IECMH-Endorsement® Mentor Clinical Examination Guide and Preparation Packet

Provided by CERH in partnership with the IECMH International Institute

For IMH Endorsement® and ECMH Endorsement® Mentor–Clinical applicants

Grounded in the IECMH Competency Framework™

A shared, cross-sector framework for strengthening infant and early childhood mental health–informed, relationship-focused practice across disciplines, roles, and settings.

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Welcome! Some of the most important leadership in infant and early childhood mental health happens quietly—in the relationships that help other professionals think more deeply, remain curious, and grow in their capacity to be with infants, young children, and families.

Clinical Mentors hold a particularly important place in that work. Through reflective supervision/consultation, mentoring, coaching, consultation, teaching, and other forms of practice leadership, you help strengthen the people who carry IECMH principles into many different settings and communities.

Your influence may be visible in a practitioner who learns to slow down before reaching a conclusion; a supervisor who becomes more able to hold multiple perspectives; a team that begins to recognize parallel process; or a program that creates more space for reflection, curiosity, and culturally responsive practice. Over time, these ways of thinking and being can travel through many relationships. Supporting one practitioner well can influence their work with many children and families—and can shape the colleagues, teams, and systems around them.

Clinical Mentors also help carry the knowledge and values of IECMH forward. The field needs experienced leaders who remember what relationship-based work asks of us while continuing to question, learn, and adapt. Developmental knowledge, attachment and caregiving relationships, trauma and loss, culture, use of self, and reflective practice help us stay thoughtful when the work is complex.

Reflection is central to this leadership. Clinical Mentors help create the conditions for practitioners to slow down, think deeply about their work, and continue growing over time. Through RSC and other forms of practice leadership, they strengthen the professionals and teams who bring IECMH principles to children, families, and communities.

This work also asks us to remain attentive to culture, identity, power, lived experience, and the assumptions we bring into relationships. Curiosity about ourselves belongs alongside curiosity about children, caregivers, practitioners, and systems. Clinical leadership is strengthened when people feel safe enough to wonder, question familiar interpretations, recognize what may be missing, and learn from perspectives different from their own. The field benefits from leaders who can co-create the conditions in which another professional can discover, integrate, and strengthen their own capacity.

We hope this guide helps you prepare with confidence while recognizing the depth of experience, leadership, and influence you already bring to IECMH. Thank you for the many ways your leadership continues to strengthen practitioners, relationships, and the field.

Warmly,
CERH and the IECMH International Institute Examination Team

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What to expect from the Mentor-Clinical exam

The exam has two parts. Part One is a 60-question multiple-choice section about foundational infant and early childhood mental health knowledge and you will have 90 minutes to complete it. Part Two is a written Clinical examination with two responses: one Reflective Supervision/Consultation (RSC) vignette and one direct service vignette. You will have 90 minutes in total to respond to both vignettes (about 45 minutes each), 15 minutes to read the written vignettes before responding, and a 15-minute break between sections.

Your exam will be administered by the IECMH International Institute. Once your application is reviewed, you will receive an email from your Endorsement Coordinator confirming you are approved to sit for the exam and connect you with the Institute. You will take the exam in a virtual, one-on-one appointment with a live proctor, using Zoom, and the exam materials they provide via google docs.

Appointments are available Monday through Friday, with flexibility across time zones. When your application has been approved, do not feel like you need to sit for the exam right away. Work with your Endorsement Coordinator, exam coach, or reflective supervisor to choose a timeline that supports your preparation.

Exam payments never expire**,** including payments previously made through the Alliance.

Payment and scheduling links will be provided in your Approved to Sit Exam from your endorsement coordinator.

The Institute arranges reviews by trained exam reviewers, keeps your identity confidential during the review process, and provides feedback regardless of the outcome.

Planning for the Day of the Exam:

Reserve about **four hours** for your exam appointment. The exam takes approximately 3½ hours, including a 15-minute break, with additional time for check-in and wrap-up. You do not need a printer or Microsoft Word.

Before your appointment, choose a quiet space and test your internet connection, webcam, microphone, Zoom, and screen sharing. Close other applications and notifications. At check-in, your proctor will confirm your identity, ask to see your workspace, and guide you through sharing your screen. They will provide the secure exam links. Type your written response in the document provided, and keep it open when you finish until your proctor confirms it has saved. Have blank paper and a pen or pencil available for notes, as directed.

Exam agreement: Please review the Endorsement Exam Agreement before your appointment so you are familiar with the exam requirements. You will be asked to complete and submit the agreement during check-in before your exam begins. **Review the Exam Agreement**

Accommodations: If a disability, medical condition, language need, neurodiversity, or other factor could affect your ability to complete the exam within the standard time, email **endorsementinstitute@gmail.com** when registering. Tell us what accommodation would be helpful

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and provide supporting documentation from a qualified professional. We accept documentation from a wide range of professionals, including supervisors and reflective supervisors.

If you have already registered and notice while practicing the timed sample vignettes that you may need additional time, please contact us as soon as possible. We will consider later requests whenever feasible.

The exam time limits are intended to keep written responses to a manageable length for reviewers—not to create a barrier for applicants who need additional processing or response time. If additional time would allow you to demonstrate your knowledge more fully, please do not hesitate to request it.

Applicants whose primary language is not English, do not need a letter from a qualified professional but need to email the address above when registering (or as soon as they learn about the accommodation via this packet). These standard language accommodations 60 additional minutes for each part and use of a translation dictionary.

Retakes: If you do not pass either part, you may retake that part six months after your original exam date. Email **endorsementinstitute@gmail.com** in advance to discuss scheduling and next steps.

Part One Multiple Choice

The multiple-choice section of the exam is shared across Mentor categories. The IMH exam centers on ages 0–3; the ECMH exam centers on ages 3–6. The ECMH exam also includes some foundational questions focused on infancy and toddlerhood because development during the preschool years builds on earlier brain development, attachment and caregiving relationships, regulation, and early social-emotional experiences.

Because Clinical Mentors lead the practice of others, they need a broad and current clinical knowledge base even when direct service is no longer a major part of their role. Knowledge of development, attachment, trauma, assessment, relationship-based intervention, reflective supervision/consultation, and service systems helps Mentors recognize strong practice, ask useful questions, support sound clinical reasoning, and guide practitioners through complexity. Part One assesses that shared IECMH knowledge base.

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

We do not recommend waiting to hear whether your EASy application has been approved before beginning to study. We encourage you to begin studying as soon as you decide that you hope to sit for an upcoming exam. Reviewing the material will be helpful in your work, and starting early can help you avoid feeling rushed or pressured once you are approved to schedule the exam.

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The examination samples knowledge across the IECMH Competency Framework. Across roles, the exam asks whether the applicant can recognize development and behavior in **relational, developmental, cultural, and contextual terms** and choose responses consistent with IECMH-informed practice.

Behavior → wonder → context → relationship → response

When a child, caregiver, or professional is struggling, avoid jumping immediately to a label or correction. First ask what the behavior may be communicating, what developmental and relational context matters, how culture and lived experience may shape its meaning, and what response supports **safety, connection, regulation, and appropriate referral**.

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, with greater emphasis on:

- pregnancy and early parenthood
- infant/young child development and behavior
- attachment, separation, trauma
- grief, and loss
- cultural humility, diversity, equity, and inclusion
- disorders of infancy/early childhood
- screening and assessment
- parent-infant/very young child relationship-based therapies and practices
- reflective supervision/consultation (RSC)

The multiple-choice questions will place greater emphasis on direct service; however, some questions will relate to RSC, policy, ethical practice, service delivery systems, and research

As you prepare, focus your study on being able to recognize and apply the following concepts:

- Recognize secure-base behavior, attachment patterns, co-regulation, internal working models, and the meaning behind behavior
- Understand toxic stress, trauma effects, protective relationships, family violence, maltreatment, and caregiver depression
- Know broad infant/toddler developmental expectations, red flags, temperament, screening, referral, and developmental context (and preschool for 3-6 exam)
- Use cultural humility, curiosity, self-awareness, respect for family expertise, and an equity-informed stance
- Understand reflection, parallel process, thoughtful use of self, how to remain curious, and examine assumptions
- Know what major frameworks and tools are for and when they may be relevant; including DC 0-5, CPP, IPP, AAI, ASQ, and Touchpoints

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Suggested Resources to Support Your Preparation for Part 1

As you review the knowledge and skill areas above, identify where you feel confident and where additional study may be helpful. The resources below are suggested, not required. You do not need to review every item. Focus on materials that address your learning needs, application review feedback, and relevant coursework or specialized training.

These are eight high-yield resources.

1. Center on the Developing Child at Harvard University
   - Focus on how relationships and developmental environments shape stress regulation and development.
   - **Suggested Topics:** Brain Architecture, Serve and Return, Toxic Stress, and Resilience

2. Davies, D. & Troy, M. – Child Development: A Practitioner's Guide
   - If possible, look for the full book through a **public library, university library, workplace, or interlibrary loan** before purchasing a copy. If you can access **either edition**, either is appropriate for exam preparation.
   - **Google Books offers a free preview** on two high-yield chapters: Attachment and Brain Development. If possible, however, use the full text to review the developmental chapters that cover infant and toddler development, including how early experience, caregiving, regulation, development, and assessment come together in practice.
   - For **3–6 applicants**, **the later preschool chapters** address physical, social, language, cognitive, and symbolic/play development; attachment; regulation of emotion and behavior; the developing self; and applying developmental knowledge in assessment, consultation, intervention, and play.
   - Read for developmental understanding and application **rather than memorization**.

3. Head Start – Infant and Toddler Behaviors That Can Challenge Adults
   - Use these materials to connect IECMH concepts to **early childhood program practice, consultation, family partnership, regulation, and referral**.
   - Strengthen understanding of **behavior as communication** and the developmental meaning behind infant and toddler behavior.
   - Consider how **development, regulation, temperament, relationships, culture, and adult interpretation** shape behavior.
   - Notice the adult's role in **pausing, reflecting, co-regulating, and responding intentionally** rather than reacting only to the behavior.

4. Irving Harris Foundation. (2012). *Diversity-Informed Infant Mental Health Tenets.*
   - Read the Tenets as a stance for practice: self-awareness, equity, culture, power, family expertise, and reflective capacity.

5. *Endorsement Code of Ethics* (2026). **Available within Endorsement applications in EASy.** - It will be helpful to print the Code of Ethics from EASy to prepare.

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6. *Competency Guidelines* (**Available in EASy under "Support").** Focus on your category of Endorsement. It will be helpful to print these from EASy as a way to prepare.

7. Pawl, J. & St. John, M. – *How You Are Is as Important as What You Do*
   - *Alternative:* Perez, L., Wong, E., & St. John, M. S. – Reflecting on "How You Are Is as Important as What You Do": Jeree H. Pawl's Enduring Influence in Contemporary IECMH Practice: Use to deepen **relationship-based practice, reflective stance, and use of self**.
   - Consider how **who you are and how you are with families and colleagues** influences the work, not only what you do. Pay attention to your **own reactions, assumptions, emotional responses, and presence** as part of reflective practice.

8. Slade, A. – *Parental Reflective Functioning: An Introduction*

Alternative: Free Full Text on the Same Core Ideas: Ordway, M. R., Webb, D., Sadler, L. S., & Slade, A. – *Parental Reflective Functioning: An Approach to Enhancing Parent-Child Relationships in Pediatric Primary Care*

- Focus on understanding behavior in relation to **feelings, thoughts, intentions, and other mental states**
- Consider what may be happening internally for the **child and caregiver**, rather than responding only to observable behavior
- Apply the same reflective stance to your **own reactions, assumptions, and responses as a professional**

Secondary Resources: *Optional* Deeper Reading

These readings offer additional depth in relationship-based practice, reflective supervision, and infant and early childhood mental health. **They are optional–**select readings that address your learning needs.

- **Fraiberg, Adelson & Shapiro – Ghosts in the Nursery**

- **Heffron & Murch – *Reflective Supervision and Leadership in Infant and Early Childhood Programs***
  Free companion readings–not excerpts from the book: Three Building Blocks of Reflective Supervision and Essential Elements of Reflective Supervision and Consultation.

- **Heller & Gilkerson, editors – *A Practical Guide to Reflective Supervision.*** Accessible chapter: What Staff Development Activities Can Be Used to Build Reflective Capacity? (PDF)

- **Lieberman & Van Horn – *Psychotherapy with Infants and Young Children***
  Accessible chapter: When Development Falters: Putting Relationships First (PDF)

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- **Infant Mental Health Home Visiting Manual –Michigan Association for IMH**

- **Reflections from the Field Bundle**: 51 IMH articles, with companion questions from leaders in the field that support deeper exploration of infant and early childhood mental health and relationship-based practice.

- **ZERO TO THREE – *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood***
  Accessible companion article–Reflections on DC:0–5 at 5

Part Two Clinical Written Examination

Respondents taking either the IMH Endorsement® Mentor Clinical exam or the ECMH Endorsement® Mentor Clinical exam will have 90 minutes to complete two responses. All respondents must respond to the Reflective Supervision/Consultation (RSC) vignette from the perspective of a reflective supervisor or reflective consultant. They will also select one of two direct service vignettes and respond from the perspective of an I/ECMH specialist or practitioner.

The exam intentionally asks you to move between the clinical foundation of the work and the leadership role you now hold. The direct service vignette is not an assumption that you currently carry a caseload. It asks you to step back into the practitioner perspective long enough to demonstrate that the clinical understanding beneath your supervision, consultation, coaching, and mentoring remains current and well grounded. The RSC vignette then asks you to show how you use that foundation to strengthen another professional's reflection, judgment, learning, and practice.

Before the 90-minute writing period begins, you will have 15 minutes to read the vignettes and take notes. This reading time is separate from the 15-minute break between Part One and Part Two.

For the IMH Clinical exam, the developmental focus is infancy through age 3. For the ECMH Clinical exam, the developmental focus is ages 3–6. Applicants should still draw on foundational knowledge of infancy and toddlerhood when it helps explain the child's development, relationships, regulation, or earlier experiences.

Direct service vignette: clinical foundation

For this vignette, think of yourself as stepping back into the practitioner role for the purpose of the exam. The vignette focuses on relationship-based therapeutic work with an infant or young child and their parent or caregiver—not primarily on consultation with an early childhood program, classroom, or provider. The goal is to make visible the clinical thinking that informs the leadership you provide to others.

Consider the child, the caregiver, and their relationship together, including how each person's experiences, emotions, behaviors, history, culture, and context may affect the other. Describe how you would build safety and trust, observe and understand the relationship, support communication and connection, strengthen the caregiver's capacity to understand and respond to the child, and address experiences affecting the relationship. Keep in mind what you do not yet know, and show how your questions and hypotheses would guide further understanding rather than jumping too quickly to conclusions.

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Reflective Supervision/Consultation response

The RSC vignette asks you to respond as a reflective supervisor or reflective consultant to a direct service provider who is responsible for therapeutic dyadic work between the caregiver and child. Attend to the supervisee or consultee's experience, the family and child they are holding in mind, and what may be happening within the supervisory or consulting relationship itself. Consider parallel process: how experiences, emotions, expectations, or relational patterns may be carried across the child-caregiver, practitioner-family, and supervisor/consultant-practitioner relationships.

Show how you would create space for reflection, support curiosity and learning, hold appropriate standards and safeguards, and help the practitioner think about their own responses without shifting the focus away from the infant or young child and family. Mentor–Clinical leadership includes helping the practitioner develop greater capacity to reflect, make meaning, exercise judgment, and carry that learning into future work.

Use of self in both responses

Use of self is important in both responses and is sometimes missed because it may feel less substantial than describing research, theories, or strategies. Reviewers are also looking for your authentic professional presence: how you would think, feel, respond, and use yourself within the relationship.

Write from the perspective of being in the role. In the direct service vignette, temporarily step back into the practitioner role. In the RSC vignette, respond from the reflective supervisor or consultant role that is central to Mentor–Clinical leadership. Rather than offering only a textbook explanation or list of recommended actions, demonstrate reflective awareness of how your own reactions, assumptions, presence, and choices may influence the process or work.

Both responses must be thorough and independently demonstrate the core expectations. Do not assume that a concept demonstrated in one response will be credited in the other. Make the implicit explicit by articulating your observations, thoughts, feelings, assumptions, questions, and professional reasoning in each response.

While all knowledge and skill areas outlined in the Competency Guidelines are significant, the domains of Reflection, Thinking, and Working with Others are particularly critical to the qualitative section of the I/ECMHM-C exam. Knowledge and skills acquired through RSC about the provision of RSC will be especially valuable when responding to the RSC vignette. 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 responding to the Direct Service Vignettes.

The written section of this 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.

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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.

- Responses should consider all the relationships presented in the vignettes, including consideration of parallel process.
- 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.

The review of the responses 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, with attention to how those relationships may influence one another.**

Endorsement Exam Prep Guide

These questions are offered to prepare for the exam through reflection with sample vignettes or cases from your own preparation.

We may have few opportunities to write about how we understand our work and what guides our responses. Practicing a written response offers space to slow down, reflect, and make the implicit explicit. Feedback within a trusting relationship brings another lens, helping us notice assumptions, consider different perspectives, and communicate how I/ECMH principles inform our work with or on behalf of infants, young children, and families.

The Endorsement Exam Prep Guide is a concrete tool to be used *within* a relationship (typically a reflective supervisor or another professional who has previously sat for the exam), one that invites reflection and conveys trust. This space offers time 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. 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 increasing self-confidence, overcoming challenges to success, and ultimately completing desired Endorsement goals. 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.)

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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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 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) (from a training or perhaps your supervisor has one) and write your responses to the following:

FIRST: Spend 20 minutes just reflecting on the exam before you start writing.

- Wonder about the status of each participant within the vignette
- Be curious about what feelings are coming up for you, not your assessments, assumptions or intervention ideas.
- Who do you resonate with? Why? Who makes you uncomfortable, worried, or even scared? What's your initial response to those feelings?

SECOND: Jot down your notes on paper to talk through with your reflective supervisor, informally

THIRD: Practice writing responses. Choose a few at a time, they are not an outline of the exam. Aim for approximately a paragraph for each question.

1. What did you find yourself wondering about? What do you know? What do I observe? What am I assuming? What would you like to learn more about? How would you go about learning those things?
2. 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?
3. What would you need from your reflective supervisor/consultant if you were this practitioner?
4. What safety considerations do you need to keep in mind for both vignettes?
5. Where does the hopefulness lie for both vignettes?
6. How would I build trust with the caregiver and attend to the infant or young child, the caregiver, and their relationship?
7. How might caregiver's history pose challenges to the relationship? How might development, race, culture, family history, trauma or loss, and social conditions affect their experiences?
8. What might the supervisee or consultee be experiencing, and what would I want to understand? (RS/C)
9. How would I support reflection and learning within the supervisory or consulting relationship? (RS/C)
10. What patterns might be repeated across relationships among the child, caregiver, practitioner, and supervisor or consultant? Consider parallel process. (RS/C)
11. How would I hold both the practitioner's experience and the needs, safety, and perspectives of the child and family? (RS/C)
12. What feelings or reactions do I notice in myself? How might they influence my understanding and response? (Both)
13. Whose perspective is easier or harder for me to understand? How would I remain curious about each person? (Both)

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Tips:

- Practice time-saving succinctness by re-reading and then shortening your responses, i.e., saying the same things with fewer words.
- It is important to respond to the vignette; reviewers are not looking for you to have memorized and write a set of words to check them off without sharing how you understand them.
- Practice both a sample direct service vignette as a check of your clinical foundation and a sample Reflective Supervision/Consultation (RSC) vignette as the leadership role most central to this designation.
- Ask yourself: have I made my reasoning visible rather than expecting the reviewer to infer it?
- Ask yourself: have I shown how I would relate and respond in this role, as well as what I know?

Next: Review with your coach or RSC provider

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. Your coach may 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, baby, direct supervisor, and reflective supervisor in the exam vignettes
- Think about how you put more of YOURSELF into your responses

Reflections for you and your coach to support assessment of your level of readiness in the following:

- 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 poverty on all individuals and their relationships, including parent/care giver 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®) and 3 up to 6 year olds (ECMH-E®) and their families, do you both feel it has been sufficient in feeling confident for the exam?

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Suggested Clinical RSC Resources

These optional resources support continued learning in advanced clinical practice, reflective supervision/consultation, and practice leadership. Select readings according to your learning needs; you are not expected to read every item. The high-yield Part One resources earlier in this guide also support the clinical foundation from which Mentors coach, supervise, consult, and develop the practice of others.

Clinical RSC resources

**** Any resources listed in Part One under Secondary Resources/ Optional Deeper Reading**

- Barron, C. C., Dayton, C. J., & Goletz, J. L. (2022). From the Voices of Supervisees: What Is Reflective Supervision and How Does It Support Their Work? (Part I). *Infant Mental Health Journal, 43*, 207–225.
- Digging Deeper Report: Decolonizing our Understanding and Practice of Reflective Supervision through a Racial Equity Lens (2022), Indigo Cultural Center
- Eidson, F., & Weatherston, D. J. (2020). Deconstructing a Reflective Supervision Conversation, ZERO TO THREE.
- Goldberg, S. Reflective supervision/consultation-What is it & why does it matter? WAIMH, Perspectives in Infant Mental Health
- Lewis, M. L. & Smith, M. M. The Process of Decolonizing the Shared Space in Reflective Practitioner/Supervisor Relationships, WAIMH, Perspectives in Infant Mental Health
- Weatherston, D., Weigand, R. F., & Weigand, B. (2010). **Reflective supervision: Supporting reflection as a cornerstone for competency.** *ZERO TO THREE, 31*(2), 22–30. (Parallel Process is focused on pages 2, 3-4 and 6)

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A final note as you prepare

We know that preparing for an exam takes time, energy, and attention—and that you are fitting this into a life and leadership role that are already full. You may be providing RSC, coaching or mentoring practitioners, leading teams, consulting across programs or systems, building workforce capacity, or doing several of these things at once. We appreciate the commitment behind your decision to pursue Endorsement and the leadership you bring to this work.

Give yourself permission to prepare in manageable pieces. Begin with what feels less familiar, build on what you already know, and connect the material to real relationships and situations from your work. A short period of focused reading followed by reflection or discussion can be more useful than trying to push through a large amount of material.

You do not have to prepare alone. Consider using reflective supervision/consultation, an exam coach, or a trusted colleague to practice one vignette at a time. You might each read a short resource, talk through what stood out, and then ask one another: What am I noticing? What am I assuming? Whose perspective am I missing? What might I be feeling in this role? What do I still need to understand?

As you study, keep returning to the relationships—and to your role as a practice leader. Even if you spend little or no time in direct service now, stay connected to the clinical realities your supervisees and consultees are carrying: What might the infant or young child be experiencing? What might the caregiver be carrying? What is happening between them? What might the practitioner be experiencing, and how could the supervisory relationship create room to think rather than react? How might you help the practitioner build their own reflective capacity, clinical judgment, and confidence for future situations? Consider how development, culture, race, family history, trauma, loss, strengths, and social conditions may shape meaning without reducing anyone to a label or single explanation.

The examination does not ask you to prove that you are still a direct-service practitioner. It asks you to show that your leadership remains clinically grounded and that you can use that foundation to strengthen the practice of others. Across both responses, show how you think and how you are in relationship: curious and grounded, emotionally present and thoughtful, compassionate and able to hold standards, attentive to each person without losing sight of the relationships connecting them.

Thank you for investing in your learning and in the practice leadership that strengthens the IECMH workforce. Through RSC, coaching, mentoring, consultation, and the relationships you build with other professionals, your influence can extend through practitioners and systems to infants, young children, and families. As you prepare, we hope you make room for encouragement, reflection, connection, and rest.

Warmly,
CERH and the IECMH International Institute Examination Team

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