



**Quick Guide for
Early Childhood Social-Emotional Competencies**
A Competency-Based System for Professional Development and Support
of North Carolina's Early Childhood Workforce.
(An adaptation of **Early Childhood Mental Health Core Competencies for Positive Practice**
prepared by the Alamance Alliance for Children and Families, 2010)

The following system of social-emotional competencies is for individuals/professionals who serve or are preparing to serve young children (ages 0-5) and families in North Carolina. The competencies reflect the expected standards for the skills, knowledge, and attitudes necessary to be a proficient and competent professional working with young children and their families, promoted by North Carolina Infant Mental Health Association (NCIMHA).

This illustrative version of NCIMHA's system of social-emotional competencies is intended to be a quick reference based on the lengthier version entitled **Early Childhood Social-Emotional Competencies (2016)**. Users should consult the lengthier version for complete background information, the individual statements of competencies according to domain and provide category, and resources for professional/staff development in the early childhood workforce.

The following **Values and Principles** are integral to application of the competencies. Services should be:

Strengths-based
Accountable
Family driven
Community-based
Culturally and linguistically competent
Driven by community needs
Trauma-sensitive
Evidence-based
Committed to children ages birth through five
Collaborated at all levels: Practice, program, and systems
Individualized - ensuring the fit between family needs and services/support provided

Each **Provider Category** recognizes the educational achievement, training, and/or work experiences of three types of providers, appropriate for best outcomes for infants, young children and their families. These categories are intended to serve only as an approximate guideline, and therefore should be adaptable to suit to each higher education institution's needs for curriculum development, or each agency/employer's needs for on-the-job orientation, training, supervision, continuing education, and staff development. These categories are not intended to serve as strict, exclusive criteria. All providers are not expected to acquire competencies in all Categories or in all Domains. Organizations will need to identify applicable competencies relevant to the role(s) of their staff and mission of their organization.

- Foundation Professionals (Core Provider Category 1): This category includes any person working with young children and their families, such as individuals providing child care, Head Start, or home health services.
- Intermediate Professionals (Core Provider Category 2): This category includes providers who work with children and families in a non-clinical setting or in a supportive role, such as child care supervisors, directors, registered nurses, or educators.
- Advanced and Specialist Professionals (Core Provider Category 3): This category includes providers who work with children and families in a clinical setting and possess an advanced degree, such as a Master's or Ph.D. This category may include licensed mental health clinicians, pediatricians, and those in leadership positions.

The NCIMHA early childhood social-emotional **knowledge domains** are:

- A. Parenting, Caregiving, Family Functioning and Parent-Child Relationships
- B. Child Development: Infant, Toddler and Preschool Age Children
- C. Biological and Psychosocial Factors Impacting Outcomes
- D. Risk and Resilience
- E. Observation, Screening and Assessment
- F. Diagnosis and Intervention
- G. Interdisciplinary/Multidisciplinary Collaboration
- H. Ethics

The following select matrices provide specific competencies for each of the three provider categories, within the select domains of

- Parenting, Caregiving, Family Functioning and Parent-Child Relationships
- Child Development: Infant, Toddler and Preschool Age children
- Observation, Screening and Assessment
- Risk and Resilience

These are for illustration only. Refer to the full, 28-page **Early Childhood Social-Emotional Competencies** document at the NCIMHA website (www.ncimha.org) for the competencies by knowledge domain and provider category.

DOMAIN Knowledge area	Category 1 Any person working with young children and their families	Category 2 Bachelor degree or equivalent; providers who work with children and families in a non-clinical setting or in a supportive role	Category 3 Master's degree; provider is a licensed mental health therapist
A. Parenting, Caregiving, Family Functioning and Parent-Child Relationships	Demonstrates awareness 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
		Demonstrates awareness of the potential negative impact of multiple separations and/or multiple family placements on early development.	
		Demonstrates awareness 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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B. Child Development: Infant, Toddler and Preschool Age children <ul style="list-style-type: none"> • Typical development in infancy, toddler and/or preschool periods • Milestones of development • Peer relationships • Expectations of children in groups • Cultural variations in development and family expectations 	Demonstrates an understanding of the importance of healthy relationships for healthy development.	Demonstrates an understanding of the construct of attachment and attachment behavior.	Demonstrates an understanding of normative dyadic emotional development and the implications for atypical dyadic emotional development (parent-child).
	Demonstrates an understanding of 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.
	Recognizes and respects how different settings where children spend time including child care, play groups, and home may affect children's behavior.	Demonstrates an understanding of the impact of environment on behavior at all stages of development.	Demonstrates an understanding of social-emotional development and the role of peer and group interactions as it relates to child behavior and can utilize a range of strategies for promoting optimal interactions.
			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.

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E. Observation, Screening and Assessment <ul style="list-style-type: none"> • Development of observational skills with infants and young children • Use of observational information • Use of screening tools • When to make referrals for more comprehensive assessment • How to make a referral, including following through or assisting family with initial contacts • Interviewing • Introduction to major assessment instruments and processes 	Creates environments that are safe, comfortable, and welcoming for all children, families, and staff		
	Demonstrates an understanding of how and when to refer for (screening and/or) evaluation.	Demonstrated familiarity with the various tools and the appropriate use of each tool.	Demonstrates an understanding of the relevance of both population and clinic prevalence for diagnosis.
		Uses screening tools.	Demonstrates an understanding of assessment as intervention.
		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.	
		Demonstrates an understanding of the role of different professionals in making appropriate referrals.	Selects and uses screening and assessment practices appropriate to pregnant and postpartum parents, including screening for depression.
	Successfully uses a wide range of strategies in various settings to reach and engage families.	Observes, in multiple settings (including the home), the parent's emotional states and their responses to the infant/young child.	Demonstrates an understanding of how to use various observation, screening and assessment tools/processes for the individual infant, young child and family.
		Observes, in multiple settings (including the home), the child's emotional states and his/her response to the parent.	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.

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D. Risk and Resilience <ul style="list-style-type: none"> • Atypical development • Maternal depression • Parental substance abuse • Teenage parenting • “Ghosts” in the nursery • Chronic physical illness • Chronic mental illness in parent • Developmental Disabilities • Protective factors that promote resilience • Family Violence • Foster Care • Promoting resilience in children and families • Developmental disabilities 	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.
	Demonstrates an understanding 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.	
		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.
		Educates parents/caregivers about risk and protective factors associated with trauma/childhood adversity, healthy child development, and assists them with developing tools/strategies to strengthen development	