

Our way of being: Infant and Early Childhood Mental Health workforce development in Tennessee

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Abstract

The optimal relational experiences of infants and young children demand a cross-sector workforce informed by Infant and Early Childhood Mental Health (IECMH) principles and practices. A recent review by the Alliance for the Advancement of Infant Mental Health, Inc identified seven themes that help define “What makes an IECMH association strong?”: (1) Identity, (2) Cross-Systems Collaborations, (3) Sound Organizational Structure, (4) Competency-Informed Training, (5) Reflective Supervision Capacity, (6) Policy, and (7) Higher Education. The present paper documents the story of the Association of Infant Mental Health in Tennessee (AIMHiTN) and the role of the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting IECMH in that growth across those seven themes with the additional themes of (8) Funding and, (9) Diversity, Equity, Inclusion, and Belonging. First, foundational literature is reviewed to summarize IECMH-informed workforce development. Next, AIMHiTN’s story of workforce development is mapped onto the nine themes and challenges and lessons learned are summarized. The article aims to serve as a roadmap for other states, provinces, territories, or nations hoping to develop their own Association for Infant Mental Health (AIMH) as well as a guide for those with existing AIMHs for promoting continued growth and sustainability.

KEYWORDS

Associations for Infant Mental Health, endorsement, Infant and Early Childhood Mental Health, reflective supervision, workforce development

1 | BACKGROUND

As many readers may be aware, it is well-established that early experiences and relationships lay the foundation for the developing brain and health across the lifespan (e.g., Bowlby, 1982; Child Welfare Information Gateway, 2013; Groh et al., 2016; Miguel et al., 2019). In the context of “safe, stable, and nurturing relationships and environments,” children are most likely to develop to their full potentials (Center for Disease Control, 2019; Rees, 2007). Whereas,

in the context of abuse, neglect, household dysfunction, and/or insecure attachment, children are placed on a maladaptive developmental trajectory that can lead to a range of undesirable outcomes (e.g., Chapman et al., 2007; Felitti et al., 1998; Sonu et al., 2019). Factors that threaten early development can be overcome or ameliorated by a strong attachment with at least one primary caregiver and other positive relationships that support development in a variety of ways (Center for Disease Control, 2019). Prevention and intervention services can support these essential

relationships if there is a trained multidisciplinary workforce of infant, early childhood and family service professionals; a system of competencies that standardizes the foundation of knowledge and skills that practitioners need to have to be most effective; and a credentialing system that can certify the achievement of such competencies, (McCormick & Eidson, 2020). In addition to the growing demand to diversify the IECMH-informed workforce is the need to support a workforce that is diversity-informed and culturally attuned (Wilson et al., 2018).

The following article focuses on one state's journey to build and sustain an efficient AIMH to meet the needs of the state, the workforce, and ultimately, the children and families served. The case study below (in Section II) illustrates, that this story began with a desire to organize, support, and promote professional development for the workforce serving infants, young children and their families. The system stakeholders wondered, "How can we ensure an infant-family workforce that can apply IECMH evidence-based principles in their practices across the spectrum of promotion, prevention, and treatment/intervention, as well as in IECMH research and policy development?" The Michigan Association for Infant Mental Health (MI-AIMH) Endorsement system was identified as a primary solution. To further understand the reasons MI-AIMH Endorsement was considered to fill the need, a brief history and relevant research regarding the Endorsement credential is provided. AIMHiTN used this history as the framework for its growth and development as an AIMH. The article is divided into two sections. First, the literature on Endorsement, the development of associations for infant mental health (AIMHs), and IECMH-informed workforce development is reviewed (Section I: Introductions). Second, the story of the development and growth of Tennessee's (TN) AIMH is summarized (Section II: Case Study and Discussion). In Section II, the story is organized through nine themes (described below), challenges still faced, and AIMHiTN's vision for the future are provided in hopes to guide others interested in starting an AIMH or growing their current AIMH.

2 | INTRODUCTION

2.1 | IECMH endorsement?

The most widely disseminated framework for IECMH workforce development is found in the Competency Guidelines for Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting IECMH¹ ("Endorsement;" Weatherston et al., 2009). The intent of Endorsement is to recognize and document the development of IECMH-informed professionals within an orga-

KEY FINDINGS

1. Associations for infant mental health are encouraged to invest in relationships and integrate Diversity, Equity, Inclusion, and Belonging throughout all aspects of their infrastructure development, funding, recruitment, and growth.
2. Associations for infant mental health are encouraged to consider the organizing framework that the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting IECMH provides for cross-sector systems change and growth.
3. Associations for infant mental health are encouraged to integrate reflective practice throughout their development and growth and to attend to the parallel process in all aspects of infrastructure development, funding, recruitment, and growth.

STATEMENT OF RELEVANCE TO THE FIELD OF IECMH

This paper focuses on one state's journey to build and sustain an efficient Association for Infant Mental Health (AIMH) to meet the needs of the state, the workforce, and ultimately, the infants, young children and families that we serve. The discussion provides a framework for other AIMHs to guide their growth in building and sustaining an IECMH-informed workforce to better meet the prevention and intervention needs of the youngest and most vulnerable children, their parents, and other caregivers.

nized system of culturally sensitive, relationship-based, infant mental health learning and work experiences. More specifically, Endorsement verifies that a professional has attained the level of required education, participated in specialized continuing education and in-service trainings, engaged in professional work related to infants and toddlers, obtained reflective supervision/consultation from mentors or supervisors, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-based services to infants, toddlers, families and other caregivers. Endorsement also serves to assure families that they are receiving services by professionals

held to nationally recognized standards of care and service (Funk et al., 2017).

2.2 | Associations for infant mental health

While there is no one exact recipe for how a state can grow an AIMH to implement and support Endorsement, there are several examples of models that have been used and the successes and challenges associated with such growth (Funk et al., 2017; Priddis et al., 2015; Weatherston et al., 2009). A recent synopsis (McCormick, 2018) summarized the annual reports from 25 (of the 31) Alliance member associations to better understand, “What makes an IECMH association strong?” Seven themes were identified: (1) Identity, (2) Cross-Systems Collaborations, (3) Competency-Informed Training, (4) Reflective Supervision Capacity, (5) Sound Organizational Structure, (6) Policy, and (7) Higher Education (for detailed explanation of the themes see McCormick, 2018²). Success of AIMHs in the key areas is integral to supporting the long-term success of the IECMH-informed workforce and ultimately the children and families they serve. The final section of this introduction will briefly review the empirical research that has been conducted on IECMH workforce development to provide relevant facts that are exemplified in the case study.

2.3 | IECMH workforce development research

While it is beyond the scope of this article to summarize the literature in detail, several key IECMH-based workforce development references are highlighted. First, Weatherston and colleagues' 2009 paper offers a foundational history behind the development of the *Competency Guidelines*. Priddis and colleagues (2015) describe the results from the Australian Association for Infant Mental Health International—Western Australia (AAIMHI-WA) survey to ascertain the education and training needs of professionals who promote and/or practice IECMH. Sixty interviews were conducted from organizations from multiple countries to better understand training programs and delivery models of IECMH-informed services. The survey results highlighted the global awareness of the importance of upskilling and increased training for infant/young child and family serving professionals; provided examples of IECMH delivery models across several nations, and offered a clear rationale regarding how Endorsement can serve as a guide for promoting workforce development. Finally, a recent paper by Funk and colleagues (2017) detailed the process of how four different states used Endorsement,

across the four categories/scopes of practice, to increase the workforce capacity to improve the quality of services and care provided to infants, young children, families, and caregivers.

One foundational aspect of workforce capacity building for IECMH is the provision of reflective supervision/consultation services (RSC³). Empirical investigations of RSC have found it to help increase job satisfaction, provider self-efficacy, capacity to cope with stress, provider ability to address personal biases, and to increase reflective capacity and reflective behaviors in a range of professionals working with young children and families (Frosch et al., 2018; Harrison, 2016; Harrison, 2016; Low et al., 2018; Watson et al., 2014).

The review of the literature on IECMH-informed workforce development would be incomplete without discussion of research documenting outcomes associated with Endorsement and related credentials. In 2016, over 1,000 infant family professionals were surveyed across 14 state AIMHs about their experience with Endorsement. Eighty-nine percent of infant family professionals reported that Endorsement was “beneficial” or “highly beneficial” in increasing their knowledge of IMH. Ninety percent reported that Endorsement was “highly beneficial” for their ability to promote IMH, and 93% reported that Endorsement had a “beneficial” or “highly beneficial” effect on their ability to support and promote infants' and young children's healthy social and emotional development (Krysiak et al., 2019).

An evaluation of the Early Childhood Social-Emotional and Behavior Regulation Intervention Specialist (EC-SEBRIS) certificate program, a graduate-level certificate program that parallels many of the Endorsement criteria in the areas of knowledge, experience, and RSC, found that the credential resulted in greater self-efficacy in early care and early education professionals and greater sensitivity of skills to support young children's behavioral health (Ritblatt et al., 2017). Further, the children in the care of the providers with the EC-SEBRIS credential showed fewer challenging behaviors and increased social competencies across time. Altogether, the research on RSC and IECMH Endorsement suggests that these specialized workforce development activities result in lower burnout and higher quality practice with infants, young children, families, and caregivers.

3 | SECTION II: CASE STUDY AND DISCUSSION

The development and growth of Tennessee's (TN) AIMH, the Association of Infant Mental Health in TN (AIMHiTN) is outlined through the framework of the Alliance's seven themes of what makes an AIMH strong, with the

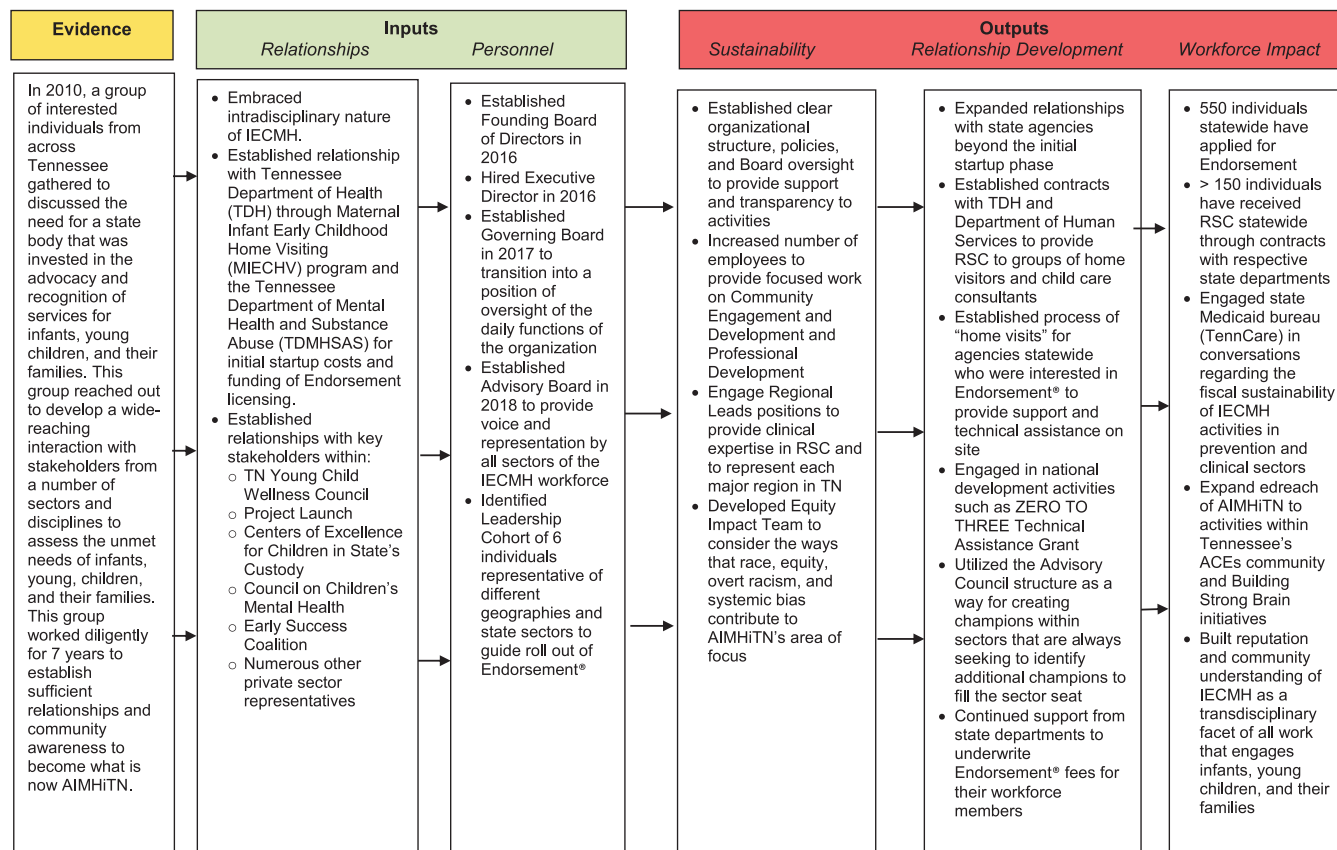


FIGURE 1 Logic model to summarize the creation and early years of AIMHiTN

addition of two themes, (8) Funding and (9) Diversity, Equity, Inclusion, and Belonging. The narrative is accompanied by a logic model (Figure 1) that illustrates essential aspects of AIMHiTN's journey. Key lessons learned by themes are summarized in Table 1.

The information was gathered through interviews with AIMHiTN's first board president, one of the founding board members, Michele Moser, and with AIMHiTN's Executive Director, Angela Webster, also a founding board member. Moser and Mrs. Webster both referenced meeting minutes, strategic planning documents, past email correspondences, and consulted with other founding board members in their contributions to documenting and telling the origin story of AIMHiTN. Moser summarized AIMHiTN's story best when she said, "It's truly all about the relationships."

3.1 | Identity: The creation of a statewide infant mental health association in Tennessee

The birth story of AIMHiTN reflects effective collaboration and systems development which continues today. AIMHiTN was born out of a 7+ year grassroots initia-

tive that brought together individuals and agencies from across sectors with interest in IECMH. AIMHiTN's founding goals were: (a) promoting IECMH through building awareness, (b) promoting professional training opportunities in core IECMH theories and modalities, (c) fostering partnerships, and (d) supporting policies which are in the best interest of infants and young children, their families, and communities.

In November 2010, two leaders from the state's Centers of Excellence (COE) for Children in State Custody gathered approximately 30 individuals at a statewide conference focused on children's justice. The attendees responded to an open invitation to participate and included cross-agency, cross-discipline stakeholders interested in issues related to the needs of infants and young children. The COE leaders were involved in TN's focus on training the mental health providers with evidenced based treatments for trauma and were motivated to address the service gap of the paucity of mental health clinicians trained in evidenced based treatments for infants and young children.

The passionate individuals who attended the first meeting represented child serving state agencies, community mental health, early childhood education, psychiatry, pediatrics, and advocates shared the early goal to create

TABLE 1 Lessons learned by theme

Themes	Lessons learned
Identity	<ul style="list-style-type: none"> • How you are is just as important as what you do <ul style="list-style-type: none"> ◦ Reflective ◦ Relational ◦ Inclusive • You can have many lighthouses to guide you as long as your key stakeholders are generally rowing in the same direction.
Sound organizational structure	<ul style="list-style-type: none"> • Prioritize sustainability and infrastructure • Have a strong board that is built on breadth of sectors represented and depth of relational strength between members • Commitment to Endorsement can serve as an anchor to organizational structure
Cross-systems collaborations	<ul style="list-style-type: none"> • Find champions and offer them a space to gather, share what they're doing, and move toward their goals • Be inclusive and celebrate the diversity of ideas and perspectives
Funding	<ul style="list-style-type: none"> • Invest in relationships first and foremost • Diversify funding sources
Competency-informed training	<ul style="list-style-type: none"> • Trainings increase awareness which increases demand for IECMH programming, providers, and Endorsement support. Consider ability to meet those needs when determining pace and breadth of training offerings. • When possible, pay trainers and use recorded webinars to decrease trainer burnout and increase accessibility to trainings
Reflective supervision capacity	<ul style="list-style-type: none"> • We never outgrow the need to be “held” by another. Support RSC providers with regular, consistent, and quality RSC. • Develop clear frameworks for “train the trainer” RSC approaches in which supervisors receive RSC so that RSC provision grows exponentially. • Provide protected time to gather reflective consultants to slow down, reflect on the process, and collaborate on goals for growth.
Policy	<ul style="list-style-type: none"> • Be aware of cultural differences across systems and agencies and be intentional to notice, discuss, and consider these cultural differences when collaborating on policy-based initiatives. • Assess systems' readiness for change and your own AIMH's readiness to supply that change prior to implementing major policy or programmatic changes
Higher Education	<ul style="list-style-type: none"> • Clarify specific mission and goals in how higher education partners can support the work of the AIMH • Have proactive and transparent conversations about intellectual property, authorship order, conflicts of interest, etc.
DEIB	<ul style="list-style-type: none"> • Have a clear document or guiding set of principles to specify your agency's values related to DEI <ul style="list-style-type: none"> ◦ Consider the Irving Harris Foundation's Diversity Informed Tenets for Work with Infants, Children, and Families as a potential guiding framework • Put values into action in how you respond to current events, how you hire, and your agency's policies and procedures • Be mindful of issues related to power, privilege, and tokenism when seeking to expand the diversity of your organization

Abbreviations: AIMH, Association for Infant Mental Health; DEIB, Diversity, Equity, Inclusion, and Belonging.

better services for infants and young children. The group recognized that cross-sector collaboration is essential to systemic change. At the first meeting they created the name the TN IECMH Initiative (TIECMHI) and committed to meeting regularly to work on the goal of examining how TN could better attend to and support the mental health needs of infants and young children, their families, and communities. Initially convening monthly and in person requiring travel from both sides of the state for some of the participants, this dedicated group continued meeting regularly for more than five years, bringing new stakeholders to the table to form a strong cross-discipline collaborative movement represented by sectors across the IECMH service spectrum of promotion, prevention, intervention, and treatment, as well as other stakeholders including representatives of the state's Medicaid system.

During the first few years, the TIECMHI did not have one particular goal, but rather a broad vision. Dr Moser explained, "We all had our own reasons for being there, but we were all rowing in the same direction." For example, some participants were interested in IMH evidence-based treatment for the child welfare system, some were interested in safe baby court teams, while others were interested in evidence-based home visiting. Subgroups were created to allow connections based on interest. Though the TIECMHI never had an official mission statement, they did have a definition of who they were: "TIECMHI brings together individuals and agencies interested in infant mental health to develop relationships across departments and agencies, identify existing resources and opportunities, and begin to identify what is needed to address the mental health needs of infants, young children, and their families."

Two years after the creation of TIECMHI, the group drafted a plan for developing capacity of the IECMH workforce that helped to identify the desired outcomes as: (a) a collective recognition of the importance of social and emotional development on lifelong health, development and learning; (b) a collective understanding of the central role of relationships on promoting optimal social and emotional development in infants and young children, and (c) the creation of a comprehensive service delivery system for infants and young children and their families who require additional supports and intervention throughout TN. Though no formal needs assessment was conducted by the TIECMHI during this time, access to resource maps conducted by other statewide agencies were provided to help identify geographical gaps as well as age-related gaps (e.g., there were services for preschool age and up, but not for infants and toddlers in all places).

In addition to meeting monthly, those involved in the TIECMHI would also gather annually at the Connecting for Children's Justice Conference. Moser described this

gathering as a reunion and celebration for the collaborative work and its benefits to infants, young children, and families. It was also an opportunity to welcome additional stakeholders to the table. At the 2015 conference, the then TN Department of Health (TDH) division director for maternal and child health, approached Moser with the news that the TDH and the TN Department of Mental Health and Substance Abuse Services (TDMHSAS) had unspent grant funds available that could be directed to bring Endorsement to TN to help support an evidence-based home-visiting workforce. This funding and desire to bring Endorsement necessitated the existence of an AIMH to "hold" the Endorsement license. The dream of having a state AIMH, then, turned into a necessity *and* a financially viable possibility.

Building on foundational relationships of TIECMHI and leadership in state agencies that recognized the importance of developing an infant and early childhood system of care with a competent workforce, in early 2016, the TDH partnered with the TDMHSAS to provide initial funding for the newly formed Association of Infant Mental Health in Tennessee (AIMHiTN). AIMHiTN officially launched in September 2016 with the unveiling of a new name, new branding, and announcement of the Founding Board of Directors and Founding Executive Director. It was formalized as a nonprofit 501(c)(3) organization in March 2017.

3.1.1 | Identity: Challenges faced and lessons learned

"How you are is just as important as what you do", accurately depicts lessons learned during AIMHiTN's origin story (Pawl & St. John, 1998). Specifically, AIMHiTN's strong identity is rooted in relationships that are reflective and inclusive. Though the goals and interests of the early stakeholders varied, they were united in the common subordinate goal of building a stronger system of care across the state to serve infants, young children, and their families. In other words, though the team was rowing towards different points (e.g., evidence-based home visiting, evidence-based IECMH mental health treatments, safe baby court teams); they all shared a direction, i.e., a goal focused on the bigger lighthouse in the distance and worked together to move closer to that uniting mission.

3.2 | Cross-systems collaborations

"Alone we can do so little; together we can do so much." ~Helen Keller

IECMH is a field whose foundation rests on relationship. The field shows great strengths in connecting, collaborating, and partnering for the betterment of babies, young children, their families, and communities. Like its predecessor, AIMHiTN enjoys a broad foundation of cross-sector, cross-disciplinary relationships. This provides a strong knowledge base in the provision of IECMH services and serves as a vehicle for identifying strengths and gaps in engagement by sector, discipline, and geographic location.

AIMHiTN has been rooted in the notion that all are welcome at the table and the mission is made stronger by diverse voices. The grassroots origins of AIMHiTN reflect how relational networks are built by gathering committed and passionate individuals around a common cause. Of those original 30 “founders,” none were required to participate, and yet all were motivated to gather regularly due to the recognition that the greatest impact would come through collaborative work. Early meetings emphasized relationships by affording ample time for introductions, updates, and check-ins. There was just as much focus on “how you are” as “what you do” in TIECHMI meetings. Given the emphasis on inclusivity and the freedom from any specific time/product mandates to restrict the process or force a certain timeline, TIECHMI allowed the process to unfold organically based on the interests and needs of those at the table. And throughout that process, new people were invited and welcomed. If participants changed agencies, they often identified a replacement from their agency that would be a good fit *and* continued to represent their new agency. When an informal anonymous survey was conducted in the early days of the TIECHMI asking participants why they were committed to the cause even though there was no grant, contract, or agency mandate requiring their attendance, people reported things such as, “These are my people,” “It’s the best part of my day,” and “I enjoy the people and care about the work.” Moser captured the warm and welcoming relationship-based milieu of these meetings when she said, “Everyone had a different reason for being there, but everyone wanted to be there.” Moser described the success of those early days as being due, in part, to having an “open table and an open process.”

AIMHiTN is now the professional home for those across TN whose work supports infants, young children, their families, and caregivers. AIMHiTN has three specific connection points with professionals within the IECMH-informed workforce and larger community: AIMHiTN membership, the AIMHiTN listserv, and Endorsement. AIMHiTN launched its membership program in May 2017 and boasts a current membership of over 300 individuals and community organizations (163% increase from Years 1 to 2). AIMHiTN’s listserv has grown from approxi-

mately 200 individuals in 2016 to over 1000 today (> 400% increase).

Finally, AIMHiTN is the only TN organization eligible to hold the license for Endorsement. Endorsement opened on November 1, 2017 and currently has over 550 applicants. As of December of 2020, AIMHiTN has endorsed over 275 IECMH-informed professionals. All of these connection points provide AIMHiTN with opportunities for engagement with the workforce across all infant, young child, and family serving sectors, as well as the communities they serve.

3.2.1 | Cross-systems collaborations: Challenges faced and lessons learned

Just as young children’s needs change across different stages of development, AIMHiTN has learned that stages in the lifespan of a non-profit bring changing relational needs and challenges. In infancy, a small group of leaders in mental health and advocacy strategically recruited others who had a heart for the work and a mind toward systems change (founding board). TIECHMI was aware in its early stages that there was a lot to know and a lot that was unknown. The group was intentional to mitigate the impact of unknown pitfalls by slowing down the process of developing organizational structure to remain inclusive and open to a wide variety of perspectives and voices.

In its adolescence, strategic recruitment was used to grow an Endorsement leadership cohort representing all regions in TN and to develop a governing board that represented a range of sectors and ideas. Of note, one aspect of diversity unique to TN is that the state is divided into three Grand Divisions (regions: East, Middle, West), each with a unique and strong identity. Each of the Grand Divisions also has unique and differing public service systems. The formation of a leadership cohort required identifying six leaders who could represent both sector diversity and geographical diversity while also having the skills, training, and expertise necessary to meet Endorsement requirements and pass the written exam. Another challenge was that selecting a leadership cohort meant making difficult choices that included some interested professionals and excluded others. To navigate this dilemma, AIMHiTN was reflective and transparent in the process of who was selected and why. Individuals who met criteria to be in the leadership cohort but were not selected were invited to participate in AIMHiTN’s growth and programming in other ways to continue to uphold the inclusive stance.

In its early adulthood, strategic recruitment has engaged an even greater breadth of leaders to promote cross-agency and cross-sector diversity and representation. AIMHiTN

has found yearly retreats for board members to be essential to maintain the relational strength and growth-oriented vision of the organization. AIMHiTN also recently held a strategic planning retreat to engage stakeholders, acknowledge the history, discuss the strengths and growth edges for the organization, and come together to clarify the mission, vision, and strategic plan.

3.3 | Sound organizational structure

“Just as a house needs a sturdy foundation to support the walls and roof, a brain needs a good base to support all future development,” (Alberta Family Wellness, 2013), and an AIMH needs a solid infrastructure to support all future development. And just as young children need caregivers who can balance being warm and kind *and* strong and in charge (Rosenblum et al., 2017), AIMHiTN intentionally built regulating systems that balance strength and structure with warmth and flexibility. AIMHiTN’s organizational structure also emphasizes clear leadership with democratic processes valuing inclusivity and cross-sector representation. Formation of an advisory council has been crucial to ensuring the voices relevant to the breadth of sectors held within the IECMH workforce are at the table. AIMHiTN has also prioritized considerations of racial/cultural diversity in its infrastructure development. Geographical inclusivity has also been a priority demonstrated through outreach, training, and leadership that represents the East, Middle, and West Grand Divisions).

3.3.1 | Development of leadership structure

AIMHiTN strategically utilized existing relationships to create the founding Board of Directors (BOD) and inform BOD transitions, followed by the creation of the Endorsement Leadership Cohort, and lastly engaged members for the Advisory Council. In the same year that AIMHiTN officially launched, the critical position of the Executive Director was filled. The Executive Director had proven leadership skills in non-profit organizations, as well as expertise with public policy and advocacy efforts at the state, national, and international level. The strength of the agency leadership came from the teaming of the BOD and the visionary Executive Director. AIMHiTN prioritizes informing and educating our partners and stakeholders about the value of systems development work. The BOD and agency leadership understand that systems development is sometimes a long-term process and other times requires a quick but measured response.

3.3.2 | Endorsement

One foundational aspect of AIMHiTN’s organizational structure is the commitment to implementation of Endorsement that officially began in 2017. AIMHiTN conducted three Endorsement launch events across the state in each of the Grand Divisions with over 350 IECMH professionals in attendance to bring awareness of Endorsement and the application process. While AIMHiTN focuses on building its infrastructure, Endorsement related fees for qualified applicants have been waived or subsidized through grants. All applicants are encouraged⁴ to become members of AIMHiTN to support the development of the Endorsement system and other programs to enhance professional services for young children and their families. Since applications for Endorsement were first accepted on November 1, 2017, applications have increased over 500% (from 82 in Year 1 to 568 in Year 3). The number of Endorsed professionals has increased over 1000% (from six in Year 1 to 265 in Year 3).

AIMHiTN’s staff worked to develop the infrastructure to support the Endorsement system and also engaged consultant, an Endorsement Assistant, and administrative support to respond to inquiries from potential Endorsement applicants, accept Endorsement applications; guide applicants toward applying at the appropriate category; support applicants throughout the process; and assist with review and coordination of applications, all with a relationship-focused approach. While the organization had a full time Executive Director, it would not have been possible for one individual to grow the organization and manage all the details of the Endorsement system.

3.3.3 | Organizational structure: challenges faced and lessons learned

Though AIMHiTN’s infrastructure development has been one area of strength, its developmental journey has not been without challenges. For an organization built on the importance of inviting everyone to the table, there will inevitably be a point when someone feels forgotten. AIMHiTN has tried to approach this challenge with humility and transparency to repair relationships when individuals have inadvertently or unintentionally excluded.

Another challenge AIMHiTN has faced was how to balance the needs of its own young and developing infrastructure with the needs of the more complex infrastructures of the partnering state agencies that were crucial to AIMHiTN’s origin story. Further, the decision (and resources) to hire full-time staff has been pivotal. Even

given the invaluable support from partners, often in the form of financial support, the biggest moments of angst were related to how to continue this journey toward infrastructure development in light of burgeoning expenses. The BOD and leadership staff prioritized both sustainability and infrastructure development from inception. AIMHiTN's path would not have been possible without a strong BOD carrying out a broad vision, which included an intentionally rapid transition from a founding Board to a visionary governing Board.

AIMHiTN's vision for future infrastructure development is directly tied to the vision for financial growth. Human resources that include paid staff, consultants, and volunteers allows AIMHiTN to be nimble and responsive to new opportunities. In order to increase organizational stability and the capacity for reflective practice, AIMHiTN utilized both in-state regional leads and out-of-state consultants to provide support, guidance, and reflective consultation groups across the grand divisions.

Rapid growth is a double-edged sword, and AIMHiTN's exponential growth across the past four years has been a source of great pride and strength as well as a source of great challenge. Though Endorsement served as an effective lighthouse to guide the IECMH-informed workforce toward AIMHiTN, it also held its challenges. Increased understanding about Endorsement's complexities and AIMHiTN's capacity challenges led to a shift in messaging, often having to ask forgiveness for confusing and sometimes even contradictory communication about Endorsement information and requirements before they were fully understood by the agency. Transparency and "apologies in advance" for potential missteps were used to mitigate damage. Endorsement is a thorough and thoughtful process; however, that thoroughness can sometimes be perceived as overly complex and burdensome. AIMHiTN continues to work closely with colleagues at the Alliance to make this process more efficient and scalable, while maintaining the integrity of the credential.

There were two additional challenges related to this early emphasis on IMH Endorsement. First, that AIMHiTN was an "Endorsement only" agency, without adequate time or focus on other activities. Implementing Endorsement required an incredible amount of work and human resources. Second, some longtime collaborators were concerned about the losing a broader (prenatal to age 6) focus. AIMHiTN was formed with the intent to focus on the full infancy through early childhood age spectrum, however the IMH Endorsement focuses on those who work with families of children up to age 3. Again, open discussion and transparency helped address these concerns by assuring the desire to broaden the agency focus once IMH-E was established. Additionally, an Advisory Council was created to ensure the agency's focus

would become broader. AIMHiTN is now in the planning phase of adopting the Early Childhood Mental Health Endorsement (ECMH-E) in order to offer a credential opportunity to all of early childhood partners.

3.4 | Funding

To be a sustainable organization and to be able to hire and retain staff, AIMHiTN seeks diversified funding sources (see Table 2). Though there is no one path to funding an AIMH, for AIMHiTN, it was essential to secure a solid foundation of contract-based funding with state departments prior to formalizing as an organization. Until that funding was provided, all efforts relied on cross-sector grass roots voluntary efforts (see Identity section above). The original contract-based funding was to provide training, technical support, and reflective supervision/consultation to the home visiting workforce. The contract allowed AIMHiTN to "pilot" the infrastructure for workforce development and Endorsement, which gave other state departments the opportunity to see the benefit and feasibility of such large-scale contract-based projects. Having an Executive Director with experience in non-profit leadership, public policy, and advocacy efforts was essential to AIMHiTN's financial health. The Executive Director balanced business acumen with the relational finesse inherent in the agency's values. As a result, AIMHiTN has secured several key revenue streams (see Table 2) and does not rely on any one revenue stream for its fiscal sustainability.

3.4.1 | Funding: Challenges faced and lessons learned

Funding challenges are an age-old problem in prevention and early intervention work (Furberg, 1994; Kilmer et al., 2010) and one of the biggest challenges facing the growth and sustainability of systems supporting the IECMH workforce (Alliance for the Advancement of Infant Mental Health et al., 2018). For AIMHiTN, the most important lessons learned regarding funding have been to invest in relationships first and foremost and to diversify funding sources. Since the importance of relationship building to funding was previously described, the importance of diversified funding sources will be addressed in this section.

Our origin story would be incomplete if we did not mention the financial challenges that we have faced. One of AIMHiTN's most significant financial challenges has been related to having adequate working capital reserve (a.k.a. operational reserve) to access the full funding available in state contracts. State contracts function on an expense

TABLE 2 Funding sources, projects, and annual budget

Funding source	Purpose/Project
TN Department of Health (MIECHV)	Infrastructure for workforce development/Endorsement
TN Department of Mental Health and Substance Abuse Services (System of Care)	Infrastructure for workforce development/Endorsement
TN Department of Health (MIECHV)	Reflective Supervision capacity
TN Department of Mental Health and Substance Abuse Services(System of Care)	Outreach and awareness activities/Infrastructure Development
ZERO TO THREE	IECMH Financing Policy planning, development, and implementation
The Healing Trust	Advocacy Capacity Building/Strategic Planning
TN Department of Human Services (Child Care Development Block Grant)	Workforce development/Endorsement Training and Technical Assistance Information and Referral Reflective Supervision capacity
TN Department of Education (Tennessee Early Intervention System)	Endorsement related support for early intervention sector
The Perigee Fund	State Association Financing and Sustainability
Membership fees	\$35—Individual \$25—Student or retiree \$125—Community Supporter (Agency/organization) Total membership fees in 2019 = \$5600
Sponsorship fees	Provided in support of specific programs and events
FY	AIMHiTN annual budget:
FY2016 and FY 2017	Agency funding supported via fiscal sponsor, Tennessee Association of Mental Health Organizations
FY2018	\$349,446
FY 2019	\$854,409

Abbreviations: AIMHiTN, Association of Infant Mental Health in Tennessee; FY, fiscal year.

reimbursement system that requires spending the funds upfront to support the program goals and scope of the contract and then invoicing the state for reimbursement of the expenditures. To help mitigate this challenge, AIMHiTN has established a BOD Sustainability Committee to ensure a sharp focus on long-term sustainability with the primary goal of building operational reserves. AIMHiTN also had some challenging, yet important, conversations about when to lean into the volunteer workforce and when to provide financial compensation for individuals for services and how this decision affects the sustainability of the work. Finally, many other nonprofit organizations face the challenge that funding opportunities change as the state governance changes and in response to world events. During AIMHiTN's brief four-year lifespan, the agency has navigated the transition to a new governor and related changes to state priorities. Funding priorities have shifted in response to COVID-19 and contracts that were anticipated were paused to redirect funds to the state's response to the pandemic. Though there is no one simple solution to this challenge, AIMHiTN has found that the foundation of relationships across sectors helped to weather the

changes in the funding climate and grant access to new project opportunities.

AIMHiTN's funding related vision has three primary goals: (a) to have sufficient working capital to fully support the programmatic goals identified by the Advisory Council, leadership staff, and BOD; (b) to be financially sound and nimble, and to be responsive to opportunities or needs as they arise, including new or previously unidentified needs or new opportunities for programmatic partnerships that have an upfront financial cost; and (c) to be sufficiently financially sound to continue our program operations uninterrupted for a period of at least six months if a funding crisis were to occur.

3.5 | Competency-informed training

AIMHiTN conducts IECMH competency-informed training, outreach, and other professional development activities throughout TN to enhance the capacity of the infant, young child, and family-serving workforce. Trainings are provided by AIMHiTN leadership cohort members, board

members, and staff. These training efforts are essential to growing an IECMH-informed workforce prepared for Endorsement. Though trainings ranged in topics, they all held a relational, diversity-informed, and reflective stance. From August 2016 to December 2019, over 175 trainings were provided reaching over 8000 participants. Sectors represented at the trainings included childcare, child welfare, community mental health, early education, early intervention, Head Start/Early Head Start, health, higher education, home visiting, Medicaid/Managed Care Organizations, and systems and policy advocacy. Several webinars on IECMH-related topics (e.g., Foundations of IECMH, Diversity) were presented to allow for greater flexibility and accessibility.

3.5.1 | Competency-informed trainings: Challenges and lessons learned

One of the key lessons learned regarding implementing and disseminating competency-informed trainings relates to relationship-based sustainable growth. Given that cross-state, cross-sector relationships were already in place by the time AIMHiTN officially became an organization, there were no notable challenges reaching the sectors serving infants and young children. Rather, there were challenges of having enough highly qualified trainers with IECMH knowledge and experience to meet the needs and demand. AIMHiTN also faced the challenge of balancing the need to raise awareness of IECMH theory and practice (and the role of Endorsement in promoting workforce development) with the organization's ability to meet the demand regarding Endorsement. These challenges helped emphasize the importance of timing, sustainability, and cross-sector partnerships. Regarding timing, reflective practice helps contemplate whether and how the content and pace of training opportunities match ability (and the workforce's ability) to meet the growing demand for Endorsement and IECMH-informed services and programming. Regarding sustainability, AIMHiTN has learned the importance of hiring staff and paying consultants rather than relying solely on volunteers to offer training to reduce burnout. Recording trainings to increase availability at little/no additional cost was also an important addition. Finally, regarding cross-sector partnerships, AIMHiTN learned to engage key stakeholders from across sectors to learn more about how to frame the message and content prior to delivering trainings.

3.6 | Reflective supervision capacity

AIMHiTN has undertaken two efforts to develop RSC infrastructure across the state and across systems. The

TDH is supporting a project that includes 62 home visiting supervisors and administrators who receive both RSC training and monthly group supervision from AIMHiTN RSC consultants. A second project supported by the TDH provided training and monthly group supervision to 104 staff of the Child Care Resource & Referral Network. In addition, one of the leadership cohort members secured a grant through the TN Department of Children's Services to implement an infant mental health project targeting agency development and clinician training. A group of 19 community mental health providers from seven agencies across the state participated in training in multiple evidence-based IECMH-based practice models including RSC. In addition to the training cohort of 19 clinicians, an additional 70 providers participated in selected evidence-based practice trainings. To support TN's reflective supervisors and consultants ("consultants"), AIMHiTN ensures that all contracts include provision of RSC for consultants in order to receive RSC in support of the RSC they provide. AIMHiTN also supports RSC leaders to attend the Alliance's Annual Reflective Supervision and Consultation Symposium to promote lifelong learning and networking with other reflective practitioners. AIMHiTN has been selected as host/co-sponsor of the Alliance's 2022 RSC Symposium. Finally, the IECMH Reflective Practice Committee works to address RSC development in the state. The Committee is comprised of staff, board members, advisory council members, and community stakeholders focused on embedding reflective practice principles throughout infant and early childhood systems and supporting the IECMH-informed workforce in expanding their reflective capacity.

3.6.1 | Reflective supervision: Challenges and lessons learned

The greatest challenge facing AIMHiTN regarding reflective practice and RSC has been capacity. In the earliest days, there were only a handful of providers trained in reflective supervision and yet RSC is a required or encouraged component depending on category of Endorsement. AIMHiTN took a two-pronged approach to navigating this challenge. First, AIMHiTN offered RSC to promote a train-the-trainer (or more so supervise-the-supervisor) model of RSC dissemination. Second, a vetting system was, with support from the Alliance, used to help identify supervisors who did not yet have the Endorsement credential supporting their expertise with RSC delivery, but who were likely holding the values of IECMH and had expertise with reflective practice in their work. Out-of-state providers were also sought to support TN consultants as they supported the workforce.

Regarding lessons learned, understanding of the power of the parallel process - and that the parallel process works in both directions was reinforced. By parallel process, we refer to the notion that relationships are impacted by and impact other relationships and that “how we are” in those professional relationships can ripple down *and* up the hierarchical systems in which we work. As such, in order to be reflective and regulated as an agency, we believe it is imperative to provide regular, consistent, and quality RSC to our reflective consultants and paid staff. AIMHiTN also learned the importance of regular and consistent communication between the regional leads (who supervise all of the AIMHiTN contracted reflective consultants) and AIMHiTN staff and how essential it is to clearly define roles, responsibilities, and communication flow. The final lesson learned is how crucial it is to provide reflective consultants and AIMHiTN staff with an annual retreat to allow for slowing down, connecting, and reflecting in order to recharge and promote ongoing growth and program improvements. In the future, AIMHiTN hopes to develop an annual statewide RSC symposium to support the professional development of RSC providers across the state.

3.7 | Policy and systems development

Through advocacy and systems development efforts, AIMHiTN seeks to improve the lives of TN’s little ones by weaving IECMH practice and principles into the everyday activities of individuals who touch the lives of infants, young children, and their families. AIMHiTN’s vision is for every child in TN to have their social and emotional needs met within their family, community, and culture. To accomplish this task, the agency will promote the knowledge of how to foster healthy social and emotional development, while fostering partnerships with parents, caregivers, the workforce, agencies, and systems, and supporting public policies that impact this population. In the earliest days, the work of the TIECMHI (the grassroots group that preceded AIMHiTN) resulted in IECMH-specific recommendations that were included in the Council on Children’s Mental Health report to the legislature. Specifically, the recommendation to support advances in IECMH stated, “Extensive research highlights how early experiences and relationships form the basis for future development and learning as well as impact lifelong health. The Council recommends CCMH, the Tennessee IECMH Initiative, the Early Childhood Advisory Council, Young Child Wellness Council, and other groups focused on early childhood work together to ensure collaborative, coordinated care for infants and young children.” In the same year (2013), IMH was included for the first time in the new TN Department of Mental Health and Substance

Abuse Best Practices: Behavioral Health for Children and Adolescents Ages 0–17 (Tennessee Department of Mental Health & Substance Abuse Services, 2021).

AIMHiTN staff and volunteers have participated in a broad range of advocacy activities, including the TN IECMH Financing Policy Team, co-led by AIMHiTN, TennCare, and the East Tennessee State University Center of Excellence for Children in State Custody. Originating from a ZERO TO THREE Technical Assistance grant, AIMHiTN and its partners developed the TN State IECMH Financing Plan with the overarching theme as workforce development and the goals as follows: (1) Identify and utilize current mechanisms in place (Medicaid and alternatives) to finance IECMH services, (2) Identify core IECMH services which are not currently reimbursable in TN and explore options to finance those services, (3) Expand workforce and develop messaging of IECMH to families and stakeholders, and (4) Identify opportunities to impact systemic change through advocacy and collaboration.

3.7.1 | Policy: Challenges and lessons learned

It was understood that in order to impact systems and create policy change, strong relationships and work in concert with partners is imperative. In addition to collaboration and effective partnerships, patience, understanding, and long-term commitment were determined to be critical elements underlying successful policy initiatives and systems change efforts. While engaged in joint initiatives, one of our most important lessons learned has been the realization and understanding that AIMHiTN’s culture, its way of being as an organization and IECMH community, can be at odds with the culture of the agency’s partners. When coming to the table to work on a joint project, AIMHiTN’s tendency is to slow down and reflect on the its impacts, from every angle. This approach has at times challenged counterparts who came to the table with externally determined deadlines or incompatible timeframes, a predetermined process, and reporting accountability to a hierarchy outside of the project. Though not without some angst and frustration for all involved, directly communicating about differences in cultures and ways of being allowed for identification of a middle ground.

3.8 | Higher education

From the beginning, AIMHiTN has partnered with higher education institutions in an effort to both be inclusive of all infants, young children, and family-serving sectors and to support pre-service workforce development. In June 2017, at an Endorsement launch event,

individuals representing higher education across the state were convened and asked about current efforts within their disciplines in the realm of IECMH and what goals they had for the future regarding how higher education could support growth in IECMH. From that discussion, came the awareness that greater communication was needed across higher education institutions to coordinate curriculum development and research relevant for IECMH policy and practice. As of September 2019, a group of 13 leaders from across six universities (representing psychology, social work, and early childhood education) came together to form the AIMHiTN Higher Education Task Force, now organized under the AIMHiTN Advisory Council. Beyond the task force, AIMHiTN has also partnered with nine higher education institutions across the state for activities such as internships, training, and course development. Finally, an IECMH course curriculum was developed and implemented by one of the leadership cohort members to teach the first known IECMH graduate level course in TN. A second leadership cohort member developed a cross-listed undergraduate/graduate course in perinatal mental health and IECMH.

3.8.1 | Higher education: Challenges and lessons learned

The Higher Education Task Force has helped to serve as a home for those in higher education whose work falls within the breadth of issues/topics/practices embodied in IECMH. Given the breadth of what happens within higher education (e.g., teaching, research, program development) and the breadth of topics that fall within IECMH, the biggest challenge has been clarifying the purpose of the committee and creating tangible action steps (see AIMHiTN Higher Education Task Force Purpose Statement in Appendix). To help guide this task force, a needs assessment survey was developed to assess what trainings, courses, and curriculum currently exist that help meet professional development needs related to an IECMH-informed workforce.

In addition to the challenges regarding purpose and function, there are potential challenges related to balancing the state's needs for trainings with individual college and university's needs to earn income through mechanisms such as grants, credit hours, and certificate programs. Determining the best methods for increasing access to trainings and promotion of collaborative work across higher education institutions while also recognizing that there is some aspect of competition among higher education institutions within the state is an acknowledged tension. While no barriers have been encountered, careful planning continues regarding issues such as intellectual property, authorship order, etc.

3.9 | Diversity, Equity, Inclusion, and Belonging

AIMHiTN has been committed to embedding Diversity, Equity, Inclusion, and Belonging (referenced as DEIB for short) in its establishment and growth. The founders planned for diverse perspectives to be represented in the building of AIMHiTN (e.g., sector, regional, urban/rural). By building the foundation of the organization with this attention to sector and geographical diversity, it has allowed AIMHiTN to focus on more identity-based aspects of diversity (e.g., race/ethnicity, culture, sexual orientation, gender identity, abilities). One of the stated priorities of the founding board was to diversify in all of the ways that would make the organization successful and make the organization representative of the state, infants, young children, and families served by AIMHiTN. At the first AIMHiTN Strategic Planning Retreat (2018), the agenda was built to identify AIMHiTN's strengths and areas for growth in DEIB specific areas. In that meeting, AIMHiTN stakeholders agreed there was a gap in racial representation and that closing that gap would be a priority. Through the strategic plan, AIMHiTN committed to embrace and embed Irving Harris Foundation's Diversity-Informed Tenets for Work with Infants, Children, and Families (Irving Harris Foundation, 2018⁵) into AIMHiTN policies, practice, and culture and to support the IECMH-informed workforce in embracing and embedding the Tenets into agency culture and individual practice. AIMHiTN leaders later consulted with the Irving Harris Institute in order to gain additional insight to address the issue of limited racial diversity among our stakeholders. From that conversation, AIMHiTN chose to endorse the Irving Harris Diversity Tenets. That collaboration has only deepened AIMHiTN's awareness about how diversity-informed practice is essential to best serve families and their babies.

3.9.1 | Diversity, Equity, Inclusion, and Belonging: Challenges faced and lessons learned

One of the challenges AIMHiTN has faced in the promotion of DEIB has been in how to put the agency's values related to DEIB into action. Thankfully, the Diversity-Informed Tenets serve as an anchoring guide that illustrates how one cannot champion the well-being of infants, young children, and families fully without doing so with a diversity-informed lens and diversity-informed advocacy. One way that AIMHiTN sought to put values into action was through a statement in response to George Floyd's murder and the subsequent racial protests in spring of 2020. Specifically, AIMHiTN sought and received permission from the Alliance to co-brand a statement that

the Alliance released on June 2, 2020⁶. This statement allowed AIMHiTN to clearly communicate their commitment, “to deepening conversation and promoting reflection and action to address ongoing bias, structural racism, and racial violence that impacts the health and wellbeing of all our babies and their families.”

Another challenge has been how to promote sustainability in AIMHiTN’s DEIB work so that it is a reflective marathon rather than a reactive sprint. To do this, AIMHiTN established the Equity Impact Team, made up of a diverse chorus of voices from BOD members, advisory council members, staff, and community stakeholders. The Team is tasked with providing AIMHiTN leaders with insight and recommendations on how AIMHiTN can embed the Diversity-Informed Tenets into all aspects of policies, procedures, and practice. The Team has been intentionally built to include diverse representation in terms of race/ethnicity, sector, and region. The expectation was set that the Team would be co-led so as to not to place burden or responsibility on any one individual and explicit expectation to have a co-chair who identifies as Black, Indigenous, or a person of color (BIPOC) and a co-chair who identifies as white. We decided to have a BIPOC co-chair to help de-center the white voice and a white co-chair to hold others from majority backgrounds accountable to their growth in the conversations related to race. Further, so as not to unduly influence the outcomes and recommendations of the Team, AIMHiTN ensured that no senior leaders are on the Team. However, AIMHiTN’s Executive Director and BOD President are fully available to the Team to answer questions and provide input as requested. Call for nominations for the Team was shared broadly to ensure that it went outside of the existing networks for the broadest engagement possible. AIMHiTN called for self-nominations of interested individuals. Membership was selected from these nominees by a committee consisting of the BOD president and vice president, Advisory Council chair and vice chair, and executive director. Finally, AIMHiTN has committed to hiring a staff person dedicated to messaging and outreach around DEI.

One of the biggest challenges facing AIMHiTN amidst this ongoing work to be inclusive, diversity-informed, and culturally attuned has been the desire to expand racial diversity in leadership while being mindful of issues related to power and privilege. Embedded in these discussions has been concern over how AIMHiTN can strategically recruit for Black, Indigenous, and people of color without putting unfair expectations or burdens on those people and without engaging in problematic tokenism, “the practice of doing something (such as hiring a person who belongs to a minority group) only to prevent criticism and give the appearance that people are being treated fairly,” (Merriam-Webster, 2021). Further, tokenism can

occur when a person of color is expected to speak for or represent (as a “token”) the entirety of an underrepresented group and can result in tokenized individuals feeling isolated, stereotyped, encapsulated in a particular role, and/or not being recognized for their unique contributions (Kanter, 1977a; Kanter, 1977b; Niemann, 2016; Watkins et al., 2019). Of note, AIMHiTN leadership has been comprised of predominately white individuals who are committed to engaging in learning activities to reduce implicit bias and tokenism and AIMHiTN recognizes that there is vast within-group heterogeneity and that no one person can represent the voices of many. Rather, AIMHiTN continues to seek consultation, to hold hard yet much needed conversations, and to ask their leaders and key stakeholders to engage in individual self-work to learn how to promote ongoing growth in the domain of diversity-informed practice.

4 | CONCLUDING STATEMENT

This paper told the story of one state’s journey to build and sustain an efficient growth minded AIMH to meet the needs of the state, the workforce, and ultimately, the infants, young children and families served. It is hoped that the developmental steps shared, discussion of challenges faced, and lessons learned will help to guide other AIMHs who seek to move toward growing and sustaining an IECMH-informed workforce to better meet the prevention and intervention needs of the most vulnerable infants, young children, parents, and caregivers. Across all themes of “what makes an AIMH strong,” the importance of relationships and reflection is paramount to success. It truly is all about relationships.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” - Margaret Mead

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ENDNOTES

¹ For a detailed history of Endorsement, we refer the reader to pages 4-8 of the Competency Guidelines accessible at <https://www.aimhitn.org/images/AIMHiTN-InfantMentalHealthCompetencyGuidelines-Web-Oct-2017.pdf> or to the Weatherston, Kaplan-Estrin, & Goldberg, 2009 article.

² You can access the McCormick 2018 document at the link below https://static1.squarespace.com/static/5884ec2a03596e667b2ec631/t/5bae80ff53450a10838c7a00/1538162944173/Association+paper_20180928_FINAL.pdf You can also access a related paper

(Holmberg & McCormick) at <https://perspectives.waimh.org/2018/11/16/the-alliance-for-the-advancement-of-infant-mental-health-a-grass-roots-journey-for-infant-mental-health-part-1/>

- ³ Please see the Alliance for the Advancement of Infant Mental Health's *Best Practice Guidelines for Reflective Supervision/Consultation* for a thorough description of RSC.
- ⁴ The Endorsement standards require membership in an AIMH. Tennessee was granted an exception to that rule due to funding contract agreements.
- ⁵ We encourage the reader to explore the diversityinformedtenets.org website to learn more about the Diversity Informed Tenets.
- ⁶ Please see the full statement from the Alliance at <https://www.allianceaimh.org/>

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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APPENDIX

AIMHITN Advisory Council Higher Education Committee

Purpose of the Committee: The purpose of the AIMHiTN Higher Education Committee is to *support* brave, safe, stable, and nurturing environments for the IECMH workforce through ensuring access to innovative scholarship, quality education, and supportive community engagement. The AIMHiTN Higher Education Committee seeks to be a leader in IECMH by: preparing professionals, faculty, and students with cutting-edge and evidence-informed best practices in IECMH and skills necessary to practice in complex settings; creating knowledge about IECMH through research and engaged scholarship; promoting reflective practices and supervision; promote equity and social and economic justice through the dissemination and implementation of evidence based practices, graduate programs, and community-based professional development; and addressing the higher educational needs related to AIMHiTN.

Through this higher education committee, we will focus on reflective, collaborative, and synergetic interactions in order to create reciprocal relationship between AIMHiTN and the higher education systems in Tennessee.

Goal: To develop a professional workforce optimally prepared to support the social and emotional health of infants, young children, and their families.

Action Steps: This committee aims to accomplish the above by doing the following...

1. To coordinate information with other AIMHITN committees about existing continuing education opportunities for IECMH training across the state to support the IECMH community.
2. To identify and disperse information about existing educational programs our college level courses that currently exist to support endorsement areas and training in specific IECMH content.
3. To identify, develop, and disperse possible graduate certificate programs in IECMH across the state to support endorsement and the community in obtaining knowledge and skills for the workforce.
4. To identify, review, produce, and disperse scholarly research and products related to IECMH concepts and practices?

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