Inter-Professional Education:
From Developing to Implementing Unified Personnel Competencies for Early Childhood Intervention across Professional Disciplines

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November 13, 2016

ECPC
Early Childhood Personnel Center

IDEAs that Work
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Agenda

- Introductions
- Purpose of the Session
- Background
  - Professional Development and ECI
  - Competencies Development
    - Early Childhood Personnel Center
- Common Competencies across Disciplines
  - Four Themes
- Unique Contribution of the Professionals: Discipline Specific Competencies
  - AOTA
  - ASHA
  - DEC
  - APTA
- Summary
- Plan

Importance of Professional Development

High quality professional development → Quality intervention → Effective intervention

Background: A brief history of professional development in ECI

1986-1991

- *Carolina Institute for Research on Infant Personnel Preparation*
- Developing a CSPD
- Specifying standards
- Focus on team, FCC interdisciplinary,
- Competencies: Core, cross, discipline
- Training to increase quantity of providers

1991-2000

- *Winton, McCullum, Catlett*: Identified critical training needs
- Quality training impacts outcome
- Identifying instructional, training models
  - Modeling, coaching, reflection

2000-2009

- *Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education*
- Lack of systematic, sustainable PD
- Training inconsistent with research on effectiveness of training
- Lack of support to implement best practices

2009-2016

- *Early Childhood Personnel Center*
- Evidence of effectiveness
- Theories of change
- Implementing effective methodology
  - Reflection
  - Coaching
  - Support
  - Mentoring

To **facilitate** the development and implementation of **integrated, comprehensive systems of personnel development (CSPD)** for **all** disciplines serving **infants and young children** with disabilities.
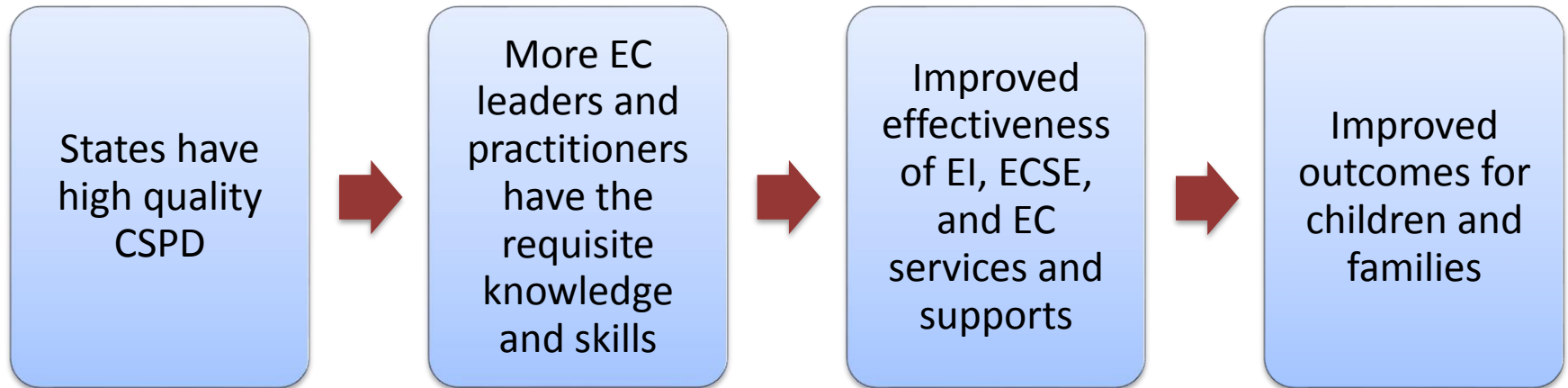
www.ecpcta.org

Comprehensive System of Personal Development

A **comprehensive system of personal development** for the early childhood workforce who serve infants, toddlers and preschool children with disabilities and their families is a necessary and integral quality indicator of an early childhood service system

Comprehensive System of Personnel Development

Improved CSPD Leads to Improved Outcomes

States have high quality CSPD

➡

More EC leaders and practitioners have the requisite knowledge and skills

➡

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

➡

Improved outcomes for children and families

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Outputs of the ECPC

Knowledge Development

- National Data Base of State Personnel Standards
- National Data Base of CSPD Components: Reported by State Part C and 619 Coordinators
- Research Syntheses on Personnel Issues
- National Initiative on Cross Disciplinary Personnel Standards

Technical Assistance

- *General*: Across audiences, regions, and states: To provide information and resources on personnel development
- *Targeted*: State specific CSPD components: To align national personnel standards and state personnel standards and/or to align preservice preparation with in-service preparation:
- *Intensive*: State specific: To develop CSPD framework within 8 states

Leadership and Coordination

- Leadership Institute with Part C and 619 Coordinators
- Collaborative with other OSEP Early Childhood TA Centers (DaSY, ECTA, IRIS, IDC)
- Collaborative with DoE and HHS TA Centers (RRCs, Workforce Development)
- Collaborative with professional organizations (APTA, AOTA, ASHA, DEC, NAEYC, Zero-Three)

Areas of Interdisciplinary Personnel Competencies

Cross-Disciplinary Competencies

- Family Centered Practice

- Data-based Intervention/Instruction

- Coordination & Collaboration

- Professionalism

Cross-Disciplinary Activities

- Interdisciplinary presentations at national organization meetings
- Completed crosswalks of personnel standards across organizations
- Validated Item by Item Analysis of DEC/NAEYC Personnel Standards
- Manuscripts Completed by Disciplines Organizations(IYC)

Family Centered Practice

- Parent Partnership, Advocacy & Help-Giving
- Parent Education in Child Development & Interventions
- Family Involvement in Assessment
- Cultural, Linguistic and Socioeconomic Competency
- Family Systems Theory
- Laws & Policies
- Supporting Home Language Development
- Stress, Trauma, & Safety
- Parent/Caregiver Social Emotional/Attachment
- Communicating with Families
- Nutrition

Family Centered Practice

Examples of knowledge and skill statements

Listening to families	
APTA	Conduct a family interview using active listening skills to gather information on: family's knowledge, strengths, concerns, and priorities regarding their child, family lifestyle and beliefs, services and outcomes desired. Context of Therapy A. 2. b.
APTA	Discuss and integrate examination findings from family and other team members. Planning (IFSP) E. 1. b.
ASHA	Skills in identifying evidence-based interventions that are matched to the child's, family's, and caregiver's priorities. Plan/Implement/Monitor Intervention. S9
ASHA	Skills in gathering information about the family system, daily routines, and activities. Service Coordination & Transition Planning. S3
ASHA	Skills in documenting and integrating concerns, priorities, and observations from families, caregivers, and other professionals in the evaluation and assessment process. Screen, Eval, Assess. S7
CEC	Assist families in identifying their concerns, resources, and priorities. Initial- S4.1
AOTA	Developing positive partnerships with the family or caregivers is essential for professionals (p. 8) Frolek Clark & Kingsley (2013). Early Childhood: Birth Through 5 Years

Data-Based Intervention/Instruction

- Intervention
- Assessment
- Knowledge of Typical Child Development & Behavior
- Communicating & Interpreting Assessment Results
- Progress Monitoring
- Evidence Based Practice
- Health & Safety
- IEP/IFSP
- Knowledge of Risk Factors & Atypical Child Development
- Accommodations & Adaptations
- Service Delivery Models

Data-Based Intervention/Instruction: Assessment

Organization	Personnel Standard
AOTA	An occupational therapist is responsible for all aspects of the screening, evaluation, and re-evaluation process
APTA	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
ASHA	Knowledge of methods of evaluation and assessment appropriate for the birth-to-3 population (including interview, parent report, observational, and criterion-referenced tools)
DEC	Alignment of assessment with curriculum, content standards, and local, state, and federal regulations
NAEYC	Understanding the goals, benefits, and uses of assessment
ZTT	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

Coordination & Collaboration

- General Teaming
- Resource & Referrals
- Effective Communication
- Transitions
- Teaming with Families
- Role as a Consultant
- Problem Solving
- Leader of a Team
- Medical Home
- Positive & Respectful Relationships (1)

Coordination & Collaboration: General Teaming

Organization	Personnel Standard
AOTA	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
APTA	Supervise personnel and professional students: a) monitor the implementation of therapy recommendations by other team members; b) establish a student clinical affiliation; c) formally and informally teach/train therapy staff
ASHA	Skills in implementing strategies to function as an effective member of an interdisciplinary programming team
DEC	Collaborate with caregivers, professionals, and agencies to support children's development and learning
ZTT	Collaborates with other service providers and provides information, guidance, and support to assist families who are caring for a child with special needs

Professionalism

- Advocacy/Public Awareness
- Laws, Policies & Practice Standards
- Professional Development & Self-Reflection
- Knowledge of the Field
- Ethics
- Administrative Leadership
- Supervision
- Communication
- Wellness

Professionalism: Advocacy/Public Awareness

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

UNIQUE CONTRIBUTIONS OF THE PROFESSIONALS TO THE TEAM

Occupational Therapy

Occupational therapy is defined as "...the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community and other settings" (Occupational Therapy Practice Framework: Domain & Process, *3rd Ed*.).

Occupational Therapy's Distinct Value

CHILDREN & YOUTH

Resource for Administrators and Policy Makers

Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective.

Occupational therapy distinctly focuses on participation by:

- Using a *holistic* approach to consider all components of the individual and his or her goals
- Focusing on *inclusion* by supporting engagement in activities in their natural contexts
- Increasing an individual's capacity and/or modifying environments and activities for greater participation (*Person-Environment-Occupation fit*)
- Providing expertise in both *mental and physical health*
- Offering a *lifespan approach*
- Providing evidence-based and cost-effective services

Research Supports the Importance of Active Engagement

- Life skills development has been found to be a good prognostic indicator for future employment of individuals with autism (Klinger, Klinger, Mussey, Thomas, & Powell, 2015).
- Student engagement in school activities such as recess has been correlated to positive behavior and greater attention (Barros, Silver, & Stein, 2009; Holmes, Pellegrini, & Schmidt, 2006).

Occupational Therapy

- Activity expertise

- Environmental modification

- Adaptive equipment

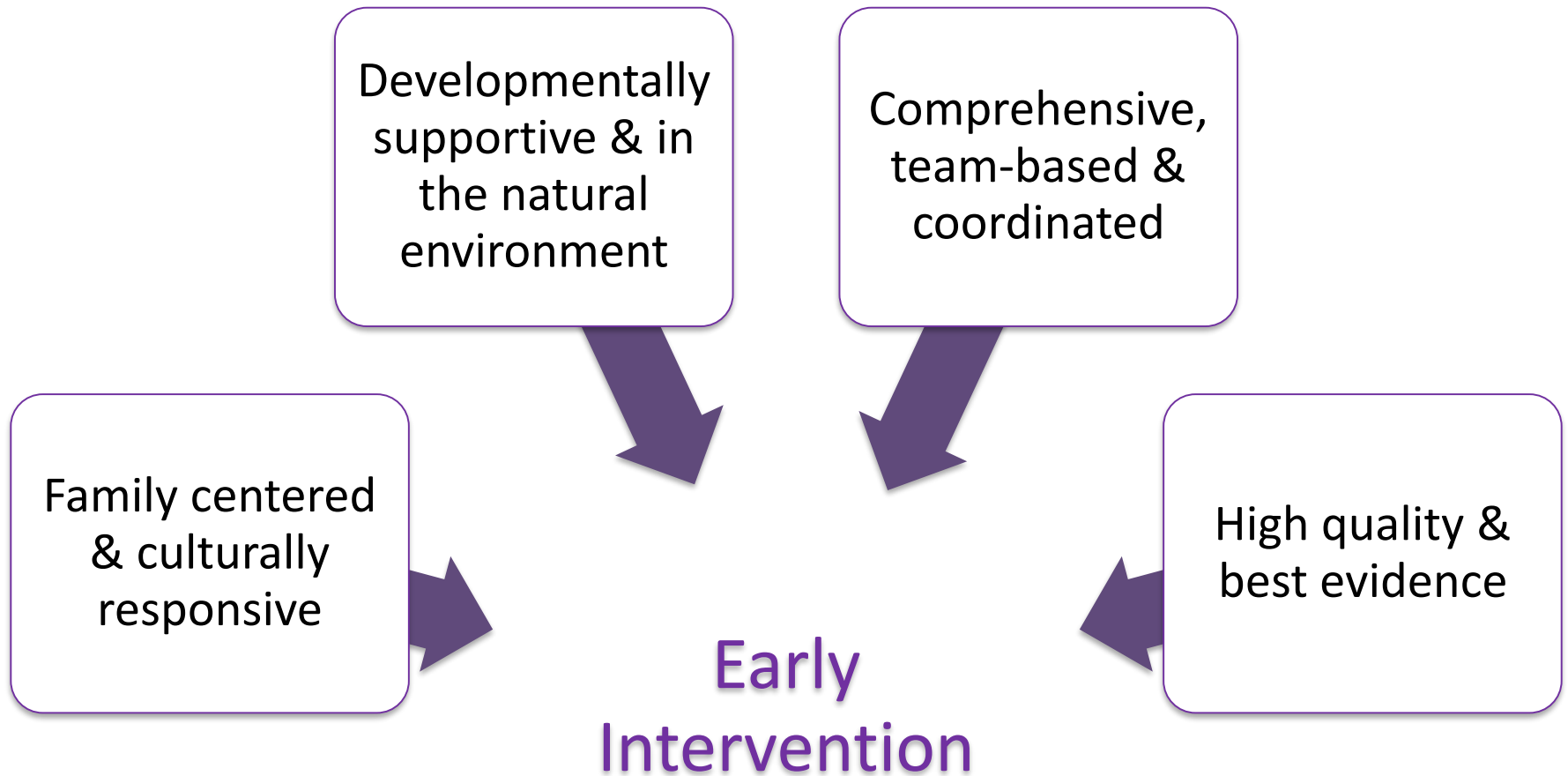- Intersection of mental and physical health

- Play

- Activities of Daily Living (feeding, toileting, dressing, grooming, mobility)

- Rest and Sleep

- Learning and School Performance

- Social Participation

Speech and Language Pathology

Involved in assessment and intervention for young children in multiple settings using a variety of service delivery approaches

Nearly 100,000 members report working with EI populations

ASHA Guiding Principles for…

Developmentally supportive & in the natural environment

Comprehensive, team-based & coordinated

Family centered & culturally responsive

High quality & best evidence

Early Intervention

The BIG 9

Articulation/Phonology

Voice and resonance

Fluency

Receptive and expressive language

Hearing

Swallowing

Cognitive aspects of language

Social aspects of language

Augmentative and alternative communication modalities

State-by-State Requirements for Audiologists and SLPs in Early Intervention

State by State Requirement Web Page

- Early Intervention Program name, location and contact
- Education Requirements for Audiologists, SLPs and support personnel/assistants
- Certification/Licensure
- Prerequisite Training
- Continuing Education
- Lead Agency
- Resources
- Separate State Contacts pages

Early Childhood-Special Education

Learning

- Process
- Environment
- Instruction
- Curricular content

Personnel Recommended Practices & Standard Areas

DEC Recommended Practices	CEC/DEC Initial Standards	NAEYC Initial Standards
Leadership	Learner Development & Individual Learning Differences	Promoting Child Development & Learning
Assessment	Learning Environments	Building Family & Community Relationships
Environment	Curricular Content Knowledge	Observing, Documenting, & Assessing to Support Young Children & Families
Family	Assessment	Using Developmentally Effective Approaches
Instruction	Instructional Planning & Strategies	Using Content Knowledge to Build Meaningful Curriculum
Interaction	Professional Learning & Ethical Practice	Becoming a Professional
Teaming & Collaboration	Collaboration	Early Childhood Field Experiences
Transition		

Physical Therapy

What do you think?

Physical Therapy: What do we bring to the team?

Entry-level pediatric content: *Recommended not Mandated*

- Typical development
- Pediatric onset of conditions that affect development across the lifespan
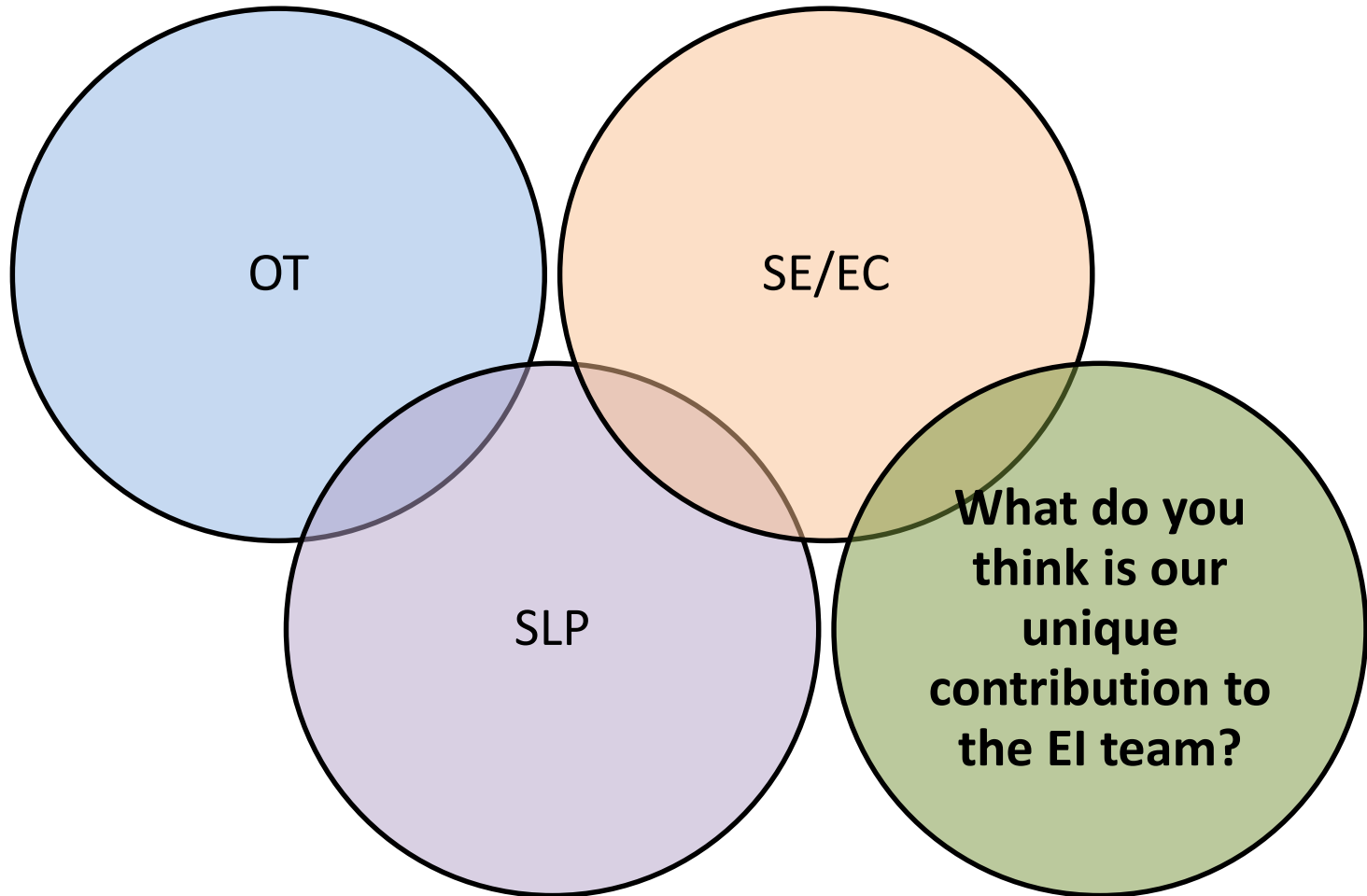- Pediatric tests & measures
- Pediatric procedural interventions
- Prenatal development
- Parts B & C of IDEA

Group Work!

OT

SE/EC

SLP

What do you think is our unique contribution to the EI team?

Summary

Cross-disciplinary competencies represent four themes

- Family centered practices
- Data-driven practice
- Coordination and collaboration
- Professionalism

Disciplines have unique skills and knowledge

Can it be done?

Challenges

Facilitators

Resources

CEC/DEC

https://www.cec.sped.org
(Standards, EI/ECSE Specialty Sets)

http://www.dec-sped.org
(EI/ECSE Specialty Sets, Position Statements, Recommended Practices)

http://www.naeyc.org
(Standards)

http://caepnet.org
(Accreditation Information)

ASHA

- www.asha.org/policy (Core knowledge)
- http://www.asha.org/uploadedFiles/Analysis-2011-IDEA-Part-C-Final-Regulations.pdf#search=%22part%22
- http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Service-Coordination/
- http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Personnel-Qualifications/
- http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Evaluation-and-Assessment-Definitions/
- http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Cultural-and-Linguistic-Diversity/
- [Coments on early learning and recruiting and retaining qualified specialized instructional support personnell https://ashanet.sharepoint.com/sites/projects/edoutreach/Documents/ASHA%20Comments%20to%20ED%20on%20ESSA%20Non-Regulatory%20Guidance.pdf](https://ashanet.sharepoint.com/sites/projects/edoutreach/Documents/ASHA%20Comments%20to%20ED%20on%20ESSA%20Non-Regulatory%20Guidance.pdf)
- http://www.asha.org/Practice-Portal/Speech-Language-Pathologists/

Resources

AOTA

American Occupational Therapy Practice Framework: Domain & Process (3rd Edition) (2014) American Journal of Occupational Therapy, March/April 2014, Vol. 68, S1-S48. doi:10.5014/ajot.2014.682006

AOTA Practice Advisory on Occupational Therapy in Early Intervention, July 2010
http://aota.org/Consumers/Professionals/WhatIsOT/CY/Practice-Advisory-OT-EI.aspx?FT=.pdf

Clark, G. F. & Kingsley, K. (Eds.). (2013). *Occupational therapy practice guidelines for early childhood: Birth through five years*. Bethesda, MD: AOTA Press.

APTA

APTA, Section on Pediatrics ,Pediatric Curriculum Content in Professional Physical Therapist Education: A Cross-Reference for Content, Behavioral Objectives, and Professional Sources . 2009

Rapport MJ, Furze J, Martin K, et al. Essential competencies in entry-level pediatric physical therapy education. *Pediatr Phys Ther*. 2014;26(1):7-18.

Chiarello L, Effgen SK. Updated competencies for physical therapists working in early intervention. *Pediatr Phys Ther*. 2006;18:148-158

Weaver, P. A. (2013). *Investigation of physical therapy practice in early intervention.* (Order No. 3587500, Indiana University). *ProQuest Dissertations and Theses,* 169. Retrieved from http://ezproxy.lib.indiana.edu/login?url=http://search.proquest.com/docview/1418818006?accountid=11620