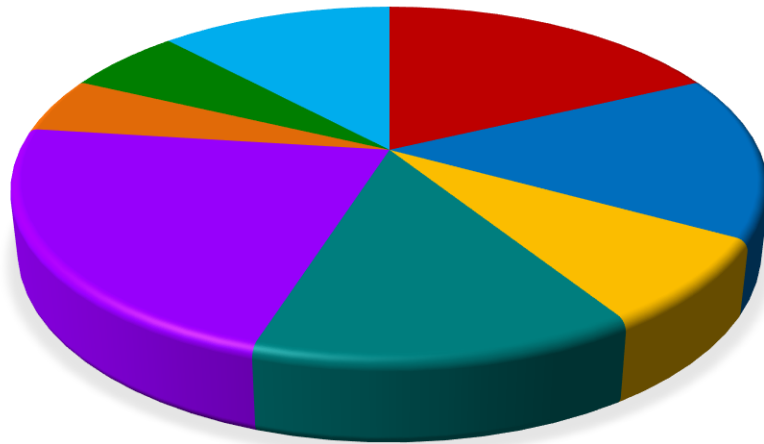


Figure 10

⁴ Other helpful things include: Nicole Valdez was a common theme throughout the comments as reflected in the statement “Nicole Valdez was tremendously helpful!”

Challenges/ Barriers Faced in Obtaining Endorsement

Respondents were asked to choose categories they felt represented challenges or barriers to their ability to obtain the endorsement. Figure 11 shows that of those who responded (n= 52), 25.7% found the greatest challenge was matching competencies to training; 21% finding time; 8.6% studying for the exam; 7.6% access to reflective supervision; 6.7% understanding who values endorsement; 5.7% financial costs; 4.8% getting answers to questions about the endorsement process; 4.8% finding a supervisor with reflective supervision skills; 2.9% figuring out the EASy/paper portfolio; 2.9% encouragement from the employer; 2.9% none or minimal; and 4.8% other⁵ challenges.

CHALLENGES DURING THE ENDORSEMENT PROCESS (n = 52)

- Matching competencies to training 25.7%
- Getting answers to questions about the endorsement process 4.8%
- Finding time 21.0%
- Finding a supervisor with reflective supervision skills 4.8%
- Studying for the exam 8.6%
- Financial costs 5.7%
- Access to reflective supervision 7.6%
- Encouragement from the employer 2.9%
- Understanding who values endorsement 6.7%
- None or minimal challenges 2.9%

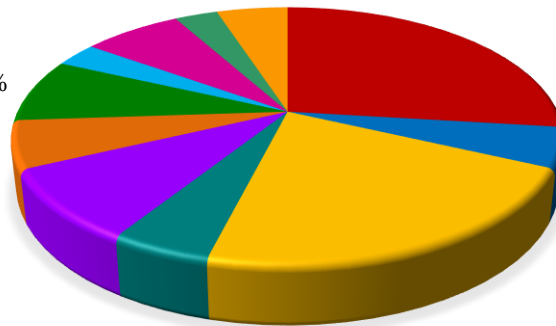


Figure 11

⁵ Other challenges included: “Completing portfolio” and “Just understanding the process.”

Aspects of the Endorsement that Respondents Consider Need Clarification

Respondents were asked what aspects of the endorsement process they felt required clarification. Figure 12 shows that of those who responded ($n= 52$), 19.0% felt instructions for matching competencies required clarification; 12.4% study group and/or access to resources for the exam; 11.4% local advisor/mentor in addition to the advisor assigned by ITMHCA; 8.6% how to study for exam; 3.8% the application instructions for use of EASy/paper portfolio; 3.8% instructions within various sections of EASy/paper portfolio; 3.8% and other⁶ clarifications.

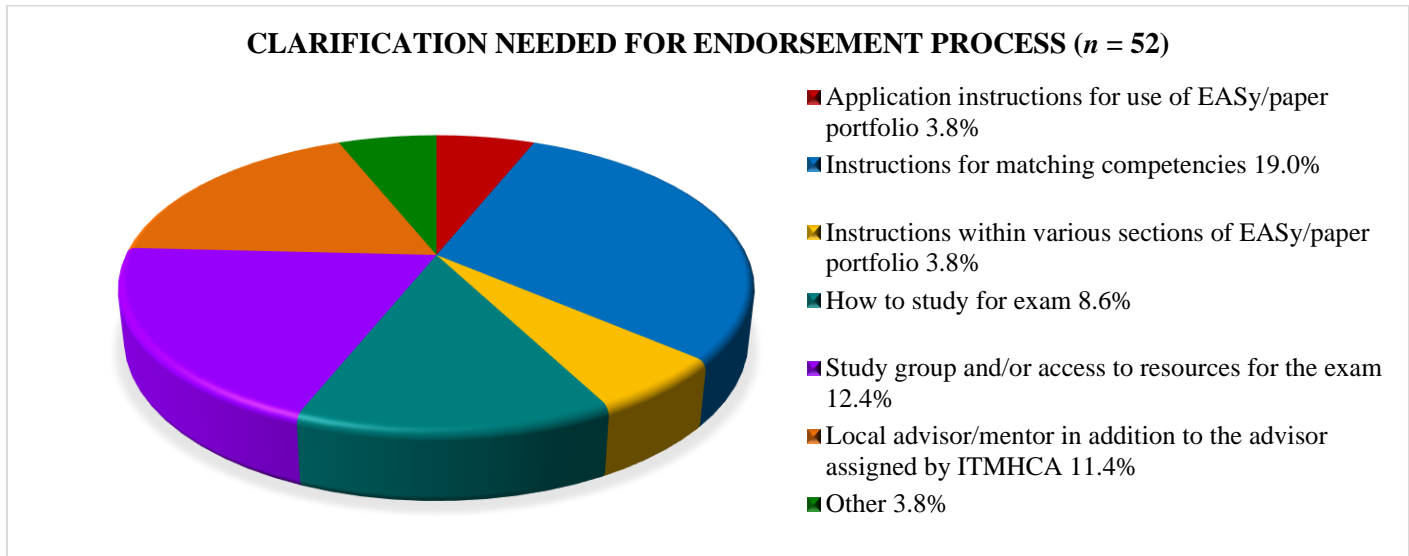


Figure 12

⁶ Other clarifications included: “For endorsement not to be so difficult...”

Perceived Benefits of the Infant Mental Health Endorsement Process

Respondents used a Likert-type scale to respond to a series of questions on how the Infant Mental Health endorsement process has positively benefited them, with 1 = Not at All, 2 = A Little, 3 = Some, and 4 = A Lot. Table 1 reflects the responses to this question ($n = 46$).

Table 1- Perceived Benefits of the Infant Mental Health Endorsement ($n = 46$)

Benefits	A Lot	Some	A Little	Not At All
Ability to promote social-emotional development in infants and toddlers	63.0%	21.7%	10.9%	4.3%
Knowledge about infant mental health theory and/or practice	60.9%	17.4%	15.2%	6.5%

Confidence in working with families with young children	58.7%	26.1%	6.5%	8.7%
Credibility with your agency as an expert in infant/early childhood mental health	50.0%	28.3%	13.0%	6.5%
Skill in relating to and/or engaging families	47.8%	34.8%	8.7%	6.5%
Knowledge of current research in infant mental health	47.8%	21.7%	15.2%	10.9%
Provision of early mental health consultation to families	41.3%	26.1%	10.9%	8.7%
Knowledge of infant mental health resources	41.3%	34.8%	15.2%	8.7%
Ability to train others in infant mental health	34.8%	26.1%	8.7%	15.2%
Opportunity to mentor or supervise others	34.8%	23.9%	8.7%	21.7%
Ability to promote/advocate for program, legislative, policy support for IMH	30.4%	28.3%	21.7%	8.7%
Connection with other infant mental health practitioners	31.1%	28.9%	26.7%	6.7%
Opportunity to conduct/participate in infant mental health research	13.0%	8.7%	13.0%	41.3%

Practices Emphasized During Reflective Supervision

Figure 13 shows that of those who responded ($n = 52$), various practices were reportedly emphasized during reflective supervision. Respondents reported the following practices emphasized with respective frequency: 30.5% importance of relationships; 21.9% respect for ethnicity, culture, individuality, and diversity; 18.1% integrity; 18.1% confidentiality; 23.8% knowledge and skills building; 31.4% reflective practice; 23.8% bringing the experience of the infant into awareness for the parent or caregiver; 6.7% not applicable; and 5.7% other⁷ practices that are emphasized.

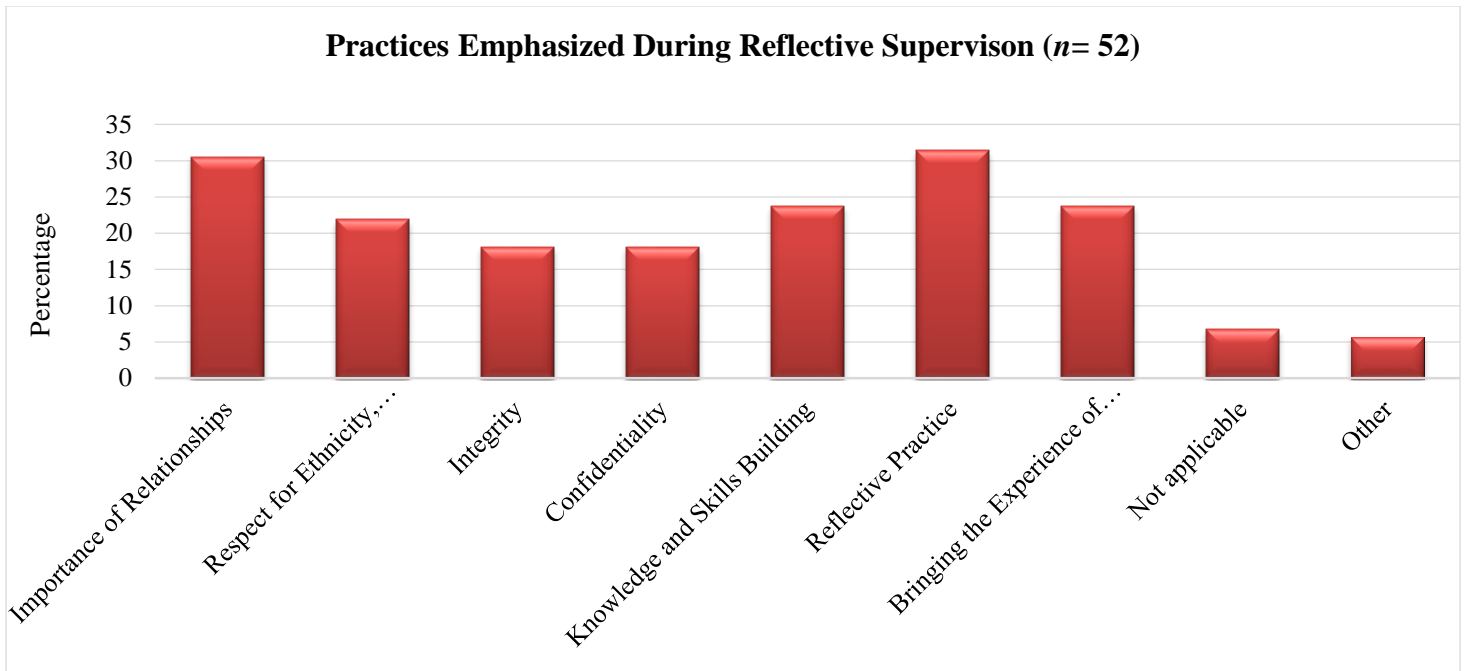


Figure 13

⁷Other practices that were emphasized are, “ethics” and “parallel process.”

Practices Emphasized Working in the Field of Infant Mental Health

Figure 14 shows that of those who responded ($n = 52$), the practices emphasized during employment were as follows: 40.0% importance of relationships; 33.3% respect for ethnicity, culture, individuality, diversity; 23.8% integrity; 29.5% confidentiality; 35.2% knowledge and skills building; 32.4% reflective practice; 34.3% bringing the experience of the infant into awareness for the parent or care giver; 1.9% other⁸ practices that are emphasized.

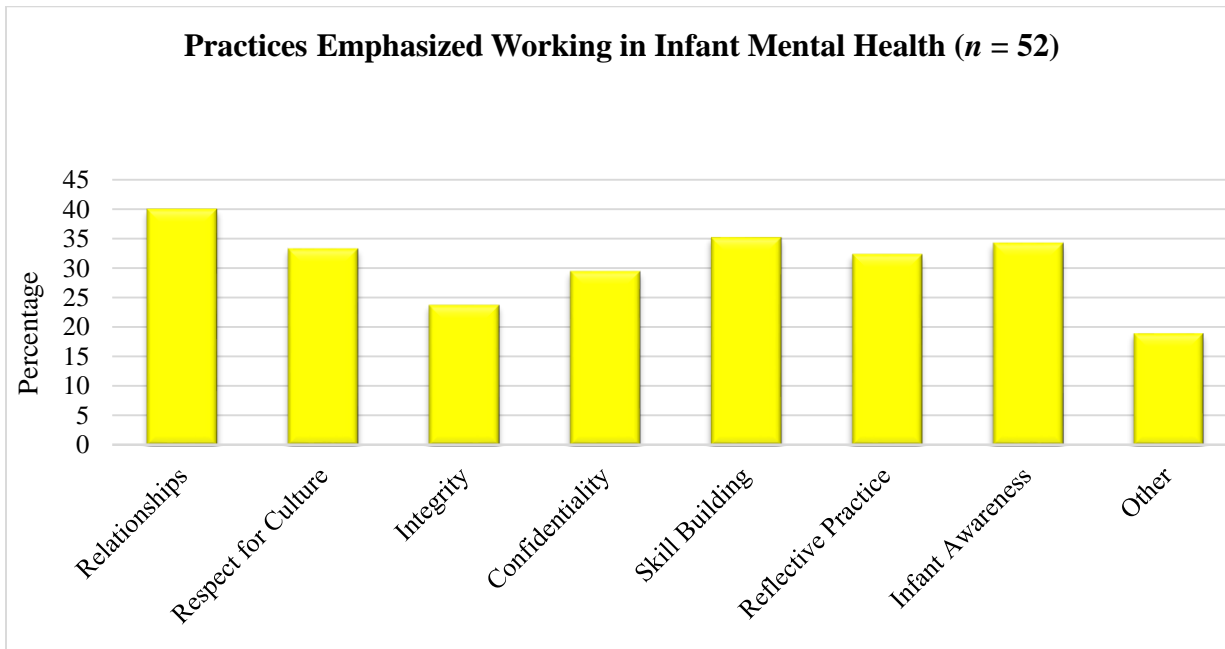


Figure 14 ⁸ Other practices that were emphasized were “parallel process as my own triggers when working with families.”

Additional Feedback from Respondents

The survey included a request for feedback to the following three questions:

1. If the Infant Mental Health endorsement process has impacted your work or research with families, please provide one example of how your work has changed and why?

The common theme in the responses was increased confidence, as reflected in respondents' statements below.

"The ability to clearly assess and treat infant/toddler mental health issues. Confidence to provide the treatment."

"I became more confident, knowledgeable, and credible with my peers and colleagues in the Infant Mental Health field once I completed my MAS-IFP Program and became endorsed through the ITMHCA. This has allowed me to stay more current and updated with changing research and information in the field, which has in return enhanced my ability to promote/advocate for positive social-emotional development for the infants, toddlers, and families that I have worked with."

"I have confidence that I lacked due to not having 'formal' and certified education. It is nice to have this to back me up!"

"The ability to provide current, research based, best practice care to families."

2. If the Infant Mental Health Endorsement process has not enhanced one or more of the benefits listed in the survey, why or why not?

The following were examples of common responses.

"The endorsement is still not recognized in the community."

"I don't think the actual process of getting endorsed can improve practice with families, but I do think the process of gaining competency (through work experience, reflective supervision, training, etc.) in order to move towards endorsement definitely supported my work with families."

"I think it would be helpful to have a way to have opportunities with other endorsed members. I know there are trainings available but other than that I am not aware of any opportunities for members to get together. I have my endorsement but I do not know what meetings there are."

3. What advice would you give someone who is thinking about being endorsed?

Respondents offered several pieces of advice to those considering endorsement as reflected below.

"Do it! While the process can seem ominous when looking at it from the outside, it really is just a simple step by step process...The Endorsement brought me together with so many wonderful folks in the IMH field and it also adds some credibility to what I have to say to other professionals about babies, toddlers and their families."

"Ask for support! Get a mentor and a colleague to support you through the application process."

“Great opportunity to learn more about early childhood. I would advise any person considering endorsement to focus on obtaining high quality reflective supervision from a qualified supervisor within the clinical field.”

“Instead of spending time and effort to capture ALL of the trainings, classes, workshops, experiences you may have in a particular area, do your portfolio a.s.a.p. to see where there are areas of ‘opportunity’ for which to focus and learn more about.”

Respondents were asked to share any additional thoughts about the Arizona Infant Mental Health endorsement process. Examples of responses include:

“Hopefully, individuals pursuing endorsement are given better direction as to how to prepare for the exam at levels 3 and above.”

“More support for the exam process like a study group.”

“I like the idea of a peer reflective group for professionals endorsed at the same level.”

“I wish the policy makers recognized and valued the impact of supportive services for families with young children.”

Next Steps

The ITMHCA plans to use the survey results to help refine the endorsement process and to share information on the perceived benefits of the endorsement with employers and supervisors, as well as agency and program administrators and funders. The survey results will also be used to inform future training and reflective supervision offerings. Since endorsed members clearly seek opportunities to network with colleagues, efforts will be redoubled to accommodate social gatherings and study groups.

On a national/international level, survey results will be added to both a national database for further analysis, and to published literature to tout the value added to early childhood mental health through the preparation for and recognition of Infant Mental Health Endorsement®. It is hoped that expansion of IMH-E® around the globe will foster national/international collaboration and increase knowledge.