

Alamance Alliance for Children and Families  
Early Childhood Mental Health Competencies

In 20XX, the Training committee of the Alamance Alliance for Children and Families acknowledged the need to define a set of core competencies (knowledge, attitudes and skills) for individuals/professionals working with children ages 0-5 and their families in order to provide effective, trauma-informed and developmentally appropriate care. A sub-committee began by reviewing existing competencies defined by states across the country including Wisconsin, California, and Ohio.

### Guiding Values and Principles

Consistent with the commitment of using a System of Care approach to serve all children and families in Alamance County, the following values and principles guide the work of the Alliance:

Strengths-based	Evidence-based Practices
Accountability	Committed to children ages birth to five
Family Driven	Collaboration at all levels: Practice, Program and System
Community-based	Individualized – ensuring the fit between family needs and services/support provided
Culturally and Linguistically Competency	
Driven by community needs	
Trauma-sensitive	

Specifically an early childhood System of Care is:

- Supportive of parents of young children by nurturing and building caring relationships with them.
- Supportive of non-parental caregivers of young children by nurturing and building caring relationships with them.
- Delivered, to the greatest extent possible, in natural settings – including homes, child care, health care, and family support settings.
- Respectful of developmental processes and is flexible and individualized to meet the behavioral health needs of young children.
- Sensitive to the cultural, community, and ethnic values of families.
- Accessible to caregivers, home visitors, family workers, and administrators working with infants, toddlers, and preschoolers and includes clinical services, case consultation and clinical supervision.
- Accessible to family services workers, home visitors and others working with families of infants, toddlers, and preschoolers and includes mental health program consultation, case consultation and back up support for families requiring more intensive interventions.
- Accessible to caregivers, home visitors, family workers, and administrators working with families of infants, toddlers, and preschoolers and includes clinical supervision and support in dealing with such staff issues as burnout, cultural, and work place conflicts.
- Accessible immediately and as necessary for crisis intervention and support to young children, families, and programs experiencing crises related to violence, community disasters or family-specific traumatic events.
- Built on partnerships among both primary and secondary support services at the community and state level.

*Adapted from Early Childhood Mental Health Services: A Policy and Systems Development Perspective, by Jane Knitzer, National Center for Children in Poverty, Columbia School of Public Health, 1998.*

In addition, an early childhood system of care is based upon the following values:

- All young children deserve to spend their days in a safe, stable, caring, nurturing environment.
- To meet the mental health needs of very young children, it is necessary not only to consider the young child and his or her parents as individuals; it is also critical to consider the quality of the child's many relationships.
- Families are considered to be full participants in all aspects of the design, implementation, and evaluation of programs and services for their young children.
- ECMH services are responsive to the cultural, racial, and ethnic differences of the populations they serve.

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- ECMH practices build upon, promote, and enhance individual, family, and early childhood staff strengths, rather than focus solely on weaknesses or problems.

*Adapted from Early Childhood Mental Health Consultation,  
Cohen and Kaufmann, a Publication of CMHS, SAMHSA, USDHHS April 2000.*

Furthermore, as advances in science and our understanding of the impact of trauma on young children and their healthy development, we have attempted to infuse this framework so that services and supports within Alamance County can provide trauma-informed care. Core values and attitudes needed to provide trauma-informed, developmentally sensitive services to young children and their families include:

- Belief that providing trauma-informed/developmentally sensitive care is an appropriate and important role for anyone involved in providing services to children and their families
- Recognition that involving clients/parents/caregivers as partners in the process of recovery from trauma and childhood adversity maximizes the potential for healing
- A willingness/commitment to examine one's own personal beliefs about and experiences of trauma and childhood adversity and the impact these have on interactions with clients, colleagues, organizations, and systems.
- View childhood trauma and adversity as a significant, complex, and often preventable public health problem with broad ranging effects on children and adults but from which, with proper resources and support, people can recover and heal

Practice, therefore requires communication skills to provide effective trauma informed, developmentally sensitive services to young children and their families and include:

- Develop an interpersonal style that is direct, willing to change as a result of interactions, reflective, engaging, honest, trustworthy, culturally competent and eliminates the use of labels that pathologize.
- Communicate and collaborate with children, families, professionals and communities to establish supportive relationships for growth and healing.
- Accurately perceive, assess, and express emotions and model non-violent ways of communicating those emotions in order to maintain a safe environment for self and others.

*Adapted from Trauma Informed & Developmentally Sensitive Services for Children: Core Competencies for Effective Practice  
THE MULTIPLYING CONNECTIONS INITIATIVE the Health Federation of Philadelphia  
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The following competencies are for individuals/professionals who are working/ plan to work with young children (ages 0-5) and families within the Alamance System of Care (SOC). They are built upon the assumption that individuals/professionals have or will meet the requirements associated with core values and principles of SOC such as family driven, cultural competence, inter-disciplinary/multidisciplinary collaboration, etc.

Given the changing environment of the human service delivery systems in Alamance, North Carolina and the country, we are hoping that these competencies can serve as the basis for supervisors/managers to use as professional development tool staff and a guide for the development or refinement of new or existing training programs, technical assistance or curricula. We are simultaneously working with NC Institute of Medicine's Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families and the newly established North Carolina Infant/Young Child Mental Health Association to adopt competencies and develop an accreditation process for an early childhood workforce at the state level.

Each level recognizes the educational achievement, training and work experiences appropriate for best outcomes for infants, young children and their families. Each column assumes knowledge and skill acquisition outlines in the prior column if any.

- **Core Provider Level 1: Any person working with young children and their families**
- **Core Provider Level 2: Bachelor degree or equivalent; providers who work with children and families in a non-clinical setting or in a supportive role**
- **Core Provider Level 3: Master degree; provider is a licensed mental health therapists**

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Knowledge area	Level 1	Level 2	Level 3
<b>Parenting, Caregiving, Family Functioning and Parent-Child Relationships</b> <ul style="list-style-type: none"> <li>• Range of family structure</li> <li>• Pregnancy and childbirth</li> <li>• Postpartum period</li> <li>• Attachment issues</li> <li>• Parenting as a developmental process</li> <li>• Family dynamics</li> <li>• Family expectation regarding child development</li> <li>• Providing family-sensitive services</li> <li>• Cultural issues in parenting and family development</li> <li>• Goodness of fit between parents and young children</li> <li>• Importance of relationships to development</li> <li>• Family systems</li> </ul>	Understands the importance of parent/caregiver availability.	Understands issues related to transition to parenthood, issues of being a new parent particularly for young adults	
	Demonstrates an understanding of healthy attachment after birth and the importance of the postpartum period on the newborn.	Understands the infant/young child’s use of the parent as a secure base for explorations of the environment and under conditions of stress	Demonstrates an understanding of different patterns of parent-infant interaction and attachment and their impact on child outcomes.
	Understands the role of caregivers as models for the development of behavior in young children (e.g. coping, anger management).	Demonstrates an understanding of family and parenting function as a lifelong developmental process beginning before conception.	
	Adjusts daily routine based on the child’s temperament and understands & responds to baby cues.	Understands and utilizes the concept of “goodness of fit” between the parent and child (temperament, etc.) in observing and supporting parent child interaction.	Remediates the potential problem in the developing parent-child relationship brought about by a temperament mismatch of parent and child.
	Supports the unique parent-child relationship.	Uses a variety of techniques to facilitate and reinforce positive parent-infant interaction and enhances parents’ capacity to be responsive and sensitive to their baby/child.	Demonstrates knowledge of family dynamic (systems, relationships) and family composition including relationships with caregiver, sibling, and extended family.
	Respects the parent’s relationship with child as primary.	Uses interviews with parents/caregivers to listen carefully, obtain information, and begin to develop trust.	Establishes and maintains a therapeutic alliance with parent/caregiver.

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<b>Parenting, Caregiving, Family Functioning and Parent-Child Relationships</b>  <b>Continued</b>	Aware of boundaries in working with families.	Demonstrates sensitivity to professional role as a collaborating partner with the family and advocates for parents while maintaining boundaries and fostering independence.	Understands the concepts of transference and counter-transference and how they may impact the ongoing treatment
		Is aware of the potential negative impact of multiple separations and/or multiple family placements on early development.	
		Is aware of and able to competently engage with a wide range of family structures, family dynamics and cultural influences on family functioning.	
	Demonstrates awareness of cultural issues that impact family interactions, relationships, and parenting.	Utilizes diverse cultural belief about development in understanding parent-child interaction and family expectations.	Understands the impact of the client’s culture, values, and education on their own behavior and reaction to the therapist.
		Understands that parent behavior may be the result of how the parents were treated by their parents (empathize with parent history).	Demonstrates reflective insight into personal relationship history and dynamics, and understands importance of one’s own awareness in context of therapeutic relationships with families.
			Understands strategies for facilitating change and growth processes in families with significant problems in relationships — at the representational, dyadic and systemic levels.
	Understands the importance of and how social supports (extended family, church, community, etc.) function for families		

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<p><b>Child Development: Infant, Toddler and Preschool Age children</b></p> <ul style="list-style-type: none"> <li>• Typical development in infancy, toddler and/or preschool periods</li> <li>• Milestones of development</li> <li>• Peer relationships</li> <li>• Expectations of children in groups</li> <li>• Cultural variations in development and family expectations</li> </ul>	Understands the importance of healthy relationships for healthy development.	Understands the construct of attachment and attachment behavior.	Understands normative dyadic emotional development and the implications for atypical dyadic emotional development (parent-child).
	Understands typical development including: language, motor, sensory, adaptive self-help, cognition, and social & emotional (including capacity to play and interact with others).	Recognizes difference in processing sensory inputs.	Demonstrates an understanding of the importance of development of self-regulation, early childhood social relationships, communication and representational skills, and executive function abilities for school readiness.
	Understands the impact of environment at all stages of development.		Accurately interprets information from direct and reported information, observations and assessments in a range of settings to identify capacities and strengths, as well as developmental delays and/or emotional disturbances in infants and young children served.
	Recognizes and respects differing settings where children spend time including child care, play groups, and home	Collaborates with adult in other settings	Uses collaborative approaches to explore appropriate family expectations and provides developmental guidance in achieving strategies that support those expectations.
			Understands social-emotional development and the role of peer and group interactions and can utilize a range of strategies for promoting optimal interactions.

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<p><b>Biological and Psychosocial Factors Impacting Outcomes</b></p> <ul style="list-style-type: none"> <li>• Temperament</li> <li>• Regulatory and sensory issues</li> <li>• Brain research</li> <li>• Neuro-developmental issues</li> <li>• Prematurity and low birth weight</li> <li>• Child abuse</li> <li>• Child neglect</li> <li>• Nutrition</li> <li>• Poverty</li> <li>• Trauma</li> <li>• Community issues</li> <li>• School and community services</li> <li>• Impact of such factors upon development and relationships</li> </ul>	<p>Aware of self regulation including sleep wake pattern.</p> <p style="text-align: center;">And/or</p> <p>Can identify and assess infant/child/adult states of arousal and how they are regulated and modulated.</p>	<p>Understands the impacts of regulatory challenges (e.g., colic, disruptions in feeding and sleeping and those associated with pre-term infants) on attachment and parental ability to respond and sense of competence.</p>	<p>Accurately interprets the bi-directional nature of biological and psychosocial circumstances that influence infant brain development, parent-child relationships and the regulation of emotions and behavior, including genetics, low birth weight, under-nutrition, substance exposure, disability and the impact of family discord and trauma.</p>
	<p>Knows about nutritional needs and methods of feeding at different stages of development.</p>	<p>Understands the impact of chronic poor nutrition on development.</p>	<p>Can identify and address family and child health factors, including nutrition, and their role in child and family outcomes from preconception onward.</p>
	<p>Utilizes basic knowledge of brain development.</p>	<p>Understands the impact of in utero toxins on later development such as alcohol, nicotine, and prescription and non-prescription medications.</p>	<p>Understands the concept that prolonged unaddressed stress in the infant/child/parent or dyad affects all domains of development and that chronic stress may lead to subsequent interference with brain development and emotional regulation.</p>
	<p>Understands when and how challenging behaviors interfere with healthy development.</p>	<p>Knows how to implement supportive behavioral techniques for problems in sleeping, eating, and self-control (e.g. charting, positive reinforcement).</p>	<p>Knowledgeable about intervention strategies for infants with regulatory challenges and/or pre-term infants.</p>
	<p>Aware of the kinds of traumatic experiences to which young children are most frequently exposed.</p>	<p>Identifies and utilizes the concept of resilience and those factors which support its development.</p>	<p>Recognizes the importance of trauma-informed assessments and interventions</p>
	<p>Recognizes that trauma places children's attachments, self-regulatory capacities, and cognitive development at risk</p>	<p>Recognizes the importance of screening for traumatic life experiences</p>	<p>Identifies/describes key signs, symptoms, impact and manifestations of trauma, disrupted attachment, and childhood adversity in children and in adults.</p>

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<b>Biological and Psychosocial Factors Impacting Outcomes</b> <b>Continued</b>	Understands how behaviors, including those that appear to be problems or symptoms often reflect trauma-related coping skills individuals need to protect themselves and survive.	<a href="#">Demonstrate sensitivity to children’s parents/caregivers who often have unaddressed trauma issues that can impact their ability to help their children.</a>	Explains how behaviors, including those that appear to be problems or symptoms often reflect trauma-related coping skills individuals need to protect themselves and survive.
		Understands that the domains and stages of normal childhood development (brain, social, emotional, cognitive, and physical) can be affected by trauma, abuse, adversity and stress.	Explains the relationship between trauma, adversity and disrupted attachment in the child/caregiver relationship.
		<a href="#">Assist parents/caregivers of children who have been exposed to trauma and childhood adversity to recognize and address their own risk for secondary/vicarious trauma and possible unresolved trauma in their own lives.</a>	Describes the multi-generational nature of trauma and childhood adversity.
			Defines re-traumatization and identify ways that children and their families can be re-traumatized/triggered by the systems and services designed to help them.
		Describes local resources for trauma specific treatment and trauma informed services for children and their families.	Defines trauma informed and trauma specific care, including knowing the key elements of a trauma informed system and being familiar with evidence based trauma treatment models.

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<b>Risk and Resiliency</b> <ul style="list-style-type: none"> <li>• Atypical development</li> <li>• Maternal depression</li> <li>• Teenage parenting</li> <li>• “Ghosts” in the nursery</li> <li>• Chronic physical illness</li> <li>• Chronic mental illness in parent</li> <li>• Developmental disabilities</li> </ul>	Demonstrates knowledge of the effects of risk factors such as genetics, medical complications, prematurity/low birth weight, substance exposure and teratogens, and the impact of familial, cultural, social, physical and/or economic factors including poverty, abuse and neglect on development and relationships.	Demonstrates a theoretical understanding of the cumulative risk factors that affect family well-being and parent-child relationships for infants and young children and their families and communities stemming from a variety of sources.	Applies concepts of resilience to guide treatment planning assessment and interventions with children and families.
	Is aware that practices should be responsive to developmental protective factors and risk factors.	Demonstrates a theoretical understanding of the resilience factors that allow infants, toddlers and preschoolers to positively adapt despite significant life adversities.	
		Demonstrates the ability to select strategies/interventions based on parent concerns, priorities and resources, including consideration for culture, language and education.	
	Recognizes and supports cultural beliefs and values of families.	Demonstrates knowledge of the impact of familial, economic or social factors on relationships and social-emotional development.	Demonstrates the ability to identify and address parent-family difficulties that negatively impact the parent-child relationship and infant or child’s social-emotional development.
		<a href="#"><u>Educate parents/caregivers about risk and protective factors associated with trauma/childhood adversity, healthy child development, and assist them with developing tools/strategies to strengthen development</u></a>	

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<p><b>Observation, Screening and Assessment</b></p> <ul style="list-style-type: none"> <li>• Development of observational skills with infants and young children</li> <li>• Use of observational information</li> <li>• Use of screening tools</li> <li>• When to make referrals for more comprehensive assessment</li> <li>• How to make a referral, including following through or assisting family with initial contacts</li> <li>• Introduction to major assessment instruments and processes</li> </ul>	<p><a href="#"><u>Creates environments that are safe, comfortable, and welcoming for all children, families, and staff</u></a></p>		
	<p>Knows how and when to refer for (screening and/or) evaluation.</p>	<p>Familiar with the various tools and the appropriate use of each tool.</p>	<p>Understands the relevance of both population and clinic prevalence for diagnosis.</p>
		<p>Uses screening tools.</p>	<p>Demonstrates an understanding of assessment as intervention.</p>
		<p>Conducts trauma-informed screening and assessments including obtaining appropriate client and family histories to determine exposure to trauma/childhood adversity and risk and protective factors associated with trauma/childhood adversity.</p>	
		<p>Understands role of different professionals in making appropriate referrals.</p>	<p>Selects and uses screening and assessment practices appropriate to pregnant and postpartum parents, including screening for depression.</p>
	<p>Successfully uses a wide range of strategies in various settings to reach and engage families.</p>	<p>Observes, in multiple settings (including the home), the parent's emotional states and their responses to the infant/young child.</p>	<p>Demonstrates an understanding of how to use various observation, screening and assessment tools/processes for the individual infant, young child and family.</p>
		<p>Observes, in multiple settings (including the home), the child's emotional states and his/her response to the parent.</p>	<p>Incorporates observations of the infant and young child in multiple settings including play, child-parent interactions, early care and education settings and home into every assessment of the child.</p>

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<p><b>Diagnosis and Intervention</b></p> <ul style="list-style-type: none"> <li>• Diagnostic systems for infants, toddlers and young children</li> <li>• Linking assessment and diagnosis to intervention</li> <li>• Development of intervention goals</li> <li>• Effective communication with caregivers and others</li> <li>• Concrete assistance</li> <li>• Community resources</li> <li>• Developmental guidance</li> <li>• Strategies to promote infant-family and early childhood mental health</li> <li>• Strategies for preventive intervention addressing social-emotional-behavioral vulnerabilities</li> <li>• Intervention strategies</li> <li>• practice skills</li> <li>• Use of self in provision of services</li> </ul>	<p>Observes the infant/young child’s behavior, ability to soothe, self-regulation, and sensitivities.</p>	<p>Notices and can describe the parent’s behavior to soothe, regulate, and redirect the infant/young child.</p>	<p>Demonstrates an understanding of and ability to integrate a multidimensional assessment of an infant or young child, utilizing information from other providers and caregivers as appropriate, inclusive of health, physical, social, emotional, psychological and cultural aspects from a developmental and relational perspective.</p>
		<p>Recognizes, in the home, threats to the infant/young child’s physical and emotional well-being.</p>	
		<p>Can, through observation and interview, recognize challenges to adults functioning as parents, including signs of substance abuse, developmental delay, mental illness, etc., and provide appropriate referrals and interventions.</p>	
	<p>Provides emotional support in times of stress.</p>	<p>Allows parent to express core relational conflicts in an accepting and nonjudgmental manner.</p>	
	<p>Provides both positive and negative feedback in a sensitive and effective manner.</p>		<p>Understands the cognitions and beliefs of some clients which are no longer supportive and seeks to change them in a non-threatening manner (i.e. using a Motivational Interviewing approach).</p>
	<p>Can be empathic and sympathetic while keeping professional boundaries with parents.</p>		<p>Allows parent to express core relational conflicts in an accepting and nonjudgmental manner.</p>
			<p>Uses and scores the results of standardized observation/parent report instruments (e.g. Age and Stages, PEDS, etc.).</p>

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<p><b>Diagnosis and Intervention</b></p> <p><b>Continued</b></p> <ul style="list-style-type: none"> <li>• Therapeutic options, including current knowledge of evidence-based practice</li> <li>• Developing reflective</li> </ul>		<p>Demonstrates knowledge of the distinctions among difference, delay and disorder and makes appropriate referral for each.</p>	<p>Knows about the symptoms of infant/child disorders in DSM-IV; knows about the disorders of infancy/ toddlerhood a set forth in DC-03 and the implications of differential diagnosis for treatment; and knows the extent to which the DC-03 disorders have counterparts in DSM-IV and ICD-10</p>
	<p>Relates and interacts comfortably with infants/young children.</p>	<p>Knows how to implement dyadic therapeutic techniques as described in the infant mental health literature.</p>	<p>Uses the DC: 0-3R and DSM-IV to diagnose problems in very young children and can provide the “cross-walk” diagnosis between the two systems within their scope of practice.</p>
			<p>Knowledgeable about evidence based/ promising practices that support ECMH and social-emotional competency, e.g., TF-CBT and the Incredible Years.</p>
	<p>Knows how to help parents identify goals and activities that contribute to pleasurable interaction with the infant/young child.</p>	<p>Can be empathic and sympathetic while not over identifying with the parents.</p>	<p>Organizes, synthesizes, and interprets information from all sources and communicates the need and strength of the infant/young child to parents to facilitate their understanding and cooperation in treatment.</p>
	<p>Demonstrates technique for soothing, limit setting, &amp; protection and can discuss the meaning of these with parents.</p>	<p>Promotes parental competence in areas such a resolving and forestalling crises and solving family conflicts.</p>	<p>Provides intervention that recognizes the concept of resistance to engage, to take advantage of services, etc, and seeks to overcome resistance in a therapeutic manner</p>
		<p>Is persistent in monitoring the progress of the service plan.</p>	<p>Monitors progress and problems in whatever therapeutic techniques are being implemented by written notes and/or records.</p>

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<b>Diagnosis and Intervention</b>  <b>Continued</b>		Understands and utilizes the principles of reflective practice.	Suggests, demonstrates and coaches families on strategies to nurture a child’s development across all domains, including their strengths, emerging capacities and cultural values.
			Understands the implication of co-morbidity for treatment planning.
			Recognizes intervention must be developed immediately following recognition of a child’s developmental risk in order to minimize the likelihood of failure to progress.
		Implements “packaged” parent training programs.	
		Is familiar with frequently-used psychotropic medications for both children and adults.	Informs and advises families using medication of their potential side-effects.
		Integrates information and formulates plans together with the family using an approach that facilitates and supports change	Demonstrates an ability to modulate intervention style and strategies in response to specific strengths and vulnerabilities of each infant, child and family.
		Facilitate referrals and access to trauma informed and trauma specific treatment services for children and their families as needed.	
		Selects and implements evidence-supported relationship-based intervention strategies that are appropriate to support and promote the infant or young child’s strengths and needs.	Demonstrates an ability to consider culture and context as well as risk factors in planning assessment and interventions.

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<b>Diagnosis and Intervention</b>  <b>Continued</b>			Demonstrate ability to teach children and parent/caregivers techniques that help children who have experienced trauma including relaxation calming, soothing, and grounding themselves and/or their children and strategies for implementing CAPPD (being calm, attuned, predictable, present and not escalating)
		Ensures that families are primary members of the IFSP/IEP team.	
		Assists parents in identifying community resources for services that parents identify as important.	
		Provides resources for related services such as primary care, child welfare, mental health or social services and provides guidance regarding child's development.	Understands and addresses the importance and need for concrete assistance, developmental guidance, crisis management and advocacy in therapeutic and developmental work with families of infants and toddlers.
		In partnership with the family and other team members; develops, uses and analyzes ongoing observation and assessment data to achieve child and family outcomes.	
		Integrates information and formulates plans together with a family.	
		Understands limits and boundaries of practice and makes appropriate referrals	Demonstrates knowledge of the limits of one's own discipline's scope of practice and the need for referral for issues beyond one's own discipline's expertise.

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<p><b>Interdisciplinary/ Multidisciplinary Collaboration</b></p> <ul style="list-style-type: none"> <li>• Understanding the roles of other professionals in working with young children and families</li> <li>• Respecting boundaries of practice</li> <li>• Community resources</li> <li>• Working together with other professionals to create an integrated plan</li> <li>• Collaborating to prioritize child and family needs</li> </ul> <p><b>We might want to move these to the core competencies of SOC.</b></p>	<p>Knows about resources in the community.</p>	<p>Completes the referral process in a knowledgeable, professional and timely manner.</p>	<p>Demonstrates knowledge of the existence of a wide variety of resources and systems providing services to young children &amp; families.</p>
	<p>Works as a member of a team: practices openness to new information, ability to communicate clearly one's own position and value, ability to hold multiple viewpoints and reflect upon them.</p>	<p>Shares own reports and interprets reports from other professionals in such a way as to facilitate parental understanding and cooperation.</p>	<p>Demonstrates the importance of sensitive, respectful and effective communication with other providers of services to the child and family.</p>
		<p>Demonstrates an ability to assemble an interagency and interdisciplinary team in which team and family members exchange information and learn from one another.</p>	
		<p>Works as a team leader when appropriate, or can co-team lead, when necessary, with another professional.</p>	
		<p>Demonstrates an ability to integrate multiple sources of information into a cohesive, family friendly report.</p>	
		<p>Coordinates early intervention services across a variety of agencies.</p>	
		<p>Facilitates relationships, communication and collaboration among family and all other team members.</p>	<p>Demonstrates awareness that relationships with other providers will have an effect on their relationships with the child and family.</p>
		<p>Respects and incorporates information and feedback from other team members.</p>	

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<b>Ethics</b> <ul style="list-style-type: none"> <li>• Ethics of scope of practice</li> <li>• Working ethically in family settings</li> </ul>	Demonstrates self-awareness and the ability to reflect on one’s impact on families and vice versa.	Demonstrates a clear understanding of scope of areas of personal competency as determined by training and experience, and seeks consultation when questions arise.	
	Demonstrates knowledge of applicable state and agency regulations with respect to such issues as eligibility for services, confidentiality, reporting of child abuse, and others that may arise.	Understands when particular problems manifested by the child require services outside of their competence.	Demonstrates a clear understanding of scope of practice as defined by license, certification, and/or position/role, and seeks consultation when questions arise.
	Works within the regulation and code of ethics of their profession.	Demonstrates respect for boundaries of practice. Maintains appropriate boundaries with families and other professionals.	
	Understands the impact of his/her own cultural and educational background and values on the client.	Uses regularly scheduled time for supervision (reflective supervision, etc), recognizes his/her own limitations, and seeks support & supervision as needed.	Makes effective use of reflective practice facilitation and/or supervision.
	Recognizes and supports the cultural beliefs and values of families.	Recognizes the significance of socio-cultural and political contexts of children from diverse backgrounds.	

**Core skills and abilities needed to practice trauma informed care with young children and their families**

- Facilitate trauma-informed collaborative relationships with children, parents, caregivers and colleagues which include demonstrating care, respect, cultural competence, developmental sensitivity, employing strengths based approaches, maximizing safety for all and opportunities for client/caregiver choice and control.
- Educate and support all staff about the need to recognize and address their risk of secondary/vicarious trauma and how they may be negatively affected by exposure to detailed histories of trauma and adversity.