



## ENDORSEMENT EXAM

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WHAT TO EXPECT WHEN SITTING FOR THE EXAM, HOW TO PREPARE, AND RESOURCES

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## ENDORSEMENT EXAM OVERVIEW

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Applicable to Mental Health Specialists and Mental Health Mentor categories **ONLY**

Our hope is to provide with you as much support to be successful on the exam as is possible. This includes access to preparation resources, tools, and tips.

Your exam may be offered in person or virtually (reach out to your AIMH to learn more).

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### ENDORSEMENT EXAM ACCOMODATIONS

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If an applicant for Endorsement would like an accommodation for either part of the examination, they must submit a written request to the Endorsement Coordinator no later than 21 days (3 weeks) before the examination date. The request must detail the kind of accommodation being requested, as well as documentation of the need for an accommodation (i.e., an assessment/statement from a professional). The Endorsement Coordinator will respond to the request at least 10 days before the examination date. The Associations of Infant Mental Health (AIMHs) of the Alliance are committed to meeting the needs of all members but may not be able to grant every accommodation request. The Endorsement Coordinator will work closely with the applicant to develop a plan that offers a reasonable accommodation without compromising the integrity of the examination, the identity of the applicant, or the identity of the reviewers. In these instances, it may be necessary and appropriate to offer the exam on a different date in order to accommodate the applicant. If the Endorsement Coordinator is unsure of a specific accommodation, they may contact the quality assurance manager of the Alliance.

If an applicant's primary language is something other than English and they request an accommodation, that applicant can have up to an additional 60 minutes for each section of the exam, i.e., a total of 2 ½ hours for Part One and a total of 2 ½ hours for Part Two. In addition, the applicant may take a dictionary into the examination to assist in translation (e.g., a Spanish to English dictionary). ESL accommodations do not require documentation except for a written request for the standard extension of time outlined above. If more time than the standard extension is requested, further documentation may be required.

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### MULTIPLE CHOICE (PART 1)

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There is one multiple-choice exam for all Infant Mental Health Endorsement® applicants (centered around the 0 up to 3 population) and one for all Early Childhood Mental Health Endorsement® applicants (centered around the 0 up to 6 population). These are separate exams; IMH applicants will take the IMH multiple-choice and ECMH applicants will take the ECMH multiple-choice exam.

Respondents have 90-minutes to answer 60 multiple-choice questions. Eighty percent or better is required to pass; no more than 12 incorrect answers.

- This section is meant to measure what is known and is derived primarily from the knowledge and skill areas found under the Theoretical Foundations and Direct Service Skills domains of the Competency Guidelines. These domains address your IECMH knowledge specific to work with pregnant people, infants/young children and their families.
- Within the Theoretical Foundations domain, there will be a greater emphasis on the areas of pregnancy and early parenthood; infant/young child development & behavior; attachment, separation, trauma, grief, & loss; cultural humility, diversity, equity & inclusion; and disorders of infancy/early childhood.

- Within the Direct Service Skills domain, there will be a greater emphasis on the areas of screening & assessment; parent-infant/very young child relationship-based therapies & practices; and reflective supervision/consultation (RSC).
- The multiple-choice questions will have a greater emphasis on direct service, however, there will be some questions related to RSC, policy, ethical practice, service delivery systems and research.
- Knowledge gained through course work, specialized in-service training, and self-study will be most useful in this section of the exam.

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## VIGNETTES/SCENARIOS (PART 2)

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The vignettes/scenarios portion of the exam is different for each category/scope of practice of Endorsement and for IMH vs ECMH. The following information outlines what is expected for each category of Endorsement, please pay attention to which exam you are prepping for as you review these sections.

### MENTAL HEALTH SPECIALIST EXAM (I/ECMHS)

Exam respondents for the MHS exam have 90-minutes to respond to two of three direct service vignettes which must be answered from the perspective of an I/ECMH specialist/practitioner. Both vignette responses must be complete, and both must receive passing scores. Said another way, if a core concept is described in one response, respondents cannot assume that the concept is “covered”; core I/ECMH principles should be apparent in responses to both vignettes. Exam respondents are encouraged to take the thoughts, assumptions and expectations in their heads and articulate them within the exam, i.e., make the implicit explicit.

While all of the knowledge and skill areas of the Competency Guidelines are important, the ones under the Reflection, Thinking, and Working with Others domains are especially important to this section. Knowledge and skills gained through RSC about mental health specialist service experiences serving the infant and/or early childhood population and their families will be most useful in this section of the exam.

Prior to the start of the 90-minutes, you have 15-minutes to read the vignettes and take notes.

- This section of the exam is meant to measure how your knowledge of I/ECMH principles and concepts is applied into practice and for you to demonstrate a reflective, relationship-based approach specific to work with infants/young children and their families. It is not meant to measure fidelity to a particular model or treatment modality. It is meant to capture the “how you are” part of IECMH practice, as being just as important as “what you do.” This requires responses from an I/ECMH perspective that includes the application of relationship-based therapies and practices.
- Responses should explore past and present issues related to attachment, separation, trauma, grief, and unresolved losses as they affect the development, behavior and care of the infant/young child.
- Responses should consider all of the relationships presented in the vignettes, including consideration of parallel process.
- Responses should include use of self.
- Responses should indicate attention to and exploration of the role of race and culture in the lives of all people in the vignettes.
- Responses should indicate the capacity to articulate a reasonable number of hypotheses.
- Responses should attend to and explore issues surrounding safety.
- You will be asked to respond to the same four questions after each of the direct service vignettes. The questions will ask you to share your responses about the possible experiences of the people in vignettes, in addition to your own understanding, reactions, questions, and thoughts. It will be important for you to keep in mind what you don’t yet know.

- The review of the response will take into consideration the respondent’s ability, as demonstrated in the response to a particular vignette, to:
  - demonstrate curiosity and openness.
  - balance thinking and feeling.
  - maintain reasonable standards, safeguards, and expectations without being judgmental.
  - balance the experiences and perspectives of all members of the vignette, including self as practitioner.

## MENTAL HEALTH MENTOR-CLINICAL (I/ECMHM-C)

Exam respondents for the I/ECMHM-C exam have 90-minutes to respond to one of two direct service vignettes which must be answered from the perspective of an I/ECMH specialist/practitioner and one vignette about the provision of RSC which must be answered from the perspective of a reflective supervisor/consultant. Both responses must be complete, and both must receive passing scores. Said another way, if a core concept is described in one response, respondents cannot assume that the concept is “covered.” Core I/ECMH principles should be apparent in responses to both vignettes. Exam respondents are encouraged to take the thoughts, assumptions and expectations in their heads and articulate them within the exam, i.e., make the implicit explicit.

What follows is what is anticipated for the vignette response about the provision of RSC. To review what is expected for response on the direct service vignette, see above within the Mental Health Specialist section.

While all of the knowledge and skill areas of the Competency Guidelines are important, the ones under the Reflection, Thinking, and Working with Others domains are especially important to the qualitative section for I/ECMHM-C exam respondents. Knowledge and skills gained through RSC about the provision of RSC will be most useful in response to that vignette.

Prior to the start of the 90-minutes, you will have 15-minutes to read the vignettes and take notes.

- This section of the exam is meant to measure how your knowledge of I/ECMH principles and concepts is applied into practice (“ways of being”) and for you to demonstrate a reflective, relationship-based approach specific to work with infants/young children and their families, and the RSC you provide to others. It is not meant to measure fidelity to a particular model or treatment modality. It is meant to capture the “how you are” part of I/ECMH practice, as being just as important as “what you do.” This requires responses from an I/ECMH perspective that includes the application of relationship-based therapies and practices as well as the Best Practice Guidelines for Reflective Supervision/Consultation
- Responses should consider all of the relationships presented in the vignettes, including consideration of parallel process.
- Responses should include use of self.
- Responses should indicate attention to and exploration of the role of race and culture in the lives of all people in the vignettes.
- Responses should indicate the capacity to articulate a reasonable number of hypotheses.
- You will be asked to respond to four questions after each of the vignettes. The questions will vary slightly for the direct service and reflective supervision vignettes. The questions will ask you to share your responses about the possible experiences of the people in vignettes, in addition to your own understanding, reactions, questions, and thoughts. It will be important for you to keep in mind what you don’t know yet.
- The review of the response will take into consideration the respondent’s ability, as demonstrated in the response to a particular vignette, to:
  - demonstrate curiosity and openness.
  - balance thinking and feeling.
  - maintain reasonable standards, safeguards, and expectations without being judgmental.

- balance the experiences and perspectives of all members of the vignette, including self as practitioner/supervisor.

### MENTAL HEALTH MENTOR-POLICY (I/ECMHM-P)

Exam respondents for the I/ECMHM-P exam will have 90-minutes to respond to one scenario. Exam respondents are encouraged to take the thoughts, assumptions and expectations in their heads and articulate them within the exam, i.e., make the implicit explicit.

Prior to the start of the 90-minutes, you will have 15-minutes to read the scenario and take notes.

- This section of the exam is meant to measure your knowledge of policy priorities related to I/ECMH principles and practices and how you apply this knowledge into your own program development/administration and/or advocacy efforts.
- Respondents are expected to identify a policy issue relevant to I/ECMH, address related aspects of diversity, equity, and inclusion and articulate appropriate strategies to effect, measure, and sustain policy change.
- While all of the knowledge and skill areas are important, those under the Administration domain (program management, development, evaluation, and funding) will be the primary focus of the qualitative section.
- Review of the exam response will take into consideration the relevance of the approaches and/or methods offered to address the identified policy issue, including the respondent's attention to and integration of I/ECMH principles and practices.

### MENTAL HEALTH MENTOR-RESEARCH/FACULTY (I/ECMHM-R/F)

Exam respondents for the exam will have 90-minutes to respond to one of two scenarios related to teaching or research. Exam respondents are encouraged to take the thoughts, assumptions and expectations in their heads and articulate them within the exam, i.e., make the implicit explicit.

Prior to the start of the 90-minutes, you will have 15-minutes to read the scenarios and take notes.

Respondents should expect to cite direct empirical and peer-reviewed research (this should include classical and contemporary research) in an area of I/ECMH that is most familiar to them (e.g., attachment, psychopathology, parenting, reflective functioning, etc.). Appropriate citations would include, at minimum, the primary author's name. The response will be reviewed with attention to the respondent's ability to demonstrate knowledge about I/ECMH research.

- This section of the exam is meant to measure your knowledge of research related to I/ECMH principles and practices and how you apply this knowledge into your own research/evaluation OR teaching in higher education settings.
- Respondents will select one of two scenarios: Teaching I/ECMH content at a university level or conducting I/ECMH research.
- While all the knowledge and skill areas are important, the ones under the Research & Evaluation domain will be the primary focus of the qualitative section (Study of Infant Relationship and Attachment, Study of Infant Development and Behavior and Study of Families).
- The review of the response will take into consideration the relevance of the research cited as well as the respondent's attention to I/ECMH concerns, principles, and practices.
- Respondents must, at minimum, cite at least one classical and one contemporary research reference. While that is the minimum, respondents must cite enough research material to demonstrate their knowledge of the research related to their topic of choice.

## PREPARATION

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Please do not feel as though you need to wait to begin studying for the exam until you receive the results of your application review. We encourage you to begin studying as soon as you decide that you hope to sit for an upcoming exam.

Self-Reflection & Study: The Competencies tab of your EASy application, and/or feedback received about your application review to identify areas where you may find additional study to be useful. In addition to the selection of readings from the Endorsement Exam Preparation Resource List, you are encouraged to review the notes, slides, and materials from the specialized in-service trainings in which you have participated.

When considering trainings you have attended, it is important to note that training series that occur over time and include opportunities for reflective discussion offer better preparation for the qualitative section of the exam than “one and done” training sessions.

One’s disciplinary background may also provide guidance. For example, applicants who come from a background that emphasizes development may find they require more studying related to mental health competencies like attachment, trauma, grief and loss, mental and behavioral disorders in adults, supportive counseling, intervention/treatment planning, etc. While those from a mental health background may need more studying in areas such as infant/very young child development & behavior, developmental guidance, typically developing attachment, etc.

You are encouraged to find study partners to support you during your studies and reflection on your work.

Guidance from provider(s) of RSC: You are encouraged to engage your provider of RSC in conversations about your professional journey, capacity for reflection, and understanding of parallel process all in relation to readiness for the exam. The reference rating form can be used to solicit feedback related to knowledge and skill areas of the Competency Guidelines. PDF versions of the IMH-E® reference rating items can be found at <https://www.allianceaimh.org/endorsement-requirements-guidelines>. PDF versions of the ECMH-E® reference rating items can be found at <https://www.allianceaimh.org/early-childhood-mental-health-requirementsguidelines>. If gaps in knowledge or skill areas are identified, you will want to study those areas first. If your provider of RSC expresses reservations related to your capacity to apply IECMH principles into practice, you are encouraged to continue with RSC and on-going assessment of the skills in the domains of Reflection, Thinking, and Working with Others. For Policy and Research/Faculty applicants, RSC providers can be a useful resource and/or applicants can ask their Endorsement Coordinator to connect them with another mentor from their same scope of practice to support exam prep.

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## ENDORSEMENT EXAM PREP RESOURCE LIST

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This guide is intended to be used by all examinees, including Infant Mental Health and Early Childhood Mental Health professionals. You will notice that many of the resources on this guide are books. Most of the books will cover multiple knowledge/skill areas found within the Theoretical Foundations, Direct Service Skills, and Reflection domains, and some of the books will have overlapping content. Resultantly, we do not intend for you to read every resource listed here. As the exam is based on the Competency Guidelines, that will be an incredibly important resource in your exam preparation. We encourage you to incorporate the feedback you receive from the application reviewers with your own

self-reflection regarding the experiences you have that indicate areas of strength and gaps, specific to the knowledge/skill areas found within the Competency Guidelines. You will want to focus first on your “gap” areas (i.e., you have less experience regarding the knowledge and skill area of pregnancy/early parenthood so you will want to read the resources below that are specific to that area). Additionally, we encourage you to speak with your provider of reflective supervision/consultation around your professional experiences, areas of strength and growth, in addition to discussing your capacity for reflection.

#### GENERAL RESOURCES

Aces too High website: <https://acestoohigh.com>

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

Barrera (2003). Rocks to Diamonds: Mining the Riches of Diversity for Our Children. *Zero to Three*, 23(5), 8-15

Brazelton, T.B. & Nugent, T.O. (2011). *The neonatal behavioral assessment scale* (4<sup>th</sup> ed.). London, UK: Mac Keith Press.

Brazelton, T., & Sparrow, J. (2006). *Touchpoints: Birth to three* (2nd ed.). Cambridge, MA: Da Capo Press.

Brandt, K. (2016). Core concepts in infant-family and early childhood mental health. In Kristi Brandt, Bruce D. Perry, Stephen Seligman, & Ed Tronick (Eds) *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice*. Washington D.C.: American Psychiatric Publishing, 1 – 19.

Brown, J. (2003). New Perspectives on premature infants and their parents. *ZERO TO THREE*, Vol 24 (2), p 4 – 12.

Cassidy, J. & Shaver, P. R. (Eds.). (2008). *Handbook of attachment: Theory, research, and clinical applications* (2<sup>nd</sup> ed.) New York: Guilford Press.

Center on the Developing Child website: <https://developingchild.harvard.edu>

Davies, D. (2011). *Child development: A practitioner’s guide* (3<sup>rd</sup> ed.). New York: The Guildford Press.

Irving Harris Foundation. (2012). Diversity-informed infant mental health tenets. Retrieved from [www.imhdivtenets.org](http://www.imhdivtenets.org).

Karen, R. (1994). *Becoming attached: Unfolding the mystery of the infant-mother bond and the impact on later life*. New York: Warner Books.

Lieberman, A. (2017). *The emotional life of the toddler*. New York: Simon & Schuster.

Luby, J.L. (Ed.) (2017). *Handbook of Preschool Mental Health* (2nd ed.). New York. The Guilford Press. (ECMH-E<sup>®</sup> examination resource only)

Mahler, M., Pine, F. and Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.

McIntosh, P. (2003). White privilege: Unpacking the invisible knapsack. In S. Plous (Ed.), *Understanding prejudice and discrimination* (pp.191-196). McGraw-Hill

M.Lewis, Crenshaw, K., Gotanda, N., Peller, G., and Thomas, K. (1995) *Critical Race Theory: The key writings that formed the movement*. New York: The New Press.

Michigan Association for Infant Mental Health. (rev. 2017). *Competency guidelines for endorsement for culturally sensitive, relationship-focused practice promoting infant and early childhood mental health*. Southgate, MI: Author.

Michigan Association for Infant Mental Health (2010). *Promoting positive relationships between parents and young children when there are two homes*. Southgate, MI: Author.

Nugent, J. K., Keefer, C. H., Minear, S., Johnson, L. C. and Blanchard, Y. (2007). *Understanding newborn behavior and early relationships*. Brookes Publishing Co, Baltimore, MD.

Pawl, J. (1995). The therapeutic relationship as human connectedness: Being held in another person’s mind. *Bulletin for ZERO TO THREE*, 15, pp. 3-5.

Shirilla, J., & Weatherston, D. (Eds.) (2002). *Case studies in infant mental health: Risk, resiliency, and relationships*. Washington, D.C.: ZERO TO THREE.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development*, 7, 269-281.

ZERO TO THREE. (2016). *DC:0–5TM: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington, DC: Author.

Zeanah, C. H. (Ed.) (2018). Handbook of infant mental health (4<sup>th</sup> ed.). New York: The Guilford Press.

#### DIRECT SERVICE RESOURCES

Dozier, M., Lindheim, O. & Ackerman, J.P. (2005). Attachment and biobehavioral catch-up: An intervention targeting empirically identified needs of foster infants. In LJ Berlin, Y. Ziv, L. Amaya-Jackson & MT Greenberg (Eds.). Enhancing Early Attachments: Theory, Research, Intervention, and Policy (p. 178-194). NY: The Guilford Press.

Fraiberg, S., & Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of American Academy of Child Psychiatry*, 13, 387-421 [Reprinted in L Fraiberg (Ed.) *Selected Writings of Selma Fraiberg* (pp. 100-136). Columbus, OH: Ohio State University Press, 1987].

Lieberman, A.F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: The Guilford Press.

Lieberman, A.F., Padron, E., Van Horn, P., & Harris, W. (2005). Angels in the Nursery: The intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal*, 26(6), 504-520.

Lieberman, A. & Ghosh Ippen, C. (2015). *Don't Hit My Mommy: A manual for child-parent psychotherapy with young children exposed to violence and other trauma* (2<sup>nd</sup> ed.). Washington, D.C.: ZERO TO THREE.

Squires, J., Bricker, D.D., & Twombly, E. (2009). *Ages & stages questionnaires: A parent-complete child monitoring system* (3<sup>rd</sup> ed.). Baltimore, MD: Paul H. Brookes. Retrieved from <https://agesandstages.com>

Weatherston, D. (2007) A home based infant mental health intervention: The centrality of relationship in reflective supervision. *ZERO TO THREE*, 28(2), 23-28.

Weatherston, D., & Tableman, B. (2015). *Infant mental health home visiting: Supporting competencies/ Reducing Risks* (3<sup>rd</sup> ed.). Southgate, MI: Michigan Association for Infant Mental Health.

#### REFLECTION RESOURCES

Alliance for the Advancement of Infant Mental Health (2018). *Best Practice Guidelines for Reflective Supervision Consultation*. Retrieved from: <https://www.allianceaimh.org/reflective-supervisionconsultation/>

Heller, S. & Gilkerson, L. (Eds.) (2009). *A practical guide to reflective supervision*. Washington, D.C.: ZERO TO THREE.

Heffron, M. & Murch, T. (2011). *Reflective supervision and leadership in infant and early childhood programs*. Washington, D.C.: ZERO TO THREE.

*Infant Mental Health Journal* (Nov-Dec 2009). Working within the context of relationships: Multidisciplinary, relational, & reflective practice, training, & supervision. Vol. 30, No. 6.

*Infant Mental Health Journal* (Nov-Dec 2016). Advances in reflective supervision and consultation: Pushing boundaries and integrating new ideas into training and practice. Vol 37, No. 6.

Michigan Association for Infant Mental Health (2012). *Reflective supervision for infant mental health practitioners*. Training DVD available at: <http://mi-aimh.org/store/reflectivesupervision/>. Southgate, MI: Author.

Pawl, J. & St. John, M. (1998). How you are is as important as what you do. In *Making a positive difference for infants, toddlers and their families*. Washington, D.C: ZERO TO THREE.

*ZERO TO THREE* (November 2016). Measuring and building reflective capacity. Vol. 37, No. 2.

#### POLICY RESOURCES

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration and Services, U.S. Dept. of Health and Human Services. (2000). *Early childhood mental health consultation* [Monograph]. Washington, D.C.: National Technical

Georgetown University Center for Child and Human Development. *National Technical Assistance Center for Child and Human Development Resources* <https://gucchdtcenter.georgetown.edu/resources/index.html>

Harvard University. *Developing Child Reports and Working Papers* (<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>)

Michigan Association for Infant Mental Health (2005). *Guidelines for comprehensive assessment of infants and their parents in the child welfare system*. Southgate, MI: author.

Tableman, B., & Paradis, N. (2008). Courts, child welfare and infant mental health: Improving outcomes for abused/neglected infants and toddlers. Southgate, MI: Michigan Association for Infant Mental Health.

ZERO TO THREE Policy and Advocacy website: <https://www.zerotothree.org/policy-and-advocacy>

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## ENDORSEMENT EXAM PREP GUIDE

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The decision to sit for the Endorsement exam is a very important professional step. Because it's such a significant decision, many people find the preparation period stressful, therefore finding it helpful to ask a trusted colleague, supervisor, or consultant who is endorsed as an Infant/Early Childhood Mental Health Specialist or Infant/Early Childhood Mental Health Mentor to provide some focused support, i.e., to listen as areas of strengths and vulnerabilities are acknowledged, to offer guidance for further independent study, and to provide meaningful encouragement as progress is made.

The Endorsement Exam Prep Guide is a concrete tool to be used *within* a relationship, one that invites reflection and conveys trust. While the examinee and coach may decide to meet once, twice, or several times, the steadiness of authentic support can make a very significant difference in assisting the examinee in reducing stumbling blocks to self-confidence, overcoming challenges to success, and ultimately completing desired Endorsement goals.

*We gratefully acknowledge the members of the MI-AIMH Endorsement Committee who worked on this document. With special appreciation and thanks to our colleague, Karol Wilson.*

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## WORKING WITH AN ENDORSEMENT EXAM COACH

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### BEFORE YOU BEGIN:

1. Read this entire "Endorsement Exam Packet" (including the resource list, guide, and overview)
2. Identify someone you feel comfortable working with throughout the coaching process; someone with whom you can share both your goals and your worries. This may be a provider of RSC, program supervisor, colleague or other 0 – 3 provider (IMH) or 3 – 6 provider (ECMH). It may be helpful to identify someone who is endorsed as an Infant/Early Childhood Mental Health Specialist or Infant/Early Childhood Mental Health Mentor and thus can share the personal experience with the exam and preparing.
3. Let the person you choose know why you chose them. If you have any concerns about how the coaching session(s) will go, talk about your concerns and your hopes, before agreeing to work together, and before beginning the preparation work. This will help both of you clarify your roles and move forward with confidence that you are – indeed – on the same track and headed for a successful finish!
4. Share this Endorsement Exam Packet with your person. Review all the information together, focusing energy on areas that you both agree on (possibly readings from the resource list, revisiting training notes, practice vignettes, etc.)

### STEP ONE:

Review the *Endorsement Examination Prep Resource List*. Talk about with your coach what areas you might feel weaker in or have been gaps in your Endorsement journey. Select readings that will support growth in specific competency domains. This preparation will serve to sharpen your knowledge base and strengthen contextual consideration of:

- Developmental norms of infant, toddler, young child, and family relationship development, keeping executive functioning in mind
- Key terms and concepts, including:
  - attachment
  - internal working model
  - reflective functioning/capacity
  - cultural humility; diversity, equity, and inclusion
  - typical development 0 – 3 (IMH-E®)
  - typical development 0 up to 6 years (ECMH-E®)
  - brain development
  - formal and informal assessment
- Infant-early childhood mental health (IECMH) strategies (developmental guidance, supportive counseling, advocacy, infant/child parent psychotherapy, emotional support, material needs, concrete assistance, etc.)
  - Put your understanding of IECMH practice into words by:
    - using examples from your own cases to describe each strategy
    - remembering that, since we are always observing and assessing, it is essential to first observe, then assess, and to be aware of distinguishing one from the other
    - considering that conscious awareness of your own culture (as well as the culture of those with whom you are working) impacts every aspect of your work
    - considering and wondering about cultural differences and similarities from your own cases, between all those involved (including yourself as the services provider)
- RSC relationships
  - Put your understanding of RSC into words by:
    - describing RSC
    - stating why you think RSC is required for all who are providing services to infants, toddlers, young children, and their families?
    - stating what you believe to be the primary roles of the supervisee/consultee and the supervisor/consultant?
    - stating how you believe that RSC assists both the supervisee/consultee and the supervisor/consultant?

## STEP TWO:

***Specific to the clinical vignettes, for I/ECMHS and I/ECMHM-C examinees. Step Two does not apply to Policy or Research/Faculty examinees. However, Policy and Research/Faculty applicants should talk with their coaches about specifics to their scenario/part 2 section. Reviewing the overview for those exams would be helpful.***

*Applicants prepare for coaching session(s) by writing out responses to vignette questions, key terms, concepts, strategies, and contextual considerations as outlined in Step Two below. Ask your coach if they have sample vignettes that can be used for part 2. Set aside time to read the sample vignettes and respond using the prompts below. This will help you to organize your thoughts before meeting with your coach. When you meet with your coach, you will share and review your written work with them. Thinking about these prompts and questions while in RSC spaces can also be a helpful way to prep for the Endorsement exam.*

Work with a sample vignette(s)<sup>1</sup> and write your responses to the following:

- FIRST: Identify the IECMH strategies to be utilized within the vignette
- SECOND: Identify and consider the status of each participant within the vignette
- THIRD: Put yourself into the vignette and identify your feelings, not your assessments and/or service plans

- **FOURTH:** Consider: Who do you resonate with? Why? Who makes you uncomfortable, worried, or even scared? What's your initial response to those feelings?

THEN, write responses:

- The vignette(s) provides illustrations of IECMH theories and constructs. Similarly, the questions are based on IECMH theories and constructs. It is important to respond to the vignette, not to the "textbook" origin of the theory or construct. Practice writing responses to any of these types of questions:
  - What did you find yourself wondering about?
  - How would you engage the caregiver(s)?
  - What do you know?
  - What would you like to learn more about? How would you go about learning those things?
  - What did you notice going on inside your body as you read the vignette? How does this inform your understanding of the family and/or yourself?
  - What would you need from your reflective supervisor/consultant if you were this practitioner?
  - How does the caregiver's history pose challenges to the relationship?
  - In this vignette, how would you address issues of race, culture, and ethnicity?
  - What safety considerations do you need to keep in mind for this vignette?
  - Where does the hopefulness lie?
- Practice time-saving succinctness by re-reading and then shortening your responses, i.e., saying the same things with fewer words

### **STEP THREE:**

Set up a time to meet with your coach. Allow 1-2 hours for this session. It will be helpful to give copies of all written preparation work to your coach before this meeting. Remember that your coach's central role is to support you as you prepare to successfully complete the Endorsement exam. Your coach will help you to think about your role in the work and supporting you in doing the following bullets within your vignette responses:

- Prepare for the exam in such a way that allows you to feel confident to show the exam reviewers that you are "ready," i.e., think, consider, and respond according to "best practice," (this is particularly useful when there are circumstances within the vignettes that aren't following what you know to be 'best practice')
- Practice focusing on 'Who needs what?' when responding to the exam vignettes
- Think about what you would want if you were the parent/caregiver in the exam vignettes
- Think about what you would like to offer the parent/caregiver in the exam vignettes so that the infant/toddler/young child's needs can be met. This will enable you to put more of YOURSELF into your response
- Think about what you would want if you were the supervisee/consultee in the exam vignettes (I/ECMHM-C only)

### **ADDITIONAL QUESTIONS THAT WILL HELP YOU AND YOUR COACH TOGETHER ASSESS YOUR ENDORSEMENT EXAM READINESS:**

How will you and your coach assess your level of expertise in the following:

- Being able to talk about what you've learned about infants, toddlers, young children, and families as you've carried out your professional work thus far
- Feeling clear about the role for which you're seeking Endorsement as you take the exam
- Recognizing the impact that social, racial, ethnic, and cultural identities and experiences have on all relationships, and being able to explore the significance of cultural differences in relationship development, particularly between interventionists and families, and between supervisors and supervisees
- Recognizing the impact of trauma on development, health and well-being, and relationships, including experiences of domestic violence, history of abuse/neglect, and experiences of loss/grief
- Recognizing the impact of poverty on all individuals and their relationships, including parent/caregiver-infant/toddler/young child
- Recognizing that complex stresses on parents/caregivers can result in losing sight of the importance of the infant/toddler/young child. **The infant/toddler/young child's needs are at the center of all IECMH intervention, and must not be forgotten or obscured, however chaotic that family's circumstances may be**
- Reflecting on the range of your case experience with 0 – 3 year olds (IMH-E<sup>®</sup>) and 3 up to 6 year olds (ECMH-E<sup>®</sup>) and their families, do you both feel it has been sufficient in preparing for the exam?

#### **SUGGESTIONS FOR STRENGTHENING YOUR EXAM-TAKING READINESS:**

- Make time to read one article each month specific to IECMH, e.g., *ZERO TO THREE Journal* or *Infant Mental Health Journal*. If possible, find someone to also read the articles, and plan to discuss: "What resonated with you?"
- As often as possible, include case videos in your case presentations/discussions