The Level III Competency Guidelines were developed to clearly describe the areas of expertise, responsibilities, and behaviors that can demonstrate competency at this level.

In both the Impact Map and the Competency Detail, you’ll notice alphabetic codes in parentheses beside certain competencies. These codes indicate the specific area(s) of responsibility that the competency most directly impacts, as follows:

- **C** Core Responsibilities
- **S** Clinical Supervision, Consultation & Training
- **T** Teaching, Research & Evaluation
- **P** Policy/Program Administration

For example, the code “C” beside “Working with Others” indicates that this competency group directly impacts the Core Responsibilities area.
### COMPETENCY DETAIL

<table>
<thead>
<tr>
<th><strong>Area of Expertise</strong></th>
<th><strong>As Demonstrated By</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theoretical Foundations</strong></td>
<td><strong>May practice each of the following oneself, but more importantly nurtures these skills in novice practitioners, students, clients and other colleagues. All are C and/or S:</strong></td>
</tr>
<tr>
<td>Knowledge Areas</td>
<td>• Identifies both typical and atypical development during pregnancy, infancy and early childhood, through formal observation, assessment, and in day-to-day interactions with the infant/young child and family</td>
</tr>
<tr>
<td></td>
<td>• Provides information, guidance, and support to families related to the development and care of infants and young children to further develop their parenting capabilities and the attachment relationship</td>
</tr>
<tr>
<td></td>
<td>• Demonstrates expertise regarding the conditions that optimize early infant brain development</td>
</tr>
<tr>
<td></td>
<td>• Provides interpreters and literature in languages that meets community’s needs</td>
</tr>
<tr>
<td></td>
<td>• Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and young children served</td>
</tr>
<tr>
<td></td>
<td>• Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders and risks in early childhood families</td>
</tr>
<tr>
<td></td>
<td>• Develops service plans that take into account each infant’s/young child’s and family’s unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities</td>
</tr>
<tr>
<td></td>
<td>• Provides services that reinforce and nurture the caregiver-infant/young child relationship</td>
</tr>
<tr>
<td></td>
<td>• Engages in parent-infant/young child psychotherapy to explore issues (including attachment, separation, loss) that affect the development and care of the infant/young child.</td>
</tr>
<tr>
<td></td>
<td>• Recognizes conditions which require the assistance of other professionals from health, mental health, education, and child welfare systems</td>
</tr>
<tr>
<td></td>
<td>• Shares with families an understanding of family relationship development, with sensitivity to cultural differences</td>
</tr>
<tr>
<td></td>
<td>• Applications understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organizations, and demonstrate respect for the uniqueness of each family’s culture and practices (C)</td>
</tr>
<tr>
<td></td>
<td>• Writes articles, books, manuals on infant mental health principles and practice (T)</td>
</tr>
<tr>
<td></td>
<td>• Designs, develops, and delivers effective learning interventions as part of conferences, workshops, university courses and other opportunities to educate on effective infant mental health principles and practice (T)</td>
</tr>
<tr>
<td></td>
<td>• Monitors or evaluates service process and outcomes (S, T)</td>
</tr>
<tr>
<td></td>
<td>• Designs, leads, and manages research projects intended to increase the body of knowledge on infant mental health, early development, and effective interventions (T)</td>
</tr>
<tr>
<td></td>
<td>• Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions (P)</td>
</tr>
</tbody>
</table>
**COMPETENCY DETAIL**

**Area of Expertise**  
**Law, Regulation & Agency Policy**

*Knowledge Areas*
- ethical practice
- government, law & regulation
- agency policy

*As Demonstrated By*

*All are C, S, T and P:*

- Models the exchange of complete and unbiased information in a supportive manner with families, colleagues, other practitioners, students, agency representatives, legislators and others
- Models and coaches the maintenance of confidentiality of each family’s information in all contexts with exception only when making necessary reports to protect the safety of a family member (e.g., Children’s Protective Services, Duty to Warn)
- Models and coaches colleagues regarding the maintenance of appropriate personal boundaries with infants/young children and families served
- Models and provides coaching to novice service providers in the negotiation of the dual roles of family advocate and infant/young child advocate in situations in which an infant’s/young child’s health and safety may be at risk
- Models and coaches respect and advocacy for, and the upholding of, the rights of infants, young children, and families
- Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (early intervention, child protection) to families, students, practitioners, infant mental health programs, community groups, etc., including the rights of citizen children of non-citizen parents
- When consulting/providing expert testimony to agencies, programs, legislative bodies, and service systems, develops conclusions and recommendations that reflect the needs and best interests of the infant/young child within the context of the family
- In all activities, personally models working within the letter and spirit of:
  - Federal, state, and local law
  - Agency policies and practices
  - Professional code of conduct

**Systems Expertise**

*Knowledge Areas*
- service delivery systems
- community resources

*As Demonstrated By*

*All are C, S, T and P:*

- Provides advice and referral information to colleagues, practitioners, agencies, community organizations, and families on the services available through the formal service delivery systems (Protective Services, Department of Education, Community Mental Health, etc.) and through other community resources (e.g., churches, food banks, day care centers, family members, friends, other families)
- Bases consulting advice and recommendations on an expert knowledge of the formal service delivery systems and community resources
- Receives on-going in-service training on cultural competence in regards to service delivery
### Area of Expertise

**Direct Service Skills**

**Knowledge Areas**
- observation & listening
- screening & assessment
- responding with empathy
- treatment planning
- developmental guidance
- supportive counseling
- parent-infant/toddler psychotherapy
- advocacy
- safety
- reflective clinical supervision

### As Demonstrated By

For Level 4 professionals focused on Clinical Supervision and/or Training-models, coaches and otherwise instructs in the following competencies (S, T):

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other, and facilitates change
- Works with the parent(s) and infant/young child together, primarily in the home, in accordance with accepted practice
- Observes the parent(s) or caregiver(s) and infant/young child together to understand the nature of their relationship, culture, developmental strengths, and capacities for change
- Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
- Interprets information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:
  - Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs and progress of the infant/young child and family/caregivers
  - Develop mutually agreed upon service plans incorporating explicit objectives and goals
- Effectively implements relationship-based, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children
- Helps parents identify goals and activities that encourage interaction and that can be woven into the infant’s/young child’s and family’s daily routines
- Uses multiple strategies to help parents/caregivers:
  - Understand their role in the social and emotional development of infants and young children
  - Understand what they can do to promote health, language and cognitive development in infancy and early childhood
  - Find pleasure in caring for their infants/young children
- Promotes parental competence in:
  - Facing challenges
  - Resolving crises and reducing the likelihood of future crises
  - Solving problems of basic needs and familial conflict
- Uses toys, books, media, etc., as appropriate to support developmental guidance
- Diagnoses mental illness in family members, as appropriate, using available diagnostic tools (e.g., DSM-4, DC-0 to 3)
- Attends and responds to parental histories of loss as they affect the care of the infant/young child, the parent’s development, the emotional health of the infant/young child, and the developing relationship
- Recognizes environmental and care giving threats to the health and safety of the infant/young child and parents, and takes appropriate action
- Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including:
  - Observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings
  - Effects of treatment relationships and of specific interventions
Communicating

**Skill Areas**
- listening
- speaking
- writing
- group process

All are S, T, and P:
- Actively listens to others; clarifies others' statements to ensure understanding
- Appropriately uses and interprets non-verbal behavior
- Communicates honestly, professionally, sensitively, and empathetically with any audience
- Demonstrates clarity, focus, accuracy, and diplomacy when speaking at workshops, meetings, conferences, legislative sessions, committee meetings
- Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating books, articles, research, Web content, grant applications, instructional and meeting materials, reports, and correspondence
- Effectively facilitates small groups (e.g., interdisciplinary or interagency teams)

Working with Others

**Area of Expertise**
**As Demonstrated By**

*All are Core Responsibilities (C):*
- Builds and maintains effective interpersonal relationships with a broad range of people: families, colleagues, agency and community representatives, and/or legislators, as the individual role requires by:
  - Being proactive in establishing connections
  - Sharing information
  - Partnering on projects (e.g., research, publication, program development, legislation, education initiatives)
  - Identifying and reaching out to cultural families not being served or being underserved
- Deals with all people in a tactful and understanding manner
- Provides a safe and supportive supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow
- Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups
- As an expert resource, provides guidance and feedback, often in one-on-one mentoring relationships, to novice practitioners, graduate students, and other colleagues as requested
- Models and coaches strategies for identifying “win-win” solutions to conflicts and for improving families’ ability to resolve conflicts themselves, with sensitivity to cultural differences
- Models and coaches sensitive, caring approach to families served
- Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, service systems, taking into account needs, goals, context, and constraints to:
  - Help develop policy & procedure that support relationship-based work
  - Advocate for policy, program, and/or system improvements
  - Obtain funding

Leading People

**Skill Areas**
- motivating
- advocacy
- developing talent

All are S, T, and P:
- Models personal commitment and empathy in all aspects of the practice of infant mental health
- Uses influencing and persuading skills, backed by own and others expert knowledge, to promote effective infant mental health principles, practice, and programs
- Coaches novice practitioners, students, colleagues, reporting employees, clients in a range of skills to help them become:
  - Highly effective infant mental health practitioners/professionals
  - Positively contributing human beings
  - Culturally aware individuals

©Copyright 2015 Michigan Association for Infant Mental Health As Adapted by First3Years
## COMPETENCY DETAIL

### Area of Expertise

#### As Demonstrated By

Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, clients, and other colleagues (S, T and P):

- Sees and can explain the “big picture” when analyzing situations
- Sees and can explain the interactions of various factors
- Assigns priorities to needs, goals, and actions
- Considers difficult situations carefully
- Evaluates alternatives prior to making decisions
- Integrates all available information and own expertise in making decisions
- Generates new insights and workable solutions to issues related to effective relationship-based, family-centered care
- Defines, creates a sequence for, and prioritizes tasks necessary to perform role and achieve goals (especially goals related to complex, organizational initiatives)
- Employs effective systems for tracking progress and assuring follow-up

### Reflection

#### As Demonstrated By

Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, clients, and other colleagues. All are C and S:

- Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns with supervisor or mentor
- Seeks a high degree of congruence between self-perceptions and the way others perceive him/her
- Consults regularly with others to understand own capacities and needs, as well as the capacities and needs of families
- Encourages others (peers, supervisees, et al.) to examine their own thoughts, feelings, and experiences in determining actions to take
- Remains open and curious
- Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities
- Keeps up-to-date on current and future trends in infant/young child development and infant mental health practice

### Administration

#### As Demonstrated By

For Level 4 professionals focused on Policy/Program Administration (all are P):

- Manages one’s organization from the perspective of relationship-based service and infant/young child- and family-centered practice
- Identifies opportunities and needs for program improvements, expanded services, and new services
- Partners with agencies, programs, legislative bodies, and/or service systems to develop new programs and/or achieve program improvements
- May take the lead in realizing new programs/improvements
- Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to staff
- Assists agencies, programs, legislative bodies, and service systems in obtaining funding, including grant development and preparation
- Advocates for funds/programming for effective service delivery to families outside of the dominant culture
- Promotes research for program improvements in regards to multi-cultural service delivery

### Research and Evaluation

#### As Demonstrated By

For Level 4 professionals focused on Teaching, Research and Evaluation (all are T):

- Generates research questions that promote infant mental health
- Generates new knowledge and understanding of infants, parents, caregivers and relationship-based practice based on sound research
- Assists programs and agencies in measuring outcomes related to the optimal well-being of infants, toddlers, families and their caregiving communities
- Generates research that reflects cultural competence in the infant-family field
- Applies research findings to culturally sensitive, relationship-based practice promoting infant mental health
- Shares his/her generated knowledge with other via publication and/or presentations in/at infant-family related books, journals, and conferences