Cross-disciplinary Competencies: Serving the Whole Child
June 26, 2018
AUCD

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Early Childhood Personnel Center
to facilitate the implementation of
comprehensive systems
of personnel development (CSPD)
for all disciplines
serving infants and young children
with disabilities and their families
Improved outcomes for children and families

Improved effectiveness of EI, ECSE, and EC services and supports

More EC leaders and practitioners have the requisite knowledge and skills.

States have high quality CSPD

How improved CSPD leads to improved outcomes:
Personnel Can Have a Powerful Impact....

or, NOT
Outputs of the ECPC 2

• Knowledge Development
• Materials, Resources and Tools
• Technical Assistance
• Leadership and Collaboration
• Management and Evaluation
Universal:
Dissemination of Resources, Materials & Tools via Website, and other Modes

Targeted:
IHE Faculty & PD Providers
Part C/Part B 619, EC administrators, families

Intensive:
State EC Systems

Knowledge Development & Advancement
Identify or Develop:
- Research Reviews & Syntheses
- Database on Personnel Standards
- Workgroups
- Cross-disciplinary Standards
- Think Tanks
- Targeted Needs Assessments
- Social Validation of Findings
- Self Assessment of CSPD Framework

Identify or Develop:
- TA Fidelity Tool
- TA Readiness Tool
- Practice Guides & Checklists
- Interactive Web Tools
- EB Articles, Briefs & Consensus Papers
- Video Library
- Presentations, Meetings, Webinars & Workshops
- Innovation Configurations
- Course Enhancement Modules
- Social Validation of Products
- Self Assessment of CSPD Framework

Technical Assistance

Resources, Materials & Tools
ECPC Technical Assistance:
To Increase the Knowledge, Skills and Competencies
Of Those Serving infants and Young Children with Disabilities and their Families

Universal TA for All

Targeted TA to Build Leadership Competencies

Web Site

Materials, Resources and Tools

State IDEA Part C and 619, and EC Staff

IHE Faculty, Students, and State PD Providers

Intensive TA for State CSPD Development and Implementation

Expand in 12 Current States

Develop and Implement in 8 New States
A Comprehensive System of Personnel Development

for the early childhood workforce who serve infants, and young children with disabilities and their families

is a necessary quality indicator of an early childhood service system
Comprehensive System of Personnel Development

Leadership, Coordination & Sustainability
Mechanisms to insure a CSPD maintains itself over time

Recruitment and Retention
Strategies to attract and maintain a quality workforce in early childhood intervention

Personnel Standards
State and/or national certification or licensure requirements for all personnel who provide early childhood intervention

Evaluation
Progress monitoring of all CSPD activities

Inservice Training
Ongoing job-related learning for personnel who provide early childhood intervention

Preservice Training
Learning experiences provided to early childhood intervention personnel as part of a degree or certificate program

Early Childhood Personnel Center
Personnel Standards

Licensing, and certification of personnel who provide services to infants and young children with disabilities and their families.
Cross Disciplinary Core Personnel Competency Areas & Indicators
Collaborators
Cross-Disciplinary Core Competency Team

- Council for Exceptional Children
- Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC)
- National Association for the Education of Young Children (NAEYC)
- American Occupational Therapy Association (AOTA)
- American Physical Therapy Association (APTA)
- American Speech-Language-Hearing Association (ASHA)
- Zero to Three
Process of Cross-Discipline Competency Areas and Sub Areas

Organizations provided 1-10 documents

• Knowledge and skill statements, position statements, technical reports, systematic reviews, etc.

Two ECPC staff members grouped individual items into each of four multi-disciplinary competency areas through thematic analysis

• Categorizing process was iterative
  • Two staff reviewed, re-reviewed the groupings and re-grouped items based on discussion
  • ECPC Director reviewed groupings and subcomponent names for each of the four competency areas
<table>
<thead>
<tr>
<th>Source Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AOTA</strong></td>
</tr>
<tr>
<td>Source</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>ASHA</td>
</tr>
<tr>
<td>ASHA</td>
</tr>
<tr>
<td>CEC</td>
</tr>
<tr>
<td>DEC</td>
</tr>
<tr>
<td>NAEYC</td>
</tr>
<tr>
<td>ZTT</td>
</tr>
<tr>
<td>ZTT</td>
</tr>
</tbody>
</table>
Methodology: Identification of Personnel Competency Areas & Sub-Areas
(April-May 2016)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description/Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Identification</td>
<td>ECPC requested the document(s) containing the most current version of personnel standards from AOTA, APTA, AHSA, CEC, DEC, NAEYC and ZTT. Organizations provided between one and ten documents. Upon review, one document was identified as the organization’s personnel standards (i.e., knowledge and skill statements), with two organizations secondary document containing personnel standards. The remaining documents, including position statements, technical reports and overviews of systematic reviews, were identified as supportive documents.</td>
</tr>
<tr>
<td>Categorization of Standards by Competency Area</td>
<td>Two ECPC staff members (1 post doc and 1 research assistant) individually grouped each standard (n=752) into one of the four cross disciplinary personnel competency areas. Upon review, 96% of the items were coded the same between the two staff and remaining 4% of the items (n=27) were categorized by the ECPC Director. Two independent reviewers (early childhood professionals and graduate students in early childhood intervention) then conducted a review to ensure items had been properly assigned to the most relevant interdisciplinary category and identified 37 items (5%) of disagreement with the original coders. The ECPC Director reviewed these items and identified only 20 items (3%) to be re-categorized.</td>
</tr>
<tr>
<td>Step</td>
<td>Description/Results</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Identification of Personnel Competency Sub-Areas</td>
<td>The two ECPC staff members used a process of thematic analysis to group individual personnel standard items from each of four multi-disciplinary competency areas. All subcomponent titles were developed solely on the basis of the information in the personnel standard items. This categorizing process was iterative and the two staff reviewed and re-reviewed the categories once grouped, and re-grouped items based on discussion. The ECPC Director then reviewed the groupings and the subcomponent names for each of the four competency areas.</td>
</tr>
</tbody>
</table>
## Methodology (continued)

### Categorization of Standards by Cross-Disciplinary Competency Areas

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of Items</th>
<th>Family Centered Practice</th>
<th>Instruction/Intervention</th>
<th>Collaboration &amp; Coordination</th>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>752</td>
<td>149</td>
<td>406</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td>20%</td>
<td>54%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>AOTA</td>
<td>40</td>
<td>1</td>
<td>20</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>APTA</td>
<td>40</td>
<td>8</td>
<td>17</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>ASHA</td>
<td>263</td>
<td>42</td>
<td>163</td>
<td>36</td>
<td>22</td>
</tr>
<tr>
<td>CEC</td>
<td>35</td>
<td>4</td>
<td>21</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>DEC</td>
<td>80</td>
<td>12</td>
<td>50</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>NAEYC</td>
<td>24</td>
<td>4</td>
<td>12</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>ZTT</td>
<td>270</td>
<td>78</td>
<td>123</td>
<td>31</td>
<td>38</td>
</tr>
</tbody>
</table>
Cross-Disciplinary Competency Areas

- Family Centered Practice
- Intervention/Instruction as Informed by Evidence
- Coordination & Collaboration
- Professionalism
Family-Centered Practice is culturally competent practice in natural settings that involves and actively engages the family in decision-making and the provision of services/therapy.
Family Centered Practice
(number of organizations)

• Parent Partnership, Advocacy & Help-Giving (5)
• Parent Education in Child Development & Interventions (5)
• Family Involvement in Assessment (5)
• Cultural, Linguistic and Socioeconomic Competency (4)
• Family Systems Theory (4)
• Laws & Policies (3)
• Supporting Home Language Development (2)
• Stress, Trauma, & Safety (2)
• Parent/Caregiver Social Emotional/Attachment (2)
• Communicating with Families (2)
# Example: Family Centered Practice

## Family Involvement in Assessment

<table>
<thead>
<tr>
<th>Organization</th>
<th>Personnel Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTA</td>
<td>Evaluate family strengths, resources, concerns, and priorities: a) conduct family interview; b) select and administer supplemental family surveys</td>
</tr>
<tr>
<td>ASHA</td>
<td>Skills (ability): to interview families in family friendly, culturally competent manner to obtain background history</td>
</tr>
<tr>
<td>DEC</td>
<td>Integrate family priorities and concerns in the assessment process</td>
</tr>
<tr>
<td>NAEYC</td>
<td>Knowing about assessment partnerships with families and with professional colleagues</td>
</tr>
<tr>
<td>ZTT</td>
<td>Assesses family strengths and risk factors and connects the family to appropriate resources to both enhance the family’s ability to build on their strengths and protect children and family members from risks</td>
</tr>
</tbody>
</table>
Evidenced Based intervention requires the use of scientifically based evidence to inform all screening, assessment, intervention/instruction and evaluation delivered to an individual child and family. Databased intervention and instruction refers to the process of collecting data about a child’s level of performance and designing and implementing a plan (e.g. IEP, IFSP) of instruction/intervention that is evidence-based and focused on remediating a child’s and family’s needs.
Evidenced Based Intervention/Instruction

(number of organizations)

• Intervention (6)
• Assessment (6)
• Knowledge of Typical Child Development & Behavior (4)
• Communicating & Interpreting Assessment Results (4)
• Progress Monitoring (4)
• Evidence Based Practice (4)
• Health & Safety (4)
• IEP/IFSP (4)
• Knowledge of Risk Factors & Atypical Child Development (3)
• Accommodations & Adaptations (3)
• Service Delivery Models (2)
## Example: Data-Based Intervention/Instruction

### Assessment

<table>
<thead>
<tr>
<th>Organization</th>
<th>Personnel Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOTA</td>
<td>An occupational therapist is responsible for all aspects of the screening, evaluation, and re-evaluation process</td>
</tr>
<tr>
<td>APTA</td>
<td>Use valid, reliable, and nondiscriminatory examination instruments and procedures for: a) identification and eligibility, b) diagnostic evaluation, c) individual program planning, d) documentation of child progress, family outcomes, and program impact</td>
</tr>
<tr>
<td>ASHA</td>
<td>Knowledge of methods of evaluation and assessment appropriate for the birth-to-3 population (including interview, parent report, observational, and criterion-referenced tools)</td>
</tr>
<tr>
<td>DEC</td>
<td>Alignment of assessment with curriculum, content standards, and local, state, and federal regulations</td>
</tr>
<tr>
<td>NAEYC</td>
<td>Understanding the goals, benefits, and uses of assessment</td>
</tr>
<tr>
<td>ZTT</td>
<td>When available, uses evidenced-based screening, observation, and assessment tools and strategies to inform planning and provision of appropriate services for the unique needs of each individual child, including children with special needs and dual language learners</td>
</tr>
</tbody>
</table>
Coordination and collaboration refers to working across professionals from other disciplines and community organizations in every facet of intervention/instruction with a child and family.
Coordination & Collaboration

(number of organizations)

- General Teaming (5)
- Resource & Referrals (4)
- Effective Communication (3)
- Transitions (3)
- Teaming with Families (3)
- Role as a Consultant (3)
- Problem Solving (2)
- Leader of a Team (2)
- Medical Home (2)
- Positive & Respectful Relationships (1)
### Example: Coordination & Collaboration

#### General Teaming

<table>
<thead>
<tr>
<th>Organization</th>
<th>Personnel Standard</th>
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<tr>
<td>AOTA</td>
<td>An occupational therapy practitioner is an integral member of the interdisciplinary collaborative health care team. He or she consults with team and family members to ensure the client-centeredness of evaluation and intervention practices</td>
</tr>
<tr>
<td>APTA</td>
<td>Supervise personnel &amp; professional students: a) monitor the implementation of therapy recommendations by other team members; b) establish a student clinical affiliation; c) formally &amp; informally teach/train therapy staff</td>
</tr>
<tr>
<td>ASHA</td>
<td>Skills in implementing strategies to function as an effective member of an interdisciplinary programming team</td>
</tr>
<tr>
<td>DEC</td>
<td>Collaborate with caregivers, professionals, and agencies to support children’s development and learning</td>
</tr>
<tr>
<td>ZTT</td>
<td>Collaborates with other service providers &amp; provides information, guidance, &amp; support to assist families caring for a child with special needs</td>
</tr>
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Professionalism requires all who provide early childhood intervention to have knowledge and skills in the laws, policies, practices that govern their professional discipline. It also requires that all in early childhood intervention demonstrate professional ethics and advocacy with each infant, young child and family they work with. Professionals in early childhood intervention will also take responsibility to improve their knowledge and skills through professional development and self-reflection,
Professionalism
(number of organizations)

- Advocacy/Public Awareness (6)
- Laws, Policies & Practice Standards (5)
- Professional Development & Self-Reflection (5)
- Knowledge of the Field (5)
- Ethics (4)
- Administrative Leadership (3)
- Supervision (2)
- Communication (1)
- Wellness (1)
## Example: Professionalism

### Advocacy/Public Awareness

<table>
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<tr>
<th>Organization</th>
<th>Personnel Standard</th>
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<tbody>
<tr>
<td>AOTA</td>
<td>An occupational therapy practitioner is an effective advocate for the client's intervention and/or accommodation needs</td>
</tr>
<tr>
<td>APTA</td>
<td>Promote public awareness of early-intervention services: a) disseminate information about the availability, criteria for eligibility, &amp; methods of referral; b) collect &amp; use data from multiple sources for child-find systems</td>
</tr>
<tr>
<td>ASHA</td>
<td>Skills in disseminating information related to early intervention services through a variety of print, media, technology, and professional organization networks</td>
</tr>
<tr>
<td>DEC</td>
<td>Advocacy for professional status and working conditions for those who serve infants and young children, and their families</td>
</tr>
<tr>
<td>NAEYC</td>
<td>Engaging in informed advocacy for children and the profession</td>
</tr>
<tr>
<td>ZTT</td>
<td>Understands &amp; takes leadership in advocating for families &amp; young children with special needs at the programmatic, local, state, &amp; federal levels</td>
</tr>
</tbody>
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### Example (continued)

## Professionalism: Advocacy/Public Awareness

<table>
<thead>
<tr>
<th>Organization</th>
<th>Personnel Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEC</td>
<td>Beginning special education professionals advance the profession by engaging in activities such as advocacy and mentoring.</td>
</tr>
<tr>
<td>DEC</td>
<td>Advocacy for professional status and working conditions for those who serve infants and young children, and their families</td>
</tr>
<tr>
<td>NAEYC</td>
<td>Engaging in informed advocacy for children and the profession</td>
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<tr>
<td>ZTT</td>
<td>Understands and takes a leadership role in advocating for families and young children with special needs at the programmatic, local, state, and federal levels</td>
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Core Competencies across Disciplines

- Family Centered Care
- Coordination & Collaboration
- Intervention Instruction as Informed by Evidence
- Professionalism
Alignment of NAEYC/CEC Personnel Standards for early childhood/early childhood IHE programs for IHE accreditation by CAEP

Approved 2017
Collaborators

ECPC
Early Childhood Personnel Center

Council for Exceptional Children
The voice and vision of special education

NAEYC
National Association for the Education of Young Children

Division for Early Childhood
of the Council for Exceptional Children
NAEYC, CEC, DEC Standards: What Was Aligned?

NAEYC Standards for Early Childhood Professional Preparation
Birth through Age 8
• Initial Preparation Standards
  – 6 standards; 22 key elements
• Advanced Preparation Standards
  – 6 standards, 23 key elements

Special Educator Professional Preparation Standards
Birth through Age 21
• Initial Preparation Standards
  – 7 standards, 28 key elements
• Advanced Preparation Standards
  – 7 standards, 28 key elements

Early Childhood Special Education
Birth through Age Eight
• Initial Specialty Set
  – 23 knowledge statements; 57 skills statements
• Advanced Specialty Set
  – 9 knowledge statements; 21 skills statements

CEC

DEC

1 of Multiple CEC Specialty Sets
Next Steps

• Jointly develop articles for IYC journal special issue: due 9/2018
• Other peer reviewed articles?
• Guidelines and checklists for practitioners
• Development of cross disciplinary materials for dissemination and training: Exemplars: case studies; e-lessons with video for IHE faculty, administrators and practitioners
• Presentations conferences across disciplines