Brophy-Herb, H. E., Lawler, J. M., Stacks, A. M., Freeman, S. E., Pitzen, J., Riggs, J., Dalimonte-Merckling, D., Wong, K., Ribaudo, J., Huth-Bocks, A., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research (2023). Longitudinal associations between parental reflective functioning and maternal mind-mindedness. *Journal of family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, *37*(6), 830–840.<https://doi.org/10.1037/fam0001106>

Little work has examined longitudinal associations between parental reflective functioning (PRF) and mind-mindedness (MM), limiting the understanding of separate or bidirectional trajectories of these related but distinct forms of mentalization. We examined cross-lagged associations between PRF, assessed via interview, and MM, coded from play interactions, over 12 months among 90 parents (86% female; 57% White, 43% Black) of infants (*M*age = 10.56 months, *SD* = 8.20) who were participating in The Michigan Model of Infant Mental Health Home Visiting. Data were collected at study enrollment Time 1 (T1) and at 6-month Time 2 (T2) and 12-month Time 3 (T3) postenrollment. Mind-minded comments were coded as appropriate, reflecting accurate interpretation of mental states or nonattuned, characterizing inaccurate interpretations. PRF and appropriate MM each remained stable over time. PRF at the T1 positively predicted appropriate MM at T2. No other cross-lagged associations between PRF and appropriate MM were significant. Concurrent correlations between appropriate MM and PRF were significant only at T3. Nonattuned MM showed stability from T1 to T2 but nonattuned MM at the T2 did not predict nonattuned MM at T3. Greater PRF at T1 predicted less nonattuned MM at T2. No other cross-lagged associations between PRF and nonattuned MM were significant.

Huth-Bocks, A. C., Jester, J. M., Stacks, A. M., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research (2020). Infant mental health home visiting therapists' fidelity to the Michigan IMH-HV model in community practice settings. *Infant mental health journal*, *41*(2), 206–219.<https://doi.org/10.1002/imhj.21839>

Implementation research suggests that fidelity to a therapeutic model is important for enhancing outcomes, yet can be difficult to achieve in community practice settings. Furthermore, few published studies have reported on characteristics of treatment fidelity. The present study examined fidelity to the Infant Mental Health Home Visiting (IMH-HV) model among 51 therapists with a range of experience practicing in community settings across the state of Michigan. IMH therapists completed fidelity checklists after every session with participating families to track use of 15 treatment strategies central to the IMH-HV model across the 12-month study period. Results indicated that the most commonly endorsed components utilized in home visits were developmental guidance and infant–parent psychotherapy, followed by the provision of emotional support. Use of IMH-HV components did not vary over time for the entire sample; however, patterns of strategies used showed somewhat more variability among more experienced therapists and when serving higher risk families. Findings demonstrate that IMH-HV therapists report a range of adherence to the model in community settings, with greatest fidelity to several model core components. Ongoing training in the flexible use of all core strategies may further enhance fidelity and contribute to positive outcomes for caregivers and their children receiving IMH-HV services.

Julian, M. M., Muzik, M., Jester,J. M., Handelzalts, J., Erickson, N., Stringer, M., Brophy-Herb, H., Ribaudo, J., Huth-Bocks, A., Lawler, J., Stacks, A., Rosenblum, K. L., & The Michigan Collaborative for Infant Mental Health Research (2021). Relationships heal: Reducing harsh parenting and child abuse potential with relationship-based parent-infant home visiting. *Children and youth services review, 128*, 106135. <https://doi.org/10.1016/j.childyouth.2021.106135>

**Background**: Childhood maltreatment and harsh parenting can have lasting effects on young children’s development, and home visiting interventions provide critical opportunities to mitigate this risk. **Objective**: This study aimed to examine associations between participation in the Michigan Model of Infant Mental Health Home Visiting (IMH-HV) and both harsh parenting and child abuse potential. **Participants and Setting**: Participants were 76 mothers and their infants/toddlers (*M* age = 9.9 months at baseline) receiving IMH-HV with Community Mental Health Service Provider agencies in Michigan. **Methods**: Data were collected at baseline (shortly after initiation of services), and 3, 6, 9, and 12 months post baseline assessment. Mothers provided demographic information and completed several questionnaire measures including the Brief Child Abuse Potential Inventory (BCAP). Harsh parenting was rated by a trained research assistant using subscales from the Home Observation of Measurement of the Environment (HOME). Treatment dosage was collected from IMH-HV clinicians. **Results**: Mothers with higher numbers of IMH-HV visits showed lower levels of observed harsh parenting over the three time points in the study (estimate = 0.050, p = 0.002) and higher cumulative societal factors associated with oppression (SFAO) predicted higher harsh parenting over the three time points. A higher number of IMH-HV visits also predicted lower child abuse potential across the time points of the study (estimate = −0.78, p = 0.043), controlling for SFAO. **Conclusions**: Participation in the Michigan Model of IMH-HV, delivered in the community, is associated with reductions in both harsh parenting and child abuse potential.

Julian, M. M., Riggs, J., Wong, K., Lawler, J. M., Brophy-Herb, H. E., Ribaudo, J., Stacks, A., Jester, J. M., Pitzen, J., Rosenblum, K. L., Muzik, M., & Michigan Collaborative for Infant Mental Health Research (MCIMHR) (2023). Relationships reduce risks for child maltreatment: Results of an experimental trial of Infant Mental Health Home Visiting. *Frontiers in psychiatry*, *14*, 979740.<https://doi.org/10.3389/fpsyt.2023.979740>

**Background**: Research examining the effectiveness of home visiting programs that reduce child maltreatment or associated risks yield mixed findings; some find positive significant impacts on maltreatment, whereas others find small to no effects. The Michigan Model of Infant Mental Health Home Visiting (IMH-HV) is a manualized, needs-driven, relationship-focused, home-based intervention service that significantly impacts maternal and child outcomes; the effect of this intervention on child maltreatment has not been sufficiently evaluated. **Objective**: The current study examined associations between treatment and dosage of IMH-HV and child abuse potential in a longitudinal, randomized controlled trial (RCT). **Participants and setting:** Participants included 66 mother-infant dyads (Mother *M* age = 31.93 years at baseline; child *M* age = 11.22 months at baseline) who received up to 1 year of IMH-HV treatment (*Mdn* = 32 visits) or no IMH-HV treatment during the study period. **Methods**: Mothers completed a battery of assessments including the Brief Child Abuse Potential Inventory (BCAP) at baseline and at the 12-month follow-up assessment. **Results**: Regression analyses indicated that after controlling for baseline BCAP scores, those who received any IMH-HV treatment had lower 12-month BCAP scores compared to those who received no treatment. Additionally, participation in more visits was associated with lower child abuse potential at 12 months, and a reduced likelihood of scoring in the risk range. **Conclusion**: Findings suggest that greater participation in IMH-HV is associated with decreased risk for child maltreatment 1 year after initiating treatment. IMH-HV promotes parent-clinician therapeutic alliance and provides infant-parent psychotherapy which differentiate it from traditional home visiting programs.

Jester, J. M., Rosenblum, K. L., Muzik, M., Niec, L. N., Stringer, M. K., Handelzalts, J. E., Brophy-Herb, H. E., Stacks, A.M., Weatherston, D. J., Torres, C., Julian, M. M., Lawler, J. M., & The Michigan Collaborative for Infant Mental Health Research (2023). Demographic and psychological factors that predict retention in infant mental health home visiting. *Early childhood research quarterly, 62*, 64-75.<https://doi.org/10.1016/j.ecresq.2022.07.010>

Home visiting programs are prominent prevention and intervention models that improve the well-being of infants, young children and their families who are at risk for negative outcomes. However, many home visiting programs struggle to retain families for the length of the intervention. We used survival analysis to examine the impact of demographic (e.g., education, socioeconomic status) and mental health concerns (e.g., maternal stress, therapist-rated mental health status) factors on the retention of 70 mothers in Infant Mental Health-Home Visiting (IMH-HV), a multi-faceted, needs-driven, relationship-focused psychotherapeutic home visiting model. The impact of both individual and cumulative factors on retention was examined. Results revealed that shorter retention in treatment was predicted by younger maternal age at the time of childbirth, lower levels of education, and an accumulation of demographic characteristics often reflecting structural inequalities. In contrast, mental health concerns, depression in particular, predicted longer retention. For each additional structural inequity, the risk of leaving treatment increased by 60%. For each additional mental health concern, the risk of leaving treatment decreased by 25%. The findings regarding structurally-driven inequities are consistent with much of the previous research. In contrast, the finding that those with a higher composite mental health score were more likely to remain in treatment longer than those with lower levels is counter to many studies. These results may be partially explained by the mental health and relational focus of the Michigan model of IMH-HV.

Jester, J. M., Bengel, C., Issa, M., Duprey, M., Riggs, J. L., Hoffman, C. M., Harris, S. D., Muzik, M., & Rosenblum, K. L. (2024). Infant mental health integration into OB care leads to increased connection to services during the perinatal period. Infant Mental Health Journal, 1–17. <https://doi.org/10.1002/imhj.22152>

We compared referrals and connection to care between perinatal patients: 90 receiving OB/GYN care in clinics with integrated behavioral health consultants with infant mental health specialization (IMH-BHC), and 68 receiving traditional care, in the United States. Participants identified as: Native American/Alaskan native, 1.90%; Asian, .63%; African American, 58.23%; Middle Eastern, 6.96%; African National/Caribbean Islander, .63%; Latin-American, 8.86%; and White, 28.48%. Approximately 80% of families in each group were offered referrals. By design, intervention women received mental health services during pregnancy; 16% of women in either group received postpartum mental health services. Intervention group participants were over three times as likely to engage in IMH home visiting. Treatment families were less likely to follow up with infant referrals, but also had fewer infant emergency room visits. All intervention participants met with an IMH-BHC prior to recruitment; however, only 20% self-reported encounters with a mental health professional, indicating these interactions may not be identified by the participants as mental health care; therefore, openness to treatment may be increased for women who feel stigma around mental health care. Given the importance of perinatal mental health, OB/GYN clinics and others serving perinatal patients may consider integrating IMH providers as part of the care team.

Lawler, J. M., Rosenblum, K. L., Muzik, M., Ludtke, M., Weatherston, D. J., & Tableman, B. (2017). A Collaborative Process for Evaluating Infant Mental Health Home Visiting in Michigan. *Psychiatric services (Washington, D.C.)*, *68*(6), 535–538.<https://doi.org/10.1176/appi.ps.201700047>

This column describes an innovative collaboration in Michigan that could serve as a model for meaningful community-university-state partnerships. Recent legislation in Michigan threatened the infant mental health home visiting program, a service for Medicaid-eligible infants, toddlers, and families affected by mental illness. The University of Michigan is overseeing two major studies in collaboration with the Michigan Department of Health and Human Services, the Michigan Association for Infant Mental Health, the Michigan Infant Toddler Research Exchange faculty network, and community health service providers to determine the evidence base for the program and ensure its future success.

Petroff, R. L., Jester, J., Riggs, J., Alfafara, E., Springer, K., Kerr, N., Issa, M., Hall, A., Rosenblum, K., Goodrich, J. M., Muzik, M., & Michigan Collaborative for Infant Mental Health Research (2024). Longitudinal DNA methylation in parent-infant pairs impacted by intergenerational social adversity: An RCT of the Michigan Model of Infant Mental Health Home Visiting. *Brain and behavior*, *14*(9), e70035. <https://doi.org/10.1002/brb3.70035>

**Introduction**: Early childhood development is a strong predictor of long-term health outcomes, potentially mediated via epigenetics (DNA methylation). The aim of the current study was to examine how childhood experiences, punitive parenting, and an intergenerational psychotherapeutic intervention may impact DNA methylation in young children and their mothers.**Methods**: Mothers and their infants/toddlers between 0 and 24 months were recruited at baseline (*n* = 146, 73 pairs) to participate in a randomized control trial evaluating the effectiveness of The Michigan Model of Infant Mental Health Home Visiting (IMH-HV) parent–infant psychotherapy compared to treatment as usual. Baseline and 12-month post-enrollment data were collected in the family's home and included self-report questionnaires, biological saliva samples, home environment observation, video-taped parent–child interaction, and audio-recorded interviews. Saliva DNA methylation was measured at the genes, nuclear receptor subfamily 3 group C member 1 (*NR3C1*), solute carrier family 6 member 4 (*SLC6A4*), brain-derived neurotrophic factor (*BDNF*), and the genetic element, long interspersed nuclear element-1 (LINE1). **Results:** For mothers, baseline methylation of *BDNF*, *SLC6A4*, *NR3C1*, or LINE1 was largely not associated with baseline measures of their childhood adversity, adverse life experiences, demographic characteristics related to structurally driven inequities, or to IMH-HV treatment effect. In infants, there were suggestions that methylation in *SLC6A4* and LINE1 was associated with parenting attitudes. Infant *BDNF* methylation suggested an overall decrease in response to IMH-HV psychotherapy over 12 months. **Conclusions:** Overall, our findings suggest that the epigenome in infants and young children may be sensitive to both early life experiences and parent–infant psychotherapy.

Pitzen J, Rice D, Durán B, Jester J, Riggs J, Julian M, Appold B, Muzik M, Rosenblum K and Michigan Collaborative for Infant Mental Health (2025) The Michigan Model of Infant Mental Health Home Visiting increases preventative services while decreasing emergency services for children. *Front. Psychol*. 16:1549246. doi: 10.3389/fpsyg.2025.1549246

**Objective:** This study examined the impact of a relationship-based intervention, the Michigan Model of Infant Mental Health Home Visiting (IMH-HV), on infant/child referrals and receipt of physical health services. **Method:** Using a randomized controlled trial (RCT) design, participants included community-recruited mother-infant/toddler dyads who were randomized to treatment (IMH-HV) or control. Participant-reported healthcare, related service referrals received, and number of medical visits attended at baseline, 6-, and 12-month were examined. **Results:** Families assigned to IMH-HV were more likely to receive (OR = 13.6, *p* = 0.001) and follow up on referrals (OR = 7.1, *p* = 0.00), and found them more helpful than the control group (OR = 3.9, *p* = 0.03). Children in the treatment group received services in the emergency department (ED; 14.7%) less often compared to control group (34.4%). At 12 months, control group children were more likely to miss well-child visits compared to the IMH-HV group. **Conclusion:** These results demonstrate that families who receive IMH-HV services increase their access to and utilization of resources to reduce the impact of some of the most harmful social determinants of poor health, developmental, and relational outcomes. Unique components of IMH-HV that might explain this include attending to concrete needs, referrals for medical care, and providing developmental guidance.

Ribaudo, J., Lawler, J. M., Jester, J. M., Riggs, J., Erickson, N. L., Stacks, A. M., Brophy-Herb, H., Muzik, M., & Rosenblum, K. L. (2022). Maternal History of Adverse Experiences and Posttraumatic Stress Disorder Symptoms Impact Toddlers' Early Socioemotional Wellbeing: The Benefits of Infant Mental Health-Home Visiting. *Frontiers in psychology*, *12*, 792989.<https://doi.org/10.3389/fpsyg.2021.792989>

**Background:** The present study examined the efficacy of the Michigan Model of Infant Mental Health-Home Visiting (IMH-HV) infant mental health treatment to promote the socioemotional wellbeing of infants and young children. Science illuminates the role of parental “co-regulation” of infant emotion as a pathway to young children’s capacity for self-regulation. The synchrony of parent–infant interaction begins to shape the infant’s own nascent regulatory capacities. Parents with a history of childhood adversity, such as maltreatment or witnessing family violence, and who struggle with symptoms of post-traumatic stress may have greater challenges in co-regulating their infant, thus increasing the risk of their children exhibiting social and emotional problems such as anxiety, aggression, and depression. Early intervention that targets the infant–parent relationship may help buffer the effect of parental risk on child outcomes. **Methods:** Participants were 58 mother–infant/toddler dyads enrolled in a longitudinal randomized control trial testing the efficacy of the relationship-based IMH-HV treatment model. Families were eligible based on child age (<24 months at enrollment) and endorsement of at least two of four socio-demographic factors commonly endorsed in community mental health settings: elevated depression symptoms, three or more Adverse Childhood Experiences (ACEs) parenting stress, and/or child behavior or development concerns. This study included dyads whose children were born at the time of study enrollment and completed 12-month post-baseline follow-up visits. Parents reported on their own history of ACEs and current posttraumatic stress disorder (PTSD) symptoms, as well as their toddler’s socioemotional development (e.g., empathy, prosocial skills, aggression, anxiety, prolonged tantrums). **Results:** Maternal ACEs predicted more toddler emotional problems through their effect on maternal PTSD symptoms. Parents who received IMH-HV treatment reported more positive toddler socioemotional wellbeing at follow-up relative to the control condition. The most positive socioemotional outcomes were for toddlers of mothers with low to moderate PTSD symptoms who received IMH-HV treatment. **Conclusion:** Results indicate the efficacy of IMH-HV services in promoting more optimal child socioemotional wellbeing even when mothers reported mild to moderate PTSD symptoms. Results also highlight the need to assess parental trauma when infants and young children present with socioemotional difficulties.

Riggs, J. L., Rosenblum, K. L., Muzik, M., Jester, J., Freeman, S., Huth-Bocks, A., Waddell, R., Alfafara, E., Miller, A., Lawler, J., Erickson, N., Weatherston, D., Shah, P., Brophy-Herb, H., & Michigan Collaborative for Infant Mental Health Research (2022). Infant Mental Health Home Visiting Mitigates Impact of Maternal Adverse Childhood Experiences on Toddler Language Competence: A Randomized Controlled Trial. *Journal of developmental and behavioral pediatrics : JDBP*, *43*(4), e227–e236.<https://doi.org/10.1097/DBP.0000000000001020>

**Objective:** The goal of this study was to test the impact of maternal adverse childhood experiences (ACEs) on subsequent child language competence; higher parental ACEs were expected to predict risk of toddler language delay. Participation in Infant Mental Health Home Visiting (IMH-HV) treatment, which aims to enhance responsive caregiving and improve child social-emotional development, was expected to mitigate this association. **Methods:** A randomized controlled trial (RCT) design was used. ACEs data were collected at baseline. Child language screening (using the Preschool Language Scales Screening Test) was conducted 12 months later by masters-level evaluators who were blind to treatment condition. Visits occurred in participants' homes. Participants were community-recruited and were randomized to treatment (psychotherapeutic IMH-HV) or control (treatment as usual). Data come from 62 families who participated in all waves of an RCT testing the efficacy of IMH-HV; mothers were eligible based on child age (<24 mo at enrollment) and endorsement of ≥2 sociodemographic eligibility criteria (economic disadvantage, depression, perceived parenting challenges, and/or high ACEs). **Results:** The age of mothers enrolled in this ranged from 19 to 44 years (M = 31.91; SD = 5.68); child age at baseline ranged from prenatal to 26 months (M = 12.06; SD = 6.62). The maternal ACE score predicted child language competence (*t* (5,55) = −3.27, *p* = 0.002). This effect was moderated by treatment (*t* (6,54) = 1.73, *p* = 0.04), indicating no association between maternal ACEs and child language for those randomized to IMH-HV. **Conclusion:** The results highlight that the effects of parent ACEs on early childhood outcomes may be buffered by participation in psychotherapeutic home visiting (trial registration: NCT03175796).

Rosenblum, K. L., Muzik, M., Jester, J. M., Huth-Bocks, A., Erickson, N., Ludtke, M., Weatherston, D., Brophy-Herb, H., Tableman, B., Alfafara, E., Waddell, R., & & the Michigan Collaborative for Infant Mental Health Research (2020). Community-delivered infant-parent psychotherapy improves maternal sensitive caregiving: Evaluation of the Michigan model of infant mental health home visiting. *Infant mental health journal*, *41*(2), 178–190.<https://doi.org/10.1002/imhj.21840>

The current study evaluated the effectiveness of a home-based psychotherapeutic Infant Mental Health Home Visiting (IMH-HV) intervention for enhancing parenting sensitivity; a secondary aim was to evaluate whether the use of video feedback was associated with greater treatment response. Participants were *N* = 78 mothers and their children (age at entry ranged from prebirth to 24-month old (*M* = 9.8, *SD* = 8.4), who were initiating IMH-HV services with community mental health-based therapists (*N* = 51). Dyads were assessed during extended home visits via standardized interviews and observational and questionnaire methods within the first month of treatment (baseline), and again 6 and 12 months thereafter. Following each of these extended home visits, study evaluators completed a standard Q-sort to capture observations of maternal sensitivity during the visit. Therapists completed fidelity checklists used to derive the total number of IMH-HV sessions received (i.e., dosage) and frequency with which therapists provided video feedback. Results indicated a dose–response relationship between number of sessions and maternal sensitivity, and that video review with parents independently contributed to improved maternal sensitivity. Discussion focuses on the effectiveness of this community-based psychotherapeutic home visiting model for enhancing parenting, as well as the value of video feedback as a specific therapeutic strategy.

Rosenblum, K. L., Riggs, J., Freeman, S., Shah, P. E., Muzik, M., & Michigan Collaborative for Infant Mental Health Research (2022). In-the-moment ratings on the Early Relational Health Screen: A pilot study of application in home visiting and primary care. *Infant mental health journal*, *43*(3), 410–423.<https://doi.org/10.1002/imhj.21978>

Early infant-parent interaction sets a critical foundation for young children's well-being, and evidence regarding the protective role of secure early relationships has led to increased interest in effective screening and promotion of early relational health in pediatric primary care and home visiting settings. We report findings from two pilot studies conducted in the United States that describe the reliability and validity of a relational health screening tool, the Early Relational Health Screen (ERHS), implemented in two different contexts: an innovative model of relational health promotion in pediatric primary care (Study 1) and an Infant Mental Health Home Visiting (IMH-HV) model (Study 2). Across both studies, a trained clinician rated the ERHS following real-time observation of interaction (i.e., “in-the-moment” ratings). Reliability was assessed by comparing “in-the-moment” ERHS ratings to subsequent coding of the same interaction from video by an independent evaluator. In addition, Study 2 data permitted evaluation of the validity of “in-the-moment” ERHS ratings. Results from both studies indicated reliability of “in-the-moment” ERHS ratings. In addition, Study 2 clinician “in-the-moment” ratings were associated with maternal depression and ratings of child-parent interaction derived from a separate observational task coded by independent evaluators using a different well-validated research-based measure. Discussion highlights the potential of the ERHS as a screening, promotion, and prevention tool that may be feasibly administered by providers across pediatric primary care and home visiting settings.

Shea, S. E., Jester, J. M., Huth-Bocks, A. C., Weatherston, D. J., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research (2020). Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. *Infant mental health journal*, *41*(2), 191–205.<https://doi.org/10.1002/imhj.21834>

In recent years, there has been an increase in the research on reflective supervision, including the development of tools designed to measure reflective practice in the context of reflective supervision. The Reflective Supervision Self-Efficacy Scale for Supervisees (RSSESS) is a self-report measure that has been used in previous evaluations and is designed to assess perceived reflective practice self-efficacy for Infant Mental Health-Home Visiting (IMH-HV) therapists. Properties of the RSSESS including factor structure and reliability are explored in a first study that lays the foundation for the use of the RSSESS in an IMH-HV evaluation in the State of Michigan. IMH-HV therapists completed the RSSESS at 4 time points over a 12-month period and also completed a Clinician Profile Form that included questions about their IMH background and their work experience, including job satisfaction and burnout. Results indicated that the RSSESS is a reliable tool to measure change in reflective practice skills. IMH-HV therapists demonstrated growth in their use of reflective practice skills with families and their observational skills over the 12-month period. In addition, results indicated correlations between reflective supervision self-efficacy and job satisfaction as well as burnout.

Stacks, A. M., Wong, K., Barron, C., & Ryznar, T. (2020). Permanency and well-being outcomes for maltreated infants: Pilot results from an infant-toddler court team. *Child abuse & neglect*, *101*, 104332.<https://doi.org/10.1016/j.chiabu.2019.104332>

### **Background**: Evaluations of infant-toddler court teams suggest improvements related to permanency, service provision, and parenting. However, findings regarding permanency are limited in that they do not capture children who remain in care for long periods. Less is known about how court teams impact child development. **Objective**: The first two objectives are to describe baseline development for a small group of infants and toddlers participating in a pilot court team project and to explore changes in their development and behavior. The third objective is to describe permanency outcomes. **Participants and setting**:Infants and toddlers (*n* = 25) under court jurisdiction for substantiated maltreatment and their parents participated in pre-and posttest evaluation of a pilot court team project. All dyads were referred to a parenting intervention, Infant [Mental Health](https://www.sciencedirect.com/topics/psychology/mental-health) Home Visiting. Infant development was assessed using the Bayley-III and behavior was assessed in the Crowell parent-child interaction task. Court records were reviewed for permanency outcomes. **Results**: Thirty-five percent of children had a developmental delay at program entry and showed significant improvements in [expressive language](https://www.sciencedirect.com/topics/social-sciences/expressive-language) development (*p* < .01). Increases in [prosocial behavior](https://www.sciencedirect.com/topics/social-sciences/prosocial-behavior) were seen in domains of positive affect (*p* *<* .05) and enthusiasm (*p* < .02) and significant reductions child withdrawal (*p* < .06). More than two-thirds of children were reunified with their parent(s) and they spent an average of 18.7 months in out-of- [home care](https://www.sciencedirect.com/topics/social-sciences/home-care). **Conclusions**: These preliminary findings add to the limited literature on the potential impact that infant-toddler court teams can have on permanency and well-being.

Stacks, A. M., Barron, C. C., & Wong, K. (2019). Infant mental health home visiting in the context of an infant-toddler court team: Changes in parental responsiveness and reflective functioning. *Infant mental health journal*, *40*(4), 523–540. <https://doi.org/10.1002/imhj.21785>

This article describes an infant–toddler court team in Michigan, the community-based participatory research approach to the implementation evaluation, and the resulting changes in parenting. Like other court teams, Michigan's Baby Court is led by a science-informed jurist, and all service providers are knowledgeable about the developmental needs of young children and engage in collaborative communication throughout the case. Relationship-based treatment in the form of infant mental health home-visiting was provided to families. Sixteen parents participated in pre- and posttest evaluation visits to assess changes in parents’ reflective functioning and interactions with their child. Findings suggest improvements in parents’ responsiveness, positive affect, and reflective functioning, with moderate effects. Higher risk parents demonstrated significant changes in reflective functioning, as compared to those at lower risk. These findings add to and support the limited literature on the effectiveness of infant–toddler court teams, which include relationship-based and trauma-informed services.

Stacks, A. M., Jester, J. M., Wong, K., Huth-Bocks, A., Brophy-Herb, H., Lawler, J., Riggs, J., Ribaudo, J., Muzik, M., & Rosenblum, K. L. (2022). Infant mental health home visiting: intervention dosage and therapist experience interact to support improvements in maternal reflective functioning. *Attachment & human development*, *24*(1), 53–75.<https://doi.org/10.1080/14616734.2020.1865606>

This study examined changes in parental reflective functioning (PRF) among mothers enrolled in Infant Mental Health-Home Visiting (IMH-HV) and explored whether parental risk, treatment dosage or therapist experience predicted change in PRF. Participants included 75 mothers and their children who were enrolled in IMH-HV delivered by Community Mental Health therapists. Results indicated significant improvements in PRF from baseline to 12-months. Maternal demographic and psychosocial risk, therapist experience and treatment dosage were not directly associated with changes in PRF. However, Mothers who received more treatment sessions from therapists with six or more years of experience demonstrated the greatest improvements in PRF, while mothers who received more treatment sessions from therapists who had been practicing IMH for less than 15 months showed a decline in PRF. Therapists working with very high-risk families may need specific training and ongoing reflective supervision over a period of years to promote improvement in PRF.

Tableman, B., & Ludtke, M. (2020). Introduction to the special section: The development of infant mental health home visiting in Michigan state government. *Infant mental health journal*, *41*(2), 163–165. <https://doi.org/10.1002/imhj.21855>

This issue of the *Infant Mental Health Journal* presents the first papers from a tripartite evaluation study of state-sponsored infant mental health home visiting program in Michigan, United States. This series of studies has been led by Kate Rosenblum PhD and Maria Muzik MD, Department of Psychiatry, the University of Michigan and faculty from the Michigan Collaborative for Infant Mental Health Research for the State of Michigan, Department of Health and Human Services, Mental Health Services for Children, to fulfill the requirements of state legislation (State of Michigan Act No. 291, Public Acts of 2013) that required that all home visiting programs meet certain requirements to be established as an evidence-based practice. In this introduction, we provide a historical context for the delivery of infant mental health home visiting through the community mental health system in the state of Michigan.

Torres, C., Rosenblum, K. L., Jester, J. M., Julian, M. M., Niec, L. N., Muzik, M., & Michigan Collaborative for Infant Mental Health Research (2022). Clinician Racial

Biases: Preliminary Investigation on Predictors of Poor Therapeutic Alliance and Retention in Home Visiting Intervention Program. *Maternal and child health journal*, *26*(4), 953–961.<https://doi.org/10.1007/s10995-021-03369-z>

### **Background:** Home visiting programs are effective in improving maternal-child health, and higher therapeutic alliance is associated with improved program retention and outcomes. Black, single, low-income mothers have a higher risk for poorer health outcomes in pregnancy and postpartum and for early termination of therapeutic services. **Objective:** To examine associations between clinician and client alliance and social, economic, and racial demographics. **Methods:** Mothers (N = 71) who were pregnant or had an infant (age < 24 m) receiving Infant Mental Health (IMH) services through community health service agencies and their clinicians (N = 50) completed the Scale to Assess Therapeutic Relationships (clinicians: STAR-C, clients: STAR-P) at 3-, 6-, 9-, and 12 months, and provided demographic information. **Results:** Survival analysis showed those with higher alliance ratings, both client and clinician ratings, at the 3-month time-point were more likely to remain in treatment longer (for clients est = -1.67, p = .0017; for clinician est = -.75, p = .031). Controlling for clinician experience and frequency of reflective supervision, Black clinicians had higher alliance ratings than white clinicians, (b = 3.1 (1.6), p = .049). Neither clinician-client racial match nor client marital status predicted alliance. Black clinicians’ ratings of alliance did not vary by client race, but white clinicians reported weaker alliance with their Black, relative to white, clients (β = .40, *p* = .045). **Conclusions:** Weaker alliance reported by white clinicians with Black clients, coupled with a lack of client-race related differences for Black clinicians, suggests white clinician racial bias may be important to consider in regards to program retention and health disparities.

Torres, C., Walsh, T., Tamkin, V. L., Quince, H., Riggs, J., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research (2024).

Improving Infant Mental Health Home Visiting Training to Strengthen Cultural Responsiveness and Increase Equity. *Maternal and child health journal*,

10.1007/s10995-024-04004-3. Advance online publication. <https://doi.org/10.1007/s10995-024-04004-3>

Infant Mental Health Home Visiting (IMH-HV) is a needs-driven, relationship-based home visiting intervention with demonstrated positive outcomes for parents and young children. Prior research found that higher therapeutic alliance (TA) was associated with improved program retention and provider race affected TA and retention for clients. The objective of this quality improvement project was to inform improvements to IMH-HV provider trainings to better prepare providers to effectively engage and support diverse families. Focus groups or individual interviews were completed with 18 providers and 7 clients (parents/caregivers). Participants self-selected into one of three groups offered separately to providers and clients: White identifying, Black identifying and Non-Specified identity groups. A racially diverse, interdisciplinary team facilitated focus groups and interviews and conducted thematic analysis of the data. Analysis identified barriers and opportunities for effective engagement of clients: when providers and clients are of different racial/ethnic backgrounds, provider attempts to forge a connection may make families feel ‘othered’; providers may not see their racial identity as salient, yet it influences their practice and the establishment of rapport with families; patience, tolerating discomfort, and allowing a family to determine whether the provider can be trusted are key. Effective IMH-HV practice with clients of diverse backgrounds requires a high level of self-understanding on the part of providers. Enhancing training to promote deeper consideration of both the perspectives of diverse clients and the salience of one’s own identity has potential to reduce barriers to TA, improve program retention, and address health disparities.

Weatherston, D. J., Ribaudo, J., & Michigan Collaborative for Infant Mental Health Research (2020). The Michigan infant mental health home visiting model. *Infant mental health journal*, *41*(2), 166–177.<https://doi.org/10.1002/imhj.21838>

Selma Fraiberg's pioneering work with infants, toddlers, and families over 40 years ago led to the development of a field in which professionals from multiple disciplines learned to work with or on behalf of infants, very young children, their parents, and the relationships that bind them together. The intent was to promote social and emotional health through enhancing the security of early developing parent–child relationships in the first years of life (Fraiberg, 2018). Called infant mental health (IMH), practitioners from fields of health, education, social work, psychology, human development, nursing, pediatrics, and psychiatry specialize in supporting the optimal development of infants and the developing relationship between infants and their caregivers. When a baby is born into optimal circumstances, to parents free of undue economic and psychological stressors and who are emotionally ready to provide care and nurturing for an infant's needs, an IMH approach may be offered as promotion or prevention, with the goal of supporting new parent(s) in developing confidence in their capacity to understand and meet the needs of the tiny human they are coming to know and care for. However, when parental history is fraught with abandonment, loss, abuse or neglect, or the current environment is replete with economic insecurity, threats to survival due to interpersonal or community violence, social isolation, mental illness, or substance abuse, the work of the IMH therapist may require intervention or intensive treatment and becomes more psychotherapeutic in nature. The underlying therapeutic goal is to create a context in which the baby develops within the environment of a parent's nurturing care without the psychological impingement that parental history of trauma or loss or current stressors such as isolation, poverty, or the birth of a child with special needs, can incur.

Wong, K., Riggs, J. L., Julian, M. M., Huth-Bocks, A. C., Muzik, M., & Rosenblum, K. L. (2022). COVID-19-Related Stressors in Parents and Toddlers: Changes in Mothers’ Perceptions over Time. *ZERO TO THREE, 42*, 53-60.

The impact of COVID-19 stressors on young children and families may differ based on pre-pandemic factors, including family race/ethnicity, financial stability, and pre-existing child developmental or social--emotional difficulties. The authors draw from their work with families with toddlers and preschool-aged children to explore experiences of the pandemic on families and how perceived stress has changed over time. They also demonstrate unique experiences of families by examining the impact of COVID-related stress across race. Addressing areas where additional supports are likely needed to support families with young children is a focus.