IECMH-Endorsement® Mentor Policy Examination Guide and Preparation Packet

Provided by CERH in partnership with the IECMH International Institute

For IMH Endorsement® and ECMH Endorsement® Mentor–Policy 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.

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

Welcome! Babies and young children grow through relationships. The connection between a child and their caregivers is shaped by the family's experiences, culture, community, and access to support that recognizes the child, caregiver, and their relationship together. IECMH-informed Policy leaders keeps those early relationships in view, even when the work happens far from a family's home. .

Families need access to a connected continuum of IECMH-informed supports and services**:** efforts that promote young children's social and emotional well-being and strengthen caregiver–child relationships; prevention and early support when concerns emerge; developmentally appropriate assessment and diagnosis; and relationship-focused treatment when more help is needed. Policy leaders help make those supports available, accessible, culturally responsive, and sustainable. A strong statewide IECMH system brings these supports together. Leaders across roles and sectors each help build and sustain a part of it.

Your leadership may begin within one program or agency. You might fund reflective supervision for staff and administrators, evaluate its impact, and use what you learn to sustain it. You may strengthen an early intervention workforce through IECMH training and consultation, or expand mental health consultation in early childhood education across your state.

You may also invite leaders from your state's Association for Infant Mental Health to policy, planning, or funding tables so IECMH expertise informs decisions. Working with partners in health care, early education, child welfare, and other sectors, you might identify gaps in IECMH supports and coordinate funding, workforce development, and referrals to help close them. Whether your work reaches one program or an entire state, it helps make relationship-focused support more available to young children and families.

IECMH-informed Policy leaders help keep children and their caregivers "in the room" when decisions are made. We often ask, ***"What about the baby?"*** We use that question to hold in mind children and their important relationships across the perinatal-to-six period. These early years offer important opportunities to support emotional well-being, development, and the relationships on which children rely. The question helps us ask how a funding decision, program design, workforce plan, or policy will affect young children, their caregivers, and their relationships. It can change what we choose to support, who we invite into the conversation, and how we learn whether our efforts are helping.

We know that advancing IECMH-informed policies and practices takes persistence. At times, you may be the person keeping young children and their relationships in view when others have not yet recognized their importance. The lasting impact is in the opportunities you create for children, caregivers, and the people who serve them.

Thank you for that work and for your interest in taking the Mentor–Policy exam. We hope this guide helps you know what to expect, recognize how your experience fits this pathway, and prepare with greater confidence.

Warmly,

CERH and the IECMH International Institute Examination Team

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

What to expect from the Mentor-Policy exam

The exam has two parts. The two parts ask you to demonstrate different kinds of knowledge. Part One assesses broad foundational IECMH knowledge. Part Two asks you to apply IECMH principles to a policy, program, or systems issue within your professional scope. **Part One** is a 60-question multiple-choice section about foundational infant and early childhood mental health knowledge. **Part Two** is a written response to one Policy scenario. It asks you to explain how you would approach a policy, program, or systems issue within your professional scope. You will have 90 minutes for each part, time to read the written scenario 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 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**

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

Accommodations: If a disability, medical condition, language need, or other factor could affect your ability to complete the exam within the standard time, email **endorsementinstitute@gmail.com** when registering. Describe what you need and include supporting documentation from a qualified professional. If you have already registered, contact us as soon as possible; we will consider requests when feasible. Applicants whose primary language is not English may request up to 60 additional minutes for each part and use a translation dictionary. These standard language accommodations require only a written request from the applicant.

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, however it also includes some foundational questions that focus 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.

Effective IECMH policy leadership requires foundational knowledge of the developmental, relational, and service-delivery concepts that policies and systems are intended to support. Understanding development, attachment, trauma, assessment, intervention, reflective practice, and service systems helps policy leaders design, evaluate, fund, and improve programs and policies that are consistent with IECMH principles. This section 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.

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**.

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

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
- 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.

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

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.
    - A **Google Books generously 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.

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

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.
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–s**elect 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***
  Free chapter by Costa and Sullivan: What Staff Development Activities Can Be Used to Build Reflective Capacity? (PDF)

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

- **Lieberman & Van Horn – *Psychotherapy with Infants and Young Children***
  Free introductory chapter: When Development Falters: Putting Relationships First (PDF)
- **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***
  Free companion article– Reflections on DC:0–5 at 5

Part Two Policy Written Examination

Before the 90-minute written response, you will have 15 minutes to read the instructions, reflect and take notes. This is to help you feel grounded before the exam begins. During this time you may take notes on your paper.

The written section of the Policy 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 system change, and/or advocacy efforts. It is not intended to measure knowledge of one particular policy process or fidelity to a specific advocacy or systems-change model.

The response should explain the issue's relevance to infant and early childhood mental health. Even when the issue primarily concerns funding, workforce development, access, higher education, administration, or another systems-level concern, responses should keep infants and young children, families, and caregiver-child relationships in view.

- **Identify and describe a policy, program, or systems issue** within your area of practice or professional scope, and explain its relevance to IECMH policy and practice.
- **Keep infants, young children, families, and caregiver-child relationships in view**, even when the issue primarily concerns funding, workforce development, access, higher education, administration, or another systems-level concern. Explain how the issue may affect children, families, relationships, the IECMH workforce, or the systems intended to support them.
- **Apply IECMH principles and address relevant aspects of diversity, equity, and inclusion** when defining the issue and considering appropriate strategies.
- **Demonstrate relationship-focused thinking** through attention to the people affected, the perspectives needed, and the relationships or partnerships involved in developing and implementing the proposed approach.
- **Identify appropriate and realistic strategies** to address the issue, including how the proposed change could be implemented, measured, and sustained.
- **Present a thoughtful, coherent response that demonstrates your professional reasoning.** Help reviewers understand what you would prioritize, why the approach fits the issue, and how it could contribute to meaningful change from an IECMH-informed perspective. Respondents are not expected to address every possible consideration or solve an entire systems problem within 90 minutes.

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

Suggested Policy Resources

These optional resources may support your policy learning and preparation. These are suggested resources, not required readings. Select sections that address your learning needs; you are not expected to read every resource in full. Focus on applying the ideas to an issue within your professional scope rather than memorizing examples or policy details.

Practical study recommendation: Choose one policy, program, or systems issue from your work and create a one-page outline using the response expectations above. Use these resources to strengthen areas that are harder to explain. Adapt examples to your own professional, cultural, and geographic context.

1. **Centering Babies and the Adults Who Care for Them: States Explore Infant and Early Childhood Mental Health Financing and Policy**, *ZERO TO THREE*
   Read the executive summary, an example relevant to your work, and the concluding lessons. Focus on how partners identify issues, address barriers, strengthen the workforce, and support sustainable IECMH services. Study the approaches to systems change rather than memorizing state-specific funding details.
2. **Community Tool Box**, *University of Kansas*
   Review selected sections on logic models, evaluation, and sustaining an initiative. Focus on connecting an identified issue to realistic activities and intended outcomes. Consider implementation steps, responsible partners, needed resources, measures of progress, and how findings could guide adjustments and sustain change.
3. **Diversity-Informed Tenets for Work with Infants, Children and Families**, *Irving Harris Foundation*
   Focus on applying diversity, equity, and inclusion to leadership, organizational practices, resource allocation, and systems decisions. Consider whose perspectives are missing, what barriers limit participation or access, and how assumptions and power may influence the issue and proposed approach.
4. **Family Engagement**, *BUILD Initiative, ZERO TO THREE, and Start Early*
   Begin with "Why Family Engagement?" and the "Looking Forward" section. Focus on meaningful family participation in defining issues, shaping decisions, and evaluating progress, including practical supports such as compensation, accessible participation, and ongoing communication.
5. *Competency Guidelines* (**Available in EASy under "Support")**
   Review the ones under the Administration Competency domain (**program management, development, evaluation, and funding**)
6. **Three Principles to Improve Outcomes for Children and Families**, *Center on the Developing Child at Harvard University*
   - Focus on how policies, programs, and systems can support responsive relationships, strengthen core skills, and reduce sources of stress. Consider how decisions about funding, staffing, access, or administration ultimately affect infants, young children, caregivers, and their relationships.

© 2026 Michigan Association for Infant Mental Health. All rights reserved.

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 that is already full. You may be leading a program, supporting a workforce, navigating difficult funding decisions, caring for people in your own life, or doing several of these things at once. We appreciate the commitment behind your decision to pursue Endorsement and the thoughtfulness you bring to this work.

Give yourself permission to prepare in manageable pieces. These resources are an invitation to deepen your understanding. Begin with what is less familiar, build on what you already know, and make room to connect the material to your own work. A short period of focused reading followed by thoughtful reflection can be more useful than trying to push through a large amount of material.

You do not have to prepare alone. Consider finding a study partner and choosing one resource—or a section of a resource—for each of you to explore during the week. Then meet briefly to explain what you learned to one another. Share an idea that stayed with you, something you are still wondering about, and how it might apply in your setting. You might each read something different and exchange insights, or read the same material and notice what stood out differently. The goal is not to become the expert for the other person; it is to make learning more accessible, connected, and meaningful.

As you study, keep bringing the ideas back to the people behind the policies: infants and young children, their caregivers, and the professionals and communities supporting them. How might a funding decision affect the consistency of a family's relationships with providers? Whose experience is missing from a program's design? What would help a workforce feel supported enough to offer thoughtful, relationship-focused care? These connections help make the knowledge meaningful beyond the exam.

Our field benefits from leaders with different experiences, perspectives, and areas of influence. No one person holds all the knowledge this work requires. There is value in what you bring, in what others can teach you, and in what becomes possible when we share ideas and resources generously. Curiosity, reflection, and a willingness to keep learning belong alongside experience and expertise.

Thank you for investing in your learning and in the systems that surround young children and families. Much of policy leadership happens behind the scenes, and its relational purpose can be easy to lose sight of amid budgets, deadlines, and competing demands. We appreciate your effort to keep that purpose in view. As you prepare, we hope you make room for encouragement, reflective supervision, connection, and rest—and offer yourself some of the same care you work to make possible for others.

Warmly,

CERH and the IECMH International Institute Examination Team

© 2026 Michigan Association for Infant Mental Health. All rights reserved.