



# **Internal Evaluation: Graduate Certificate in Advanced Practice Nursing- Infant Mental Health**

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September 2017



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# INTRODUCTION

During their first five years, children develop a fundamental sense of themselves and their worlds. As they learn to experience, express and regulate emotions, form close relationships, and explore and learn from the environment, we say they are thriving according to the principles of infant and early childhood mental health (IECMH). IECMH promotes diversity- and trauma-informed practice across research, clinical work, and policy to provide caregivers and babies with the best possible start. IECMH professionals come from a variety of training backgrounds and include early interventionists, educators, mental health counselors, midwives and doulas, nurses, occupational therapists, physical therapists, physicians, psychologists, social workers, and speech language pathologists.

The Graduate Certificate Program in Advanced Practice Nursing- Infant Mental Health (GCPAPN-IMH) originated at the Center for Infant Mental Health and Development (CIMHD, now the Barnard Center) at the University of Washington's School of Nursing and has undergone several changes throughout its history (see chart on Page 4 for a summary). The program began in 2002<sup>1</sup>, founded by Dr. Kathryn Barnard with support from four major donors (three individuals and the Irving B. Harris Foundation). This initial program ran through 2006, graduating four classes and 38 students. Solely donor-funded, the program did not receive any tuition revenue or state support. The program was offered free of charge to students, whose UW tuition was funded by donors, which added to total program cost. Defining features of the original program:

- Donor-funded
- No activity-based budgeting (ABB) or tuition revenue
- # CREDITS: 29<sup>2</sup>
- On-campus
- Seminar format
- Admitted all post-BA levels (BA/BS/BSN, MA/MS, Doctoral Level)
- Two years (7 quarters) to complete
- Students saw clients/patients at CHDD and in home visits as part of their required practicum.
- Most courses had multiple faculty teaching each course in seminar format. For didactic courses, 1 to 2 faculty and for clinical courses, often 5 to 6 faculty.

In 2006, the initial gifts were largely expended and Dr. Barnard retired. Drs. Susan Spieker and Jean Kelly were appointed directors of the Center. At this time, an evaluation report was prepared by Bridgett Chandler titled, *Promoting Infant Social and Emotional Well-being in Washington State*, September 2006 (see Appendix B for a draft of this report). The certificate program met the Tier 3

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<sup>1</sup> From "Cover Sheet from Infant Mental Health Proposal." The document that established the certificate in infant mental health with the graduate school, see Appendix A.

<sup>2</sup> From "Cover Sheet from Infant Mental Health Proposal."

need identified in this report, providing “specialized supervised training for professionals conducting therapeutic interventions.”<sup>3</sup>

Dr. Colleen Dillon was hired as Director of Training in 2007 to lead the effort of revising and streamlining the certificate program with this Tier 3 need in mind. It was also necessary to create a program that was more sustainable and in line with University of Washington and School of Nursing rules and regulations (e.g. regulations relating to practicum and patient ethics and compliance with graduate school rules). From 2007-2008 Dr. Dillon led an evaluation that included extensive interviews with Harris Professional Development Network (PDN)<sup>4</sup> peer programs and an intensive curricular evaluation with Jennie Dorman at The Center for Instructional Design and Research (CIDR, now the Center for Teaching and Learning)<sup>5</sup>. See Appendix C for the updated training model, program goals and curriculum planning grid. After the new program was structured, the curriculum was designed to meet Michigan Competency standards (also known as the Michigan Endorsement<sup>®</sup>), a new set of IECMH standards that would soon be adopted by many states, including Washington. Dr. Dillon then worked closely with Julie Katz in Academic Services to complete the necessary applications to the Graduate School and School of Nursing to bring the certificate back as a Graduate Certificate Program in Advanced Practice Nursing (see Appendix D).

During this interim planning period, two IECMH core courses were offered as School of Nursing tuition-based graduate courses (NSG 548 Frameworks in Infant Mental Health and NURS 569 Observation and Assessment of Relationships).

In 2009, the first cohort matriculated in the newly-structured, two-year part time program, which was designed to admit a cohort every other year. The certificate program had been vetted by the UW Graduate School and School of Nursing and had infant mental health endorsement-aligned curriculum, but was still lacking fiscal sustainability. Because none of the courses were state-funded, the Center bore the cost of faculty and support staff salaries. The program *did not receive any tuition dollars students paid*, so the program was still funded solely by donors, though at a substantially lower cost than previous years.

In order to move toward sustainability, in September 2011 the program was moved to a tuition-based model in partnership with UW Professional and Continuing Education (PCE) and trimmed down further. The level of fiscal streamlining is striking: In 2006, monthly faculty salaries in the prior program averaged \$23,800 per month<sup>6</sup>, Autumn 2011 salaries in the revamped program now averaged \$3,313 per month<sup>7</sup>. We further pared down the program in 2014 to one year in order to

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<sup>3</sup> *Promoting Infant Social and Emotional Well-Being in Washington State*, page 6-7.

<sup>4</sup> The Irving B. Harris Foundation, a major founding donor to the Center, supports a network of IMH professionals, the Harris Professional Development Network (Harris PDN). This group meets annually in Chicago and maintains a professional collaborative that informs practice and standards in the field of infant and early childhood mental health.

<sup>5</sup> These interview documents and CIDR work are available on the Center K drive files.

<sup>6</sup> Data from Grant and Contract Certification paper reports on file at the Barnard Center for January – June 2006.

<sup>7</sup> Data from My Financial Desktop, budget 09-8468.

meet the needs of GCPAPN-IMH students and comply with new School of Nursing policies on practica<sup>8</sup>. Changes were also made to shift to an exclusively online program, which met the needs of professionals and opened the program to a national audience, thus increasing the pool of applicants and allowing the program to train more people.

Six more cohorts completed the certificate between 2011 and 2016, with 41 students earning the graduate certificate. In addition, between 2012 and 2014 approximately 12 DNP students<sup>9</sup> with a focus on perinatal mental health were required to take two IECMH certificate courses as part of a federal Health Resources & Services Administration (HRSA) grant focused on advanced nursing education.

This report addresses the latest iteration of the program, unless otherwise noted. Although sparse compared to the original program, it was more in line with a graduate certificate, compliant with School of Nursing and University guidelines for training, and met the needs of students in the most time- and cost-efficient manner possible. It was marketed as a foundational program that provided students with an IECMH knowledge base. GCPAPN graduates were encouraged to seek further supervised practicum training appropriate for their discipline and licensure. The program supported students in locating these opportunities in local agencies, which also served to build community capacity through an enriched workforce as well.

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<sup>8</sup> Per Dr. Margaret Baker, no out-of-state training agreements would be permitted. As we marketed the program nationally, we could not keep the practicum as a viable part of the program.

<sup>9</sup> Reported by Yoriko Kozuki on 1/9/2017 to Susan Spieker. 24 courses were taken by Perinatal Mental Health Students during the grant period.

	<b>Original Program</b>	<b>Revised GCPAPN-IMH</b>		
	<b>2002-2006</b>	<b>2009-2011</b>	<b>2011-2014</b>	<b>2014-2016</b>
<b># Cohorts</b>	4	1	3	2
<b># Graduates</b>	38	8	24	9
<b>Funding Mechanism</b>	100% donor-funded	100% donor-funded	Fee-based, located in Professional and Continuing Education (PCE)	Fee-based, located in Professional and Continuing Education (PCE)
<b># Credits</b>	29	21 (12 didactic; 9 clinical)	18 (9 didactic; 9 clinical)	15 (11 didactic, 4 experiential)
<b>Education Requirement</b>	All post-BA students	Post-graduate students or students currently matriculated at the UW	Post-graduate students or students currently matriculated at the UW	Post-graduate students or students currently matriculated at the UW
<b>Format</b>	On-campus	On-campus 2 clinical pathways for Y2: IMH-E ® Level 2 and 3	Hybrid Distance Learning 3 day in-person seminar, online asynchronous learning model for Year 1.  Practicum off-site (and out-of- state, if applicable)	Online Learning Model Didactic courses- asynchronous  Infant Observation- online video meetings with instructor and classmates
<b>In-person Experience</b>	On-site practicum where students saw clients at CHDD	Community-based practicum in either Promoting First Relationships (Level 2) or Infant-Parent Psychotherapy (Level 3)	Community-based practicum in either Promoting First Relationships (Level 2), Infant-Parent Psychotherapy (Level 3), or Leadership (Level varies)	Infant Observation- 4 credits
<b>Length</b>	Six quarters, 2 years	Seven quarters, 2 years	Six quarters, 2 years	Four quarters, 1 year
		2009-2010- \$531/cr resident \$1,167/cr nonresident 2010-2011- \$569/cr resident	2011-2012- \$638/cr 2012-2013- est \$638/cr 2013-2014- \$657/cr  No resident/nonresident distinction in PCE	2014-2015- \$657/cr 2015-2016- \$716/cr  No resident/nonresident distinction in PCE
<b>Student Tuition Cost for Certificate (not including fees)</b>		2009-2011- \$11,493 resident	2011-2013- \$11,484 2012-2014-\$11,655 2013-2015- \$11,826	2014-2015- \$9,855
<b>Brochure</b>		See Appendix E	See Appendix F	See Appendix G

\*Many students were graduate students and it certificate credits were included in their regular tuition if they were full time (but under the 18 credit threshold).



## GOALS AND OBJECTIVES

*1. Goals of the relevant academic program, including affirmative action goals, and how these are related to the School or campus goals and the University's long range strategic plan;*

The GCPAPN-IMH meets the "UW of the 21<sup>st</sup> Century's" goals of collaboration, technology-reliance, nimbleness, and the goal of a more diversified funding base. **Cross-campus collaboration** is a hallmark of the program's history. Infant and early childhood mental health (IECMH) is interdisciplinary and many matriculated graduate students from across campus also enrolled in the GCPAPN-IMH. The program is richer for including diverse academic ideas. Curriculum and teaching methods were adapted to leverage **technology** in a way that connects students all across the region and country. Using online classrooms and learning platforms to learn about IECMH in a reflective and deep manner has required thoughtful planning by program faculty (see Appendix H for an example). This is the future of education and the program is ready for it. Adapting the program to the changing needs of professionals and shifting landscape of the University has led to great **nimbleness**. Constant revision and continuous improvement are strong goals for the GCPAPN-IMH. Out of necessity, the program has sought a **diversified funding base**. Moving from being solely donor-funded to sustainable and fee-based took planning and patience. Program staff and faculty have learned to do more with less so that the program can continue to exist.

The GCPAPN-IMH aligns with the School of Nursing's commitment to health across the lifespan. Early relationships form the foundation for lifelong health. ACEs (Adverse Childhood Experiences) are linked to a variety of significant health problems in adulthood. By training a diverse workforce that supports parents and young children early on -- mitigating the level and/or effect of ACEs -- we support future leaders and providers in promoting healthy outcomes across the lifespan. By conducting IECMH clinical trials and evaluation research in settings that may encounter high levels of ACEs (child welfare, native communities, community mental health, Early Head Start) we advance knowledge and practice to improve health outcomes.

The program is committed to the School's vision for diversity, inclusion, and equity and works hard to build an inclusive environment for all students. In the initial course, faculty introduce the Diversity-Informed Infant Mental Health Tenets<sup>10</sup> as a framework for working with families.

### Specific Program Goals:

From the 2008 program revision (See Appendix D):

"The infant mental health training pathways of the revised certificate program will provide a focused, cohesive area of study with specific learning objectives and competencies in infant mental health. As mentioned above, our development of competency objectives is guided by work at the national level for endorsement in infant mental health. It will enhance educational opportunities available for students and enrich -- via coursework and practice based training -- their core of current educational requirements."

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<sup>10</sup> <https://imhdivtenets.org/tenets/>

Specific Goals of this program were:

- 1) To increase knowledge base in infant mental health for community professionals and UW graduate students.
- 2) To offer a clinical/capstone training experience to train individuals in infant mental health consultation, reflective practice, and providing relationship-based services to families.
- 3) To offer an intensive clinical/capstone training experience to train advanced graduate students in mental health fields and licensed (or license-eligible) graduate level mental health professionals from the community who plan to (or are already) doing intensive therapeutic work and assessment with young children and their families.

a. *Ways in which these goals have changed during the past several years, and their responsiveness to changes in the school's goals and mission;*

As the University and School have committed to a Sustainable Academic Business Plan, the GCPAPN-IMH has worked to become fiscally sustainable. Moving to the fee-based tuition model returned tuition revenue back to the program and helped to create a model from which to plan instructional teaching time and administrative support. Major changes to the program included:

- To reach sustainability, the program gradually shortened in length (from six quarters to four) and credit load (from 21 to 15).
- The clinical/capstone experience was removed to meet changing School guidelines about out-of-state training agreements. To maintain an experiential component, the program added Infant Observation as a yearlong experience.
- To meet changing needs of the field and to ensure sufficient cohort size, the program changed from in-person to hybrid (some in-person meetings and online content) to solely online.

b. *Ways in which the program(s) have succeeded in achieving these goals;*

Until it paused in 2016, the GCPAPN-IMH remained the locus for IECMH training in the Washington State, graduating 41 IECMH professionals. No other organizations provided IMH-E<sup>®</sup> Level 2 and 3 core competency education to professionals or UW graduate students. Some classes continue but the certificate currently remains paused pending partnership discussions with other UW schools.

c. *Ways in which the programs have fallen short of these goals;*

Due to the changing nature of training agreements and practica in the School of Nursing and the move to a national student base to meet enrollment goals, the program had to revise goals of providing clinical training experiences. A move to the Infant Observation experience and focusing on the core competencies was more in line with the requirements of the GCPAPN-IMH academic home in the School of Nursing.

2. *Responsiveness to changing directions of the discipline;*

The GCPAPN-IMH was designed in 2007-2008 with attention to the quickly changing guidelines for infant and early childhood mental health practice. As a relatively new field, until recently, there were



no national standards for IECMH practice. There is no state or national certification or licensure for the field, but two sets of IECMH competencies are now widely used in the United States. They are the California Infant-Family and Early Childhood Mental Health Endorsement<sup>11</sup> and the Michigan Association for Infant Mental Health Endorsement (IMH-E<sup>®</sup>)<sup>12</sup>. Endorsement credentials are awarded by each state's association for infant mental health and many states have chosen to adopt one of these two standards or develop their own.

As President of the Washington Association of Infant Mental Health (WA-AIMH) and immediate past Director of the Barnard Center, Dr. Susan Spieker is uniquely suited to understand the direction Washington would take with respect to endorsement. The Michigan Endorsement<sup>®</sup> (IMH-E<sup>®</sup>) grew to include three other states in 2007 and has since grown to 23 states and 1 international member, becoming the Alliance for the Advancement of Infant Mental Health<sup>®</sup>. Washington joined The Alliance and the Infant Mental Health Endorsement<sup>®</sup> became the standard for Washington State in 2015.

With the foresight that Washington would likely adopt the Michigan Competencies, all courses were re-designed in 2007 to meet competency requirements for a Level III-Infant Mental Health Specialist<sup>13</sup>. This response to the field's direction kept the GCPAPN-IMH students, who graduated beginning in 2011, poised to apply for Endorsement<sup>®</sup>, even though it wasn't yet fully-adopted in the state until 2015.

### *3. Responsiveness to changes in available resources or workload;*

GCPAPN-IMH faculty and staff have been adept at flexing with the resources available. It has been challenging at times, but faculty and staff have diversified their workloads to include research, collaborative projects and other available sources of funding. Many have been flexible and have shared or reduced and increased their time as needed to meet the needs of the GCPAPN-IMH. At this time, all resources have been expended and the program would need additional gifts, grants, etc., to resume full operation, although there are grant funds paying for some of the associated researcher's time. Note that per UW policy, Centers may not operate or be funded (at any level) with state funds.

### *4. Responsiveness to changing needs of society.*

As society becomes aware of the importance of early childhood and the impact of positive and healthy early relationships, resources are being directed to early intervention, mental health services and early education. With these increased resources come the need for quality IECMH training. The program has reached out to diverse professionals who work with families with young children. We have built capacity in the state of Washington for quality IECMH practice and continue to build programs and training programs that meet the needs of IECMH professionals.

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<sup>11</sup> <http://cacenter-ecmh.org/wp/>

<sup>12</sup> <http://mi-aimh.org/for-imh-professionals/endorsement/>

<sup>13</sup> See Appendix L for Competency Map

## FACULTY

The 2015-2016 GCPAPN-IMH Program faculty included a tenured professor who is a seasoned researcher, a clinical professor who participates in research as well as clinical training work and three experienced community-based clinicians. The disciplines of the faculty- clinical psychology, developmental psychology, social work, and nursing- speak to the transdisciplinary nature of infant and early childhood mental health and provide an enriching experience for students.

Faculty for 2015-2016:

Susan Spieker, Professor, Former Director of Barnard Center

Colleen Dillon, Clinical Associate Professor, Director of Training, Barnard Center

Virginia Buccola-Tournay, Affiliate Instructor

Catherine Hill Phillips, Affiliate Instructor

Michele Kulbel, Affiliate Instructor

Miriam Hirschstein, Lecturer- teaches in undergraduate IECMH Courses. Her expertise as a School Psychology Ph.D. enriches the instruction of IECMH courses at UW, but she was not involved in the GCPAPN-IMH program. As such, she is not included in the analysis below.

Monica Oxford, Research Professor- Current Interim Director at the Barnard Center. Her expertise lies in research. She is not mentioned in the instructional section below, but her research projects are included.

*1. Number of faculty tenured, in the tenure stream, and outside the tenure stream, including part-time and adjunct faculty;*

Tenured 1		Non-Tenured, outside the tenure stream 4	
		Clinical Associate Professor (Permanent, part-time)	1
		Affiliate Instructor (temporary, part-time)	3

*2. Number of faculty with graduate faculty status; number of faculty with doctorates;*

Degrees

Doctor of Philosophy (Ph.D.)	2
Doctor of Nursing Practice (DNP)	2
Masters of Social Work (MSW)	1

Licensure and Certifications

Four faculty members have the following professional licenses and certifications:

Licensed Psychologist	1
Advanced Registered Nurse Practitioner	2
Registered Nurse	2
Board Certified ANCC Psychiatric Nurse Practitioner	1
Family Psychiatric Mental Health Nurse Practitioner	1
Licensed Clinical Social Worker	1
GCPAPN-IMH	4

All permanent faculty are currently pursuing WA-AIMH Endorsement®.

*3. Specific qualifications of faculty for the program;*

Program faculty must have a firm understanding of infant and early childhood mental health (IECMH) as demonstrated by research or education. Four of the five faculty are graduates of the GCPAPN-IMH (two from the prior program- both '05, two from the more recent program- '10 and '13). All faculty must have earned graduate degrees in field related to IECMH- nursing, education, primary care, early intervention, psychology or social work.

See Appendix I for curricula vitae.

*4. Research productivity of the faculty; publications and other evidence of creativity;*

Listed below are current grants for faculty and numbers of publications, presentations and other evidence of creativity. Please see full curricula vitae for details.

**Susan Spieker, Ph.D.**

**Research Productivity** Principal Investigator on one active grant totaling \$3,647,000  
 Co-Investigator on two active grants totaling \$641,793  
 PI, Co-I or Investigator on 31 grants since 1978

**Publications** 115; 61 since 2000

**Presentations and Posters** 167; 80 since 2000

**Colleen Dillon, Ph.D.**

**Research Productivity** Contributor on two active grants  
 Co-Principal Investigator on one submitted R21 proposal  
 Seven previous studies

**Publications** 9, all since 2000

**Presentations and Posters** 20, all since 2000



**Virginia Buccola-Tournay, DNP**

**Presentations and Posters** 4, all since 2000

**Michele Kulbel, DNP**

**Publications** 1, all since 2000

**Presentations and Posters** 7, all since 2000

*5. Quality of teaching of the faculty;*

Faculty are evaluated by the Department of Family and Child Nursing Chair, Dr. Gail Houck. All faculty have maintained a positive position in the department and earned all applicable merit salary increases. Student course evaluations are taken into consideration when making merit decisions. Each instructor used a different scale, so it is difficult to display these data. Evaluations were largely positive, with most criticisms of the online nature of the program (lack of person-to-person connection, technology issues).

*6. National and international impact of faculty on their discipline and profession;*

Dr. Susan Spieker has had a profound impact on the field of infant and early childhood mental health, particularly in attachment research. She is one of the preeminent researchers in the field in the United States. Her deep body of research findings are part of the child development and IECMH research canons. She has also been very involved in the Washington Association for Infant Mental Health (WA-AIMH), and currently serves as board president. WA-AIMH is a member of the World Association for Infant Mental Health, and one of 26 state IECMH organizations that have created an Alliance to advance IECMH awareness and training.

Dr. Spieker and Dr. Colleen Dillon are both members of the Irving B. Harris Infant Mental Health Professional Development Network (PDN). This national network of select IECMH leaders meets annually in Chicago to share best practices and shape the future of the field.

*7. External recognition of faculty, including exhibits, awards, prizes, commissions, fellowships, etc.*

In 2014-2015, Drs. Dillon and Hirschstein were selected for the UW Provost Office's Technology Fellowship Program. As they developed and began teaching the online ECFS course NURS 432, they received intensive support and training in online learning pedagogy and mastered techniques for engaging with online learners. The result of this fellowship was a rich learning environment for the online students they've taught. See Appendix H for a blog post Drs. Dillon and Hirschstein wrote detailing what they learned, titled *Reducing the distance in distance learning*. Also available at <http://www.washington.edu/teaching/2016/07/11/reducing-the-distance-in-distance-learning/>

Other individual recognition

**Susan Spieker, Ph.D.**

Kathryn Barnard Endowed Professorship, 2016

**Colleen Dillon, Ph.D.**

Provost Technology Teaching Fellows Award, University of Washington, 2014

**Virginia Buccola-Tournay, DNP**

AAPPN Student Scholarship Award, April 2013

*8. Progress toward meeting affirmative action goals;*

The program has struggled to attract a diverse faculty, largely because there are very limited faculty positions. With only an average of .5 teaching and administrative FTE available each quarter (currently shared between 2-3 faculty at a time), there isn't room for even a single new hire. The program's situation in the School of Nursing is challenging as most IECMH scholars are from psychology, psychiatry or social work. As such, hiring an IECMH researcher who might also contribute to instruction is a low priority for the School.

*9. Salary and fringe benefits to attract and retain faculty;*

Though the University of Washington and School of Nursing have attractive salary and benefits packages, the GCPAPN-IMH program does not have support for multiple faculty members. There are few new faculty hires in the School of Nursing with IECMH expertise.

*10. Faculty turnover rates and reasons;*

Faculty turnover has been low. The only turnover has been due to retirement or changing curriculum. Even though compensation for instruction is low, many faculty members consider this work to be an important part of their contribution to the field. The Director of Training has worked to ensure affiliate faculty are supported and valued in their work with students.

*11. Faculty teaching loads; (prior to pause of the program)*

Permanent Faculty: As part of her regular duties, Dr. Spieker teaches three courses per year, including co-teaching two that are part of the GCPAPN-IMH. Dr. Dillon co-teaches three graduate courses per year as part of her GCPAPN-IMH duties and an additional 2-3 undergraduate courses per year. The shared teaching model in the GCPAPN-IMH courses allows students access to expanded expertise and support.

Affiliate Faculty: Affiliate faculty members teach only GCPAPN-IMH courses at about 10% effort per quarter.

*12. Faculty advising loads;*

As advisor in the GCPAPN-IMH, Dr. Dillon advised all 59 GCPAPN-IMH students.

Dr. Spieker advises doctoral candidates as part of her regular duties. Her usual advising load is as two students' primary advisor and as a committee member for an additional six students.

*13. Faculty mentoring and support for faculty development;*

The Barnard Center supports faculty development by encouraging and financially supporting conference attendance. All faculty are supported in attending the annual Zero to Three National Training Institute, which is the field's recognized annual meeting.

The Center also supported the WA-AIMH Endorsement<sup>®</sup> process, as well as annual membership, for all permanent employees.

*14. Faculty involvement in governance and program development;*

The Barnard Center faculty have been the leaders in program development for the GCPAPN-IMH, with support from the Center for Teaching and Learning and School of Nursing Department of Family and Child Nursing.

*15. Opportunities for intellectual interactions among faculty; and*

Faculty meet with each other and, occasionally, cross-campus partners two times monthly or weekly, depending on workload. The group facilitates support for new projects and teaching ideas.

*16. Description of faculty morale.*

The GCPAPN-IMH faculty are passionate about the field of IECMH. They feel supported on a micro level, by the Barnard Center and the FCN Department, but not on a macro level by the larger university or School of Nursing. It is difficult for non-tenured faculty to experience professional development within the school as they are often not nursing professionals. At an annual review years ago, one Clinical Psychologist was once advised (by an individual who has since retired) to go back to school and earn a BSN so that she might have an opportunity to advance in a traditional faculty trajectory in SoN.

IECMH graduate courses have never had state-support, so are not part of the department or school's budget, but there are some important trial exceptions as noted above, NURS 548 and NURS 569 were offered during the transition following the original certificate program. In the fall of 2015, fifteen MSW students enrolled in NURS 548 following a conditional agreement with the School of Social Work, and in fall 2016 NURS 548 enrolled 19 graduate students from Nursing, Education, Social Work, Speech and Language, and Occupational Therapy, with Dr. Spieker donating .15 effort and Dr. Dillon compensated .15 fte.

The decision to suspend the GCPAPN-IMH contributed significantly to the low morale of the faculty as well. Steps had been taken to correct the course of the program and just as they were successful<sup>14</sup>, the program was suspended, although funding for staff was increasingly an issue. Communication to faculty about the program suspension was not perceived to be direct, clear, or timely.

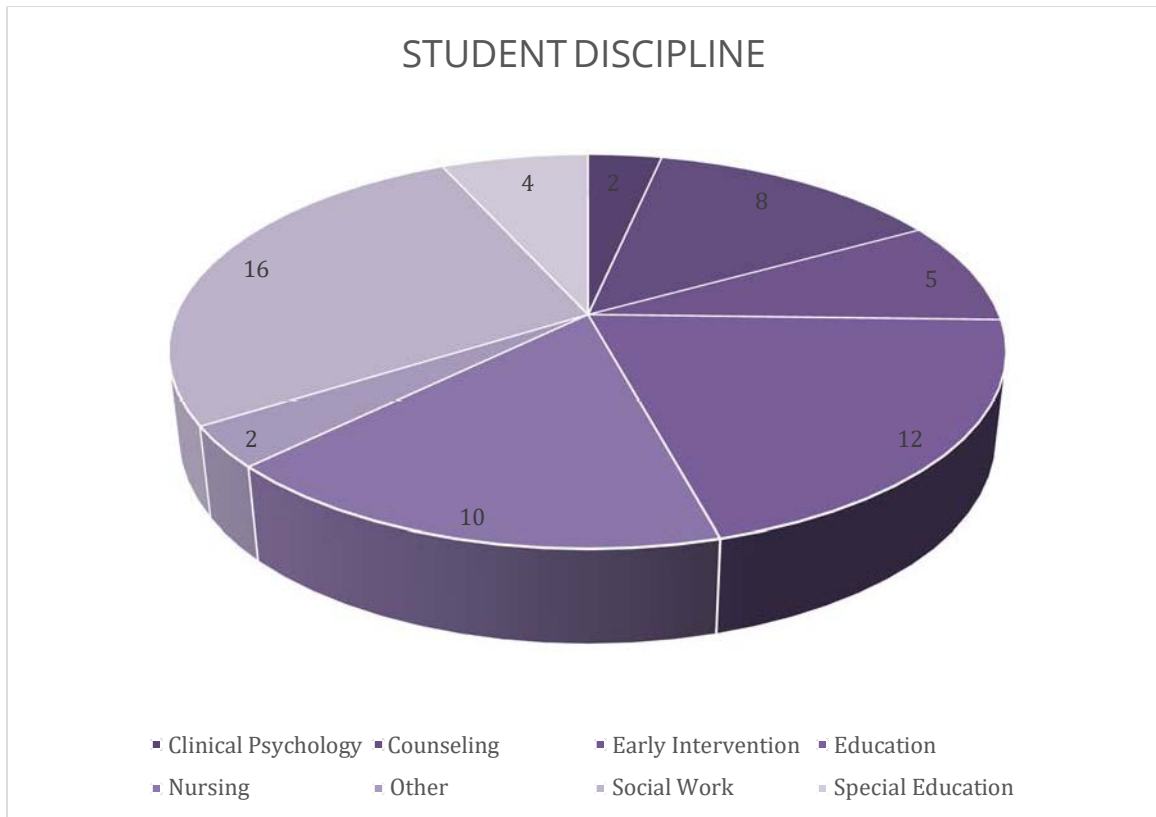
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<sup>14</sup> Autumn 2015 showed that a model which includes cross-campus graduate students generated enough revenue to sustain the program

# STUDENTS

## 1. Demographic and academic characteristics of student population;

The GCPAPN-IMH student population is very diverse in terms of academic discipline, which mirrors the transdisciplinary nature of the field. Students were either post-graduate level community providers or current graduate students matriculated in other UW programs (graduate students at other colleges and universities were not eligible to apply).



**A note about UW graduate students-** There are two basic funding mechanisms for UW graduate programs: Fee-based programs (run through Professional and Continuing Education (PCE)) and tuition-based programs (traditional state tuition). It was complicated for students to enroll in the GCPAPN-IMH due to the two different funding mechanisms. It was very challenging to give students accurate information as each situation seemed unique and the guidelines were subject to change. A couple of scenarios to illustrate the complexity:

- A student who is in a tuition-based program can usually take 7 to 18 credits across the University for the same "full-time" tuition rate. A student enrolled in a tuition-based program *and* GCPAPN-IMH would have to pay into BOTH tuition structures, no matter how many credits s/he was enrolled in. So s/he would pay for 8 graduate credits on the home program

tuition schedule *and* 3 credits of GCPAPN-IMH tuition to PCE. This made the program financially burdensome for tuition-based students across campus.

- A student who is enrolled in a non-nursing fee-based program could take GCPAPN-IMH courses with permission, but the amount that flowed back to the GCPAPN-IMH program was much lower than the total tuition paid.
- A student who is matriculated in both the GCPAPN-IMH *and* another fee-based program will pay the higher tuition rate for *all* credits. If the student is enrolled in a School of Social Work program at 8 credits for a quarter and 3 credits of GCPAPN-IMH coursework, s/he would pay 11 credits all at the higher tuition rate.

At various times, the GCPAPN-IMH partnered with other schools and departments to offer courses to students matriculated in other programs. In Autumn 2015, fifteen MSW students took the *Frameworks in Infant Mental Health* course and throughout 2015-2016 year, PCE-based MSW students took the other core courses. From 2012-2015, twelve Perinatal Mental Health students in the School of Nursing took GCPAPN-IMH courses as part of a HRSA grant. These students were required to complete six IECMH credits as part of their Perinatal Mental Health certificate. In 2013 and 2014 CHDD paid for Developmental Pediatric Fellows in their program to take some of the GCPAPN-IMH coursework.

## *2. Policy on admission of students and resources and strategies used for recruitment;*

Students were admitted to the program with the same application procedure and submitted to the same appraisal as other School of Nursing graduate program applicants (see Appendix J for the program application). Applications were submitted online and include application to the UW Graduate School. Once reviewed by IECMH program faculty and scored, applicants were vetted by the Masters Coordinating Committee (MCC) and approved or denied admission.

Outreach was performed to two populations: post-graduate community providers (nurses, primary care providers, mental health practitioners, licensed psychologists, social workers, early interventionists and others who work with young children and their families) and UW graduate students (largely in the programs of Social Work, Education, Special Education and Nursing).

**Community Provider Outreach-** Director of Training Colleen Dillon and Operations Manager Emily Lamont connected with community members in the Greater Seattle area through local conferences and networking. From July 2011 through June 2014, the Barnard Center received donated funds to perform outreach and recruit nationally. During this time, Center staff and faculty attended 2-4 conferences per year and promoted infant and early childhood mental health, the Barnard Center and the GCPAPN-IMH. Faculty and staff remained in close contact with GCPAPN-IMH graduates, who acted as natural ambassadors for the program and referred many interested applicants.

**Outreach to UW Graduate Students-** Drs. Dillon and Spieker developed close relationships with cross-campus partners to recruit for the program. These efforts met a critical point in Autumn 2015 when we reached a tentative agreement with the School of Social Work (SSW) to offer this course to



their students. Fifteen SSW students were able to take the course as part of their elective coursework. This contributed greatly to the fiscal support of the course and expanded the reach of IECMH education. Ultimately, a permanent agreement was not signed and this arrangement was not available any other quarters, despite considerable interest from SSW students.

Throughout the years, outreach was performed to other graduate students by posting course flyers, emailing to school listservs, attending general meetings and connecting with graduate advisors.

Professional and Continuing Education (PCE) provided print materials (see Appendix G for example) and included the program in their regular program broadcasts. GCPAPN-IMH was also represented at PCE certificate open houses, usually held twice a year. Leading up to each application cycle, PCE hosted several informational webinars, led by Dr. Dillon, and maintained a list of interested individuals, periodically sending out email information to them.

No recruitment or outreach services were offered by the School of Nursing, which tends to focus on non-program-specific program recruitment.

*3. Progress toward meeting affirmative action goals;*

The program is committed to a diverse IECMH workforce and student population. Admissions and student demographic data are centralized through the School of Nursing Student and Academic Services. Race, ethnicity, religion, sex, gender and other distinguishing traits are not known to program faculty when reviewing applicants or when teaching students. This information has remained confidential to faculty and staff and is not readily available to them unless disclosed by the student in a class discussion. Please see School of Nursing Student and Academic Services for affirmative action policies and information.

*4. Financial assistance available to graduate students;*

Graduate certificate students who have already earned a graduate degree (e.g. all those who are community providers) were not eligible for federal financial aid or student loans. Graduate students were eligible to apply for additional financial aid as the GCPAPN-IMH was considered part of their graduate education.

The program made student scholarships a fundraising priority, using much of the foundation and donor support received for this effort. Most students who demonstrated self-reported financial need were awarded scholarships up to 50% of tuition.

Scholarship Awards by cohort year

<b>Academic Year</b>	<b>Number of Awards</b>	<b>Total Amount of Awards</b>
2009-2011	No data	No data
2011-2012	9	\$22,750
2012-2013	17 (2 cohorts)	\$49,000
2013-2014	19 (2 cohorts)	\$58,000
2014-2015	13 (2 cohorts)	\$48,400 (includes summer quarter)



<b>Academic Year</b>	<b>Number of Awards</b>	<b>Total Amount of Awards</b>
2015-2016	4	\$19,600
<b>Total</b>	<b>62</b>	<b>\$197,750 (Average award: \$3,190)</b>

Note: Some students received support for different amounts of time, as some of the students were enrolled in the program when it was 2 years and some when it was 1.

*5. Student participation in program development and evaluation;*

Students evaluated each course at the close of the quarter. These data were taken very seriously and informed course improvements each year.

During the 2007-2008 re-work of the initial program, students were involved in the CIDR evaluation and new program development (See Appendix C).

*6. Attrition rate, amount of time to complete degree, graduation rate;*

As the program was contained, one course per quarter, most students generally completed lock-step within the year (or two, depending on the cohort) of their matriculation.

<b>Cohort Year<sup>15</sup></b>	<b># Applications</b>	<b># Admitted Students</b>	<b># Students Matriculated</b>	<b># Certificates Earned</b>
2009-2011	18*	17	12	8
2011-2013	15	13	10	8
2012-2014	13	13	13	7
2013-2015	10	10	11	9
2014-2015	13	8	7	6
2015-2016	10	8	6	3
<b>Total</b>	<b>79</b>	<b>69</b>	<b>59</b>	<b>41</b>

\*Represents data for 2009 and 2010. Some students took the core didactic courses (as UW graduate students or Graduate Non-Matriculated students) before applying and officially matriculating in the program.

*7. Success in placement of graduates, including postdoctoral students, during past five years, career achievements of graduates;*

No official data was kept on students post-graduation. In 2012, a survey was conducted with alumni. Of 48 individuals, we had current contact info for 40. Sixteen responded to the survey and fourteen of them were working in IECMH.

They reported working in:

<b>Preschool Classroom</b>	5
<b>Private Practice</b>	8
<b>Early Intervention Program</b>	9

<sup>15</sup> Data provided 12/16/2016 by Stephanie Kirschner, from UW Student Database.



<b>Academic Setting</b>	5
<b>Neurodevelopmental Clinic</b>	4
<b>NICU or Hospital</b>	2
<b>Mental Health Agency</b>	7
<b>Other</b>	5

NOTE: Many individuals were working in more than one location. See Appendix K for a summary of this survey.

#### 8. *Description of the morale of students.*

Graduates are largely positive about their experiences in the program. Most criticism received centered around the online nature of the program. There were several students who would have preferred more opportunity to meet with their fellow classmates face-to-face. The program initially offered students the opportunity to meet on campus at the start of the program for an intensive workshop and social events, but this was cut in the final program iteration for cost and to serve a national audience.

Many of the last cohort of students had classmates who were interested in GCPAPN-IMH courses and there was much confusion about the future of the program. Numerous SSW students took the first year of coursework and were disappointed they could not take the infant observation experience the second year to complete the GCPAPN-IMH requirements and earn the certificate.

Some quotes from students who reached out to program faculty:

"I would like to thank you for an excellent course load. I learned more than I ever expected and deeply enjoyed all of it. I especially appreciated the reflective supervision, as I am currently in a placement where I can utilize this information as a supervisee each week. I'm very much looking forward to the chance to use what I have learned over this past year in my future career." – *Evening Degree MSW student who was able to take the core coursework in 2015-2016*

"I wanted to thank you again for your guidance in the program. The knowledge I gained through the infant mental health coursework has been invaluable to me. I apply it regularly to my work with new mothers in my private practice and Listening Mothers groups." - *2009-2011 cohort member*

"I also wanted to say how much I appreciate your introducing me to this program. It has been a tremendous year of growth for me and I have so much more to learn." -*2016 graduate*

"I appreciated both of you going over my work and giving succinct and quality feedback. Your continued and thoughtful involvement helped me improve my understanding of the subject and keep me motivated. Although this was an online course, due to the way you had structured the assignments, discussions forum and the final paper, I feel like I got to know all my cohorts

(sometimes better than I would have if we had a face-face to regular class).” –*Autumn 2015 MSW Student*

“This understanding has allowed me to stand out as I begin my career as a psychologist. I am repeatedly asked about my IMH background. I am often told that this sets me apart not only as a clinician, but as an advocate, policy maker, supervisor, and researcher. I would not have been able to be a part of this incredible certificate program without financial support. I am so grateful for the scholarships I received. I look forward to long career as an advocate for our youngest children based on what I have learned.” – *2013 Graduate*

## PHYSICAL FACILITIES AND OTHER RESOURCES

*1. Laboratories, where appropriate;*  
not applicable

*2. Classrooms and other instructional rooms, including distance education facilities;*

The GCPAPN-IMH is an online-based program with largely asynchronous coursework. One course, NURS 569, met weekly in an online meeting platform. The instructor for this course largely worked from her remote site, so a physical distance classroom with projector and video capture equipment was not required.

*3. Offices and meeting rooms;*

Offices are located at the Center for Human Development and Disabilities (CHDD), of which the Barnard Center is part. The Barnard Center has a small meeting area that is used by faculty. CHDD and the SoN both have shared rooms available for meetings.

*4. Library and information retrieval resources;*

Library support is robust. All students have access to the University of Washington library systems both online and in-person. Faculty routinely put materials on reserve in various libraries (Health Sciences, Odegaard Undergraduate Library and School of Social Work Library) as needed. Students had sufficient access to resources for research and follow-up learning, including online databases and electronic journals.

*5. Computer facilities and support;*

Except for tenured faculty, computers for staff and faculty are not purchased by the department or school. Computers are not written in as a line item in the instructional budget. Therefore, all computers were purchased and maintained with Barnard Center funds. Most faculty and staff

computers were over five years old. Affiliate faculty were not given computers and used their own hardware and internet connection from their homes.

The technology support experience for faculty was mixed. The main resource for technology troubleshooting is the Learning and Information Technologies office in the School of Nursing. This office went through several leadership and mission transitions throughout the 2009-2016 period. When the program first started using distance learning technology, there was very little support for instructors. The program purchased its own software licenses to use and test various technologies because there was no infrastructure for this assistance. Later, there was limited support and faculty were able to work within the technology made available by the University of Washington (Canvas and Adobe Connect). For Canvas, the learning platform and, sometimes, the online meeting platform, support was provided by the UW-IT Services, which has a drop-in office and on-phone support. This was challenging for off-site instructors, but beneficial to on-campus faculty.

The online meeting platform technology has been a struggle. Most affordable platforms are not equipped to handle multiple video and voice-over-IP (VOIP) streams, some of them running on wireless connections. There was no real, dedicated person to assist faculty or students with troubleshooting these problems. The program tested many platforms and helped as they could with providing a positive experience for students, but this was a challenge. It was challenging to have students using various hardware (some older) and diverse means of connecting to the internet. Since the program was distance and online, a student couldn't simply stop by with hardware for testing.

In the final year, Janet Lenart, Director of Online Education, and Ashley Bond, Instructional Technologist, provided individual consultation with faculty and attended some of the online sessions to help troubleshoot technology struggles. This was a new resource and was very helpful.

There is no paid training time for faculty and no clear mechanism to learn some of the technology (e.g. online class, seminar, etc.). The learning curve was steep for some of the affiliate faculty. Courses in Canvas are available for faculty each quarter.

#### *6. Equipment for research and instruction; and*

All equipment for instruction was purchased by subsidized Barnard Center funds. Other than computers and associated equipment, there aren't many associated equipment costs for this program. Note: UW-affiliated Centers are prohibited from accessing or spending state funds.)

#### *7. Other teaching, training or research facilities.*

not applicable

## PROGRAM BUDGET

### 1. Summaries of financial support from externally funded grants, endowments, University funds;

To illustrate the changes the program made, here is a snapshot of total Barnard Center financial support from both the earlier 2002-2006 program and later iterations of the certificate. This support is for all Center operating costs and scholarships as well as GCPAPN-IMH support.

Years	# Cohorts	Individual Donor Support*	Foundation Support*	State Support	Grant Support	PCE/Tuition Revenue	Total
2001-	4 (2002-						\$2,269,955  \$453,991/yr avg
2007-	6 (2009-						\$1,655,689  \$183,965/yr/ avg

\*Represents donations made to budget 65-4703. Reported by Caroline Rosevear, Interim Assistant Dean for Advancement.  
 ^Estimate, based on MyFinancialDesktop records from 2012-2014. Teaching and administrative tasks were performed for this grant. Estimate is based on teaching tasks only, as determined by cross-checking Barnard Center records. If this data is important, further analysis should be made to determine accuracy.

### 2. Adequacy of support.



The initial program (2001-2006) was very well-funded and met all expenses (including student tuition expenses as well as all instructional and support expenses), but funds were limited to donor support, which was finite.

Beginning in 2009, the streamlined, newly-revised program made strides toward sustainability by controlling costs and bringing faculty effort in line with School of Nursing standards (10% effort per graduate credit). From 2009 to 2011, the program was still run as a tuition-based program, though no tuition dollars came to the program. This means that students paid tuition in to the University of Washington/School of Nursing, but no funds were allocated to GCPAPN-IMH faculty or staff for

teaching and administrative support. Funds for these salaries came directly out of the Center’s operating budget (65-4703), supported by donors and foundations.

The next step toward sustainability came in 2011 when the GCPAPN-IMH moved to Professional and Continuing Education (PCE) and became a fee-based program. This meant that students paid tuition to PCE and revenue was deposited into a self-contained budget that paid program teaching and administrative salaries. The first year with this model showed a small net loss (-\$4,809), but the following two years show net incomes of \$4,929 and \$17,387, respectively. Those two years also enjoyed a subsidy in the form of grant support (HRSA grant 2012-2014 in the total amount of \$25,346).

FY 2015 showed a large revenue loss of -\$35,009. As the FY 2016/2017 cohort was admitted, it became clear that enrollment would be even lower for this cohort. In an attempt to recover the loss in revenue from low matriculation, GCPAPN-IMH leadership leveraged strategic UW partnerships and a tentative agreement was put in place to partner with the School of Social Work (SSW) to include their students in GCPAPN-IMH courses. Unfortunately, this agreement was tentative and only in place for one quarter (Autumn 2015). As such, interested tuition-based SSW students were not allowed to continue the sequence of courses in Winter 2016 and Spring 2016, though there was demonstrated interest in doing so. (Fee-based students were still permitted to take the course and generated revenue for the program.) Although FY 2016 still showed a net loss of -\$3,598, the maneuvers the program made showed that a hybrid model, which includes both certificate students and graduate students might work. Had this hybrid model been in place for the entire year, the program would surely have shown net income. But this was a Band-Aid approach and, clearly, the current model is not adequate to support the program.

For the PCE years, here is a budget summary. Data from MyFinancialDesktop, retrieved January, 2017. Frank Montgomery and Brendon Lee, of Finance and Administration, verified net income/loss for each year.

<b>Fiscal Year (FY)</b>	<b>Revenue</b>	<b>Expenditures</b>	<b>Net Income/Loss</b>
FY 2012 7/1/2011-6/30/2012	\$49,123	\$53,932	-\$4,809
FY 2013 7/1/2012-6/30/2013	\$61,559	\$56,630	\$4,929
FY 2014 7/1/2013-6/30/2014	\$86,340	\$68,953	\$17,387



<b>Fiscal Year (FY)</b>	<b>Revenue</b>	<b>Expenditures</b>	<b>Net Income/Loss</b>
FY 2015 7/1/2014-6/30/2015	\$98,113	\$133,122	-\$35,009
FY 2016 7/1/2015-6/30/2016	\$93,883	\$97,481	-\$3,598
FY 2017* 7/1/2016-6/30/2017	\$10,828	\$8,900	\$1,928
<b>Total</b>	<b>\$399,846</b>	<b>\$419,018</b>	<b>-\$19,172</b>

\* FY 2017 data is from Summer 2016 only.

## CURRICULA AND TEACHING EFFECTIVENESS

References below are to the last iteration of the program, 2014-2016 (2 cohorts).

### 1. Curriculum objectives and student programs of study;

The GCPAPN-IMH offered one program of study to all students. Students in some UW graduate programs were allowed to take core courses a la carte.

Curriculum is mapped on to the Michigan Endorsement<sup>®</sup>, also known as WA-AIMH IMH-E<sup>®</sup>. See Appendix L for competency maps for all courses (these maps were also provided to students upon graduation).

Here is a summary of curriculum objectives. Please see syllabi in Appendix M for full information.

<b>Course</b>	<b>Title &amp; Course Objectives</b>
NURS 548	<p><i>Frameworks in Infant Mental Health</i></p> <p>By the end of this course students will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe features of typical and atypical child development, prenatally to age three.</li> <li>2. Apply a bio-psycho-social and cultural framework to explain how risk and protective factors influence individual differences in early childhood.</li> <li>3. Identify relationship-based principles and strategies that support young children and families.</li> </ol>



	<ul style="list-style-type: none"> <li>○ Discuss and evaluate how to integrate relationship-based practice in your field of practice and become involved in larger systems and policy change.</li> <li>○ Apply IECMH reflective practice skills to case studies and video materials.</li> </ul>
NSG 537	<p><i>Development and Psychopathology: Parents and Infants</i> By the end of the quarter, students who complete all the readings and assignments and engage in all the online activities will be able to:</p> <ul style="list-style-type: none"> <li>• Demonstrate clinical insight into normative social and emotional development of children ages 5 and younger, with special emphasis on typical and atypical patterns of regulation and attachment;</li> <li>• Critically evaluate individual, biological, familial, and system-level risk factors for the development of psychopathology in children ages 3 and younger, with special emphasis on parental and intergenerational issues related to attachment;</li> <li>• Critically appraise the contribution of attachment theory to our understanding of risk and protective factors for the development of regulatory problems in children ages 5 and younger;</li> <li>• Evaluate the contribution of diversity in culture, ethnicity and class to variations in development and the identification and understanding developmental psychopathology in children ages 5 and younger</li> <li>• Understand the complementary roles of multiple disciplines within the field of infant mental health to our understanding of infant development and psychopathology</li> </ul>
NURS 555	<p><i>Relationship-Based Mental Health Assessment of Infants and Toddlers</i> By the end of the quarter, students who successfully complete readings, assignments and engage in online activities will be able to demonstrate:</p> <ul style="list-style-type: none"> <li>• An understanding of, and appreciation for, the role of observation and framing and reflective use of self in assessment.</li> <li>• An understanding of, and appreciation for, the importance of maintaining your "tolerance for uncertainty" as you develop multiple, working diagnostic hypotheses.</li> <li>• An ability to evaluate primary presenting clinical concerns in infants and toddlers within the context of their primary relationships, constitutional make-up, and sociocultural backgrounds.</li> </ul>

	<ul style="list-style-type: none"> <li>• Basic skills in diagnostic formulation of psychopathology in early childhood using the framework of the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood, Revised Edition (DC: 0 - 3R).</li> </ul>
NURS 569	<p><i>Reflective Practice, Consultation and Supervision</i></p> <ul style="list-style-type: none"> <li>• Develop an understanding of reflective supervision, practice, consultation and facilitation, be able to consider clinical, ethical, and liability implications and navigate "messy dilemmas" inherent to practice.</li> <li>• Recognize, understand, and reflect on the importance of, and challenges inherent in, bringing this approach to diverse practice settings.</li> <li>• Observe and reflect on own scope of practice and visions for implementing reflective practice in student's practice setting.</li> </ul>
NSG 568	<p><i>Infant Observation</i></p> <p><u>Observer Development:</u></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to reflectively listen and observe, keeping their own reactions contained and tolerated (within their experience) to be explored and discussed in process notes and class.</li> <li>• Notice the lock-in gaze, affect and vocalization between infant and caregiver and reflect upon how these elements are used between the dyad over the year.</li> <li>• Observe and describe typical (normal) development so one can begin to identify atypical development as the first year unfolds.</li> </ul> <p><u>Infant/Relationship/Parent Observations and Competencies:</u></p> <ul style="list-style-type: none"> <li>• Trace how the rooting of the mind in the body develops.</li> <li>• Consider how infantile needs and expressions remain on a pre-verbal level throughout the lifespan. Meaning, participate in ongoing discussion about how those pre-verbal cues developed in relationship with primary caregivers during the first year of life inform future relationships into adulthood.</li> <li>• Describe the components of infants' developing ability to internalize an understanding of the mind of the other person in the relationship. Demonstrate understanding of how this right-hemisphere-to-right-hemisphere connection lays the groundwork for understanding the minds of others and empathic connections.</li> </ul>

*2. Methods of evaluating student performance;*

For each course, students were evaluated using a rubric that included points for performing case studies, participating in online discussion forums, and completing a final paper or project. See syllabi for each course's evaluation method.

*3. Numbers, types and sizes of classes taught by tenure stream, tenured, and other faculty, and by TA/TFs;*

The GCPAPN-IMH employs a co-teaching method and most courses are taught by multiple instructors. See distribution below. No courses were taught by TAs.

<b>Course</b>	<b>Tenure Stream Instruction</b>
NURS 548	Tenured Faculty (20% or 10% fte); Permanent (non-tenure stream) faculty (10% or 20% fte)
NSG 537	Tenured Faculty (20% fte); Affiliate Faculty (10% fte)
NURS 555	Permanent (non-tenure stream) faculty (20% fte); Affiliate Faculty (10%)
NURS 569	Permanent (non-tenure stream) faculty (20% fte)
NSG 568	Affiliate Faculty (20% fte)

*4. Assessment of teaching by students and peers (methods and results);*

Students performed course assessments each quarter. These were anonymous, online data that were reported to faculty in the aggregate. Assessments were provided to the department chair as part of each faculty member's merit review.

*5. Quality of undergraduate and graduate student research experiences;*

The GCPAPN-IMH does not have research opportunities.

Dr. Susan Spieker mentors graduate students and supports students in their doctoral thesis work. Sometimes these students are concurrently enrolled in the GCPAPN-IMH. This is high-quality research performed by doctoral candidates and vetted by dissertation committee faculty at the University of Washington.

*6. Quality of internships and practice;*

The last iteration of the program did not include any internships or practica. A practicum experience was a part of previous iterations, but was discontinued for two main reasons:

- The School of Nursing advised us that they no longer allowed out-of-state practicum agreements, and the GCPAPN-IMH had already established itself as a nationwide online program. Furthermore, faculty were advised they could not offer practicum experiences to only some of the cohort (local, in-state students).

- It was difficult to ensure that all students received equal and quality practicum experiences. This was an issue locally, but particularly true with the out-of-state practicums as faculty could not make site visits.

The didactic course work of the most recent iteration nevertheless prepared students well for half-time clinical practica required for an MSW.<sup>16</sup>

*7. Quality of senior theses, masters theses and doctoral dissertations; and*

The GCPAPN-IMH students did not produce any theses or dissertations as part of their certificate work.

*8. Opportunities for professional development for students in the program*

Throughout the years, GCPAPN-IMH students were provided with many professional development opportunities. These included free or reduced tuition to the NCAST Institute (offered every other year), Circle of Security trainings, Promoting First Relationships® workshops, opportunities to attend the Zero to Three National Training Institute while it was in Seattle, and the opportunity to apply to attend the national Harris PDN Meeting with faculty in Chicago (one student attended each year in 2013 and 2014). Students were also given documentation to provide to WA-AIMH for their Endorsement® application. See Appendix L for the competency maps given to students. Less formally, students were connected by GCPAPN-IMH faculty with professionals in their field both locally and nationally.

*9. Opportunities for employment/professional achievement for graduates of the program*

The GCPAPN-IMH does not offer job placement assistance, though it did offer job opportunity notices and other professional development news to GCPAPN-IMH graduates via an exclusive email newsletter. Faculty would also reach out to individual students with opportunities as appropriate. Many GCPAPN-IMH instructors are graduates of the program. Faculty connected local students that took the coursework and were looking for clinical training opportunities to agencies and licensed supervisors in the community.

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<sup>16</sup> Personal communication to Susan Spieker from Jill Klenota, Clinical Supervisor at Navos Infant and Early Childhood Mental Health Program.

## INTERRELATEDNESS (IF ANY) OF PROGRAM(S) WITH OTHER PROGRAMS, DEPARTMENTS, CENTERS AND SCHOOLS WITHIN THE UNIVERSITY AND AT PEER INSTITUTIONS

The Barnard Center is co-located at the Center for Human Development and Disability (CHDD), which is an interdisciplinary research, training and clinical services center. Faculty at the Barnard Center are affiliates of CHDD and collaborate with other CHDD faculty on projects and efforts to serve families with young children.

### *1. Curricula;*

#### College of Education

*Undergraduates-* Though not part of the GCPAPN-IMH, the Barnard Center faculty teach an undergraduate course that holds a nursing prefix, but is interdisciplinary and a requirement for the Early Childhood and Family Studies undergraduate degree (ECFS) in the College of Education (COE). Center faculty have taught this infant development content to education students as instructors of ECFS 302 for many years. In 2014, COE made this arrangement formal by hiring Drs. Colleen Dillon (Director of Training at the Barnard Center and GCPAPN-IMH faculty), Susan Spieker (Professor and Director of Barnard Center) and Miriam Hirschstein (faculty at the Barnard Center, though not faculty of the GCPAPN-IMH) to develop content for a newly-created course, NSG 432 *Infants and Toddlers: Risk and Resilience*, for their ECFS Online Completion degree. The course is currently taught three times per year: online for ECFS PCE students, and both online and on campus for all UW undergraduate students, with priority for ECFS students. This course has enjoyed much popularity and continues to fill very quickly each quarter when offered. Fiscally, the School of Nursing has received net revenue for this course each time it is taught to the general UW undergraduate population.

*Graduates-* Many graduate students in the College of Education have included the GCPAPN-IMH as part of their graduate studies. Barnard Center faculty and staff have maintained close relationships with COE faculty to promote the program and discuss the development of future partnerships in graduate education. In addition, Dr. Dillon has worked closely to support multiple GCPAPN-IMH students who are in the School Psychology PhD program and applying for an Association of Psychology Postdoctoral and Internship Centers (APPIC) internship year that includes a focus on early childhood. Dr. Spieker has served on many COE dissertation committees of certificate students who were infusing IECMH content into their research. Dr. Spieker was also a member of the Design Team that drafted a proposal to the Gates Foundation for a Preschool Education and Resource Center (PERC) to be housed in the COE. PERC was to have included a Masters program with an IECMH track. Work on PERC has been suspended, but there is still interest in developing such a program.

## School of Social Work

Since 2009, many School of Social Work (SSW) students have taken GCPAPN-IMH courses, either as individual enrollments or as the entire certificate. In Autumn 2015, after much collaborative work, the School of Nursing entered into a tentative agreement to teach both tuition-based and fee-based SSW students. This was a great success for Autumn 2015 with 15 SSW students enrolled. Despite student satisfaction in the course and interested in taking other GCPAPN-IMH courses (or enrolling in the certificate), the SSW did not sign the memorandum of agreement needed for tuition-based student to continue. Fee-based SSW students were still eligible for the courses for 2015-2016 and continued to enroll in them.

### *2. Research;*

Drs. Susan Spieker and Monica Oxford's research is very interdisciplinary. They have collaborated on research grants since 2000, and since 2006 have both been Principal Investigator (PI) and Co-Principal Investigator on grants focused on IECMH interventions in vulnerable populations, including Child Welfare, Native American Indian Tribes, and parenting women in mental health treatment.

They are currently involved in the following collaborative projects:

- Seattle Children's Hospital- Susan Spieker, Co-Investigator, *Promoting Optimal Parenting*. PI- Dmitri Christakis, funded by National Institute for Child Health and Development.
- College of Education-Susan Spieker, Design Team Member, *Preschool Education and Resource Center*. PI- Gail Joseph, funded by Bill and Melinda Gates Foundation.
- School of Medicine, Department of Psychiatry- PI, Susan Spieker, *Collaborative Perinatal Mental Health and Parenting Support in Primary Care* Co-Investigator- Jürgen Unutzer, MD, MPH, MA, Professor and Chair, funded by NICHD
- School of Social Work- PI Monica Oxford, Co-PI Susan Spieker, *Birth Families Reunified with their Children after Foster care: Home Visiting Intervention*. Co-Investigator Maureen Marcenko, PhD

*3. Dual-degree or joint-degree programs and/or dual majors; and not applicable.*

### *4. Joint appointments*

Dr. Susan Spieker holds adjunct appointments in Psychology and Social Work and is a member of the Early Childhood and Family Studies faculty (College of Education)

Drs. Colleen Dillon and Miriam Hirschstein are members of the Early Childhood and Family Studies faculty (College of Education)

## COMPARISON TO SIMILAR PROGRAMS WITHIN THE INSTITUTION AND AT PEER UNIVERSITIES

### *1. Identification of peer programs;*

The timing of gathering this data (December 2016) made peer program investigation challenging, as faculty were difficult to reach. Interviews were conducted with three programs:

#### *External*

Portland State University Infant Mental Health Program

#### *Internal*

UW P-3 Leadership Certificate, College of Education

Early Learning Leadership Certificate, joint effort of Dept of Psychology and College of Education

See Appendix O for reports.

#### *Other external IMH programs for future exploration*

Wayne State University <http://mpsi.wayne.edu/training/infant-mental-health.php>

Napa Infant-Parent Mental Health Fellowship Program <https://extension.ucdavis.edu/areas-study/health-sciences/napa-infant-parent-mental-health>

University of Massachusetts Boston Infant-Parent Mental Health Fellowship / Postgraduate Certificate [https://www.umb.edu/academics/cla/psychology/professional\\_development/infant-parent-mental-health](https://www.umb.edu/academics/cla/psychology/professional_development/infant-parent-mental-health)

University of Minnesota Center for Early Education and Development (CEED) Infant and Early Childhood Mental Health Certificate Program <http://www.cehd.umn.edu/CEED/certificateprograms/iecmh/default.html>

## STRATEGIES FOR STRENGTHENING THE PROGRAM, GIVEN PRESENT RESOURCES

### *1. Self-evaluation of strengths and weaknesses of the program*

The Barnard Center performed a SWOT analysis and brand strategy with an external firm, DNA in 2011 (see Appendix P) and continues to evaluate strengths and weaknesses of the Center and GCPAPN-IMH.

## Strengths

- *Strong faculty*- including an internationally-renowned researcher and many skilled clinicians from various disciplines with specific graduate level training in IECMH.
- *Dedicated faculty and staff*- Low faculty and staff turnover means continuity for students and relationships that develop and extend beyond graduation.
- *Willingness to adapt program* and continuously improve on student learning and experience- curriculum is continually revised to meet needs of the changing field.
- *Aligned curriculum*- When the program was revamped in 2007-2008, courses were designed to meet the IMH-E® competencies for Levels II and III
- *Online*- the program fits the needs of busy professionals who cannot attend campus-based classes, or graduate students who are juggling a full course load. Being online also allows training of providers in high need, geographically remote service areas in the state and beyond.
- *Video library*- Large library of research and training videos that demonstrate infant mental health principles.
- *Co-teaching method*- Because most of the courses are co-taught, students receive multiple viewpoints and a rich, reflective learning experience.
- *Growth*- IECMH curriculum at UW now extends beyond graduate certificate education (undergraduate course) and seeks to serve multiple colleges and schools across campus.

## Weaknesses

- *Cost*- the program is expensive for community providers and graduate students, even with scholarship support.
- *Enrollment* – Although interest in the field is growing, the numbers needed each admissions cycle to fill a class and remain fiscally solvent prove challenging to meet.
- *Scholarship support*- student support was generous, but not sustainable. Without a reliable source of funding (e.g. state funding or an endowment), sustaining the historical level of scholarship awards is not possible.
- *University tuition structure*- the complex nature of tuition at the University detracts from cross-campus partnerships. (See student and budget sections, above)
- *Inflexibility of School of Nursing infrastructure*- The SoN infrastructure is built around degree programs that train healthcare providers. For a certificate, this was not nimble enough to meet applicants' needs. Challenges included firm, early deadlines (most comparable programs nationwide offer rolling admissions) and onerous compliance requirements created for healthcare trainees.
- *Technology*- Online synchronous learning technology is challenging for students and faculty. There are few affordable platforms that are robust enough to hold an hour-long video and VOIP meeting with multiple participants, some of whom have poor and unstable internet



connections. There was varied levels of support on the university end for student and faculty technology needs

- *Challenge in recruiting permanent faculty-* It is challenging to attract new Barnard Center faculty within the School of Nursing academic climate. Most IECMH academics have degrees in Psychology, Medicine (Psychiatry), or Social Work. There is no career path for an infant and early childhood mental health professional at the School of Nursing and current non-tenure stream faculty have not enjoyed the possibility of promotion or secure streams of funding.
- *Streamlined curriculum and teaching methods-* While necessary for program survival, depth and breadth of training was sacrificed to stay financially viable and meet the needs of working professionals. Although the online nature of the program is a strength in terms of sustainability and access, there is lost quality, from a training perspective, without the regular onsite, face-to-face experience.
- *Lack of a practicum experience-* It is impractical to include this experience for students with current infrastructure, but it is valuable and important of IECMH education in the right context (perhaps as part of an IECMH practicum experience of a home graduate department set up to accommodate mental health training).
- *Program reputation-* It has been difficult to overcome a reputation as a “free” program. The 2002-2006 years are still in the memories of the community and any amount of tuition charged seems very expensive. That original program was very well resourced and enjoyed many faculty for each course. Faculty were expensive. It was simply not a sustainable model (see budget section for differential cost between old and new program), but it is difficult to offer a product that doesn’t live up to the memory of previous graduates’ experiences.
- *Fee-based model-* The partnership with PCE was beneficial in that it helped to control tuition costs for students and was the only mechanism for capturing tuition revenue for the program (due to the structure of state-based course designation), but it came with additional administrative cost. It is difficult for a program of this size to sustain any additional infrastructure cost.

## 2. Description of ways to strengthen the program.

The GCPAPN-IMH cannot exist as a graduate certificate alone. The years without some sort of partnership with graduate programs were not cost effective. IECMH education works when paired with grant funding, as with the Perinatal Mental Health HRSA partnership or tuition agreements that reach across schools, as with the Autumn 2015 experiment with the School of Social Work.

The future of IECMH education at the University will need to stem from cross-campus collaboration. As IECMH is interdisciplinary, so too should be the program. It is difficult to meet the enrollment demands with community providers alone. For those in the workforce, graduate university credit is expensive and often a barrier. A future program will likely find success offering a core sequence of IECMH courses in tracks within graduate programs in various colleges and schools, with all students

learning and engaged in the same course, whether that is in an online, hybrid, or in-person class. There are challenges to overcome with this model- most pressing is the tuition structure at UW.

The community provider IECMH need could be met with a non-graduate certificate model or by another provider (NCAST, WA-AIMH or another professional development organization). Perhaps a program based solely in PCE that does not carry graduate credit would be more sustainable. Perhaps a certificate could be housed in an academic department without the added cost of PCE infrastructure.

A model which answers both of the above problems would work. For example, the Portland State University program has been able to leverage state funds for scholarships for community providers who commit to working in the state, with high need families, for a time. This is a comparable model to the one UW SSW has with the state's child welfare system. In this program, community providers are in the same courses as graduate students in various IECMH graduate tracks across different masters level programs. Please see Appendix O for more detail.

The groundwork has been laid for a successful program. Program curriculum is strong and carefully thought out, faculty are seasoned and dedicated to students and the field, and lessons have been learned about what doesn't work. Any new program that arises will be stronger for this foundation, assuming that a program-sustainable number of enrollees can be attracted on a consistent basis, and that the expectations of substantial financial aid for all enrollees can be overcome.

This report was completed by Emily Lamont, with the cooperation and participation of UW School of Nursing and IMH Certificate program faculty, staff and students.

## ACRONYMS

ABB	Activity-based budgeting- the mechanism at the UW which transfers tuition dollars to the school of instruction
CIDR	Center for Instructional Design and Research, now the Center for Teaching and Learning
CIMHD	Center for Infant Mental Health and Development
COE	College of Education
ECFS	Early Childhood and Family Studies, an undergraduate program in the College of Education
FCN	Family and Child Nursing, the Department in which the program is based
GCPAPN-IMH	Graduate Certificate in Advanced Practice Nursing- Infant Mental Health
HRSA	Health Resources & Services Administration
IECMH	Infant and Early Childhood Mental Health
IMH	Infant Mental Health
IMH-E®	WA-AIMH's Infant Mental Health Endorsement (aligned with the Michigan Endorsement®)
MCC	Masters Coordinating Committee
PDN	Irving B. Harris Infant Mental Health Professional Development Network
PI	Principal Investigator
SoN	School of Nursing
SSW	School of Social Work
UW	University of Washington
WA-AIMH	Washington Association for Infant Mental Health

## APPENDICES

Appendix A	Program Application, 2001
Appendix B	<i>Promoting Infant Social and Emotional Well-being in Washington State</i> , September 2006
Appendix C	CIDR Evaluation Documents and updated training model
Appendix D	Program Revision Application, 2008
Appendix E	2009 Program Brochure
Appendix F	2011 Program Brochure
Appendix G	2014 Program Brochure
Appendix H	<i>Reducing the distance in distance learning</i> , Dr. Colleen Dillon and Dr. Miriam Hirschstein
Appendix I	Curricula Vita (Buccola-Tournay, Dillon, Hill Phillips, Kulbel, Spieker)
Appendix J	Program Application
Appendix K	2012 Certificate Program Graduates Survey
Appendix L	Curriculum Competency Maps
Appendix M	Syllabi for NURS 548, NSG 537, NURS 555, NURS 569, NSG 568
Appendix N	Course Evaluations
Appendix O	Peer Program Reports
Appendix P	2011 DNA Brand Analysis and SWOT Report