February 20, 2020

John Karl Scholz, Ph.D.                  William Karpus, Ph.D.
Provost and Vice Chancellor for Academic Affairs  Dean of the Graduate School
Sent electronically

Re: Five-Year Review of Infant, Early Childhood, and Family Mental Health Capstone Certificate Program

Dear Provost Scholz and Dean Karpus:

On behalf of the School of Medicine and Public Health, I endorse the five-year review of the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program. After discussion at the February 19, 2020 meeting of the SMPH Academic Planning Council, APC members unanimously approved the report of the review committee and the response of program leadership to the review committee’s report. Those reports are attached.

The Infant, Early Childhood, and Family Mental Health Capstone Certificate Program is a one-year (August-June) face-to-face program for practicing professionals from the disciplines of mental health, health, social services and education who work with families in the prenatal and postpartum periods and with children ages birth through five years. Students attend two or three days of classes per month and have small group and individual opportunities to integrate program content into their professional work.

Strengths include the program’s strong leadership and student services; high-quality teaching by nationally recognized experts and state specialists; curriculum informed by theory and current research; pioneering approach that incorporates mindfulness into the curriculum, which benefits both students and their client families; positive influence on students’ careers, resulting in new jobs, retention of current positions, pursuit of graduate degrees and/or mitigation of burnout in a high-stress occupation; student-centered focus and response to feedback; pursuit of scholarships for students who demonstrate financial need; development of students’ professional networks; opportunities for continued professional development after program completion; and growing number of students from underrepresented populations.

The review committee identified areas for improvement. The APC notes that the program has been responsive.

1. Completion rate has been lower than expected. In response, the program has reorganized aspects of the curriculum, increased mentor check-ins, and added optional small groups. Program co-directors also work individually with students to facilitate completion of the certificate.

2. Program cost for students. Since the program’s inception, its leaders have pursued scholarships, grants and cost-sharing opportunities with other entities, and it continues to do so.
3. Succession planning. In response, the program has named a new co-director and is planning to hire an additional co-director.

4. Diversity and inclusion. The program reports that racial and ethnic diversity has increased each year. This year, over one-third of students self-identify as other than white, and five of the 22 students are bilingual. The program benefits from satisfied alumni who spread the word within their professional networks.

While the committee provided recommendations about the content of the program, the APC believes that decisions about program content are best left to the program's leadership and constituents.

Both the SMPH Academic Planning Council and I concur with the review committee's recommendation to continue the program. We recommend that the next review occur in ten years.

Thank you for your consideration. If you require additional information, please do not hesitate to contact my office.

Sincerely,

Robert N. Golden, M.D.
Robert Turell Professor in Medical Leadership
Dean, School of Medicine and Public Health
Vice Chancellor for Medical Affairs
University of Wisconsin-Madison

Copies to:
Roseanne Clark, IMH Capstone Certificate
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Sarah Strong, IMH Capstone Certificate
Carrie Brinkmeier, School of Medicine and Public Health
James Keck, School of Medicine and Public Health
Andrea Poehling, School of Medicine and Public Health
Parmesh Ramanathan, Graduate School
Jenna Alsteen, Graduate School
Jocelyn Milner, Academic Planning and Institutional Research
Karen Mittelstadt, Academic Planning and Institutional Research

Attachments:
1) Program response
2) Review committee report
November 11, 2019

To: Dr. James Keck
   Associate Dean for Basic Sciences, School of Medicine and Public Health

Re: Response to Review Committee Report for the UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program

Thank you to Drs. Navsaria, Bakshi and Collier for serving on this review committee and thoughtfully reviewing and reflecting on the written Five-Year Self-Study, supporting materials and the feedback provided by the Program directors, staff and students. We have reviewed the report and appreciate the time committed to identifying program strengths and areas for improvement. Below is our response to the report.

First we want to acknowledge the closing considerations supporting the continuation of this Capstone Certificate Program based on the Program’s strengths as well as our approach to critically analyzing program data to identify areas for improvement and thoughtfully implementing changes to address concerns.

Program Strengths:

We are pleased that the review committee identified aspects of our Program that are aligned with the mission and values of the program, consistent with our priorities and provide the foundation for the program. This includes our attention to high quality teaching based on high academic and research-based standards while also recognizing the status of our students as adult learners with full professional and personal lives. Parent-infant and early childhood mental health is a small, and often under-recognized, area of study and practice in health and mental health, and yet it is a significantly important field of study with rich research and resources to support professional practices across disciplines. As noted in the review report, work in this field can evoke strong personal responses. The Program was designed with this in mind, especially by including the small Reflective Mentoring Groups. Building reflective capacity and having space for reflection is essential to the work with infants/very young children and their families. Over time we have become even more comfortable supporting students in delving deeply into complex topics such as the impact of trauma, recognition of implicit bias, cultural humility, racism and gender identity. It is rewarding to us that students have appreciated their experiences with the program, have noted the value of the strong self-reflection components and have found the program influential in their career development, and in some cases “life changing”. Their feedback has been essential to our continuing to review and refine program offerings.
Program Improvement:

As noted in the report, the Program Directors had previously identified program components for improvement and have begun to address the areas identified in the report. Below are comments on each area identified by the review committee:

1) **Completion rates have been lower than expected.** The summary of actions in the report accurately reflects the site-review discussion of potential reasons for the completion rates and actions taken for last year’s class and currently underway for this year’s class. At this time, the completion rate for the class of 2018-2019 is 87% and expected to be 91% as of graduation in December 2019, the next time UW-Madison confers Capstone Certificates. We have demonstrated that we have remedied this concern through ongoing support and communication with students over the past two years and are committed to sustaining these supportive practices through the other programmatic changes described in the report (e.g., curriculum and assignment adjustments).

2) **Difficulty finding families for observational (and other applied) assignments.** Information about access to families for assignments is shared and reviewed with potential students during the admission interview. For those in administrative roles, we have brainstormed individual options for gaining access to young children and their parents. All students need to identify a voluntary family for an Infant/Family Observation assignment outside of their work place while other assignments such as the Assessment and Intervention assignments may be carried out in their work place. This year, we have more intentionally addressed this program requirement earlier in the year to give students more advance notice. We actively assist students by recruiting families and developing referral networks. For example, we are helping students who are in supervisory roles in their work identify how they may partner with their staff to identify a child/family with whom to practice the major Assessment assignment for Fall Semester. This approach provides the opportunity to practice and apply their learning as well as to consider how to impart their learning about the child/family to the staff they supervise, furthering the opportunity for integrating those practices into their agencies and programs.

3) **Coordination with aspects of the university.** The primary area under discussion on this item pertains to the new student entry and exit surveys conducted by the Division of Continuing Studies. As outlined in the report, the Faculty Director and Co-Directors have initiated ongoing meetings with the Continuing Studies evaluation team to provide input into the parts of the survey that may be individualized for the program and to modify the timeline and develop processes for sending email notices to students to encourage completion of the surveys. This new, collaborative process is better aligned with the timelines for this Capstone Certificate Program. For the Spring Semester 2019 Exit survey, the return rate was 65% reflecting a positive outcome for the current survey process as reported by Continuing Studies staff.

4) **Finances.** As noted in the report, students rely on scholarships that we have been successful in raising since the inception of this Program, first for the Continuing Studies Certificate Program and now for the Capstone Certificate Program. The availability of FAFSA funds has been an asset to the budget; last year 3 students took advantage of the availability of FAFSA funds, offsetting the need for scholarships. Enrollment for Fall Semester is at 23, with 22 Wisconsin residents and
1 out of state non-resident. We admitted a number of applicants who were eager to enroll, but unable because they lacked supporting funds beyond the partial scholarships we were able to offer. For example, one highly motivated applicant recently moved to Wisconsin from Illinois for a position in Milwaukee. She had funding from her employer to partially support her tuition, but decided it is best to work for the year to establish Wisconsin residency and defer enrollment until next year. The budget has been adjusted to the amount of income available for the Program (e.g., funding 5 not 6 Reflective Mentors). Plans are underway to diversity our budget including sharing costs (e.g., travel) for a speaker with the Department of Psychiatry who will address Grand Rounds as well as teach in the Capstone Certificate Program. We are also seeking new funds from the University Lecture Fund. We imagine integrating our annual continuing education outreach event with a national speaker with this funding source, maximizing these additional revenues. The establishment of a Center - Innovations in Parent-Infant/Early Childhood Mental Health is underway, following initial discussions with the Department of Psychiatry administrator. As noted, this Center will serve as a strong foundation for raising funds for scholarships and other financial support related to the Center’s and Capstone Certificate Program’s missions. The Center and related activities will strengthen ongoing relationships with other University Programs/Departments. While taking action to establish the Center, we will follow up on leads with several private foundations that have strong interests in funding Infant and Early Childhood Mental Health training thereby providing an additional source of funding for scholarships, national speaker fees and partial salary support for program directors of the Capstone Certificate Program.

5) **Succession planning.** The comments in the report accurately reflect our status and awareness of the matter of succession planning and actions already underway to address this. Promoting Sarah Strong to Co-Director in Fall 2018 has been the first step in preparing new leadership for the Capstone Certificate Program. With Dr. Tuchman-Ginsberg reducing her time, Ms. Strong has taken on many of her responsibilities and developed new leadership capacity based on her leadership skills/style, clinical and teaching experience, and areas of interest. This year, four of the five Reflective Mentors and Instructors are mid-career professionals who are graduates of this Certificate Program, committed to the field of parent-infant/early childhood mental health and bring their experiences and many talents to the Program. These new Mentors replaced senior level staff who have retired or needed to take a leave in the past 3 years due to family or other work demands. Additionally, we are recruiting for a second Co-director for FY 2020-21 who will work alongside the Faculty director and Ms. Strong in program development and teaching. This person will also be a mid-career clinician and a graduate of this program with significant supervisory and administrative experience.

6) **Diversity and inclusion.** Recruitment and inclusion of a diverse class of students who represent the client base for parent-infant/early childhood mental health services is one of our priorities, and an area of much effort and growth in recent years. We are committed to continuing our outreach and recruitment to contribute to alleviating this significant workforce need in the field. While it was noted in the report that men are under-represented in our program, we are aware that they are also under-represented in the professions served by this Capstone Certificate Program. We have had 1 male in the class for 3 of the last 5 years. Furthermore, at least one fourth to one third of our class in the last 3-4 years have been students from under-represented groups (e.g., African American, Native American, Latinx, Asian (i.e., Korean, Hmong and Thai), LGBTQ, people, people with disabilities, people who have lived in poverty or who have
experienced trauma). We do not intentionally collect this information from our students and will aim to better capture our experience in the future. We are mindful of doing this in a way that is respectful of students preferences in representing themselves. Our first step is to inquire about and access the demographic data relevant to diversity and inclusivity that UW collects upon admission.

7) **Clinical focus.** The feedback noting that career advising appeared focused on mental health clinicians is somewhat unclear to us. Multiple sources of feedback have consistently suggested that the non-clinical professionals (about half to two-thirds of our interdisciplinary students are non-clinical health, education and social services professionals who work in various programs and agencies serving the young children and their families) have made good to excellent use of their learning in the Capstone Certificate Program. They have noted how their Capstone Program experiences have enhanced their professional practices and helped them become more aware of career advancement possibilities (e.g., improve practices in their current work place, change positions, return to graduate school). We are aware that the interdisciplinary curriculum content of this program often asks students to stretch in their comfort in embracing relational practices (i.e., parent-child) rather than the individual child-focused interventions/treatments more commonly practiced. We address scope of practice for each discipline and underscore the improved outcomes for children and families when their work is relational. The parent-child relational work is also what draws many students to this Capstone program. Throughout each monthly class, we offer at least one or two small group breakout sessions allowing students to choose the sessions that are most relevant and deepening for their professional discipline and work role. For example, on the topic of diagnosis, we have separate groups for mental health clinicians who are in positions to make diagnoses. For the other students, the small group sessions focus on helping them understand and apply diagnostic information within their scope of practice. This includes understanding the process and content of the diagnostic nosology, learning how their observations and data may contribute to a diagnosis, exploring how to read and understand a diagnostic report and learning guidance and resources for making mental health referrals. For those in supervisory positions, these groups help them appreciate the work of their staff and gain important knowledge for supervising the work of their staff. We will carefully analyze the data that came to us this week from Continuing Studies for greater insights into the comments noted in the Five Year Self-Study Review Summary, especially related to those students who may be in administrative positions. There are other options in the state for those who are seeking less intensive experiences. (See the other learning opportunities described the response to #8 below.)

8) **Ongoing learning.** Program directors are aware of alumni’s interest in having opportunities for deeper and ongoing learning. We are active in statewide policy and professional development arenas to address this matter within UW Madison and the community. For example, our other training initiatives- Child-Parent Psychotherapy, Newborn Behavioral Observation and the Brief Early Relational Assessment, described in the Five Year Self-Study report and intended for inclusion in the Center, provide additional ongoing learning opportunities for graduates of this Capstone Certificate Program. Additionally, students have opportunities for ongoing learning and connection with others in the field through attendance at the Annual Wisconsin Infant/Early Childhood Mental Health Conference planned by the Wisconsin Alliance for Infant Mental Health( WI-AIMH) the professional organization in this field in our state. We are involved actively in the planning committee for this conference. WI-AIMH is also developing regional chapters
with periodic meetings throughout the year to address ongoing professional development in the field. The Program directors partner with WI-AIMH to support both of these initiatives to help build capacity in Wisconsin. Drs. Clark and Tuchman-Ginsberg are members of the Wisconsin Infant/Toddler Policy Committee which is currently focusing on creating a system for preparing Mental Health Professionals to provide Infant/Early Childhood and Parent Mental Health Consultation to early childhood programs and professionals throughout clinics, service systems and agencies in Wisconsin.

Prepared and submitted by:
Roseanne Clark, PhD, Professor and Faculty Director
Linda Tuchman-Ginsberg, PhD, Program Co-Director
Sarah Strong, LCSW, Program Co-Director
November 11, 2019
3 September 2019

To: Dr. James Keck  
Associate Dean for Basic Sciences, School of Medicine and Public Health

From: Review Committee for the Infant, Early Childhood, and Family Mental Health Capstone Certificate program

The following report summarizes our five-year review of the Infant, Early Childhood, and Family Mental Health Capstone Certificate program.

Summary of activities and materials reviewed:
Our committee (Vaishali Bakshi, Lara Collier and Dipesh Navsaria, with support from Andrea Poehling) met in July 2019 to review the program’s self-study and to produce a list of groups to meet with during our subsequent site visit. In this first meeting, our committee briefly summarized our overall impressions of the program based on the self-study, listing strengths and weaknesses and selecting various areas to be probed further during our visit.

Our site visit took place on 30 July 2019. We met with the program’s director, Dr. Roseanne Clark; Co-Directors Linda Tuchman-Ginsberg and Sarah Strong; faculty leaders (reflective practice mentors, clinical consultants and instructional staff); 2019 graduates; and alumni from prior years. There were no current students, as students begin the program in September and end the following June.

The overall conclusion from our review and site visit is that Infant, Early Childhood, and Family Mental Health Capstone Certificate Program is an excellent program, with outstanding leadership, faculty, and students that are enthusiastic about and value the education they receive. A full critique of the program is provided below, including a number of recommendations from our review committee that we feel could improve an already strong program.

Program strengths:
Our committee was impressed with several aspects of the program. The faculty and students who participated in the site visit were very strong advocates and were clearly satisfied with most aspects of the program.

• Clear enthusiasm and care for high-quality teaching. The program leadership was knowledgeable, enthusiastic, and eager to share information about what they have accomplished with the creation, implementation, and evolution of this program. They readily answered questions honestly and clearly, and were forthcoming with additional information when it was requested.

The program views itself as having academic, research-based, high standards while allowing for personal connection for students. They actively solicit and accept feedback. For example, mentors ask students how the feedback the mentors provide is received, but also ask students periodically “how am I helping, and how am I getting in the way?”.

• Students felt the program had been influential in their careers and, in some cases, life-changing. Students we spoke with (very recent graduates from 2019 and alumni from years past) had positive experiences overall. They spoke of how this capstone opened doors in their career path, offered routes to integrate what they were learning into their careers, and of how
good the program faculty and visiting speakers were, noting how special it was to learn about particular assessment tools from the very people who created them. They also appreciated the opportunity to network with others (even outside of their own discipline).

They spoke of the strong self-reflection component of the program as a “gift” — even when there was some initial skepticism about it, they found themselves embracing it and in some cases stated that they could no longer imagine practicing without it.

• Student-centered focus and response to feedback. Students reported that there was a strong attitude of response to their feedback. The climate is very positive with a safe environment, repair of ruptures when breaches of social trust occurred, and accommodations being made when necessary. Instructors were flexible and recognized various challenges students may have faced to completing assignments. The program also anticipated and warned students of potential triggers, particularly around the section of the course in which trauma was discussed extensively. Both mentors and trainees stated that they found this support group style of discussing challenging cases to extremely helpful. Alumni indicated that this experience was so positive and transformative that they find themselves missing it after program completion, and are thinking of ways to reconnect with each other to continue the unique discussions they shared while in the program.

• Evaluation. The program does research on evaluation of their curriculum, especially on mindfulness and contemplative practice.

Program weaknesses and review committee recommendations:
Through our committee’s review of the self-study and our site visit, we have identified a number of areas that the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program should consider to improve its program. For several of these weaknesses, it is clear that the program leadership had independently identified them as issues, and have already taken actions to mitigate them, as also discussed below.

1) Completion rates have been lower than expected. During the site visit, we spent some time discussing the program’s completion rates by cohort, which average 84% across 5 years, with a range of 81% to 87%, based on recently updated data provided to us at the visit. However, since the certificate is conferred in August, there is a mismatch between the program’s internal data and the official campus data as reported by APIR. At this time, they expect to have a 91% completion rate for the 2018–19 cohort by the end of August 2019.

The program has analyzed this issue and identified several barriers to students completing assignments:
• Finding families to observe (see below)
• Conflict with other time commitments such as regular jobs, family obligations, etc.
• Lack of experience with report-writing
• Adaptation to the paradigm shift of focusing on relational health and not just an individual child

Following on this analysis, the following changes were implemented while maintaining the integrity of the program:
• Newborn observations were moved to the second semester
• Screening tool teaching was moved earlier in the program to afford more time to complete
• Mentors check in more frequently
• Offer optional small groups so students can get more frequent support
- Cut down on other readings

Additionally, there were other considerations noted over the last two cohorts that do not apply at the present time, but did affect some prior cohorts:

- A time-limited grant opportunity allowed students to complete an intensive 18-month program called the Child-Parent Psychotherapy Program (CPP) concurrently with this certificate program, as opposed to after completion of the capstone. This increase in workload may have negatively affected completion rates.

- A requirement of the program was creating a poster for a conference that was held in June. The conference changed to October, so the program decided to require a slide presentation instead of the poster. This allowed the students to focus more on the project itself and less on the poster, while also requiring the students to complete a final project (slides instead of poster).

2) Difficulty finding families for observational assignments. While some students work in direct clinical settings, others have an administrative background and are not able to find willing families to observe as easily.

3) Coordination with aspects of the university. The exit survey was initially conducted by the Division of Continuing Studies and occurred without the program leadership’s knowledge. This was sent to students before they had completed the program. This has now been changed, but made it challenging to obtain necessary data.

4) Finances. Many students would be unable to participate at all without scholarships. Fewer than one student per year completely self-funds. Many of the scholarships come from various employers and agencies, and is not consistent or stable from year to year. However, last year was the first time capstone students were eligible for FAFSA funds.

The program leadership spoke of their desire to create a center (Innovations in Parent-Childhood Mental Health) that would act as an umbrella for this program as well as other professional development programs, research, consultation, and outreach. They felt this would make it easier to fundraise.

The program’s budget requires that they have about 28 students in order to be able to fund being able to bring in national speakers. Some parts of the program do provide continuing education units for students, and also charge outsiders fees to attend talks by national speakers, so there are some other (small) sources of revenue.

5) Succession planning. This program has very strong founding directors who are well-known and respected in this field. This raises a concern that the program may be too dependent on them. Leadership agreed with this and discussed how many of their existing faculty mentors are mid-career and they are working with them to prepare them for leadership. Also, adding a second co-director also helped diversify reliance on leadership.

6) Diversity and inclusion. While the program appears to work very hard to ensure they are diverse and inclusive in the populations that they teach about and study, the program itself faces challenges in recruitment and teaching materials. A significant contributor to this issue is that the overall field of early childhood has very few men or people of color relative to the general population, making recruiting challenging. Only about one male student a year enrolls.
7) Clinician focus. Students did feel at times that the program’s career advising appeared focused on clinicians rather than on those in non-clinical areas. Alumni echoed this and noted that they felt that perhaps a less-intensive/less-costly variant of the program for those in administrative roles may be valuable.

8) Ongoing learning. Students and alumni reported that they were pleased with the structure and content of the program but that they felt there were limited opportunities to not only dive deeper into material — and that they did not know how to continue this learning trajectory. They felt they would benefit greatly from alumni events or other structured, organized follow-up.

Closing considerations:

From our review of the supplied materials and our visit, this program appears to be meeting the goals and objectives stated in the original program proposal, with any changes being as a result of thoughtful critical analysis of the program’s data — including student feedback — in order to improve. They appear to be meeting standards of quality based on their original proposal and a commitment to providing a high-quality learning environment. Opportunities for improvement are being sought after, considered, and implemented as discussed above.

This is a program that fits in well with the broad interdisciplinary structure of a large public university like the University of Wisconsin–Madison. As is clear from the student enrollment as well as the faculty from within and outside the university, Infant, Early Childhood, and Family Mental Health is a topic that spans multiple disciplines and offers opportunity that ties in with a variety of campus department, schools, colleges, and beyond, including the UW System and other institutions. There appear to be no negative impacts to other programs, and other entities could benefit from stronger connections with this program.

Finally, this program appears to be utilizing resources well in order to provide high-quality education. If anything, their plans to consider the development of a center in order to bring related endeavors under a single umbrella and facilitate fundraising will serve to offer more resources to further improve this program.

In summary, our committee recommends that the program continues and that the next program review occurs in ten years.

Sincerely,

Vaishali Bakshi, Ph.D., Associate Professor, Department of Psychiatry
Lara Collier, Ph.D., Associate Professor, School of Pharmacy (Graduate Faculty Executive Committee representative)
Dipesh Navsaria, MPH, MSLIS, MD, Associate Professor, Department of Pediatrics (committee chair)