

Endorsement[®]

A National Tool for Workforce Development in Infant Mental Health

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Abstract

The Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health[®] (Endorsement[®]) recognizes knowledge, skills, and reflective experiences that promote quality service when working with or on behalf of infants, toddlers, and families. Developed by the Michigan Association for Infant Mental Health, the Endorsement is licensed for use in 27 states and Western Australia, providing critical support for the promotion of infant mental health (IMH) across disciplines and at multiple levels of service. This article examines how four states have used the Endorsement to increase services for infants, very young children, and their families, and to improve quality of care.

Infant mental health (IMH) refers to a developmental and clinical field of study, as well as to a multidisciplinary approach to working with infants, very young children, and families. The term has been described in many ways:

- The state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships, and culture. (Zeanah & Zeanah, 2001, p. 19)
- The developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. (Oser, 2012, p. 1)

The overarching principle is that early development occurs within the context of relationships.

Building capacity in IMH for all infant, early childhood, and family professionals, across disciplines, to work from a relationship perspective is a priority in improving systems and outcomes for young children and families (Oser, 2012). IMH is unique as it is not limited to one disciplinary perspective, but encompasses multiple disciplines, including early care and education, health, special education, and mental health. Built on this understanding, the Michigan Association for Infant Mental Health (MI-AIMH) Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (Endorsement[®] or IMH-E[®]) is a credential that recognizes the specialized knowledge, skills, and reflective practice experiences needed to promote high-quality, culturally

sensitive, relationship-based services when working with infants, toddlers, and their caregivers.

Developed by the MI-AIMH in 2002, the Endorsement verifies that an applicant has attained a specialized set of experiences that enhances understanding and integration of IMH principles. Endorsement provides a level of assurance to families, agencies, and the public at large that the professional who provides services meets standards that are approved by expert national consensus and professional organizations devoted to the optimal development of very young children and their families. By the end of 2016, Endorsement has been licensed by 26 U.S. states plus Western Australia for a total of 27 Alliance members.

Endorsement provides a set of cross-disciplinary standards that guide workforce development across the spectrum of needs in a community. This includes promotion, prevention, treatment/intervention, and a systems-level or macros approach to the integration of IMH.

Significant to the competencies and standards required for Endorsement is the inclusion of reflection as integral to best practice in the infant and family field (ZERO TO THREE, 1990):

The development of competence to work with infants, very young children, and their families involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential as the acquisition of scientific knowledge and therapeutic skill. (p. 18)

The overarching principle of the Endorsement is that all development occurs within the context of relationships.

National Partnerships Through Shared Qualifications

For the past 9 years, MI-AIMH has provided direction and support to leaders from IMH associations that have licensed the use of the *MI-AIMH Competency Guidelines*[®] (Michigan Association for Infant Mental Health, 2016) and the Endorsement. The informal structure of leaders became known as the "League of States" and in June 2016 became a formal nonprofit known as The Alliance for the Advancement of Infant Mental Health[®] or The Alliance[®]. The Alliance is comprised of state IMH associations members.

With increasing national and international attention given to the social and emotional well-being of infants and toddlers and to the conditions placing infants and toddlers at great risk for disorders of infancy and early childhood, the need for professionals competent in the application of IMH principles at all levels and across systems is critical. Programs in need of IMH-informed professionals include all home visiting programs, Early Head Start and Head Start, early care and education, Part C programs, child welfare, Safe Babies Court Teams and other baby courts, health and behavioral health, early childhood mental health consultation, and IMH treatment services, as well as in program administration, research, and higher education.



The overarching principle of the Endorsement is that all development occurs within the context of relationships.

By the end of 2016, all license agreements made with MI-AIMH were transferred to the Alliance; in the future, all other licensing to build capacity among infant and family professionals; effective by the end of 2016, agreement will be with the Alliance. The implementation of the Endorsement in each association strives to uphold the standards while respectfully responding to individual differences within each state and a vast range of cultures, languages, learning styles, and tribal practices.

This article will explore how four different state IMH associations have encouraged their infant and early childhood practitioners and professionals to engage in one of the four IMH-Elevels. (See Table 1 Infant Mental Health Endorsement Levels for more information.) Leaders from Texas will discuss their experience with Infant Family Associate Level I; Arizona with Infant Family Specialist Level II; New Mexico with Infant Mental Health Specialist Level III; and Michigan with Infant Mental Health Mentor Level IV.

Level I: The Texan Approach

Texas, like many states, faces many barriers in addressing quality in child care settings. To begin with, only 24 hours of training are required to work in a licensed child care facility. The majority of that training focuses on physical safety issues, overlooking the importance of culturally sensitive, relationship-based care in providing a strong foundation for infants and toddlers. Compounding the limited training requirements necessary to work in child care, the professional role of the child care teacher is greatly undervalued, limiting their opportunities to earn living wages and advance their careers (U.S. Department of Health and Human Services & U.S. Department of Education, 2016)

In reaction to this multifaceted problem, First3Years (formerly the Texas Association for Infant Mental Health) developed a targeted approach to increase the credibility and recognition for those working in child care through an innovative workforce development plan aligned with the Endorsement.

First3Years purchased the Endorsement in 2005 and, as of June 2016, has 200 people with Endorsements across the state. The opportunity to build IMH approaches and principles into all disciplines is what prompted Texas to purchase the Competency Guidelines and Endorsement system. Aligning IMH theory and practice within multiple fields offers an opportunity to create a higher quality workforce and better support the needs of young children and families in Texas.

Child care teachers and directors were always an important population that First3Years sought to support. Through private funding, First3Years was able to provide IMH-focused professional development and Endorsement scholarships to child care staff at centers located at a residential drug rehab facility and a women's domestic violence shelter. The specific program included 20 hours of IMH training on concepts including brain development, attachment, separation, sensory integration, temperament, play, parent-caregiver relationship, and the psychological work of pregnancy. This training provided participants with a deeper understanding of the important role they play in a child's development and life-long success. It also gave them the tools to become more effective, nurturing caregivers. To complement the IMH training, participants also received 24 hours of reflective supervision (RS) to allow participants to address important issues such as developing cultural competencies, adapting their work to support the needs of differing populations, and managing the emotional content of their work.

Of the 41 child care professionals who began the program, more than 75% completed the program and became endorsed.

Post-evaluations showed 25% of participants felt an increase in confidence in ability to perform their job and more than 80% showed significant growth in understanding of IMH research. One participant shared how the training

changed the way I interact with children and parents. For me, it has made me more people-smart in recognizing and appreciating different personalities and temperaments. Also, educating parents on a child's temperament and the best way to engage with their children.

For those that already had formal education, the series was still helpful with one participant stating

I have had studies in development from school, but we never focused on the specific area of children from ages birth-2. It was really great to be able to look back at the experiences with clients and understand why they act the way they do and how to help them with their children. (Funk, 2014)

As an agency, First3Years' work with child care centers helped First3Years to better understand some of the barriers female professionals face in pursuing further professional development opportunities and the importance of continuing such programs.

Since this initial pilot, First3Years has gone on to support similar programs in child care classrooms across Texas, including those working with the homeless population. Looking ahead, First3Years is currently working with local partners in Dallas to build on this initial success through Child Care Development Block Grant quality funds.

Table 1. Infant Mental Health Endorsement Levels

	Category	Education	Training	Specialized Work Experience	Reflective Supervision/ Consultation (RS/C)
Level I	Infant Family Associate	Any academic degree, CDA, associate's degree	Minimum 30 clock hours of competency-related training	2 years infant- and early childhood related-experience	Not required
Level II	Infant Family Specialist	Minimum bachelor's degree	Minimum 30 clock hours of competency-related training	2 years paid, post-bachelor's work promoting infant mental health	Minimum 24 hours within a 1-2 year time frame required
Level III	Infant Mental Health Specialist	Minimum master's degree	Minimum 30 clock hours of competency-related training	2 years, postgraduate, supervised work with infant and parent together on behalf of the parent-child relationship	Minimum 50 hours within a 1-2 year time frame required
Level IV	Infant Mental Health Mentor	Minimum master's degree	Minimum 30 clock hours of competency related training	3 years postgraduate experience as a clinical trainer or reflective consultant (C), policy leader (P), or faculty member/ research scientist in a university setting (R/F)	Clinical Mentor: Minimum 50 hours within a 1-2 year time frame required Policy Leader or Faculty/ Research Scientist: RS/C optional

Additional requirements include: professional reference ratings; a signed code of ethics; documentation of competency by portfolio review (Levels I, II, III, and IV) and an exam (Levels III and IV only); and professional membership in an infant mental health association. Additional information is available through the Alliance for the Advancement of Infant Mental Health, Inc.® Nichole Paradis, nparadis@ami-aimh.org

Level II: The Arizona Experience

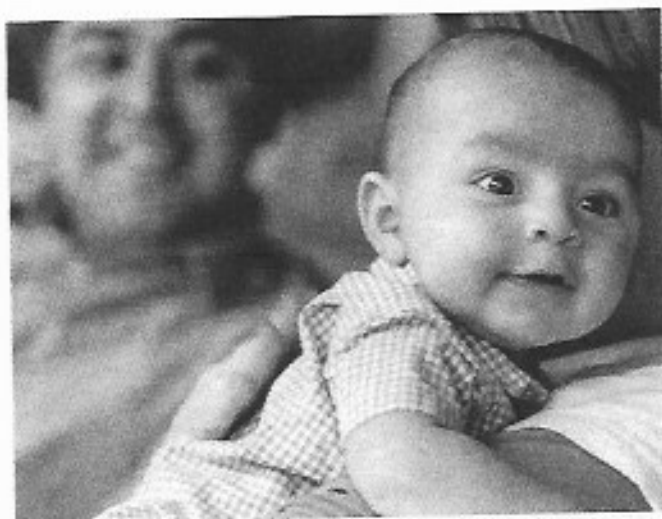
The Infant Toddler Mental Health Coalition of Arizona (ITMHCA) purchased the license for IMH-E in 2007. Initially, 5 members earned Endorsement at Levels III and IV. After a slow start, only 89 others had earned Endorsement at any level by May 2015. More candidates began to apply when ITMHCA purchased the Endorsement Application System (EASy), the new IMH-E online application system which eases documentation of all the various parts of a portfolio (e.g., references, college transcripts, and matching IMH-E competencies to trainings). ITMHCA implemented the EASy system May 1, 2015.

Concurrent with implementation of EASy, two ITMHCA members were awarded a contract under federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds to recruit, encourage, and support up to 40 home visitors to earn Endorsement. This contract was a tipping point in making the application process more visible, identifying IMH training opportunities around the state, and encouraging home visitors to access reflective supervision or consultation (RS/C). The academic qualifications and the work done by home visitors generally corresponds with the requirements at Level II, Infant Family Specialist. Most home visitors have at minimum a bachelor's degree, and their work with families focuses on parent education and support.

In addition to academic qualifications and work experience, a third component of IMH-E requires participants to receive at least 24 hours of IMH RS/C, which was a barrier in some home visiting programs because it was not available. The MIECHV contract allowed members of the cohort to receive RS/C from an endorsed provider; however, few arranged this service. Home visitors who did not obtain RS/C were endorsed at Level I, Infant Family Associate, rather than at Level II. In at least one home visiting program, the awareness that RS/C was not being provided to home visiting staff resulted in national attention to the provision of RS/C for home visitors and supervisors to begin by 2017. ITMHCA anticipates that with implementation of RS/C, home visitors endorsed as Infant Family Associates (Level I) will apply at Infant Family Specialist (Level II) in succeeding years.

Cohort members were surveyed about the challenges and barriers to obtaining Endorsement. Major reasons included not having time to complete the application/portfolio, not having access to RS/C, and not feeling supported by the participant's supervisor (Warren, 2015b).

To uncover issues around lack of support from a supervisor, ITMHCA conducted a survey of program supervisors (Warren, 2015a). The main finding was that supervisors were unfamiliar with Endorsement and were therefore not supportive of staff applying for IMH-E. Program administrators had selected the cohort of home visitors to seek Endorsement, however their supervisors were not always included in the cohort, or did not understand the value or process for earning Endorsement, or both. The survey provided an opportunity for an extended



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conversation with supervisors about Endorsement and the support available from ITMHCA to identify IMH-related training for staff as well as to provide, under the contract, for a reflective consultant to provide RS/C to home visitors. These conversations with supervisors resulted in several of them pursuing Endorsement for themselves as well as offering work time for their involved staff to at least start the application process.

The MIECHV contract terminated September 2015 with 28 home visitors having earned Endorsement, most at Level II. Members of the cohort continue to complete their EASy applications and are being endorsed, which will increase the total endorsed as a result of the contract. As of June 2016, 128 people in Arizona have earned Endorsement, 69 of them at Level II. Endorsement in Arizona has changed practitioners' work according to recent survey comments (Rychen & Mabingani, 2016):

"I became more confident, knowledgeable, and credible with my peers and colleagues in the Infant Mental Health field once I became endorsed through the ITMHCA."

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

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

Endorsees offered several pieces of advice to those considering Endorsement (Rychen & Mabingani, 2016):

"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."



Programs in need of infant mental health-informed professionals include all home visiting programs, Early Head Start and Head Start, early care and education, Part C programs, child welfare, Safe Babies Court Teams and other baby courts, health and behavioral health, early childhood mental health consultation, and infant mental health treatment services.

"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."

Level III: New Mexico's Process

The New Mexico Association for Infant Mental Health (NMAIMH) adopted the MI-AIMH Competency Guidelines in 2004 and purchased the license to implement the Endorsement process in 2007. More than 100 professionals have earned Endorsement in New Mexico, with more than half endorsed as Infant Mental Health Specialists Level III or Infant Mental Health Mentors Level IV. These individuals are primarily independently licensed mental health professionals who provide direct IMH treatment services and RS/C. They then have contributed to the ongoing professional development of other direct service providers.

Since the inception of the Endorsement process in 2004, the New Mexico Children Youth and Families Department (CYFD) at the state level has invested in the IMH workforce by providing financial support to implement the NMAIMH Endorsement process. Endorsement is encouraged for staff in home visiting programs overseen by CYFD and Endorsement competencies are integrated into New Mexico's Part C Early Intervention requirements for developmental specialist certification by the New Mexico Department of Health.

The most integrated focus of New Mexico's workforce development requires Endorsement as part of staff qualifications

which are included in a number of service definitions funded through the Behavioral Health Division also within CYFD. These service definitions also require that all direct service providers receive ongoing RS/C from professionals who have earned Endorsement. Providers can secure a waiver from CYFD that allows them to bill for up to 2 years under these service definitions as long as they are working toward Level III Endorsement.

Over the years, a great deal of effort has been made to ensure that qualified providers of IMH services are available throughout the vast rural areas of the state. Nationally recognized IMH researchers and trainers have provided ongoing professional development activities with a particular focus on developing Infant Mental Health Specialist Level III competencies. Training programs are typically provided initially within one of the state's larger population areas, with ongoing case-based application support using distance technology or conference calls to reduce the burden of traveling for the practitioners. In addition, programs affiliated with two universities (University of New Mexico/Center for Development & Disability and Southwestern College/New Earth Institute) offer certificate programs in IMH with a focus on Level III competencies. Scholarships are available with preference given to practitioners working in rural, underserved areas. Practitioners who serve infants and young children and their parents also are provided ongoing RS/C, primarily through NMAIMH-sponsored RS/C groups. Cumulatively, these activities focus on supporting practitioners to meet the requirements of the Endorsement process and prepare them to successfully complete the written Endorsement exam.

New Mexico's Infant and Early Childhood Mental Health Services:

- target the dyadic relationship between the child and the parents (or primary caregivers).
- are grounded in attachment theory and the science of brain development; they are relationship-based, developmentally appropriate, and trauma-informed.
- include an array of therapeutic and developmental services that are designed to reduce both the acute and chronic behavioral, social, and emotional disorders and disruptions in the relationship between an infant and parent (or primary caregiver) that are some of the most significant results of toxic stress and major trauma.

Treatment services are currently available in five of New Mexico's six judicial districts and will be expanded in the coming fiscal year.

The Competencies and Endorsement process have provided both an important impetus and framework for the development of an infant and early childhood mental health workforce in a rural state with large areas that have historically been underserved. In addition, NMAIMH has been part of the national effort to improve and enhance IMH services to infants, young children, and their parents by participating as a Founding Partner for the Alliance.

Infant Mental Health Mentor Level IV: Michigan's Expansion

The designation of Infant Mental Health Mentor (IV) is separated into three focus areas: Clinical (C), Policy (P), and Research Faculty (RF). It is intended to identify professionals across disciplines who work at the macro level to effect individual growth and systems change in the infant and family field, integrating IMH principles into areas of practice.

The IMH Mentor-Clinical (IV-C) mentor has responsibility for nurturing others through RS/C experiences, individually or within groups. A leader in the IMH field, the IV-C mentor demonstrates expertise in training or supporting others (e.g., child care teachers, health and mental health professionals, child welfare providers). Particularly important, the IV-C mentor helps integrate knowledge, best practice skills, and reflective practice techniques to better ensure quality service to families within a relational framework.

The IMH Mentor-Policy (IV-P) is typically a spokesperson for the integration of IMH policies and practices into statewide or countywide systems of care. Additional responsibilities include serving on early childhood work groups, speaking out on behalf of the expansion of services that address early relationship development and relational health, assisting agencies or legislative bodies in obtaining funding for new initiatives promoting IMH, advocating for funds for effective service delivery to families outside the dominant culture, and promoting research and evaluation to sustain funding for IMH services.

The IMH Mentor-Research/Faculty (IV-RF) must have a strong knowledge and skill base specific to the promotion of IMH. Of additional importance, the IV-RF mentor needs to be able to bridge theory and practice (e.g., publishing articles about IMH principles and practices; speaking about IMH effectively at workshops or conferences; using the Competency Guidelines to build coursework or new programs for undergraduates, graduates, or post-graduates for specialization in IMH). In summary, the designation of IMH Mentor is essential for strength in each state and for the future of the field.

In the years since the first professional was endorsed (2002), it has become apparent that the IMH Mentor is crucial for the success of the MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Service Promoting Infant Mental Health, and for the growth of the IMH field. The commitment of IMH mentors to workforce development as described across systems and at multiple levels of service serves reinforces the importance of using a competency-based framework for all professionals working on behalf of the well-being of infants, toddlers, and their families.

To date, a total of 80 professionals have earned endorsement as IMH Mentors (IV) in Michigan: 57 IV-C, 10 IV-P, and 13 IV-RF.

Endorsement provides a set of cross-disciplinary standards that guide workforce development across the spectrum of needs in a community.

Of particular interest to this article are the research faculty mentors who earned endorsement in the last few years in Michigan. Three leadership developments spearheaded by endorsed research faculty in Michigan's public universities are worth noting: The Michigan Infant/Toddler Research Exchange (MITRE), initiated by faculty at Michigan State University; the Dual Title Program in Infant Mental Health at Wayne State University; and a collaborative evaluation of community-based IMH home visiting programs by faculty at the University of Michigan and in partnership with MI-AIMH, Community Mental Health service providers, and the Michigan Department of Health and Human Services, Children and Families Division. In each instance, research faculty engaged faculty at their own universities and across the state to become endorsed and to work collaboratively on research and evaluation specific to infants, very young children, and families. They encouraged one another to apply for and earn Endorsement; as a result, there are 13

IMH Mentors IV-RF who have earned Endorsement. They teach and engage in multiple research projects, individually and collaboratively.

Specific Examples:

- MITRE: MITRE is comprised of researchers from Central Michigan University, Eastern Michigan University, Michigan State University, Wayne State University, and the University of Michigan whose research focuses on infants, toddlers, and their families and caregivers. The goals of the MITRE are to provide a forum for Michigan researchers to (a) discuss key issues in applied research focused on infants, toddlers, families, and caregivers and to share

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www.itmhca.org

New Mexico Association for Infant Mental Health
<http://nmaimh.org>

Michigan Association for Infant Mental Health
<http://mi-aimh.org>

resources and exchange ideas; (b) foster cross-university research; and (c) serve as a resource for the state in research to practice initiatives.

- *Recognizing, Reflecting, and Responding to Infant/Toddler Cues*: A 5-year study researching an integrated parent-teacher intervention to support social-emotional development through caregiver mindfulness and sensitivity. Faculty from the Dual Degree Program in IMH faculty sought and received funding for this Detroit study.
- University of Michigan faculty, in collaboration with faculty across Michigan universities, designed and received funding to evaluate IMH home visiting services.

Staying Current: Alliance®, ECMH-E®, Spanish Translation, and RS Symposium

A priority of the Alliance is the extension of IMH Endorsement through the creation of Early Childhood Mental Health Endorsement (ECMH-E®). ECMH-E standards will use the Competency Guidelines to recognize professionals whose work experiences are informed by infant and early childhood mental health principles, but conducted with or on behalf of 3- up to 6-year-old children and their families. Like the IMH-Endorsement, there will be categories of Endorsement aligned with the service delivery spectrum.

Another important project underway is the translation of the Endorsement into Spanish. The Oregon Infant Mental Health Association received funding from the Ford Family Foundation, which has enabled a collaborative project with the Alliance to make Endorsement accessible to native Spanish speakers who work with or on behalf of infants, very young children, and families. The Competency Guidelines and Endorsement requirements for Infant Family Associates and Infant Family Specialists will be available in Spanish in early 2017, with the translation of the competencies and requirements for IMH Specialists (Level III) and IMH Mentors (Level IV) to follow.

A third project, underscoring the importance of RS/C to workforce development and the strength of the Endorsement, was the 1st Annual Alliance Symposium in Reflective Supervision and Consultation, co-hosted by MI-AIMH in August 2016 at the University of Michigan in Ann Arbor, Michigan, for professionals from Alliance associations. More than 110 practitioners from a variety of disciplines participated in this experiential symposium to explore core components of RS/C. The 2nd Annual Alliance Symposium will be held in the summer of 2017, co-hosted by the Washington Association for Infant Mental Health in Seattle, Washington.

Summary

The Endorsement offers a pathway for professional development across disciplines and at multiple levels of service in the infant and family field. The core competency areas on which the pathway is built define knowledge, skills, and reflective practice experiences that promote IMH and are essential for

quality services with or on behalf of infants, toddlers, caregivers, and families. What began as a single state association's efforts to integrate IMH principles into practice across systems developed into a national and international workforce development plan. Since 2002, the system has been built slowly and carefully, with leaders from each IMH association contributing time and energy to clarifying and revising the process in effort to best meet the needs of professionals across disciplines and states. There were many challenges to implementing the Endorsement; growth did not come easily or quickly in any state; in some instances there was resistance to change. However, many of the challenges were met as state leaders forged relationships across service settings. By working together, the Endorsement has built a strong and steady base for promoting IMH.

Sadie Funk, MS, IMH-E (IV-P), is the executive director of First3Years (formerly Texas Association for Infant Mental Health) and a board member for the Alliance for the Advancement of Infant Mental Health. Sadie has developed and managed programming for children and their families locally and abroad, and she has worked closely with immigrant populations in Texas. Sadie's current role focuses on building long-term, sustainable solutions to advance the health and development of young children and their families.

Deborah J. Weatherston, PhD, IMH-E, is executive director of the Alliance for the Advancement of Infant Mental Health, a ZERO TO THREE Fellow (1999–2001), and co-author of *Case Studies in Infant Mental Health: Risk, Resiliency & Relationships* (2002). She was the director of the Graduate Certificate in Infant Mental Health at Wayne State University in Detroit, Michigan (1988–2004), and is executive director of the Michigan Association for Infant Mental Health (2001–2016). Debbie is also a member of the World Association for Infant Mental Health (WAIMH) Board of Directors and is the Editor of *WAIMH Perspectives in Infant Mental Health*.

Mary G. Warren, PhD, IMH-E (IV-P), is secretary for the Alliance for the Advancement of Infant Mental Health and director for the Infant Toddler Mental Health Coalition of Arizona's Infant Mental Health Endorsement system. Dr. Warren teaches in the online Infant and Early Childhood Development doctoral program of Fielding Graduate University. She provides infant mental health-related training and facilitates reflective supervision and consultation groups.

Nicole R. Schuren, LMSW, IMH-E (III), is endorsed as an Infant Mental Health Specialist. She is the chair to the Infant Toddler Mental Health Coalition of Arizona and retreat coordinator of the Alliance for the Advancement of Infant Mental Health. Nicole is a pediatric/adolescent medical social worker at Mayo Clinic Arizona. Nicole also provides training throughout the state on the impact of trauma on young children and has extensive experience in working with children and families in the hospital setting who have experienced trauma.

Ashley McCormick, LMSW, IMH-E, is endorsement coordinator for the Michigan Association for Infant Mental Health. She has professional experience as an infant mental health home visitor in Detroit/Wayne County, is a reflective supervisor, and is currently working to support workforce development through the Endorsement in Michigan and across Alliance states.

Nichole Paradis, MSW, LMSW, IMH-E (IV-C), is associate director and endorsement director for the Alliance for the Advancement of Infant Mental Health. She was an infant mental health therapist and program manager of Birth to Five Services at Parents and Children Together (PACT) at Wayne

State University (1996–2002) and is co-author of *Courts, Child Welfare, and Infant Mental Health* (2008).

Jacqui Van Horn, MPH, IMH-E,* (IV-C), is the former endorsement coordinator for New Mexico Association for Infant Mental Health. She is infant and early childhood mental health consultant who provides direct service, training, and reflective supervision to Individuals With Disabilities Education Act, Part C early interventionists, home visitors, Head Start mentors, and mental health clinicians who are applying infant mental health principles and practices in their work.

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