

## What to know About the Infant Mental Health Endorsement Exams

Congratulations on taking the next step and considering sitting for the Infant or Mental Health Endorsement exam! This is an exciting next step in your infant mental health (IMH) professional development. Our hope is to provide with you as much support to be successful on the exam as is possible. This includes a thorough 2-tier application review of your Endorsement application, with detailed feedback, and access to preparation resources. The intent of this resource is to prepare you for what will be expected within the exam.

The exam has two parts and both are based on the Competency Guidelines (MI-AIMH Copyright © 2017). The Competency Guidelines is a critical reference in preparing for the exam. The competencies are divided into domains, which are referred to below. If you no longer have the copy of the Competency Guidelines that you received when you started the Endorsement process, please contact your association's Endorsement Coordinator and inquire about how to receive another copy.

**This document should be used in conjunction with the *Endorsement Examination Preparation Resource List and the Endorsement Examination Tip Sheets.***

### Infant Mental Health Endorsement Exam

#### Part One: Multiple Choice

The multiple-choice portion of the exam is the same for all exam respondents: Infant Mental Health Specialist (IMHS), Infant Mental Health Mentor-Clinical (IMHM-C), Infant Mental Health Mentor-Policy (IMHM-P), and Infant Mental Health Mentor-Research/Faculty (IMHM-R/F). 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).

The multiple-choice 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 IMH knowledge specific to work with pregnant people, infants/toddlers (0-36 months) 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; 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

The multiple-choice questions will have a greater emphasis on direct service, however, there will be some questions related to reflective supervision/consultation, 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

## Part Two: Vignettes/Scenarios

The vignettes/scenarios portion of the exam is different for exam respondents depending on category of Endorsement. Endorsement exam responses may differ from how one may respond to a clinical or licensing exam. The following information outlines what is expected for each category of Endorsement.

### Infant Mental Health Specialist (IMHS)

Exam respondents for the IMHS exam have 90-minutes to respond to **two of three direct service vignettes** which must be answered from the perspective of an IMH specialist/practitioner. 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.” Critical IMH principles should be apparent in responses to both vignettes.

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 qualitative section for IMHS respondents. Knowledge and skills gained through reflective supervision/consultation (RSC) about direct service experiences with pregnant women, infants/toddlers (0-36 months) and their families will be most useful in this section of the exam

This section of the exam is meant to measure how your knowledge of IMH principles and concepts is applied into practice and for you to demonstrate a reflective, relationship-based approach specific to work with infants/toddlers (0-36 months) 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 IMH practice, as being just as important as “what you do.” This requires responses from an IMH perspective that includes the application of parent-infant/young child relationship-based therapies and practices.

Responses should include/consider:

- past and present issues related to attachment, separation, trauma and unresolved losses as they affect the development, behavior and care of the infant/young child
- all of the relationships presented in the vignettes, including consideration of parallel process
- use of self
- attention to and exploration of the role of race and culture in the lives of all people in the vignettes
- capacity to articulate a reasonable number of hypotheses
- 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 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

### Infant Mental Health Mentor-Clinical (IMHM-C)

Exam respondents for the IMHM-C exam have 90-minutes to respond to **one of two** direct service vignettes which must be answered from the perspective of an IMH 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.” Critical IMH principles should be apparent in responses to both vignettes. 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 Infant 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 IMHM-C exam respondents. Knowledge and skills gained through RSC about direct service experiences with pregnant women, infants/toddlers (0-36 months) and their families **and** about the RSC provided to others will be most useful in this section of the exam.

This section of the exam is meant to measure how your knowledge of IMH 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/toddlers (0-36 months), their families, and the reflective supervision/consultation 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 IMH practice, as being just as important as “what you do.” This requires responses from an IMH perspective that includes the application of parent-infant/young child relationship-based therapies and practices as well as the Best Practice Guidelines for Reflective Supervision/Consultation.

Responses should include/consider:

- all of the relationships presented in the vignettes, including consideration of parallel process
- use of self
- attention to and exploration of the role of race and culture in the lives of all people in the vignettes
- 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

### Infant Mental Health Mentor – Policy (IMHM-P)

Exam respondents for the IMHM-P exam will have 90-minutes to respond to one scenario.

This section of the exam is meant to measure your knowledge of policy priorities related to IMH principles and practices and how you apply this knowledge into your own program development/administration and/or advocacy efforts. Respondents are expected to identify policy issues relevant to IMH needs and demonstrate ability to develop appropriate strategies to address them.

While all of the knowledge and skill areas are important, those under the *Administration* domain will be the primary focus of the qualitative section for IMHM-P exam respondents. The review of the response will take into

consideration the relevance of the approaches and/or methods offered to address a problem, as well as the respondent's attention to IMH concerns.

### Infant Mental Health Mentor – Research/Faculty (IMHM-R/F)

Exam respondents for the IMHM-R/F exam will have 90-minutes to respond to one of two scenarios related to teaching or research.

This section of the exam is meant to measure your knowledge of research related to IMH principles and practices and how you apply this knowledge into your own research/evaluation OR teaching in higher education settings. Respondents should expect to reference up-to-date, empirical and peer-reviewed research in an area of IMH that is most familiar to them (i.e. attachment, psychopathology, parenting, reflective functioning, etc)

Respondents will select one of two scenarios:

- Teaching IMH content at a university level
- Conducting IMH research

While all of the knowledge and skill areas are important, the ones under the Research & Evaluation domain will be the primary focus of the qualitative section for IMHM-R/F exam respondents. The review of the response will take into consideration the relevance of the research cited as well as the respondent's attention to IMH concerns.

### **Preparation**

*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:** Refer back to the *Getting Started Guide*, 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 the 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 in your geographic area to support you during your studies and reflection on your work.

**Guidance from provider(s) of RSC for IMHS and IMHM-C:** 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>. 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 IMH 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*.

**Accommodations for the Examination:**

If an applicant for Endorsement at either IMHS or IMHM 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 from a professional), except for ESL accommodations, as no documentation is required for those. The Coordinator will respond to the request at least 10 days before the examination date. The IMH associations 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 the appropriate accommodation for a special circumstance, they may contact the Quality Assurance Director

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