

Reflections on the Infant Mental Health Endorsement[®] process in Virginia

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Abstract

This study was conducted to gather information to inform key stakeholders in Virginia's Early Childhood Mental Health workforce who are involved in the Infant Mental Health Endorsement[®]. An "Endorsement[®]" indicates an individual's efforts to specialize in the promotion and practice of infant or early childhood mental health within his/her own chosen discipline" (Virginia Association for Infant Mental Health, 2021). The following research questions guided this study: (1) who is part of the infant mental health endorsed workforce in Virginia; (2) what are the benefits and barriers to the Endorsement[®] process. A total of 115 individuals who were or are involved in the Endorsement[®] as endorsees or advisors were participants in the study. Participants cited many benefits of obtaining their Infant Mental Health Endorsement[®], including general professional development and connecting to other professionals in the field. Barriers to obtaining the Endorsement[®] included time and financial restraints related to obtaining reflective supervision from a qualified Reflective Supervisor. Results from the study will be used to inform the Infant Mental Health Endorsement[®] process, and applied to the Early Childhood Mental Health Endorsement[®] in 2023.

KEYWORDS

endorsement, infant, infant mental health, professional development, toddler, workforce development

1 | REFLECTIONS ON THE IMH ENDORSEMENT[®] PROCESS IN VIRGINIA

The goal of the infant mental health profession is to promote and support nurturing relationships for all infants. The focus is on the development of the infant or toddler within the context of complex relationships. Services provided by an Infant Mental Health professional are comprehensive and intensive, and cover multiple domains. These domains include concrete needs, problem-solving skills, and family relationships, as well as infant/toddler

development, parent-infant interactions, and developing attachment relationships. Services are supportive, affirming, and strengths-based. Infant Mental Health services are specifically designed to be respectful of the infant's and family's individuality, culture, and ethnicity (Partnership for People with Disabilities, 2021). Virginia began implementation of the Infant Mental Health (IMH) Endorsement[®] for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health in 2010. The following is a definition of Endorsement[®]:

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“Endorsement[®] indicates an individual’s efforts to specialize in the promotion and practice of infant or early childhood mental health within his/her own chosen discipline. Earning Endorsement[®] demonstrates that an individual has completed specialized education, work, in-service training, and reflective supervision/consultation experiences (as defined in Endorsement[®] criteria) that have led to competency in the promotion and/or practice of infant/early childhood mental health” (Virginia Association for Infant Mental Health, 2021).

The Infant Mental Health (IMH) Endorsement[®] is administered by Virginia Commonwealth University’s Partnership for People with Disabilities in collaboration with the Virginia Association of Infant Mental Health (VAIMH). VAIMH is an interdisciplinary, professional organization established to nurture and promote the optimal development of infants, toddlers, and families through education, relationship-based training, and advocacy efforts.

Culturally responsive practices are reflected throughout the Endorsement[®] as reflected in the Endorsement[®]’s name and the qualifications required by IMH professionals. For example, the Cultural Humility Competency requires that Infant Family Associate endorsees “apply understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family’s culture” (Partnership for People with Disabilities, 2021). In addition, Virginia has created a Diversity, Equity, and Inclusion workgroup that is charged with addressing the diversity of our endorsees and the Association.

1.1 | The Infant Mental Health Endorsement[®]

The Michigan Association for Infant Mental Health (MI-AIMH) published a set of competencies and an Endorsement[®] procedure in 2002 and revised versions in 2011 (McComish et al., 2015; Michigan Association for Infant Mental Health, 2002, 2011). As of December 2021, the Infant Mental Health Endorsement[®] has been implemented in 33 states and has spread internationally to Ireland and Australia (Alliance for the Advancement of Infant Mental Health, 2021). The Endorsement[®] sets universal standards to ensure that professionals have the necessary knowledge, skills, and practice experiences to best support children and families (Funk et al., 2017).

Professionals who have earned Endorsement[®] have demonstrated specialized education, work, in-service

KEY FINDINGS

1. Common benefits of completing the Endorsement[®] were a sense of accomplishment, credentials, and professional growth and networking.
2. All participants, regardless of their endorsement status, discussed personal and professional value for the Endorsement[®] process.
3. Common barriers during the Endorsement[®] process were time, money, length of the process, and need for additional support.

training, and reflective supervision/consultation experiences that have led to competency in the promotion and/or practice of infant mental health within the individual’s scope of practice (Weatherston et al., 2009). Endorsed professionals work in a variety of settings to ensure that all infants have opportunities for nurturing relationships essential for optimal growth and development. Depending on the category of Endorsement[®], endorsed professionals offer direct services to infants and families; supervise and train staff; consult with, collaborate, and educate other community professionals; advocate for services; develop best practice policies; and/or teach and conduct research in colleges and universities. Professionals seek Endorsement[®] for a variety of reasons. Weatherston notes, “A professional may be skilled in one domain, e.g., child development or adult mental health, but not in multiple domains that are vital for competency when working with this age group and supporting development in the context of relationships” (Child & Adolescent Behavior Letter, 2015). Endorsed professionals reported an increase in knowledge of infant mental health research, confidence in their work, and connections with other professionals in the field (Funk et al., 2017). Individuals that completed the Endorsement[®] process also reported that the Endorsement[®] gave them additional credibility. Barriers to the Endorsement[®] process were the length of time to complete it and not enough support from their supervisor (Funk et al., 2017). Other fields have similar endorsement or certification requirements that go beyond entry-level knowledge. For example, physical therapists can apply for board certification in one of 10 specialty areas, including pediatrics. A survey of certified specialists in physical therapy found that certification provided a sense of personal achievement, professional growth, better patient care outcomes, increased credibility, and recognition (APTA, 2021).

1.2 | Infant Mental Health Endorsement[®] in Virginia

Virginia adopted Michigan's Infant Mental Health Endorsement[®] in 2010. Through a license agreement with the MI-AIMH, the Virginia Association for Infant Mental Health (VAIMH) has legal authorization to use Michigan's Competency and Endorsement for use in Virginia. The Endorsement[®] is run through a collaboration between the Virginia Association for Infant Mental Health (VAIMH), who holds the license for endorsement, Virginia Commonwealth University's Partnership for People with Disabilities who maintains the Endorsement Coordinator position, and the Infant and Early Childhood Mental Health Workforce Collaboration position. Funding for the Endorsement[®] process and scholarships for those pursuing Endorsement[®] comes from a combination of sources, including grant funding from health, education, and social service state agencies.

Endorsed professionals document their current knowledge and skills and develop a plan for enhancing their skills that focuses on knowledge, best practice skills, and supervised work experiences that lead to increased confidence and credibility within the infant and family field. The Infant Mental Health Endorsement[®] provides a framework of required competencies for interdisciplinary professionals in the infant and family field. Professionals completing the Endorsement[®] develop an application that documents their knowledge and skills related to the competencies developed by Michigan Association for Infant Mental Health. The categories of Endorsement[®] are: Infant Family Associate (IFA), Infant Family Specialist (IFS), Infant Mental Health Specialist (IMHS), Infant Mental Health Mentor (IMHM). There are three designations in the IMHM category: Clinical (IMHM-C), Policy (IMHM-P), Research/Faculty (IMHM-R/F).

To continue to maintain and build Virginia's Infant Mental Health Endorsement[®] work, critical information needs to be gathered and analyzed from Endorsement[®] candidates and their supervisors. Overall, there is a lack of information regarding the perceived value of Infant Mental Health Endorsement[®]. This study gathered information from endorsed providers, individuals pursuing Endorsement[®], and supervisors to inform key stakeholders in Virginia's Early Childhood Mental Health workforce. The following research questions guided this study: (1) who is part of the infant mental health endorsed workforce in Virginia?; (2) what are the benefits and barriers to the Endorsement[®] process?

2 | METHODS

This study focused on the analysis of survey responses to evaluate the current Infant Mental Health Endorsement[®] process in Virginia. The survey consisted of a mixture of open-ended and multiple-selection questions.

2.1 | Procedures

The researchers were granted an exemption from their university's IRB panel. Recruitment emails were sent to individuals listed in the Virginia Infant Mental Health Endorsement[®] database. The email invitation for the online survey shared that the purpose of the study was to learn about individuals' experiences with the Endorsement[®] process and how endorsed individuals use the Endorsement[®] in their practice. Following completion of the survey, participants were eligible to receive free online professional development that could count towards the required hours for the Endorsement[®] application or for their renewal.

The survey was sent on October 1, 2021. The survey remained open for 30 days. Three email reminders were sent out after the initial recruitment email.

2.2 | Participants

Individuals listed in the Virginia Infant Mental Health Endorsement[®] database were included in the potential participant pool ($n = 258$). Potential participants included current applicants, endorsees, supervisors, previously endorsed individuals, and advisors. Two of the authors were excluded from the potential participant pool. The population was composed of professionals, such as early childhood special educators, service coordinators, family support specialists, and social workers.

One hundred and fifteen people completed the survey. One participant was male, and 114 participants were female. The majority of participants, 67.8%, were White, 28.7% were Black, Indigenous and People of Color (BIPOC), and 3.5% preferred not to answer. Nine participants shared that English was not their first language. Figure 1 below shows where the participants live across Virginia. Participants were split into groups for analysis based on their status or involvement with the Endorsement[®] process. Out of the total survey population, 39 participants were endorsed, 50 participants were in progress, 15 participants were no longer endorsed, 10 participants were supervisors, and 3 participants were

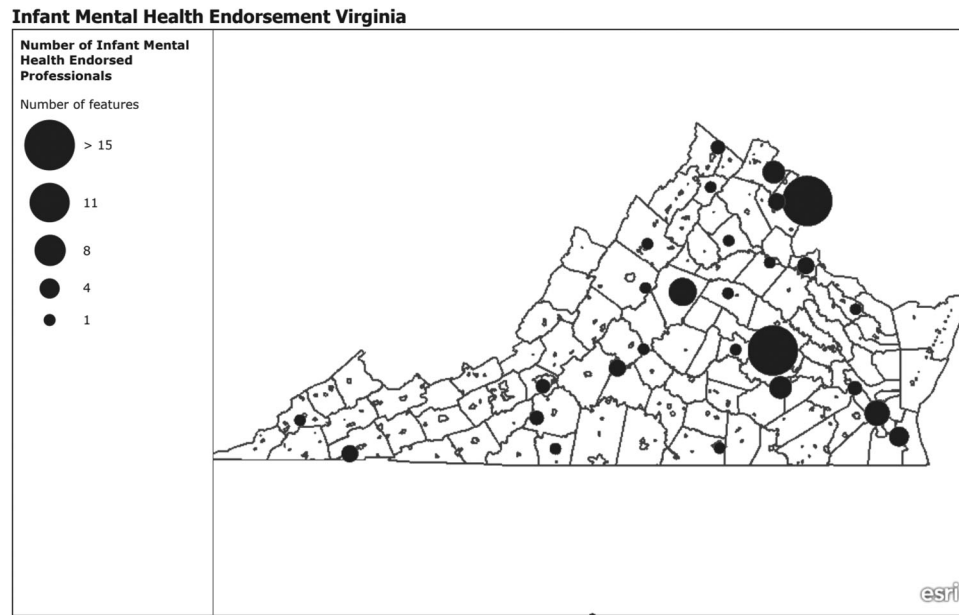


FIGURE 1 Map of participants' locations across Virginia.

categorized as Other. Two of the supervisors were also endorsed, so they are included in both endorsed and supervisor data.

2.3 | Measure

The survey (see Appendix B) was researcher-developed, with questions pertaining to the process of Endorsement[®] and the perceived utility of Endorsement[®] for the participant's career and demographic questions. The survey consisted of the informational page (in lieu of consent for an exempt study), 14 demographic questions that every participant was asked, and then included skip logic to ask specific questions based on the participant's Endorsement[®] status (endorsed, in progress, no longer endorsed, and supervisors). Common questions asked of most participants were about their funding source, barriers to the Endorsement[®] process, the impact the Endorsement[®] process had on practice, and benefits of the Endorsement[®]. The survey was piloted with four members of the Endorsement team at the Partnership for People with Disabilities. Edits to readability, answer options, and skip logic were made based on feedback. In the development of the survey, the researchers reviewed the information that was already collected in the EASy system to not duplicate this information. Other surveys that were conducted by the National Alliance and other states were also reviewed when developing the survey. The Michigan Association for Infant Mental Health and Colorado's Association for Infant Mental Health conducted surveys of their endorsees and their experiences that

were helpful to review in the development of our survey (Weatherston et al., 2009).

2.4 | Analysis

Descriptive statistics were calculated using R software for demographic and multiple selection questions. Descriptive statistics were calculated for the total survey population and for each of the four groups. The four groups were created based on the participant's answer for their status with the Endorsement[®]. Answer choices for Endorsement[®] status were: New, Accepted, In Progress, Submitted, Endorsed, Inactive, No Longer Endorsed, Retired, Moved out of Virginia, Endorsed in another state, and Supervisor for an individual going through Endorsement[®]. The status options were then sorted into four groups: In Progress (New, Accepted, In Progress, and Submitted), Endorsed, No Longer Endorsed (No Longer Endorsed, Retired, Moved out of Virginia, and Endorsed in another state), and Supervisor.

Qualitative analysis was conducted through collaborative consensus and followed quality indicators for qualitative inquiry (Brantlinger et al., 2005; Miles et al., 2014). Open-ended questions were analyzed for each group by two researchers. Each open-ended question was assigned a thematic code by one researcher. A second researcher then indicated agreement or disagreement with the code. Codes across Endorsement[®] categories were discussed by the research team and grouped into broad categories as discussed in the results section. Supporting quotations were then identified to exemplify each category.

TABLE 1 Endorsed participants.

Variable	N
Endorsement [®] category	
Category I: Infant Family Associate	3
Category II: Infant Family Specialist	27
Category III: Infant Mental Health Specialist	6
Category IV: Infant Mental Health Mentor (Clinical)	2
Category IV: Infant Mental Health Mentor (Policy)	1
Funding source	
Self-funded	14
Agency/Employer	12
Scholarship	20
Support received from workplace	
Financial support	13
Time	21
Interest	16
Emotional	8
Other support	7
No option selected	8

Note: Participants could select multiple responses for Funding support and Support received from Workplace.

3 | RESULTS

We analyzed the data by separating participants into groups based on their Endorsement[®] status. Each group's individual responses were then analyzed for common themes. The following sections will discuss relevant data in the endorsement process, impact, benefits, barriers, and recommendations.

3.1 | Endorsed participants

Thirty-nine survey participants were currently endorsed, and two of the participants were both endorsed and supervisors for the Endorsement[®] process (see Table 1).

Endorsement[®] process. When asked their main purpose for pursuing Endorsement[®], the most common answers were to gain knowledge, professional advancement, credentials, job requirement, and to better support families. One participant shared that their main reason was “to have a credential to name and validate the work I do.” Participants were asked how long it took for them to become endorsed from the time they applied to the time they were endorsed. Three participants stated that it took

them less than a year, nine participants stated it took one year, thirteen participants took 13–18 months, seven participants took 2–3 years to complete the Endorsement[®], and two participants reported that it took them 4 years to complete the Endorsement[®]. All of the participants maintained continuous Endorsement[®].

Participants were asked if their expectations for becoming endorsed were met. The majority of participants, 29, responded that their expectations were met. However, one participant shared, “I’m not sure—I don’t think I get a whole lot of benefit from it at this point- I’m not getting referrals specifically because I’m endorsed.” Four participants responded that their expectations were not met. One participant stated she “was hoping it would ‘mean’ something once Endorsed. It is just an expensive piece of paper.” Two of the respondents wanted more in-depth information and tools during the Endorsement[®] process.

Impact. Endorsed participants were asked if their skills as a professional improved since their involvement in the IMH Endorsement[®]. The vast majority, 34 participants, replied that their skills did improve due to their involvement in the Endorsement[®] process. These participants shared that their skills improved in the following areas: able to better support families, increased knowledge, and ability to reflect. One participant shared, “my IMH Endorsement[®] has connected me to ongoing professional development and to other professionals with similar interests and concerns. I was connected to a Reflective Supervisor. I am continuing to grow professionally.” Multiple participants stated that the reflective supervision was very beneficial, and one participant replied, “reflective supervision helped me to better understand and consider the impact of life on children and their families and their relationships with one another.” Five participants stated that their skills did not improve or that they were unsure if they improved.

Next, participants were asked what impact the IMH Endorsement[®] process had on their practice. The common themes that arose were increased confidence and credibility, staying up to date with information, increased knowledge and skills, and expanded perspective with working with families and children. Participants shared that the Endorsement[®] process increased their confidence and gave them credibility in the field, and one participant stated, “it has given me confidence in explaining my work to clients, colleagues, prospective clients, and others. It gives me a verifiable credential for the work I do since what I do is not common.” Several participants discussed how the Endorsement[®] process expanded their perspective and lens. One participant stated,

It supported my ability to be more ‘in the moment’ and to observe and listen with a

broader perspective to the needs of the child and the family. It also made me feel more 'connected' with a community of professionals dedicated to the needs of others.

Endorsed participants were asked what aspects of their work changed as a result of the IMH Endorsement[®] process. Responses had common themes of increased knowledge, better support, confidence, broader perspective, increased reflection in practice, and making connections with others. One participant shared,

I have a broader perspective of what 'listening' entails and how that impacts outcomes for the child, and the person of the professional doing this very meaningful work. I 'wonder' more with my colleagues and my friends, and I reach out to other colleagues more to ensure that they are ok.

Six participants reported no changes, with one participant reporting that "my work does not recognize it or understand it well enough to make my role more in depth in mental health."

Benefits. Participants discussed the benefits they had from completing the Endorsement[®]. Common themes in participant responses were a sense of accomplishment, credentials, professional growth, and networking. One participant shared that their main benefit was having credentials and stated, "coupled with my graduate degree in Early Childhood Special Education and certification as a parent educator, it is proof of my professional knowledge about infants and families." Multiple participants discussed the benefit of professional networking and how they enjoyed meeting other professionals in the field. For instance, one participant shared, "it has enabled me to become part of a community of endorsed professionals, to take advantage of continuing professional education opportunities, and to meet with other endorsed professionals to further advance the profession." Another participant stated,

I am so appreciative of the supportive professional community and the relationships I have built through Endorsement[®]. Working with young children is hard, especially now, and I value having colleagues that are there to help me feel validated, held, and supported in the work.

Endorsed participants were asked about the benefits for the families and children they support. The majority of responses revolved around more meaningful

relationships, increased support, and better understanding. One participant stated, "it has given me a wider network of professionals to work with, has allowed me to expand my professional work options, and to take a deeper dive into working with children and families." Participants were also asked how they have been able to implement IMH practices into their daily work. Supporting other states, making connections, increased focus, and implementation of principles and framework were common responses. One participant stated that she works with endorsed professionals in several other states. In addition, a participant answered that,

It is a framework through which I approach all aspects of my work with children and their families. For example, when I'm having a conference with a parent, I'm considering what the parent has gone through in their life and how that impacts their relationship with their child and how that impacts the child's behavior and the relationships the child is building with others and how can I best support them for the benefit of all.

The majority of participants stated that they would recommend the Endorsement[®] process to others. When asked if she would recommend the Endorsement[®] process to others, one participant replied,

Absolutely! I know everyone comes to it for different reasons, but I think that it has had a really big impact on my work and has been a very meaningful piece of professional development. Plus, the community of IMH professionals is phenomenal.

Another participant answered, "yes, there are many critical pieces of information within the Endorsement[®] that advance professional knowledge and practical strategies in supporting child/parent." Five participants were unsure if they would recommend the Endorsement[®] to others. One participant stated that,

It depends. If the person is interested in learning more about IMH principles and being connected to others in the IMH world, then yes. If they already have those connections and knowledge base and are looking to use the Endorsement[®] for career advancement, no, as the system in Virginia hasn't yet reached the point that the Endorsement[®] gives you an edge when looking for a job.

Barriers. Participants discussed barriers they encountered during the Endorsement[®] process. Common answers were lack of communication, the slow process, difficulty with the application system (EASy website), cost, and the renewal process. Multiple participants described the EASy website as not being user-friendly and taking too much time to upload all the required documents. Another participant replied,

The application was a tedious process. It was hard to understand which specific competencies matched the description based on the layout of the IMH Competencies. That was a little tricky when choosing the best competency to align for a training or transcript. It would have been nice to have more detailed training in each individual competency or a handout that specifically describes each individual competency.

For cost as a barrier, one participant stated,

Cost was a barrier until I learned that Part C was offering a scholarship/funding. Other staff have been interested but not knowing if funding will be available when they apply is a deterrent for getting staff to apply when they see the cost. Agency will not cover the cost.

Recommendations. Endorsed participants shared their suggestions for improving the IMH Endorsement[®] process. Common themes in the responses were strengthening relationships with advisors, building a professional community, additional scholarships, providing clearer expectations and examples, additional training, streamlining the process, and financial benefits for completing the Endorsement[®]. One participant stated,

I like the idea of group support in completion of the application process. Having regular touchpoints with an application mentor was nice, but knowing other professionals had the same questions or were going through the same application would have been a nice resource and support.

Further, one participant recommended connecting endorsed professionals and creating a community. Other participants recommended having examples of successful applications and proposed having video tutorials for uploading information into the EASy system. Multiple participants shared a desire for financial benefits from their work for completing the Endorsement[®]. One participant

TABLE 2 In progress participants.

Variable	N
Endorsement [®] category	
Category I: Infant Family Associate	5
Category II: Infant Family Specialist	31
Category III: Infant Mental Health Specialist	8
Category IV: Infant Mental Health Mentor (Clinical)	1
Category IV: Infant Mental Health Mentor (Policy)	3
Did not respond	2
Funding source	
Self-Funded	22
Agency/Employer	17
Scholarship	22
Support received from workplace	
Financial support	15
Time	22
Interest	19
Emotional	9
Other support	10
No option selected	7

Note: Participants could select multiple responses for Funding support and Support received from Workplace.

shared, “in some ways I think paying to stay a part of the association and paying for continued Endorsement[®] are difficult when I’m not getting a lot of financial rewards from Endorsement[®].” Lastly, one participant stated, “I hope the Endorsement[®] continues to grow and thrive in Virginia. This is going to require funding to support a staff position for VAIMH.”

3.2 | In progress participants

Fifty participants who completed the survey were currently in the process of becoming endorsed, from newly submitting an application to almost finished with the Endorsement[®] (see Table 2).

Endorsement[®] process. Participants were asked where they were in the process of becoming endorsed. Responses varied greatly: four participants were early in the process, seven had paused or were interrupted, eleven participants were working on the application, four participants were starting the reflective supervision, three participants were completing assignments, three participants were working on uploading information

into EASy, two participants planned to have their exam soon, and three participants planned to submit and finish soon. Participants that paused the Endorsement[®] process or were interrupted explained the length of time as being affected by having children, changes at work, and struggles during the pandemic.

Participants were also asked how long they had been working on their application. Twenty participants reported they had been working on it for 0–6 months, five participants replied 7 months to 1 year, eight participants replied 13 months to 2 years, and eight participants reported that they had been working on it for more than 2 years. Then, participants were asked when they anticipated becoming endorsed. Fifteen participants responded that they planned to become endorsed in 2022, seventeen participants replied one year or less, three participants replied more than one year, and five participants were unsure.

Participants were asked if they felt they received adequate support from their advisor. The majority of participants answered yes, with one participant stating, “my advisor was extremely supportive all along this process; I would not have been able to get through this without this support.” Only three participants did not feel that they received adequate support. One participant stated, “I felt there was a disconnect from my advisor.” Next, participants were asked if they felt they received adequate support from their reflective supervisor. Every participant responded yes or that they were not in the reflective supervision stage yet. One participant replied, “yes, that experience was hugely beneficial. I wish I had regular and easy access to Reflective Supervision, especially as it relates to supporting direct service providers and implementing agency policies that support IMH.” Another participant shared, “my reflective supervisor has helped me grow professionally and I feel extremely supported by her.”

Purpose. When asked what their main purpose was for pursuing IMH Endorsement[®], the most common responses were for their job, for credentials or recognition, to better support children and families, to gain knowledge, and to connect with others or collaborate. One participant replied, “my own professional development and to support integration of IMH with my work (program development, training). Endorsement[®] is also a preferred qualification for my employer.” Another participant answered, “1) To deepen my knowledge of IMH principles and expand my ability to lead the process of transforming IMH practice at my organization. 2) To collaborate effectively within the IMH community in Virginia and nationally.” One participant discussed cultural implications and shared that,

Infant development is a passion. My culture has not always embraced supporting healthy social and emotional methods of child devel-

opment. It is important to me that there is representation in this field so that more people will open their horizons to understand the importance of this topic and the good it can do for our children and their families.

Barriers. Participants discussed barriers to completing the Endorsement[®] process. Common responses were the submission of prior coursework, complicated process, difficulty with website/EASy, money, time, and need for additional support. Many participants discussed time as a barrier, and one participant stated that “it takes a long, long time to organize and complete an application. I developed my own tracking tools and am sharing them with my staff who are working on their endorsements, but it’s still a lot of work.” The expense of the Endorsement[®] process was mentioned by six participants. One participant stated that the price for the reflective supervision was a barrier, and another participant shared, “financially without a scholarship this is a hefty endeavor. I am fortunate to have some funding available to me through my employer, but it will not leave me any funding to pursue other professional development this fiscal year.”

Recommendations. Lastly, participants gave suggestions for how to improve the Endorsement[®] process. One participant stated,

I appreciate the efforts to make the process more transparent, but it still seems shrouded in mystery. We could use an FAQ: How long does a review take? Why does a Level III candidate have to wait so long between approval of an application and the opportunity to sit for the examination? Is starting with the transcript really the best place to start for all professionals? What’s the average length of time to obtain Endorsement[®] (broken down by levels)?

Two participants replied that their work was not supportive or knowledgeable about the Endorsement[®] process, and one stated, “my workplace is not supportive of the Endorsement[®], and I am doing it on my own money & time.” Lastly, one participant shared,

It would be great if there was more of a cohort approach—we started off with some introductory webinars that were done with a group, but since then it’s been a very individual process. Having a few peers who were also going through (and could offer support/accountability) might make the process move a little faster.

3.3 | No longer endorsed participants

Fifteen participants were no longer endorsed and completed the survey. Eight participants lived in Virginia, and seven participants no longer lived in Virginia. Six participants reported that they applied for the Endorsement[®] process but did not continue because they left Virginia, did not work directly with children, or did not have the support they needed when they left their job. One participant did not know if they were endorsed or not. It appeared that most of the participants that were no longer endorsed were not dissatisfied with the Endorsement[®] or the process, but rather did not renew their Endorsement[®] because they left Virginia or their job changed.

Purpose. Participants were asked what was their main purpose for pursuing Endorsement[®]. The three common themes were support, to gain knowledge, and for work. Multiple participants stated they wanted to be able to better support families, and one participant wanted to “support the development of the social emotional program in ITC (Infant & Toddler Connection).” Participants shared their desire to increase their knowledge of infant mental health and complete their education. Multiple participants also reported that their main purpose for pursuing Endorsement[®] was for their work.

Endorsement[®] process. Participants were asked if their expectations for the Endorsement[®] were met. Several participants replied that their expectations were met, but multiple participants answered that their expectations were not always met. Participants shared the desire for follow-up and connections after the Endorsement[®]. One participant shared, “the process, yes. Implementation and connection in the community after, no.” Similarly, one participant answered “Yes and no. The process was helpful and smooth, but I wish there was more follow-up and opportunities to practice and grow once endorsed.” Another participant wanted more support and professional development from VAIMH.

Participants discussed the support they received from their advisors. Eight participants stated they received adequate support from their advisor. Two participants shared that their advisors were not very helpful. The majority of participants stated that their reflective supervisor was supportive during the Endorsement[®] process. However, one participant shared that their reflective supervisor “was not very tuned in to the work.”

Impact. When asked if they felt their skills as a professional improved as a result of their Endorsement[®], seven participants replied yes, two answered somewhat, and three reported that they did not complete the Endorsement[®]. One participant answered, “Yes. I gained a significant understanding around the importance

of conversations and of support in any role within the early childhood community.” One participant stated that Endorsement[®] helped them understand and assess the needs of the population, and two participants shared that the reflective supervision was beneficial. Participants were asked to share what impact the IMH Endorsement[®] had on their practice. Multiple participants stated that the Endorsement[®] increased their knowledge and understanding of infant mental health. One participant shared,

The process of Endorsement[®] was transforming as an educator. I was in the first group to go through the Endorsement[®] process and did not see many ways to use it in the community during those first few years after the reflective supervision year.

Barriers. The participants were asked about what barriers they encountered while going through the Endorsement[®] process. One participant stated that “understanding the expectations of the actual application” was a barrier, and another participant shared that “direct support in completing the application, challenge of changing organizations and maintaining momentum in seeking Endorsement[®]” were barriers. Two suggestions that were given to improve the Endorsement[®] process: “provide more clear guidance as to what the Endorsement[®] is for” and “keep in touch with people who are going through the process.” All of the participants stated that they would recommend the IMH Endorsement[®] to others.

3.4 | Supervisor participants

Ten participants who completed the survey were supervisors, and 2 of the 10 were also endorsed. When asked if their skills as a professional improved since their involvement in the IMH Endorsement[®], two participants responded and reported increased professional skills. One participant stated, “the reflective supervision 2.0 training improved my ability to respond to and support my staff tremendously, which continues to have a positive impact on service delivery to families.” Another participant reported,

I have been exposed to professionals working across the Infant and EC spectrum. Through these experiences, I have gained a greater understanding of how they intersect and the commonalities we share in our commitment to improving the quality of life for infants, young children, and their families.

Endorsement[®] process. When asked if they would recommend that additional employees complete the Endorsement[®] process, three participants stated yes. One participant replied,

Yes, I think having staff go through the process will give them a sense of accomplishment. Meeting all of the competencies required will show them how much knowledge and expertise they have in child development and providing services to children and families.

Two participants were unsure if they would recommend the Endorsement[®] process due to the time commitment and long process. Another participant stated that employees should have training and groundwork before being recommended for Endorsement[®].

Participants were asked what have been the benefits for the families and children they support. One participant responded that,

Since my staff are supported and have time to discuss their needs in reflective supervision they are better equipped to support families. Mirroring the parallel process in supervision helps staff make connections with the parents and go above and beyond to find resources and support families need to help their children. When staff feel supported, they are more willing and able to support families and children on their caseload.

Recommendations. One suggestion that was given to improve the IMH Endorsement[®] process was,

Focus on building greater knowledge and understanding of the philosophical foundations of IECMH theory and practice and acknowledgment that the years 0–3 are a distinct period of development and require a relational approach. I believe that IMH knowledge and experience should come before Endorsement[®]. It is how other states do it. Also, we need to identify and recruit champions to support and promote this work.

Another participant stated, “during participation in the broadening your lens course, I see a great deal of growth and enthusiasm for IMH and RS. However, many are not supported in their organizations and the enthusiasm fades.”

Barriers. Participants discussed barriers to Endorsement[®], and the most common response was

TABLE 3 All participants.

Variable	N
Reason for seeking Endorsement [®]	
Improve professional skills	33
Increase knowledge	30
Credentials	10
Support families	25
Barriers to Endorsement [®]	
Cost	7
Time	39
Complicated process/System	15
Recommendations for Endorsement [®] process	
Financial support/Lessen costs	4
Cohort approach	3
Transparent process	4

Note: Responses were open-ended and some participants gave multiple answers. Responses were not required and some participants did not answer each question.

finding time to complete the Endorsement[®]. One participant shared, “lack of training, understanding and trained reflective supervisors capable of enhancing skills and cultural humility/competency in working with staff throughout the organization. People’s fear of the unknown and the subjective, data collection and time.” Another participant stated that “Virginia is still building the infrastructure needed to support the Endorsement[®] process.”

4 | DISCUSSION

Across all participants, the most common reasons for seeking Endorsement[®] were to improve their professional skills, increase their knowledge, and better support families. Table 3 demonstrates the common responses of all participants for the open-ended questions. The most common barrier to the Endorsement[®] was time, and multiple participants recommended more financial support, a cohort approach, and increased transparency for the Endorsement[®] process. Among all categories of Endorsement[®], the results of this study can be separated into three categories: personal value, professional value, and system infrastructure.

4.1 | Personal value

Numerous participants stated that they pursued Endorsement[®] in order to gain knowledge and that they felt a sense of accomplishment upon obtaining the

Endorsement[®]. There was a personal motivation for many participants, such as wanting to increase their abilities to better support the families they serve, although there would not be increased compensation or other implications professionally. This may be the case for individuals' engagement in voluntary professional development across fields, however the personal value of certification is not discussed within published literature. One professional shared that their purpose for Endorsement[®] was to increase racial and cultural representation within the infant mental health field.

4.2 | Professional value

Participants shared that the Endorsement[®] gave them the credentials to demonstrate that they were leaders in their field and knowledgeable about infant mental health. Professionals shared that the Endorsement[®] improved their knowledge and skills and that they were better able to serve families. Some of the participants stated that their job valued or required the Endorsement[®], while others stated that their job did not understand what the Endorsement[®] meant. Home visitors have varied professional backgrounds, and not all have prior training in supporting mental health needs of families (Zeanah & Korfmacher, 2019). Pursuing the Endorsement[®] could be one way to increase skills and competence with an aspect of their daily work. Endorsed participants suggested that jobs could compensate them for having the Endorsement[®] or that there would be some distinct benefit for obtaining Endorsement[®]. Numerous participants expressed a desire to connect or collaborate with other professionals in the field. Creating a collaborative cohort during the Endorsement[®] process and strengthening the professional community for those with the Endorsement[®] were recommended.

4.3 | System infrastructure

Multiple professionals that obtained Endorsement[®] or were currently going through the process stated that the website, application, and length of time were barriers to becoming endorsed. Participants recommended making the website more user-friendly and including more application examples to address these barriers. Participants shared the need for more transparency on the Endorsement[®] process. Numerous participants shared that the reflective supervision was very beneficial or the most valued part of the Endorsement[®], similar to findings by Frosch et al. (2018). The Alliance has recently announced a new Reflective Supervision Category. It is

our hope that professionals will pursue this category of Endorsement[®] to build the capacity of Reflective Supervision. However, it is important to continue to explore ways in which Reflective Supervision can be incorporated into early childhood systems across the state. Further examination of barriers to funding support, and ways to bring in candidates for the Endorsement[®] from diverse backgrounds, is warranted.

4.4 | Implications

Virginia has numerous ongoing and new efforts dedicated to supporting Infant and Early Childhood Mental Health. The Infant Mental Health Endorsement is part of that effort. In 2022 Virginia began implementing the Early Childhood Mental Health Endorsement (0-6). The Leadership Cohort will complete their ECMH Endorsement applications, and the first cohort will be eligible to pursue ECMH Endorsement in 2023. Virginia's Early Childhood Mental Health Coordinator is responsible for developing 5 year Strategic Plans that address Infant and Early Childhood Mental Health for Virginia. In addition, a Legislative Study HJR 51 was conducted in 2020 about Early Childhood Mental Health (ECMH) Consultation was completed in 2021 (Virginia Departments of Education, Behavioral Health & Developmental Services & Social Services, 2021). In 2022 a pilot ECMH Consultation Model was implemented. While this pilot is still in the implementation phase, state partners are working closely together to determine how the Endorsement[®] can be embedded into this system.

Results from this study will be used to inform the current Infant Mental Health Endorsement[®] Process. The participants' responses indicated a need for continuing professional development after completing the Endorsement[®]. Virginia's Infant and Early Childhood Mental Health Workforce Collaboration Director will take this information into consideration when building professional development opportunities for those seeking Endorsement[®] and renewing their Endorsement[®]. The results indicated a need for Reflective Supervision across sectors throughout the state. A barrier to Endorsement[®] that is frequently cited is the cost to obtain Reflective Supervision. The Workforce Collaboration Director will take this information to funders to advocate for Reflective Supervision Scholarships. In addition, the Alliance for the Advancement of Infant Mental Health will be releasing a new category of Endorsement[®] that allows for individuals to document their Reflective Supervision in the fall of 2022. This will allow for Endorseees at all categories to document their qualifications to provide Reflective Supervision to others and build system capacity.

Virginia's Alliance for Infant Mental Health (VAIMH) has grown substantially in the years Virginia has implemented the Endorsement[®]. There are substantially more active members who are either directly or indirectly involved with the Endorsement[®]. There are now regional chapters that are meeting and offering opportunities for professionals to stay connected and receive professional development. The need for support and opportunities for Endorseees after they received their Endorsement[®] was frequently referenced in our study. It will be important to continue to grow VAIMH membership to provide opportunities for professionals seeking Endorsement[®] or for those who are Endorsed[®] to stay connected.

Results from the survey frequently indicated that their employers did not require and or understand what the Endorsement[®] was. Scholarship funding for the Endorsement[®] has increased access to and increased the number of professionals obtaining Endorsement[®]. Scholarship funding has included application fees, VAIMH Membership fees, Reflective Supervision fees, and provided free training in Infant Mental Health and Attachment. It is critical that efforts are made to incorporate the Endorsement[®] as a requirement of early childhood positions, especially those related to Infant/Early Childhood Mental Health Consultation. In other states, there are incentives for obtaining the Endorsement[®] such as promotions and or leadership opportunities for those pursuing the Endorsement[®]. In addition, financial support and/or Reflective Supervision for their employees seeking Endorsement[®] is provided. Sharing approaches to incentives and recruitment strategies across agencies and states can help with workforce development, both by having highly qualified providers as well as enough providers to support all children and families.

4.5 | Limitations

This study had a small sample size and was not reflective of everyone that is endorsed or going through the Endorsement[®] process in Virginia. Our survey did not ask endorsed participants what year they completed their Endorsement[®], therefore some of their recommendations or barriers may have already been addressed during the time that has passed since they were seeking Endorsement[®].

4.6 | Future directions

In order to gain a more robust perspective of the Endorsement[®] process, future research could include qualitative measures, such as interviews or focus groups, as well as data collection over a longer time span. Researchers

could also compare perspectives on the Endorsement[®] process among differing states, along with the variations in the Endorsement[®] process across states. If employment does not require Endorsement[®], research could focus on influencing factors for pursuing advanced certifications, such as the Endorsement[®]. The initiative can continue to explore how other states have incentivized the Endorsement[®] and meet with state partners to embed Endorsement[®] as a job qualification. Additionally, demographic factors (e.g., ethnicity, gender, funding support, job requirements) of those who participate in Endorsement[®] as well as those who report interest but barriers to the Endorsement[®] process, should be systematically examined in order to begin to break down the inequities in the IMH field and Endorsement[®] process.

Information from this study will be used to inform the current Infant Mental Health Endorsement[®] process and the Early Childhood Mental Health Endorsement[®] process. For example, steps have already been taken to streamline how information about the Endorsement[®] and the requirements of each category is presented on the Endorsement[®] website. In addition, the initiative has shifted how scholarship funds are provided in response to the feedback on this survey. Initially, scholarship funding was used to fund a 12-hour training about Infant Mental Health and group Reflective Supervision. After receiving feedback on the survey about the need for Reflective Supervision, funds are now being used to increase opportunities for individuals to receive group Reflective Supervision.

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CONFLICT OF INTEREST STATEMENT

The second and third authors are both members of the Early Childhood Mental Health Advisory Board. Information from this study may help the advisory board plan future activities.

DATA AVAILABILITY STATEMENT

Data is not readily available, however it could be accessed upon request to second author

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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