



PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE

HealthySteps Specialist Competencies



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Introduction

HealthySteps transforms the promise of pediatric and family medicine by integrating a child development expert, a HealthySteps Specialist (HS Specialist), into the pediatric primary care team. Together these experts partner with families to foster healthy child development and life-long well-being: social-emotional development; language and literacy skills; cognition skills; and perceptual, motor, and physical development. Relationships are at the heart of the HealthySteps model, and HS Specialists nurture trusting relationships with each family as they monitor developmental progress, answer families' questions about child development and well-being, and help connect families to additional services. As part of the interdisciplinary pediatric care team, the HS Specialist builds on each family's strengths and considers the contexts in which each family functions to meet families where they live and help their children thrive. The role of the HS Specialist is key, and the effectiveness of each HS Specialist is critical to HealthySteps' mission to change the trajectory of children's lives.

Purpose and Objectives

As the HealthySteps program continues to expand across the nation, the HealthySteps National Office has recognized the need to provide guidance specific to the role of an HS Specialist to ensure high-quality, equitable service delivery across all settings. The *HS Specialist Competencies* were developed, in collaboration with HS Specialists from across the HS network, to support HS Specialists' effectiveness by clearly defining key knowledge, skills, and attitudes necessary for responsive, culturally attuned, clinical best practices specific to their role.

The *HS Specialist Competencies* describe dispositions, knowledge, and skills essential for the exemplary HS Specialist. The *Competencies*: (1) identify content areas for HS Specialist's optimal skill set, (2) identify discrete knowledge and skills for consideration in reflective supervision, and (3) provide a model for charting professional growth toward becoming a highly competent HS Specialist.

NOTE: Italicized statements reflect or include a DEIAB lens.

HS Specialists are not expected to have reached competency across all areas when they begin their positions. HS Specialists are invited to read through the *HS Specialist Competencies* with an open stance for recognizing knowledge and skill already attained and learning more about how to best serve families in their role.

The *HS Specialist Competencies* are also designed to provide the HS Specialist Supervisor and/or Program Manager with insight for hiring and supporting the professional growth needs of the HS Specialist. The expectation is not that sites should hire only those who have mastered all the competencies listed. Instead, hiring managers might use the *HS Specialist Competencies* as a guide to seek individuals with compatible dispositions, solid knowledge, and a clear pathway to growth in areas of need.

The *HS Specialist Competencies* are intended to be used by HealthySteps programs across all settings (urban, suburban, rural); by HS Specialists from varying educational backgrounds and diverse working experiences; and as a complement to their discipline-specific professional standards, competencies, and codes of ethics.

HEALTHYSTEPS SPECIALIST COMPETENCIES OBJECTIVES

1. Define the HS Specialist's role as a part of the pediatric team.
2. Support the professional growth and development of the HS Specialist.
3. Contribute to the creation and implementation of robust HealthySteps programs in new and existing sites.
4. Increase families' equitable access to high-quality care, caregiver guidance, family support services, and behavioral health support across all HealthySteps sites.

Introduction

Knowledge & Skills	Dispositions	The HealthySteps Specialist
	Area 1: Diversity, Equity, Inclusion, Accessibility & Belonging (DEIAB)	
	Area 2: Child Development & Well-Being Area 3: The Caregiving Relationship	The Caregiver-Child Relationship
	Area 4: Caregiver & Family Well-Being Area 5: Health Care Systems Area 6: Community & Early Childhood Systems of Care Area 7: The HealthySteps National Network	Contexts
	Area 8: Supervision for HealthySteps Specialists	The HealthySteps Specialist Supervisor

Organization of the Competencies

The *HS Specialist Competencies* are organized into four main categories: The **HS Specialist**, the **Caregiver-Child Relationship**, **Contexts**, and the **HS Specialist Supervisor**.

They also encompass two important aspects of professional competence:

- **dispositions**—how an HS Specialist is with families and colleagues; and
- **areas of knowledge and skills**—what an HS Specialist knows and does to competently fulfill the role.

While in practice these facets of HS Specialist competence are highly integrated, separating them here allows HS Specialists and other stakeholders to clearly identify and describe the breadth and depth of exemplary practice in this unique role at the heart of the HealthySteps model.

A Note About DEIAB

The concepts of diversity, equity, inclusion, access, and belonging (DEIAB) are found in various combinations throughout the research literature on serving families within health care systems. Because each of these concepts is essential to understanding and serving families well, the broadest term of DEIAB is used to describe this aspect of the HS Specialist's interactions with children, families, team members, and community colleagues.

DEIAB principles and concepts must be intentionally woven into all aspects of an HS Specialist's professional practice and so are uniquely presented within the *HS Specialist Competencies*:

- as a guiding principle underlying all HealthySteps service delivery (see *Guiding Principles* below);
- as a separate competency area with knowledge and skills that apply generally to an HS Specialist's practice; and
- as discrete knowledge and skills applicable within each of the other competency areas. These area-specific competency statements are written in italics to identify them as DEIAB-focused.

As part of the commitment to these principles, language used in this document is purposefully inclusive. For example, instead of using the term "mother" or "parent," "caregiver" is used to indicate someone in a primary role who cares for the child and can include mother, father, foster parent, grandparent, etc. Instead of using "dyad" which implies a two-person caregiving situation, we use "family" to include the family system or "caregiving relationship" to connote the primary caregiver(s)-child relationship.

Finally, while we are labeling DEIAB as an area of competency, we acknowledge that true mastery of DEIAB cannot be attained because knowledge of self, others, and larger systems remains ongoing. However, by setting it as an HS Specialist competency area, we highlight the need to strive for a better understanding of DEIAB and incorporation of its principles in daily practice.



Guiding Principles

There are select guiding principles that shape the HealthySteps approach to care and provide a foundation for the *HS Specialist Competencies* at all sites implementing HealthySteps.

DEIAB

It is important to define terms when considering DEIAB. **Diversity** is the practice of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc., to bring varied perspectives to the work. It is an acknowledgment that individuals have differences and similarities and a recognition that important perspectives are often missing from the conversation. **Equity** is the concept that people receive treatment, resources, and opportunities based on their individual needs in a fair and just manner. **Inclusion** is an active and intentional practice that welcomes people from different cultural and social backgrounds, so each individual is appreciated in their full selfhood.

Diversity, inclusion, and equity are to be practiced with the greater goals of *access* and *belonging* in mind. One role of the HS Specialist is to encourage members of the health practices and community partnerships in which they work to use materials, offer services, and provide environments that are **accessible** to all young children and families, considering abilities, socio-economic backgrounds, levels of knowledge, and culture (including language, race, ethnicity, etc.). **Belonging** is the family's

feeling of security and support and sense of acceptance and inclusion as a collaborative, central member of their health care team. In creating diverse, inclusive, and equitable spaces, the hope is to increase access to high-quality care and foster a sense of belonging each time a family seeks care and support. HS Specialists strive to not only see the areas of difference and inequity, but also how the layering of those areas—their intersectionality—affects families with young children.

HealthySteps programs view all families and relationships through the lens of DEIAB with a goal of service equity and excellence in quality of care. Families are likely to feel more empowered when they perceive professionals are open to understanding the family's perspective and understand the role that systems of oppression have on families and their ability to provide the best start for their children. Recognizing the role of intersectionality and the historical impact of intergenerational trauma, as well as the ongoing systemic and individual trauma experienced by families, are aspects of a trauma-informed approach to caring for families of young children.

Relationship-Based Practice

Relationships are the heart of the HealthySteps model. Children grow and develop best within the context of supportive, nurturing relationships with their caregivers. As such, building relationships is a primary goal of providing services to families. Understanding that caregivers thrive with support from caring individuals who operate from a culturally sensitive, trauma-informed, and strength-based perspective, HS Specialists strive to build strong relationships with caregivers. HS Specialists seek to understand the child within the context of their family and see each family within a broader social context. In line with recent advances in the Early Relational Health field, HS Specialists encourage healthy and positive child development by supporting caregivers in building a nurturing, warm, and responsive relationship with their child. In addition, by understanding that positive feelings from one relationship influence other relationships (i.e., parallel process), HS Specialists facilitate positive change through their relationships with caregivers, as well as the providers and other colleagues on their clinical team.

Interdisciplinary Team-Based Approach

HealthySteps honors and appreciates the expertise found throughout the pediatric health care and behavioral health systems and depends on effective collaboration

across teams to meet patient care goals. The relationship between the HS Specialist and the primary care provider is one of integrated care, where there is one treatment plan, a shared medical record, and everyone functions as a part of the patient's care team.

Reflective Practice

Families are best supported when they are seen and heard by professionals who are open and responsive, by HS Specialists who take a reflective posture and consider and question their own personal influences and actions as they respond to families. When HS Specialists understand that families are experts on themselves and their children, they can best advocate for the family's needs and work collaboratively with the health care team toward greater health and well-being. Reflective practice within health care systems facilitates compassionate, trauma-informed, culturally responsive care and allows for professional growth and development for the HS Specialist.

Evidence-Based Practice and Data-Driven Quality Service

HealthySteps recognizes the importance of using evidence-based practice, sees the essential role of data for monitoring and improving the quality of care, and appreciates how standardization supports quality across settings. Evidenced-based practice in health care merges research evidence and patient values into service delivery. HS Specialists play a key role in supporting their site's commitment to these practices. When standards set forth to guide implementation are rooted in current data and informed by quality improvement measures, HS Specialists are guided and empowered to deliver equitable, quality care to families from diverse populations. HealthySteps uses quality improvement measures to ensure responsiveness to the needs of the community while still adhering to the HealthySteps model.

The HealthySteps Specialist

Dispositions

Dispositions remind us that “how we are is as important as what we do” (Pawl & St. John, 1994). Dispositions are the values, attitudes, and beliefs that underlie HS Specialists’ role-specific knowledge and skills. At the heart of these qualities is relationship—the intention and ability to develop relational trust and encourage effective communication between families, the HS Specialist, and the HS team. Dispositions extend beyond ability to inclination—the inclination to create a safe and supportive space for children and families that also places diversity, equity, inclusion, access, and belonging at the nexus of the work.

Please note the sections that follow are meant to be illustrative, not exhaustive.

Caring Disposition

A fundamental attribute of an HS Specialist is to express an interest in—and be a caring witness for—infants, children, and families. The following list illustrates a caring disposition:

- D-1. Empathy:** An attempt to understand and see things from a person’s sociocultural vantage point; the ability to regulate one’s emotional response in order to demonstrate caring, perspective-taking, and compassionate regard.
- D-2. Compassion:** The ability to demonstrate kindness, warmth, resolve, and patience when regarding the pain and suffering of others. In so doing, the goal is not to act on or alleviate the suffering of others (i.e., children, caregivers, and/or providers); instead, it is to hold a safe space and inquire “How can I help?” While empathy suggests walking in another person’s shoes, compassion suggests an emotional response to another person’s plight with the desire to help (Singer & Klimecki, 2014).
- D-3. Respect:** Regard for the feelings, rights, and experiences of others without judgment and acknowledgment of different, nondominant ways of knowing and pathways to healing (Diversity-Informed Tenets, n.d). This open-minded approach promotes engagement and brings a nonthreatening stance to interactions with children, families, and providers.

D-4. Passion: Sincere effort and optimism, along with time invested in learning about the challenges, needs, and successes of families and providers; commitment to joining with families and connecting them to needed information and resources.

D-5. Authentic curiosity: The genuine expression of interest in another person; commitment to discovering more about a child, a caregiver, or a provider, without judgment—a critical component of relationship-building. When cultivating authentic curiosity, the HS Specialist uses intentional, open-ended questions or statements of wondering to build a deeper connection.

Equity-Minded Disposition

Gender, culture, religion, sexual orientation, race, past experiences, social status, and other aspects of identity are lenses through which individuals understand and make sense of the world. When working with infants, children, and families, it is imperative for HS Specialists to reflect on their own cultures, beliefs, biases, and values to provide diversity-informed, culturally attuned services. The HS Specialist values how individual differences, diversity, and inclusion contribute to a rich developmental environment for children and a healthy workplace. The following list illustrates an equity-minded disposition:

- D-6. Self-awareness:** Self-knowledge resulting from the ongoing process of self-reflection, either individually or in reflective supervision, on one’s perceptions of working with diverse groups. This intentional work gives rise to identifying individual blind spots. Understanding how these blind spots show up in the relational space allows the HS Specialist to pause before labeling a behavior. A well-timed reflection helps to explore a possible unintended bias, or the possible inequities held in place by power.
- D-7. Power equity:** Awareness of the power dynamics—and potential imbalance—in health care settings is needed to engage in transformative change to ensure equitable health care for all families and respectful, healthy relationships among all professionals serving them. The HS Specialist works to understand the organizational climate, the content of the work, and the processes needed to support power equity.

- D-8. Authentic truth:** A goal to move from insufficient understanding of equity barriers to authentic truth-seeking by listening to families' stories and engaging in continuous professional development on the impact of systems of oppression on the lives of infants, children, and families.
- D-9. Inclusion:** Engagement of families as active contributors in the change process rather than passive recipients of intervention strategies, ensuring that families' voices matter. In this strengths-based approach, the HS Specialist explores challenges and acknowledges families' resiliency and resourcefulness based on the assumption that families are invested in the success of their children, and that families have deep expertise related to their children.
- D-10. Social and linguistic context:** Recognition that family-child interactions are embedded in a sociocultural context. Families thrive when the HS Specialist is curious about the ways that individual differences are expressed through language, rituals, and relationships with family and the larger community. HS Specialists should enter the lives of children and families with cultural humility to create space for a variety of perspectives, to learn each family's social and linguistic (and system) stories, and to keep those stories top-of-mind when offering suggestions for support and change.

Communicative Disposition

Effective interpersonal relationship skills that foster collaboration are central for HS Specialists. Not every interaction will be congenial and pleasant; however, communicating with kindness and clarity is an important goal. This includes being mindful of verbal and nonverbal communication. The following list illustrates a communicative disposition:

- D-11. Active listening:** Attentiveness, intentionality, and full presence with children and families while engaging in interactions and observations.
- D-12. Diplomacy:** The demonstration of sensitivity, compassion, empathy, and care while speaking with families, respecting that families need and want agency within their lives. Beyond families, this disposition also speaks to interactions with medical providers, exhibiting diplomacy, actively listening, adapting communication, seeking common ground, and advocating for the family when there are differences in recommendations between the HS Specialist and the medical provider.

- D-13. Responsiveness:** Attentiveness to what families say and responding contingently before shifting the focus of the conversation. Responsiveness is essential for creating better relationships, trust, and rapport with families.

Professional Disposition

HS Specialists must demonstrate professionalism in the workplace. Conscientiousness of work, teamwork, self-discipline, maturity, and good judgment are all essential components of professional dispositions. It is important for HS Specialists to be knowledgeable of the morals, principles, and ethical standards of one's profession (e.g., psychology, social work, counseling) as well as understand the policies and procedures of the medical home. The following list illustrates a professional disposition:

- D-14. Boundaries:** Knowledge and effective communication of the roles and expectations of the HS Specialist, which may differ across HS sites; consistent maintenance of the scope and limits of their responsibilities in interactions with medical providers, medical staff, and families.
- D-15. Reflective supervision/consultation:** Active, open participation in supervision/consultation in which the HS Specialist reflects genuinely about successes, challenges, and potential areas for growth. Reflective supervision is not therapy but rather an intentional, safe, partnering space for learning. It is an opportunity to obtain support and brainstorm with a supervisor or other colleagues who are part of the HS team.
- D-16. Ambiguity tolerance:** The flexibility to make necessary adjustments that result from being embedded in the fast-moving pace of the medical home; mid-course corrections that mitigate minimal risk to families. At a moment's notice, the HS Specialist may have to quickly pivot away from a planned daily schedule to address the urgent need of families. Tolerance for ambiguity, unpredictability, and multiple demands are necessary dispositions.
- D-17. Timeliness/priority management:** Recognition that careful, consistent time management communicates respect and trustworthiness to families and colleagues. When last-minute changes need to be made, the HS Specialist quickly prioritizes needs and communicates the changes to those who are affected.



Area 1. Diversity, Equity, Inclusion, Access, & Belonging

Overview

HS Specialists are expected to work from a DEIAB lens. This means that they intentionally consider how all aspects of their work are informed by, and a reflection of, these principles (Ghosh Ippen et al., 2012). HS Specialists are expected to conduct all of their work with a DEIAB lens, not just with families but as part of the interdisciplinary medical team and their larger community. The knowledge and skills identified in this section apply to all areas of the HS Specialist's practice.

Knowledge Base

A competent HS Specialist grounds their practice in a solid understanding of the following concepts/facts, causal relationships, and processes:

- 1-K1.** The presence and impact of individual differences, perspectives, and cultural assumptions of each person in the exam room, including the HS Specialist; the benefit to care teams of diverse perspectives on the team and how to identify missing perspectives and fill those gaps when possible
- 1-K2.** The presence and validity of diverse parenting beliefs and practices, as well as effective approaches to working with families to explore implications and alternatives for meeting the child's full range of needs

- 1-K3.** The critical roles of culture, race, and language in perceptions of development and health and engagement in the systems that serve young children and families
- 1-K4.** The roots of oppression and exclusion embedded in all systems that continue to cause harm and marginalize groups of people and create barriers to health care, help-seeking, and relationship-building (Crowley, 2010); the time and effort needed to discover and overcome barriers such as mistrust and stigma
- 1-K5.** The presence of both recent and generational traumas, particularly those related to health care, in the room at each family's visit; the importance of acknowledging these traumas when working with the family to understand and engage with them in setting a pace that fits their needs and interests
- 1-K6.** The position of power and privilege that HS Specialists hold as part of the medical team and, therefore, the responsibility they have to advocate for families and work toward diverse, inclusive, and equitable spaces that improve access and a sense of belonging for everyone

Skills

A competent HS Specialist consistently demonstrates these skills:

- 1-S1.** Identifies oneself as a lifelong learner regarding culture and its relation to health care, young children, and families and takes initiative toward personal and professional growth and development in this area
- 1-S2.** Uses reflective supervision to explore how the influence of culture, race, and other aspects of identity impact both themselves and interactions with others in the workplace; demonstrates insight into the influences of culture, race, social, and educational background, etc., on one's own perceptions and thought processes
- 1-S3.** Recognizes one's own biased language and practices, as well as those of teammates and appropriately works to address them
- 1-S4.** Acknowledges and takes accountability for missteps related to DEIAB, seeks to repair any negative relational impact, and works to improve future efforts

- 1-S5.** Demonstrates awareness of the power differential between oneself and caregivers and skill in diminishing its negative effects on the relationship
- 1-S6.** Demonstrates cultural humility when engaging with families as they hear family stories and offer support
- 1-S7.** Joins with families in considering how their culture, background, and preferences inform the use of materials, engagement with their care team, and use of services
- 1-S8.** Appropriately checks assumptions with members of the cultural group as well as with current research
- 1-S9.** Creates physical spaces that foster a sense of belonging through the use of inclusive materials, art, and furniture
- 1-S10.** Uses inclusive materials when offering support to families and teammates
- 1-S11.** Advocates for DEIAB-supportive practices with teammates and community partners
- 1-S12.** Demonstrates commitment to collaborating with diverse teams and incorporating culturally informed and sensitive practices
- 1-S13.** Advocates for and provides leadership, as appropriate to their role and setting, in overcoming systemic barriers related to health equity
- 1-S14.** Uses data to identify patterns of disparity (e.g., few Spanish-speaking patients on caseload compared to clinic population) and works to decrease them

The Caregiver-Child Relationship

Area 2



Area 2. Child Development & Well-Being

Overview

The first 3 years are a unique and extraordinary period of growth and learning in every aspect of a baby's life. Knowledge and skill about this period are central to the work of the HS Specialist. "Child Development and Well-Being" is a comprehensive term that encompasses all domains of infant/early childhood development, behavior, and mental health, as well as indicators of developmental, behavioral, and health concerns. The HS Specialist applies this knowledge when observing and assessing each child's developmental progress, emotional well-being, and behavior and interpreting caregivers' observations. Competency in this area enables the HS Specialist to accurately gauge each child's strengths and areas of concern.

In addition, the HS Specialist is skilled at communicating information about development and well-being to caregivers, finding the appropriate level and type of guidance needed for each family and circumstance so that caregivers can better understand and support their child's development. The HS Specialist also shares this expertise with the primary care team. By presenting best practices, highlighting pertinent research, and offering child development expertise, the HS Specialist enhances the team's effectiveness and strengthens the relationship between the family and the practice.

NOTE: Italicized statements reflect or include a DEIAB lens.

Knowledge Base

A competent HS Specialist grounds their practice in a solid understanding of the following concepts, causal relationships, and processes:

- 2-K1.** Progressions and milestones of typical development from prenatal through age 3, including each of the domains of development:
 - physical and sensory development
 - gross and fine motor development
 - cognitive development
 - language, communication, and emergent literacy
 - social-emotional development, including emotional and behavioral regulation
- 2-K2.** Principles of infant-early childhood mental health
- 2-K3.** *How cultural knowledge and identity develops in and influences children*
- 2-K4.** Individual differences in development and manifestation of those differences in behavior, potential causes of differences, and indications that referral for further assessment and possible intervention is warranted
- 2-K5.** Early (prenatal through age 3) brain development, including factors essential for optimal development and factors that put brain development at risk
- 2-K6.** The basic principle of epigenetics (gene-environment interaction) and the implications for understanding children's development and behavior
- 2-K7.** The cumulative nature of early experiences and their potential for both positive and negative impacts on child growth and development
- 2-K8.** Dimensions and characteristics of temperament and how temperament influences children's behavior and relationships
- 2-K9.** Attachment theory and key concepts/behavioral indicators of attachment quality
- 2-K10.** The importance and role of child-directed exploration and play for development and learning
- 2-K11.** *The application, interpretation, and limitations of developmental screenings, including implications of language and culture*

2-K12. *The impact of the internal and external factors (e.g., child's physical well-being or emotional state, the physical environment) when assessing/interpreting a child's development and behavior in the exam room*

2-K13. Types of stress in early childhood, the impact of toxic stress and trauma on infant mental health, buffers to negative impacts of stress and trauma, and resiliency

Skills

A competent HS Specialist consistently demonstrates these skills:

2-S1. Applies knowledge of child development and infant and early childhood mental health when observing and interpreting a child's affect, behavior, and interactions

2-S2. Uses open-ended questions with caregivers to gain insight into changes in the child's development and well-being over time (e.g., "Tell me about new things your child is doing since I last saw you.")

2-S3. *Asks caregivers questions about family culture when conceptualizing child development and naming goals that the caregiver has for the child's cultural or racial identity and sense of belonging*

2-S4. Explores caregivers' knowledge about the development and care of babies and young children and using this as a base, shares research-based information and suggestions on child development, well-being, behavior, and learning with caregivers, always asking for the caregiver's permission first

2-S5. Enhances caregivers' understanding of their child's behavior and communication by giving voice to the child's perspective

2-S6. Recognizes and uses naturally occurring teachable moments with families to explain and discuss age-appropriate behaviors and facilitate caregivers' understanding of their child's behavior and development

2-S7. Actively looks for opportunities to highlight the link between the child's naturally occurring exploration and play and their development and learning

2-S8. Identifies and explains regression in development and explores possible causes with the caregiver

2-S9. Identifies and uses appropriate opportunities to explore with caregivers the impact of stress and trauma on the developing brain as well the development of resiliency in children and ways to buffer the impact of stress

2-S10. *Sensitively explores caregivers' personal and family history and how those experiences may be affecting their child's development*

2-S11. Explains to caregivers the value of developmental, social-emotional, and behavioral screenings as a regular part of their child's well-child visits; interprets and discusses the results of screenings with caregivers



Area 3. The Caregiving Relationship

Overview

The first relationships with caregivers are critical to babies' immediate and long-term development and well-being, setting a frame for how they internalize and interact with the world. This Competency Area describes the knowledge and skills HS Specialists need to support positive relationships between child and caregivers and to foster caregivers' confidence, knowledge, and skill in their parenting role. With an understanding of the importance of early connections, HS Specialists combine skilled observation with reflective, empathic, and compassionate approaches to support family objectives for healthy development of babies and toddlers. The HS Specialist works to develop close and trusting relationships with caregivers by joining alongside them and respecting that they are the experts on their child. The partnership between caregivers, the HS Specialist, and primary care provider fosters the health and well-being of babies and toddlers and helps provide a solid relational foundation so they can thrive and reach their full potential (Kaplan-Sanoff & Briggs, 2016)

Knowledge Base

A competent HS Specialist grounds their practice in a solid understanding of the following concepts, causal relationships, and processes:

- 3-K1.** The critical role of the caregiving relationship in the physical and mental well-being and optimal development of a child, as well as the wide diversity of forms that healthy, nurturing caregiving relationships can take
- 3-K2.** *The role of race and culture in caregiving practices and familial relationships, as well as the intergenerational transmission of racial and cultural identity and belonging*
- 3-K3.** The fundamentals of relationship-based practice as a cornerstone of the HealthySteps model
- 3-K4.** The serve-and-return dynamic of optimal everyday interactions between child and caregiver, and the cumulative impact of interaction quality over time on the development of the relationship between child and caregiver
- 3-K5.** Indicators, from both child and caregiver, of attunement and attachment quality
- 3-K6.** Strategies for fostering curiosity and reflection as positive parenting practices
- 3-K7.** *The progression of development of identity as a new caregiver and the unique opportunity that a new baby opens for caregivers to consider/reconsider knowledge and skills in caregiving*
- 3-K8.** Evidence-based caregiving practices that support optimal child health, development, and well-being (e.g., feeding, sleep, toileting, response to crying, early learning)
- 3-K9.** A range of positive parenting strategies, including strategies specific to children exposed to trauma or where there are concerns about attachment
- 3-K10.** Factors that increase risk of a caregiver's maltreatment of their child and protective factors that reduce risk and build caregivers' resilience
- 13-K1.** Child injury risk factors and recommended prevention measures (e.g., shaken baby, car seat safety, safe sleep, choking hazards, baby equipment)
- 3-K12.** Caregiver mental and physical challenges and disorders that can negatively impact caregiver-child interactions or caregiver's emotional availability

NOTE: Italicized statements reflect or include a DEIAB lens.

Skills

A competent HS Specialist consistently demonstrates these skills:

- 3-S1.** Affirms and supports the caregiver(s) as the expert on their own child and as central to their child's healthy development, well-being, and learning; supports caregiver's parenting journey by emphasizing caregiver strengths
- 3-S2.** Asks about and aligns support with caregivers' goals for themselves and their child(ren)
- 3-S3.** Stays attuned to verbal and nonverbal communication from both caregiver and child during visits
- 3-S4.** *Engages in active listening and uses culturally appropriate, nonjudgmental, empathic, and compassionate responses while interacting with caregiver(s) and child*
- 3-S5.** *Explores caregivers' parenting beliefs, cultural practices, and positions on aspects of caregiving (e.g., behavioral guidance, feeding, toilet training, sleep, and screen use) and offers evidence-based information and guidance to provide caregivers with options to consider while making decisions about parenting practices*
- 3-S6.** Builds caregivers' reflective functioning by using reflective language to highlight and reinforce caregiver's sensitive, empathic, and/or positive responses to their child
- 3-S7.** Effectively identifies, models, explains, and supports co-regulation between caregiver and child
- 3-S8.** *Uses a sensitive, respectful approach when offering information or recommendations about caregiving, behavior, and guidance to caregivers, particularly when they are counter to personal or familial perspectives; identifies the shared goal of wanting the best for the child and works with the caregiver to find solutions*
- 3-S9.** Applies knowledge of temperament and goodness-of-fit when observing child-caregiver interactions and shares that knowledge with the goal of supporting and deepening the caregiver-child relationship
- 3-S10.** Expresses empathy when caregivers share parenting challenges and frustrations, shares information about typical development to foster realistic expectations for their child and themselves and supports them in identifying options for self-care and support when caregiving feels overwhelming
- 3-S11.** Recognizes possible signs of depression, anxiety, or other mental health concerns while observing the caregiver's interactions and responses, or lack of responses, to the child; speaks openly and empathically with the caregiver around concerns and collaborates with the caregiver to find additional support, following up with the caregiver as needed
- 3-S12.** Recognizes possible child injury risk factors and explores risk with caregivers, offers recommendations to caregivers on prevention measures, and connects caregivers to resources (e.g., free car seat and installation) as needed
- 3-S13.** Recognizes possible signs of child abuse or neglect while observing the caregiver's interactions and responses, or lack of responses, to the child; takes steps to support child and family well-being in accordance with state and local laws and professional ethical standards
- 3-S14.** *Demonstrates openness to exploring caregiver resistance/refusal to accept referrals (e.g., Early Intervention, early education programs, mental health, medical, or community resources); allows the caregiver time to appreciate the benefit and accept the referral or works with the caregiver to find an alternative solution if resistance persists*

NOTE: Italicized statements reflect or include a DEIAB lens.

Contexts



Area 4. Caregiver & Family Well-Being

Area 4

Overview

The HealthySteps model highlights the interdependence between adaptive infant/child development and family well-being. In this Competency Area, the term “family” is not defined biologically or legally and is rather meant to include anyone whom the family system would identify as being among their members. “Well-being” is a broad term meant to encompass the relational health and safety, physical safety, emotional health, and material well-being of the caregivers and other members of a family system. HS Specialists are sensitive to the impact of such underlying contextual factors as intergenerational trauma, systemic racism, and societal inequities on caregiver and family well-being. HS Specialists understand that when caregivers and other family members feel safe and respected within their relationships and living environments and are supported in their emotional health and material well-being, they have increased capability to provide an optimal developmental environment for infants and children within the family system. To this end, HS Specialists recognize the importance of developing respectful, culturally responsive, strength-based, collaborative relationships with caregivers/family members. Within the context of those relationships, HS Specialists assess and support the well-being of the caregivers and family system for each infant/child they serve.

NOTE: Italicized statements reflect or include a DEIAB lens.

Knowledge Base

A competent HS Specialist grounds their practice in a solid understanding of the following concepts, causal relationships, and processes:

- 4-K1.** How to develop strong collaborative relationships with caregivers/family members that foster healthy family relationships, positive caregiving, and family well-being goals
- 4-K2.** Characteristics and impacts of a strength-based perspective toward caregivers and family systems
- 4-K3.** *Family systems and caregiving/family practices within an intersectional cultural context*
- 4-K4.** *The value of communicating with each family in their preferred language(s); available language resources and how to make use of them when needed*
- 4-K5.** A reflective practice approach to talking with caregivers/family members about family interactions and dynamics
- 4-K6.** The positive impact of a community-based support system (e.g., friends, faith community) on caregiver and family well-being
- 4-K7.** The negative impact of trauma and toxic stress (e.g., adverse childhood experiences [ACEs]) on family and intergenerational well-being
- 4-K8.** Social determinants of health (SDOH), their connection to family/caregiver well-being, and approaches and resources to alleviate negative impact
- 4-K9.** *The impact of caregiver/family mental health and substance use challenges on infant/child development and well-being, and the importance of carefully weighing cultural factors when assessing for such challenges*
- 4-K10.** Assessment and treatment options for caregiver/family mental health and substance use challenges, including perinatal mood and anxiety disorders
- 4-K11.** Assessment of a caregiver/family member’s ability to refrain from self-harm or unsafe behavior toward the infant/child or others and associated planning and referral
- 4-K12.** Warning signs and varying manifestations of intimate partner violence, as well as the impact of

the cycle of abuse and the underlying relational imbalance of power and control

- 4-K13.** Legal definitions and warning signs for types of abuse and neglect, as well as associated legal reporting requirements and institutional protocols

Skills

A competent HS Specialist consistently demonstrates these skills:

- 4-S1.** Establishes rapport with families and collaborative working relationships with caregivers/family members through strategies such as use of a friendly demeanor, active listening skills, and communicating in an empathic, nonjudgmental manner
- 4-S2.** Demonstrates a strength-based approach toward caregivers and family systems through noticing and highlighting caregiver and family strengths during interactions and when articulating and documenting case conceptualizations
- 4-S3.** *Establishes strong working relationships with family members of diverse cultural backgrounds by conveying respect and cultural humility and demonstrates a commitment to supporting their cultural identity and belonging*
- 4-S4.** *Expresses an understanding of the immediate and extended family's cultural context within interactions with the family and within articulated and documented case conceptualizations*
- 4-S5.** *Uses language that is inclusive of the diverse range of family roles, caregiving identities, and family systems*
- 4-S6.** *Communicates with the family in their preferred language(s) and/or effectively utilizes professional interpreting services as needed*
- 4-S7.** Collaborates with caregivers/family members to foster healthy family relationships and work toward positive caregiving goals and other actions leading to improved family well-being
- 4-S8.** Incorporates reflective practice conversations with caregivers/family members when relevant, respectfully engaging those present in reflection about observed or reported family interactions and dynamics
- 4-S9.** Fosters connection and healthy interaction between the caregiver/family and their community-based support system

- 4-S10.** Uses a trauma-informed lens when interacting with family members and developing family system conceptualizations; demonstrates awareness and understanding of the intergenerational impact of trauma and toxic stress on family members/systems and responds empathically to the ways this may manifest

- 4-S11.** *Assesses for SDOH needs in a sensitive, culturally respectful manner; provides relational support to families facing associated challenges as well as relevant resource information and referrals; follows up with families to ensure connection to needed resources*

- 4-S12.** *Conducts empathic, culturally responsive check-ins on substance use impact and the emotional well-being of caregivers and other relevant family/household members whose well-being has the potential to directly impact infant/child well-being*

- 4-S13.** Recognizes the warning signs of substance use or mental health challenges, including perinatal mood and anxiety disorders, for caregivers and other family/household members; follows up with further assessment and provides referrals as needed for evidence-based treatment of identified challenges

- 4-S14.** *Recognizes the risk factors and warning signs that a caregiver/family member's ability to refrain from self-harm or harming the infant/child or others may be impaired; consults as needed and follows up with same-day evidence-informed risk assessment and development of a plan appropriate to the risk formulation or same-day referral for such assessment/planning*

- 4-S15.** Identifies when a caregiver/family member is presenting with warning signs of experiencing intimate partner violence and follows up with further assessment and collaborative planning with the caregiver/family member, in a manner sensitive to cultural considerations and safety factors

- 4-S16.** Recognizes signs of possible abuse and neglect toward infants/children in the home; consults as needed and takes actions to protect safety, including following associated legal reporting requirements and institutional protocols

NOTE: Italicized statements reflect or include a DEIAB lens.



Area 5. Health Care Systems

Overview

HS Specialists play a critical role as an embedded member in the many systems of a child and family's ecology (Bronfenbrenner, 1992). As a member of the interdisciplinary primary health care team, HS Specialists provide important advocacy, education, consultation, assessment, intervention, and coordination to the health care team and broader system. To be effective across this variety of roles and settings requires the development of knowledge and skills specific to the health care setting in which HS Specialists practice.

HS Specialists represent a wide range of professional backgrounds and work within markedly different primary care practice settings and geographical regions. These factors will inform the breadth and depth of the scope of work for HS Specialists, and thus, some of the competencies described here may have different degrees of relevancy. In addition, because the HS Specialist's role as liaison within the medical team will depend on the constellation of provider types within each primary care practice, it is critical that HS Specialists understand their role within this systemic context and which other provider types to leverage when appropriate.

Knowledge Base

A competent HS Specialist grounds their practice in a solid understanding of the following concepts, causal relationships, and processes:

NOTE: Italicized statements reflect or include a DEIAB lens.

- 5-K1.** Professional practice guidelines, regulations, and laws, such as Bright Futures Guidelines (Hagan et al., 2017), the Healthcare Privacy and Portability Act, and Child Welfare standards that inform team-based patient care and decision making
- 5-K2.** A basic vocabulary in medical terminology and relevant diagnoses
- 5-K3.** Health screens, medical procedures, and referral processes relevant to delivering HealthySteps services
- 5-K4.** The sensitive nature of personal information about the family recorded in the child's medical chart, such as caregiver mental health concerns or histories of trauma
- 5-K5.** The role of an HS Specialist as an equal and significant member of the care team where differences of opinion in care planning can and should be diplomatically shared for optimal patient care
- 5-K6.** The scope of work of each care team member, including the overlap and distinctions in professional knowledge and roles/responsibilities across the interdisciplinary care team
- 5-K7.** Operational workflows from the patient and staff perspective that include the HS Specialist's work
- 5-K8.** The culture and history of primary care that centers the pediatric primary care provider as the care team lead, and how elevating the role of HS Specialist as a care team provider supports optimal patient care and outcomes while also increasing provider satisfaction
- 5-K9.** *The impact and outcomes of both historic and current structural racism and oppression in medicine and how that history manifests in provider-patient relationships, family engagement in care, and health disparities, especially as it relates to the manifestation of power and privilege with patients and care team members*
- 5-K10.** The role of evidence-based practice and data-driven methodology in assessment and decision-making
- 5-K11.** The concept of Continuous Quality Improvement (CQI) and how a HS Specialist contributes to CQI in their clinical setting

Skills

A competent HS Specialist consistently demonstrates these skills:

- 5-S1.** Learns, applies, and (as appropriate to one’s role) supports training others with clinic workflows that pertain to HealthySteps practice
- 5-S2.** Takes the initiative to identify solutions and solve problems collaboratively and in consultation with peers or managers
- 5-S3.** Tolerates and adapts to unpredictable clinic flow, ranging from busy schedules that require multitasking and triaging, to less busy times with fewer or no patients to see
- 5-S4.** Maintains a calm demeanor and collaborative communication style when the pace or clinical concerns become stressful
- 5-S5.** Applies a reflective practice lens to examining one’s own role on the care team and the way in which this informs collaborations around patient care
- 5-S6.** In collaboration with the care team, applies a reflective practice lens to assessing clinic, cultural, and interdisciplinary dynamics to inform HealthySteps work with families
- 5-S7.** Contributes to team-based assessment and planning from a relational, attachment-based, and developmental perspective
- 5-S8.** *Works effectively with interdisciplinary team members, such as medical staff, community health, patient service representatives, administrative staff, etc., and including professionals representing diverse racial, gender, and socio-economic backgrounds*

- 5-S9.** Respectfully manages disagreements among care team members and is confident to share unpopular or divergent perspectives in support of optimal patient care
- 5-S10.** Disseminates information in a variety of formats to support care team functioning and capacity building
- 5-S11.** Creates medical documentation that balances care coordination and patient privacy needs, making efforts to protect sensitive information about patients’ environment, such as caregivers who have shared histories of trauma or mental health concerns
- 5-S12.** *Recognizes how structural racism and oppression manifest in interactions among the care team and with patients/families; promotes healing-centered interactions among the care team and with patients*
- 5-S13.** *Advocates for DEIAB considerations in informing patient’s medical care, including translating medical jargon to facilitate clear and effective communication between families and the care team*
- 5-S14.** *Discusses equity and cultural factors with families and providers to build trust, promote antibiotic health care, and reduce health disparities*
- 5-S15.** *Advocates for and facilitates access to health care, including developmental and behavioral health across the continuum of care*

NOTE: Italicized statements reflect or include a DEIAB lens.



Area 6. Community and Early Childhood Systems of Care

Overview

Community and Early Childhood System of Care Competencies focus on the HS Specialist's role in ensuring that the HealthySteps model is solidly embedded in the larger early childhood system of care in the community where the practice is located. This set of competencies ensures that: HS Specialists engage with other organizations or agencies and professionals in the community that serve young children and their families; referrals are high-quality; and there are clear processes for closing the loop on referrals to meet the comprehensive needs of young children and families. Even when professionals other than the HS Specialists are responsible for making referrals (e.g., care coordinators, health educators, social workers), it is necessary for HS Specialists to have baseline knowledge of what resources are available and how families are connected to services and supports within the community. HS Specialists must have a knowledge of services available across multiple sectors (e.g., adult and child mental health services, developmental services, early care and learning, agencies that address social determinants of health) within the community. They must also know how to effectively connect families to needed services, engage in shared decision-making with families when deciding where and when to refer, and collaborate with other service providers to ensure optimal health and well-being for young children and families.

Knowledge Base

A competent HS Specialist grounds their practice in a solid understanding of the following concepts, causal relationships, and processes:

NOTE: Italicized statements reflect or include a DEIAB lens.

- 6-K1.** The early childhood system of care in the community—including how HealthySteps fits into that system of care
- 6-K2.** *Institutional barriers that interfere with families accessing services in the community, including institutional racism and inequity*
- 6-K3.** *Previous experiences families may have with other systems, including traumatic experiences, that may inhibit a family from re-engaging with those systems*
- 6-K4.** *The impact of SDOH on health, development, and overall well-being of young children and their families*
- 6-K5.** Referral processes for individual community agencies
- 6-K6.** Resources and supports in the community that help address family needs and SDOH

Resources and supports in the community include but are not limited to:

- Early Intervention
- WIC
- Early childhood education/child care assistance
- Preschool programs
- Home visiting
- Medicaid
- Maternal/adult mental health
- Infant and early childhood mental health (especially for long-term services)
- Food banks or other food resources
- Interpersonal violence shelters or supports
- Immigration services
- Translation services
- Housing assistance
- Substance abuse treatment
- Education and/or job training
- Transportation services

Skills

A competent HS Specialist consistently demonstrates these skills:

- 6-S1.** Researches and identifies community resources/partners and maintains an up-to-date list of places where families can be referred to address SDOH, mental health, development, or other family needs
- 6-S2.** *Considers family choice when making referrals and engages in shared decision-making with families about where and when to refer*
- 6-S3.** Confidently, effectively, and flexibly refers families to community resources to address SDOH and/or mental health
- 6-S4.** *Uses jargon-free language for explaining referral processes to families*
- 6-S5.** Uses all tools available to identify family needs (e.g., standardized screening, surveillance, provider concern, family concern), even when resources to address all needs are not readily available
- 6-S6.** Recognizes when needed resources are not available and holds space with families for the discomfort that this creates; works with families and colleagues in the practice and community to identify the next best available resource
- 6-S7.** *Identifies and is aware of institutional barriers that interfere with families' accessing services in the community, openly discusses these barriers with families, and advocates for changes to reduce barriers*
- 6-S8.** Trains practice staff (e.g., providers, nurses, medical assistants, care coordinators) on community resources
- 6-S9.** If other professionals in the practice are responsible for managing referrals and connections to community resources (e.g., care coordinator, community health navigator), collaborates closely with these individuals to ensure appropriate referrals and follow-up with families
- 6-S10.** Ensures that community resources are familiar with the HS model and understand how shared patients/clients (families) benefit from the HS model; works with other agencies to identify and reduce potential redundancy and overlap in service delivery
- 6-S11.** Develops processes for communicating with other agencies who are working with HS families in one's clinic (e.g., releases of information, scheduled check-ins, and verbal or written communication)
- 6-S12.** Networks with other community agencies on a regular basis. If they exist, attends meetings with community partners (e.g., stakeholder groups, task forces) to create bidirectional support and communication about services offered
- 6-S13.** Develops protocols for closing the loop with families once they are referred to community resource(s)

The HealthySteps Specialist Supervisor



Area 8: Supervision for HealthySteps Specialists

Overview

HS Specialists are more likely to reach their full potential and effectiveness when they receive competent supervision specific to their unique, critical role and responsibilities in the HealthySteps model. The knowledge and skills identified in this competency area extend beyond general effective supervision and encompass three key categories of knowledge and skills specific to supervision within the context of HealthySteps:

- **Administrative supervision** that supports the operational/logistical aspects of the role of a HS Specialist at a HealthySteps site;
- **Clinical supervision** that supports the HS Specialist in acquiring and effectively applying the knowledge and skills that will most benefit the children and families with whom they are currently working; and
- **Reflective supervision** that supports and encourages the HS Specialist to explore the parallel process and range of emotions and thoughts related to the families and issues they are managing.

Each of these categories are important for effective, comprehensive supervision of HS Specialists and each require a unique set of knowledge and skills. Together they describe the content and quality of the supervision that a HS Specialist receives, but do not specify who will provide it. Each site's leadership team is responsible for:

- determining the person or persons who can provide the knowledge and skills described across the three categories, which will vary, depending upon the expertise, capacity, and resources available;

- ensuring that the HS Specialist receives the full scope of supervision described in this competency area in a coordinated manner;
- verifying that all supervision reflects and supports the dispositions and Area 1 knowledge and skills (Diversity, Equity, Inclusion, Access, & Belonging) described earlier in this document;
- taking into consideration the requirement that the person providing administrative supervision must be a member of the team who will have ongoing, lived experience of the implementation of HealthySteps in the practice;
- confirming that the HS Specialist receives the amount of supervision required for the site to meet administrative fidelity (45 min/month of administrative supervision and 45 min/month of reflective supervision) and striving for 45 min/week of reflective supervision;
- incorporating a feedback mechanism for periodic evaluation of the quality of supervision; and
- ensuring ongoing opportunities for professional development for both the HS Specialist and the supervisor(s) as needed.

Administrative Supervision

Knowledge: To provide effective administrative supervision for the HS Specialist, a supervisor understands and applies the following concepts, causal relationships, and processes:

- 8a-K1.** HS Specialist Competencies Areas 5-7 and the challenges that the HS Specialist may encounter in achieving the knowledge and skills described in them
- 8a-K2.** The HealthySteps model, including its Core Components, the rationale and evidence base behind them, and role of the HS Specialist in implementing the model
- 8a-K3.** HS National Office annual data collection and reporting requirements that involve the HS Specialist
- 8a-K4.** Data collection and reporting requirements for HS-related grants specific to the site

The HealthySteps Specialist Supervisor

8a-K5. Systems requirements related to employment of a HS Specialist (e.g., hiring requirements and processes, *barriers to hiring a diverse staff*, the HS Specialist Competencies, annual review processes, addressing performance concerns, providing pathways to support professional development for existing staff)

8a-K6. Factors that can promote or impede referrals of eligible families to HealthySteps as well as referrals from HealthySteps to community-based services, *including systemic barriers linked to historical racism, oppression, and exclusion*

8a-K7. Practice workflow processes for each of the Core Components (e.g., screening and referral processes, documentation, etc.)

8a-K8. Continuous quality improvement (CQI) processes, particularly for HealthySteps procedures and activities being implemented that may be new to the site

8a-K9. *The professional goals identified by the HS Specialist and the supports that are needed to achieve them and systemic barriers that can hinder them*

Skills: To provide effective administrative supervision for the HS Specialist, a supervisor consistently:

8a-S1. Clearly communicates to the HS Specialist about decisions or changes regarding implementation of HealthySteps services that impact their responsibilities or activities

8a-S2. Regularly checks in with supervisees to ensure that data collection, reporting processes, and implementation for the HS National Office and HS-associated grants are going smoothly

8a-S3. Is aware of and supports professional development milestones and improvement measurements; *identifies and minimizes systemic barriers to the HS Specialist's successful performance*

8a-S4. Communicates with site staff about successful implementation of the HS model and advocates for effective integration of the HS Specialist into the care team

8a-S5. Troubleshoots with the HS Specialist and other site staff when problems with workflows or resources arise

8a-S6. Assists the HS Specialist in tracking referral patterns (e.g., which providers are or are not referring, which potential referrals are being missed, *biases in referrals*) and *identifying strategies to ensure all patients/families who meet criteria are referred in a timely manner*

8a-S7. Monitors the HS Specialist's caseload and assists in caseload management

Clinical Supervision

Knowledge: To provide effective clinical supervision for the HS Specialist, a supervisor understands and applies the following concepts, causal relationships, and processes:

8b-K1. HealthySteps Dispositions and HS Specialist Competencies, particularly Areas 1-4

8b-K2. A range of techniques and approaches that the HS Specialist can use to facilitate a trusting relationship with a family and foster the well-being of the child, caregiver-child dyad, and family

8b-K3. *The diverse ways a HS Specialist can exhibit strengths and weaknesses in each competency area and the role culture, race, and experience can play in shaping interactions with families and within the supervisory relationship*

8b-K4. Authentic assessment of professional performance, effective feedback, and collaboration that leads to increased skills and knowledge

8b-K5. The role of the HS Specialist as integrated into the care team

8b-K6. The scope of practice of the HS Specialist based on their credentials

Skills: To provide effective clinical supervision for the HS Specialist, a supervisor consistently:

8b-S1. Recognizes a HS Specialist's strengths and weaknesses in the HS dispositions and competency areas and collaborates with them (and other supervisors as appropriate) to create a professional development plan that supports growth

8b-S2. Supports and builds the HS Specialist's capacity to meet the needs of their caseload through sharing/explaining content knowledge and

The HealthySteps Specialist Supervisor

skills most salient to the families with whom they are currently working

- 8b-S3.** Describes, demonstrates, and models relational skills necessary to the role of the HS Specialist; *invites the HS Specialist to demonstrate these relational skills in accordance with their individual values, beliefs, and culture*
- 8b-S4.** Communicates and collaborates with the individual(s) providing administrative and reflective supervision, when applicable, to facilitate optimal functioning of the HS Specialist within the care team and address any barriers that may hinder the HS Specialist's success in delivering HS services to families and reaching their professional goals
- 8b-S5.** Facilitates and supports the HS Specialist's connections to community partners/services
- 8b-S6.** Monitors the HS Specialist's effectiveness in families' care coordination and system navigation, exploring issues and providing support as they arise

Reflective Supervision

Knowledge: To provide effective reflective supervision for the HS Specialist, a supervisor understands and applies the following concepts, causal relationships, and processes:

- 8c-K1.** The goals, tenets, and processes of reflective supervision as a means of enhancing the HS Specialist's practice
- 8c-K2.** *The concepts, causal relationships, and processes identified in HS Specialist Competencies Area 1: Diversity, Equity, Inclusion, Accessibility, and Belonging, from a supervisory perspective*
- 8c-K3.** *Understanding that one's own experiences and identity impact one's work, with particular focus on experiences related to issues likely to be present in the population served by the practice (e.g., ACEs, parenting, social determinants of health)*
- 8c-K4.** Parallel process and holding space in the context of the work of the HS Specialist and the clinical setting
- 8c-K5.** The principles of Infant and Early Childhood Mental Health as applied in the delivery of HS services

- 8c-K6.** The behavioral health promotion and prevention role of HealthySteps and how it differs from and complements the role of treatment intervention

Skills: To provide effective reflective supervision for the HS Specialist, a supervisor consistently:

- 8c-S1.** *Maintains a stance of compassion, cultural humility, and curiosity rather than judgment, particularly when discomfort arises; demonstrates an awareness of the position of power and privilege that supervisors have in the supervisory relationship and how that might influence open and honest feedback*
- 8c-S2.** *Uses a trauma-informed approach to provide a safe space where individuals feel comfortable being vulnerable and reflecting on themselves, on the supervisory relationship, as well as the experiences of the families with whom they are working*
- 8c-S3.** Holds space and allows for silence, while also maintaining presence, to give the HS Specialist time to reflect and respond
- 8c-S4.** *Honors the strengths and values of the HS Specialist as well as the families being served, including those influenced by culture, race, and intersectionality*
- 8c-S5.** Invites HS Specialist to explore the impact of the work on themselves, and vice-versa, building reflective awareness; joins in building self-awareness by seeking reflective supervision/consultation for themselves whenever available
- 8c-S6.** Encourages and supports reflection on action (reflecting back on what has happened), reflection in action (reflection during visits), and reflection for action (reflection in preparation for an interaction) during each supervision meeting

Appendices

Acknowledgments

Creating the HS Specialist Competencies

From the inception of their development, the HealthySteps Competencies were intended to be created *by* HS Specialists *for* HS Specialists. Who better to provide the depth of experience, comprehension, and insight needed to define the body of dispositions, knowledge, and skills requisite of an exemplary HS Specialist than a group of exemplary HS Specialists? To that end, the National Office recruited and selected a small yet diverse team with expertise in the HealthySteps model and mission, experiential knowledge of the role and responsibilities of the HS Specialist across a variety of clinical settings, and an appreciation for the value that defined professional competencies would bring to fulfilling the HealthySteps vision.

This team worked over several months under the guidance of a project manager and a Steering Committee to conceptualize, draft, review, and revise the HS Specialist Competencies. Feedback on their work was then gathered from several reviewers, both within and external to the HealthySteps National Office, which the writing team then incorporated. Editing, designing, and production were the final steps in the journey to offer the *HealthySteps Specialist Competencies* to the field.

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Related Professional Competencies

In addition to the expertise of the Writing Team, the HS Specialist Competencies have been informed by closely related professional competencies in the early childhood field:

ZERO TO THREE Competencies for Prenatal to Age 5 Professionals™ (P-5 Competencies). The P-5 Competencies bolster professionals working with young children (prenatal to age 5) and their families by creating a shared common language among professionals as well as strengthening professional competence on shared fundamental concepts in order to deepen and support work within and across early childhood disciplines.

ZERO TO THREE. (2018). *ZERO TO THREE competencies for prenatal to age 5 (P-5) professionals™*.

The Irving Harris Foundation's Diversity Informed Tenets for Work with Infants, Children and Families. The 10 Tenets provide a diversity, inclusion, and equity-minded lens aimed at supporting infants, toddlers, young children, and their families. Its elements are seminal to the work of an HS Specialist: diversity-informed practice, championing children's rights globally, working to acknowledge privilege and combat discrimination, recognizing and respecting nondominant bodies of knowledge, and honoring diverse family structures. The Tenets promote diversity-informed practices that are top of mind for HS Specialists including: using language to heal and connect, supporting families in their preferred language, and making space and creating pathways to allow for people of diverse perspectives and backgrounds to participate in roles of influence.

Irving Harris Foundation. (n.d.) *Diversity-informed tenets for work with infants, children and families*.

<https://diversityinformedtenets.org/download-the-tenets>

Center of Excellence for Infant and Early Childhood Mental Health (IECMH) Consultation Competencies. The IECMH Consultation Competencies focus primarily on competencies for IECMH Consultants in early childhood education and home visiting programs. The competencies and key fundamental concepts of demonstrated knowledge of early development and mental health, relationship-building with families and caregivers, and a systems orientation all align with the HS guiding principles.

Center of Excellence for Infant and Early Childhood Mental Health Consultation Competencies. (n.d.). *Infant and early childhood mental health consultation—competencies*. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/infant-early-child-mental-health-consult-competencies.pdf

Competencies in Pediatric Psychology (Palermo et al., 2014). The Society of Pediatric Psychology has established core competencies and associated training recommendations in pediatric psychology. They defined competencies within 6 cluster areas, including science, professionalism, interpersonal, application, education, and systems, as well as a set of knowledge competencies that applied across all areas. These competencies were particularly useful in developing the knowledge and skills statements in the “Contexts” category of the HS Specialist Competencies.

Palermo, T. M., Janicke, D. M., McQuaid, E. L., Mullins, L. L., Robins, P. M., & Wu, P. (2014). Recommendations for training in pediatric psychology: Defining core competencies across training levels, *Journal of Pediatric Psychology*, 39, 965–984.

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