

Associations for Infant Mental Health

Shaping Today's Workforce to Invest in the Children of Tomorrow

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Abstract

The workforce that supports pregnant people, babies, young children, and their families is often under incredible stress and at risk of burnout. Because working with these populations is particularly evocative and challenging, the workforce necessitates specialized support, mentorship, and access to resources. Associations for infant mental health have grown to become an increasingly prevalent and accessible professional home for infant–young child and family providers. They can play a vital role in strengthening the workforce and birth to 6 service delivery systems, ultimately shaping the next generation of infants and young children.

Babies' early experiences and relationships shape how their brains are built and form the foundation for all future development. Access to professional development initiatives in the infant and early childhood mental health (IECMH) workforce is a crucial strategy to support optimal early relational health. Providing services to babies, young children, and their families, particularly those facing chronic adversity, is challenging and requires a unique set of skills, knowledge, and experiences. To meet the demands, the workforce must have access to high quality in-service professional development offerings, educational opportunities, reflective experiences, and mentorship that supports their work. The workforce must have support. That is where associations for infant mental health (AIMHs) come in.

The Role of AIMHs

AIMHs offer a professional home for IECMH-informed professionals and can serve as a secure base where they receive access to ongoing professional development, informed guidance on policy issues, and mentorship. An AIMH is often a nonprofit membership organization that is committed to promoting early relational health; prioritizing babies, young children, families, and relationships; advocating for, educating, and supporting the IECMH workforce; and recognizing competency through workforce development programs. Forty-two states in the US have an AIMH, and a few more are in the process of creating one. Across the US, each AIMH is unique with slightly different priorities. Some AIMHs prioritize policy

and work alongside lawmakers to advance legislation that will benefit babies. Other AIMHs concentrate on in-service trainings and provide thousands of hours of content to its workforce each year. Others offer direct services, such as mental health consultation or providing a Safe Babies Court Team™. Finally, a growing number of AIMHs provide reflective supervision (RS) experiences directly to the workforce.

Despite their differences, AIMHs share common characteristics. An AIMH is a coalition of like-minded professionals who come together to provide caregivers and professionals working with or on behalf of pregnant people, babies, young children, and their families the knowledge, skills, and practices that support healthy social–emotional development and relational health. AIMHs are interdisciplinary, meaning that they support all people who work with or on behalf of children from birth to 6 years old. This includes work across promotion, prevention/early intervention, treatment, and macro, and from many systems, including academia, behavioral health, child welfare, health, early childhood education, early intervention, home visiting, mental health consultation, and program administration.

Meet Julia

Julia is from a small town in rural Michigan. She describes the culture of her hometown as, "A place where you pull yourself up by your bootstraps. You keep going until you figure it out. You don't ask for help. You rely on yourself." Within her community, Julia worked for Early Head Start for 9 years. She went to school to focus on early childhood education leadership and administration, and she primarily viewed babies, young children, and relationships through the lens of child develop-

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Providing services to babies, young children, and their families, particularly those facing chronic adversity, is challenging and requires a unique set of skills, knowledge, and experiences.

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ment. Two years ago, Julia's program director encouraged her to participate in a 10-month training series, Foundation for Culturally Sensitive Relationship-Focused Infant Mental Health Practice, offered by the Michigan Association for Infant Mental Health (MI-AIMH). At that point, Julia had heard of MI-AIMH but was unclear about the organization's mission and believed that they were somehow correlated with community mental health.

When Julia signed up for the series, the intention was for the training to be offered in person. However, when the COVID-19 pandemic hit, the training was moved to virtual learning. The 10-month offering focused on processes and content of IECMH practice as it is applied in diverse programs and settings. Specifically, the training addressed pregnancy, infant/young child development and behavior, observation and listening, screening and assessment, attachment, trauma, separation, grief and loss, and intervention strategies, such as developmental guidance, supportive counseling, advocacy, meeting concrete needs, life skills, family planning, and infant-parent psychotherapy. Cultural humility, relationship-based practice, and RS were interwoven throughout the entirety of the series. A unique component of the series is the use of "fishbowl" presentations. Fishbowl refers to the observation of an unrehearsed RS session. Training attendees were invited to participate in and view these over the course of the 10 months.

Shortly after the training began, Julia received an invitation to participate in an RS group experience. As a result of COVID-19, the State of Michigan partnered with MI-AIMH to intentionally support the infant and young child workforce. MI-AIMH offered 23 RS groups for these professionals, who met twice monthly in cohorts, for 6 months. Julia accepted the invitation and began meeting with her group.

Practical Application

A few months into the training and RS group experiences, Julia realized how her participation was altering her practice with families. She recalls a day when she was meeting with a young

mother who was recently homeless, via a telehealth session. Through tears, the mother told Julia about a horrific experience that had recently occurred. As the mother shared her story, Julia became increasingly aware of her own physical response; she was flooded with sadness, and she felt like she was going to become ill. Julia remembered the trainers from the series explaining that being with babies, young children, and families can be visceral and experience-based and that the information gained from our bodies can be a powerful way to assess what others may be going through. Specifically, Julia thought of these questions: *What is it like to be with this baby/young child/caregiver/family? What feelings are being evoked? What do I notice in my body?*

Julia identifies this moment as a turning point in her work. She was able to use her feelings and body sensations as indications of what the mother may also be feeling, and she offered support and empathy accordingly. Reflecting back on that experience, Julia said,

I didn't know that what people shared with me could impact me personally like that. No wonder I was depressed at work. No wonder there were days when I didn't want to go see certain families because of how I would feel afterwards. All of a sudden, the culture of our workplace made more sense. It wasn't just me who was being impacted by the stories from families, it was everyone I worked with, too. We were carrying the stories, and our response to them, around with us, but we didn't know it.

Around this same time, Julia recognized the tremendous value in having access to group RS and the fishbowl presentations. She appreciated that she didn't have to carry the weight of working alongside and supporting young children and their families alone, and she came to understand that RS could be a place for reflecting on and interpreting her perceptions, feelings, and observations. Julia recalled sitting with a father and his 9-month-old baby after she had explained a developmental activity that she wanted them to engage in together. The baby put the activity materials in his mouth and Julia observed the dad take the materials and stop the baby from putting them in his mouth the next time the baby tried to do it. The dad appeared frustrated and expressed that he wanted to do the activity as Julia had described. This caused the activity to go into a standstill as the baby wanted to do one thing and the dad wanted to do another. Julia was unsure about how to proceed. The next time she attended RS, Julia spoke to the group about that experience. She shared,

After I told them what I observed, they asked me things that I hadn't considered, like, Can you remember what you were feeling when the dad stopped the baby from putting things in his mouth? Who else may have been feeling how you were feeling in that moment? How may those feelings inform your next visit with them? As I shared more, my curiosity was pulled to the dad and I wondered aloud, "What was the dad's childhood like? Did he do activities with anyone when he was little? What are the dad's hopes for his baby?" I realized that there was so much I didn't know about the dad and how his own experiences may be impacting his

relationship with his son. The next time I saw them, I followed the dad's lead and took an inquisitive stance.

As the training series neared the end, Julia's understanding of IECMH principles and practices continued to broaden and inform her work. Around that time, a 4-year-old enrolled in a Head Start preschool program told his teacher that he was going to kill himself, using incredible detail. Julia observed the staff become very stressed, overwhelmed, and concerned for his well-being. She said, "Understandably, everyone was hyper focused on the student. But I had just gained understanding about the parallel process and started to think about the teacher, too." Julia had learned that the parallel process gives attention to all relationships and their impact on one another. In this instance, Julia thought about her relationship with the teacher and the teacher's relationship with the 4-year-old. Julia said, "I went to talk with the teacher and wasn't surprised to hear that she was incredibly overwhelmed and sad. She told me that no one had asked her how she was doing and that she didn't know where to receive support." Julia asked what it had been like for her to hear the 4-year-old say he wanted to harm himself. The teacher teared up and she told Julia the story. Julia said, "I wish there were more support for people who are on the ground, like that teacher. She needed to be heard so that she could go on and hear that little boy and all of the children enrolled at the school." Together with the teacher and other staff supports, this family received an appropriate referral for additional assistance.

Accessing AIMH Resources

By the end of the training series and group RS, Julia was accessing multiple professional development opportunities from MI-AIMH and seeking out the organization for mentorship. It was at that time that she learned about the Endorsement for Culturally Sensitive, Relationship Focused Practice Promoting Infant and Early Childhood Mental Health® (Endorsement) credential. Endorsement was created by MI-AIMH in 2002 as a way to honor infant–young child and family professionals who apply IECMH principles to their practice. Julia described going through the Endorsement application process as

...career changing. Endorsement offered me a sense of community with other like-minded professionals. I feel confident that other professionals who are endorsed share in my understanding of IECMH because they also demonstrated a specific degree of knowledge and skills through their experiences. Endorsement equates to credibility to me.

Prior to her involvement with the training series, RS group, and Endorsement, Julia occasionally felt overwhelmed and burnt out. What she felt, but didn't have words for at the time, was that providing services to babies, young children, and their families is taxing and requires a unique set of skills and specialized support. The opportunities offered to her by MI-AIMH came at just the right time for Julia to receive the support she needed and feel revitalized and re-engaged with her chosen profession.



Associations for infant mental health offer high-quality, competency-based training and professional development opportunities.

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AIMHs Provide Support

AIMHs provide support to the IECMH-informed workforce in numerous ways. AIMHs offer high-quality, competency-based training and professional development opportunities. These opportunities are on topics that are specific to working with or on behalf of pregnant people, young children, and their families, such as pregnancy, relationship-based practice, health and developmental protective and risk factors, cultural and linguistic responsiveness, self-awareness, secondary trauma, and many others.

AIMHs facilitate reflective experiences like RS. The use of RS by professionals to integrate knowledge, skills, and emerging capacities into their practice can substantially benefit the babies, young children, caregivers, and families served. RS offers professionals a supportive mentor relationship that nurtures their ability to provide consistent and quality relationship-based services to caregivers. The concept of "parallel process" asserts that this leads to caregivers experiencing a relationship that promotes their own learning and encourages their desire and capacity to nurture and teach their children. An accumulating amount of research indicates that RS correlates to reduced burnout in the IECMH field (Begic et al., 2019; Frosch et al., 2018; Shea et al., 2020). Babies and young children in particular benefit from having consistent and predictable relationships and this includes infant, early childhood, and family professionals. Retention of the workforce that serves this most vulnerable population is critically important.

AIMHs illuminate diversity, equity, and inclusion within the field. Many AIMHs have adopted the Diversity-Informed Tenets for Work With Infants, Children, and Families (Irving Harris Foundation, 2018). The Tenets embolden professionals in this field to see IECMH work as social justice work. Support for the workforce needs to include training that addresses implicit bias and encourages cultural humility and RS practices that examine diversity (Wilson et al., 2018).



Reflective supervision offers professionals a supportive mentor relationship that nurtures their ability to provide consistent and quality relationship-based services to caregivers.

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AIMHs can directly impact the composition of the workforce. The early childhood field must “create space and make pathways” (Irving Harris Foundation, 2018) for a workforce that is more representative of the populations that they serve. Families who are not White deserve to receive services from professionals who look like them and bring a diversity of cultural backgrounds, including parenting and familial perspectives, into the work. AIMHs can intentionally attract and increase the number of Black, Indigenous, and People of Color professionals who provide promotion, prevention/early intervention, and treatment services and who serve as leaders by encouraging, mentoring, and providing support to them along their career pathways.

AIMHs advocate for the workforce to be appropriately compensated and recognized for their professional contributions. One way that recognition can be demonstrated is by earning the Endorsement credential. Currently, 33 US AIMHs and the Western Australia AIMH offer Endorsement to their communities. Similarly, California, Illinois, and Ohio also offer a credential for their IECMH workforces. These credentials document that individuals have specialized knowledge and skills in IECMH to meet the unique needs of pregnant people, babies, young children, and their families. In some states, Endorsement has been written into job requirements and led to increased pay, Medicaid reimbursement, or third-party billing.

Just like pregnant people, babies, young children, and families necessitate a specialized workforce, and the specialized workforce needs AIMHs, AIMHs also benefit greatly from support. Through my role as the Endorsement and communications director with the Alliance for the Advancement of Infant Mental Health, I partner with AIMHs so that those groups can intentionally support, grow, diversify, and advocate for their local IECMH workforces, allowing those workforces to better support children birth to 6 years old and their families. I offer ongoing technical assistance to the AIMHs using Endorsement so that there is meaningful reciprocity across the states/regions

using that credential. I write and create resources so that there is shared messaging across the AIMHs and to better equip them to advocate for their workforces. These resources include the publications *What Makes an Infant Mental Health Association Strong* and *Endorsement Is Good for Babies*. Most notably, I currently co-facilitate multiple groups that are revising their IECMH workforce development standards, like Endorsement, to promote cultural humility; diversify the workforce; and drive policies, scholarship, and training that are antiracist. This work has led to broadening Endorsement pathways, dismantling and updating policies that impact Endorsement, infusing best practice into professional development requirements, and removing barriers.

Summary

AIMHs are at the heart of supporting the specialized, interdisciplinary IECMH-informed workforce. AIMHs can have a big impact on the services provided to pregnant people, babies, young children, and families. When AIMHs successfully support their members, the workforce thrives. My desire and hope are for this dedicated workforce to have access to the advocacy, support, recognition, and pay that they need and desire so that they can be well-equipped to work alongside babies, young children, and their families. Brené Brown stated one thing that IECMH professionals know for sure, “Connection is why we’re here; it is what gives purpose and meaning to our lives” (Brown, 2013). AIMHs offer incredible connections for the IECMH-informed workforce, just as the workforce offers invaluable relationships to the babies and families they support.

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Ashley McCormick, LMSW, IECMH-E®, is the Endorsement director for the Alliance for the Advancement of Infant Mental Health. The Alliance was incorporated in 2016 and Ms. McCormick has been part of the Alliance since its inception. Ms. McCormick is dedicated to promoting workforce development standards for all professionals who work with or on behalf of pregnant people, infants, young children, and families. After her graduate studies, Ms. McCormick provided relationship-focused therapy to children birth to 6 years old and their caregivers in Detroit-Wayne County, MI. From there, Ms. McCormick worked for the Michigan Association for Infant Mental Health and supported the infant and early childhood mental health workforce through the use of the tools the Competency Guidelines and Endorsement. Ms. McCormick is endorsed by MI-AIMH as an Infant and Early Childhood Mental Health Mentor with an area of focus on the provision of reflective supervision/consultation and provides reflective supervision to professionals in the infant-young child-family field in Michigan and beyond.

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