

Competency Areas for the Delivery of Evidenced-Based Evaluations and Services in the New York State Early Intervention Program

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A. Introduction

The New York State Department of Health Bureau of Early Intervention (BEI) convened a Workforce Capacity Subcommittee (Subcommittee) as a result of a recommendation and vote of its State Early Intervention Coordinating Council (SEICC). The Subcommittee was charged with developing recommendations to address workforce capacity issues in the Early Intervention Program. A key recommendation that was made by the Subcommittee and supported by the SEICC was to reduce the current regulatory requirement of a minimum of 1,000 clock hours needed for teachers and therapists to obtain approval from BEI to become individual providers of early intervention services.

In order to ensure that high quality early intervention services are provided to children and families in the Early Intervention Program, the Subcommittee conducted a detailed review of the early intervention and early childhood literature to identify areas of competency that support quality early intervention evaluations and services for infants and toddlers with developmental delays or disabilities and their families in Part C of the Individuals with Disabilities Education Act (IDEA) programs.

The **Competency Areas for EI Professionals** described in this document:

- Are designed to support skills building for the early intervention workforce in delivering both in-person and telehealth services.
- Incorporate recognition that cultural and linguistic competence are central to successful Early Intervention practice in partnership with families.
- Will guide development of required NYS BEI continuing education for NYS early intervention professionals delivering early childhood evaluation and services.
- Will be shared with graduate programs that train EI professionals, the accrediting organizations that guide graduate professional training, and the professional organizations in order to increase early childhood curriculum content and training experiences based on best practices identified in Part C IDEA, and to promote exposure and skills-building by offering field experience in early intervention and early childhood settings.

B. Background and Justification for the selection of the five Competency areas.

The five **Competency Areas for EI Professionals** identified here are evidence-based, reflect recommendations from national professional associations across disciplines, and are in line with applicable federal and state laws regulating early intervention therapists and teachers in their work with infants and toddlers with developmental delays, and their parents/caregivers.

In 2019, the Early Childhood Personnel Center (ECPC) at the University Center for Excellence in Developmental Disabilities at the University of Connecticut reported on the four areas of competence for EI professionals working with infants and toddlers.⁵¹ The participating early intervention and early childhood services organizations were the American Occupational Therapy Association (AOTA); the American Physical Therapy Association (APTA); the American Speech-Language-Hearing Association (ASHA); the Council of Exceptional Children (CEC); the Division of Early Childhood (DEC); the National Association for the Education of Young Children (NAEYC); and Zero to Three.⁵¹ The four areas of competencies are family-centered practice; coordination and collaboration; interventions as informed

by evidence; and professionalism and ethics.

The New York State competencies captures the academic preparation and professional development needs of the NYS early intervention system. While the NYS competencies are consistent with the ECPC competencies, the NYS competencies are more specific to reflect the current professional development landscape in NYS. Importantly, the five NYS competency areas also brings multi-cultural and linguistic factors to the forefront to address the diversity of NYS's communities.

Through the identification of these competency areas, the NYS EI program seeks to elevate the importance of understanding multi-cultural and linguistic factors because these elements impact all aspects of the EI program: family-centered practices and parent capacity building via coaching and collaboration, performing quality evidence-based evaluations, using culturally-informed and evidence-based interventions, coordination, and using reflective practices and supervision to provide quality services and to support ethical and professional behavior.

Finally, while there are five competencies identified, they cannot be separated from the final recommendation in this document. Fieldwork placements in early intervention settings and working with children birth to three is essential to integrating the use of best practices with children and families and providing the best possible care.

Table 1. New York State Five Competency Areas for Early Intervention Professionals

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| <ol style="list-style-type: none">1. Typical and atypical childhood development and behavior (birth to three) to support quality evaluations, on-going monitoring of progress, and the creation of developmentally-appropriate, individualized strategies in partnership with parents and caregivers.2. Multi-cultural and diversity factors related to engaging and working with EI families, performing quality evaluations, and providing services.3. Understanding the parent-child dyad and enhancing families' capacities to help their children through consistent and effective communication, coaching, coordination, and collaboration.4. Understanding and use of evidence-based, family-centered best practices with families and caregivers via parent/caregiver collaboration, coaching and strengthening family capacities.5. Reflective practice and reflective supervision to support self-reflection and on-going professional development. |
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C. Examples of Desired Knowledge and Skills in Each Competency Area with Supporting Evidence

1. **Competency Area One: Typical and atypical childhood development and behavior (birth to three) to support quality evaluations, on-going monitoring of progress, and the creation of developmentally-appropriate, individualized strategies in partnership with parents and caregivers.²**

i. *Evidence supporting Competency Area One:*

- a. Knowledge of typical and atypical early childhood development and behavior is required for all professionals across disciplines prior to approval to work in the early intervention program (New York State Public Health Law Title II-A of Article 25, Section 69-4.5.4)²
- b. Part C service of the Individuals with Disabilities Education Act (IDEA) was passed on the federal level in 1986 specifically to
 - Enhance the development of infants and toddlers with disabilities from birth until

- they turn three,
 - Reduce educational costs by minimizing the need for special education services,
 - Increase the capacity of families to meet their children’s needs, and
 - Increase the capacity of state and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations. [P.L. 99-457]^{1,3}
- c. In order to work with children birth to three, EI professionals should understand what birth to three development looks like for infants and toddlers. This is essential for
 - Performing evidenced-based evaluations and gathering information from multiple sources (e.g., informed clinical opinion),^{4,5,6}
 - Collaborating with the IFSP (Individualized Family Services Plan) team to create integrated functional outcomes,^{7,8,9,10}
 - Identification of materials and assistive technology that supports the child’s functioning and the achievement of goals,^{4,11,12,13} and
 - Working collaboratively with parents/caregivers via coaching and creating evidence-based interventions.^{9,10,14,15,16,17,18,19,20,21,22,23,24,25,26}

In the 2014 DEC Recommended Practices, the expectation is that EI professionals “have foundational knowledge of developmentally appropriate early childhood practices.”⁴

ii. Examples of Competency Area One:

- a. It is important for all EI professionals to understand the five areas of development from birth to three: cognition, communication, social-emotional, adaptive, and physical (e.g., fine and gross motor, hearing and vision) domains and how they interact with each other and impact children’s functioning. This knowledge will inform evaluations and progress notes and provide a balanced picture of the child that include the child’s strengths and developmental progress, as well as those areas that need support.^{4,9,10}
- b. The Individual Family Services Plan (IFSP) outcomes for EI children should be functional, based on the child’s developmental status, and influenced by the parents’ concerns, priorities, and resources.^{4,7,9,33,34} Integrated functional outcomes should focus on the child’s participation in community and family activities (natural environments) and identify how parents/caregivers will know when the goal has been achieved by using measurable criteria that anyone can use to assess progress.⁹ In this way, therapists and teachers can ensure parents/caregivers understand what their child’s progress may look like over the next six months.^{4,33,34}
- c. By integrating child and family information (e.g., culture, developmental status, concerns, priorities, and history) with knowledge of birth to three development, early interventionists can customize evidenced-based strategies embedded within routine activities that support the child’s learning.^{35,36,37,38,39,40} Early childhood learning is relationship-based and should build upon children’s strengths and interests.^{4,9,10,39,40,50} Activities should not be so easy that the child loses interest or so difficult that the child gives up trying because infants and toddlers learn best with lots of practice.^{9,39} Understanding infant and toddler development will ensure that activities are challenging enough to keep the child engaged so that when the goal is achieved it helps both the parent/caregiver and child feel confident and competent.^{4,9,14,26,36}

- d. By knowing birth to three development, interventionists can help parents/caregivers understand how their toys and other materials in their home or in their childcare center can be used to help support the child's functioning.^{9,11,13,14,21,39}
- e. Research about the effectiveness of early intervention services show that the earlier infants and toddlers receive services, the better the outcomes in health, communication, cognitive development, and social/emotional development.^{3,27,28,29} Parents of children who received Early Intervention also report being able to better understand and meet their children's needs as a result of Program participation.^{3,27,28,30} Despite these positive outcomes, there are more children that need early intervention in the country than are currently being served and racial disparities still exist.³ It is also estimated that one in four children birth to five are at moderate or high risk for developmental, behavioral or social delays.^{27,28,31} Part of the mission for the Part C program is "to identify, evaluate, and meet the needs of underrepresented populations."¹ There is a greater need for more early childhood professionals in EI, in pediatrics, in the allied health professions, and in early childhood programs that know typical and atypical birth to three development; that regularly screen infants and toddlers; and that can speak with parents about options like the Early Intervention Program when suspected delays are found.^{3,31,32} Knowledge of early childhood development can enhance health equity for our youngest children.

2. Competency Area Two: Multi-cultural and diversity factors related to engaging and working with EI families, performing quality evaluations, and providing services.

i. Evidence supporting Competency Area Two:

- a. A central guiding principle for development of the competency areas is the need to assure that the NYS EI Workforce is trained to serve children and families of diverse cultural and linguistic backgrounds. New York families reflect many cultures and languages. In NYS, about 5.7 million people speak a language other than English. The top ten languages are Spanish, Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, and Polish (<https://www.ny.gov/language-access-policy>).
- b. Sensitivity and respect for the culture and values of individual family members and each family's ecology, activities, and beliefs are integral to engaging and communicating with parents/caregivers and to building trust.^{4,9,10,14,33,36,40} This includes their perceptions and attitudes about development, disability, and therapy. Respect for and understanding each family's culture should be a common thread throughout the family's journey in early intervention from referral to transition; and should be implemented by every EI practitioner who works with the family, including service coordinators, evaluators, therapists, and teachers.^{4,9,10,14,15,40} This can support the:
 - Retention of families in the Early Intervention Program, because they are treated as an equal team member with respect and their concerns, priorities, feedback, and information are considered important,^{1,4,9,10,14,15,25,36}
 - Enhancement of the parents'/caregivers' sense of confidence and competence in helping their children learn, function, and grow,^{1,4,9,10,26,38,39,41} and
 - Partnership and collaboration between EI professionals and parents/caregivers and between members of each family's early intervention team.^{4,9,10,14,15,26}
- c. According to the DEC Recommended Practices, EI professionals "are expected to conduct

assessments that include all areas of development and behavior, to learn about the child's strengths, needs, preferences, and interests and to use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life."⁴ Culture is reflected in many aspects of a family's life – in how they do their routines (e.g., meal times, bath times, travel times, sleep times; playtimes); social-interaction styles; and parenting styles. Understanding the family's culture provides a more complete picture of the child's history and experiences and how they impact what parents do with their child during routine activities, as well as their ideas and expectations regarding their child's development and disabilities. ^{4,9,10,14,15,16,26,33,34}

ii. *Examples of Competency Area Two:*

- a. Evaluation tools are sometimes inappropriate to use with culturally and linguistically-diverse children. Therefore, EI evaluators must use informed clinical opinion and additional sources of information to perform an evidence-base evaluation. Multiple methods are used to gather information to perform an evaluation that fully captures the child (e.g., record of words the child understands and uses in each language) to determine whether the child meets eligibility for early intervention. Understanding the family's culture provides a more complete picture of the child's developmental history and experiences and how it impacts what parents do with their child during routine activities. Even when appropriate evaluation tools are available, evaluators must use more than one source of information since the determination of eligibility for the EI program cannot be based solely on assessment scores. It is important for evaluators to perform authentic assessments (observations), conduct parent/caregiver interviews, and review medical and child/family history to gather enough information to arrive at an informed clinical opinion. ^{4,5,6,9,10,14,15,33,34} For example, asking parents about how their children spend their day to know what languages they use and understand. A child may have parents that may speak only English to them, but they also spend ten hours a day during the workweek with their grandmother who speaks primarily Spanish to them.
- b. Whether in-person or via remote telehealth services, early interventionists must always demonstrate knowledge and flexibility in using different ways to engage and communicate with parents during evaluations and services. Understanding the multi-cultural and diversity factors related to working with EI families is critical to achieving family and child outcomes. ^{4,9,14,33,34,42,43} For example, knowing that a family practices the sabbath on Fridays may influence when sessions may be scheduled or when working on increasing a child's vocabulary so that they can express what they want, it is essential to ask parents what words (whether in English or in another language) they would like the child to learn.
- c. It is important that therapists and teachers understand the family's concerns, priorities, culture, and ideas. Using family information is important when collaborating with parents/caregivers on the new strategies that they can use during routine activities to support their children's development. ^{4,9,10,15,16,18,20,21,26,32,39} When parents find new strategies too complex or too foreign, they may not use them between sessions. ^{4,38,39,40} The types of strategies that interventionists create with parents/caregivers must consider the way the routines are done and understand what and how materials are used during families' routines. ^{4,9,10,11,12,13,14,15,18,20,24,25,26,33,34,39,40} For example, if the child and family primarily use injera (bread) to scoop up food during meal times, the interventionists should not presume

that showing their child how to use a spoon is a priority for them.

- d. Understanding multi-cultural and diversity factors related to engaging and working with EI families supports the Part C mandate [IDEA, Part C §303.26] that EI services, “to the maximum extent possible, should be provided in natural environments that are settings that are natural or typical for a same-aged infant and toddler without a disability, such as home and community settings.”^{1,4,7,9,10,14,16,35,41,42} Natural environments include the family’s routine activities (e.g., playing, bathing, eating, dressing), the early childhood programs they participate in (e.g., child care, Early Head Start, faith-based programs), and other activities that are usual and characteristic for each individual child and family.^{4,9,10,14,16,26,33,35,36,38,39}

For example, when EI children are receiving services in an early childhood program, services are expected to be inclusive - provided during routine activities with the other children and using materials that are typically found in the childcare center. Early interventionists are expected to collaborate and communicate with parents and the childcare staff. The interventionist should not separate the EI child from the other children during sessions by going into a corner or another room with the child. If this occurs, this ceases to be a natural environment and decreases opportunities for socialization with other children.

3. Competency Area Three: Understanding the parent-child dyad and enhancing families’ capacities to help their children through consistent and effective communication, coaching, coordination, and collaboration.

i. Evidence supporting Competency Area Three:

- a. Earlier research by Mahoney and colleagues (1998)^{14,39,44} demonstrated that parents and caregivers are the instrumental factor in the success of early intervention services. The success of intervention depends on the frequency with which parents and caregivers use strategies to interact and promote their children’s participation in real-life activities.^{4,14,39,44} By supporting parents and caregivers in their interactions with their children, EI professionals are enhancing the frequency and level of responsive interactions in the parent-child relationship.
- b. Research in early childhood brain development and infant mental health places an important emphasis on children’s social-emotional development and the quality of the interaction in the parent-child dyad (relationship-based). It is important for interventionists to understand typical and atypical social-emotional development and the factors that may impact the interaction quality of the parent-child dyad (e.g., maternal post-partum depression).^{29,45,46,47,48,49,50} Current research highlights the significant impact of parent-child relationships on early brain architecture. The brain makes one million neural connections per second from birth to age three, especially when parents and children engage in consistent, responsive interactions (e.g., serve and return). The quality of the “serve and return” relationship between children and their parents/caregivers plays a critical role in providing a solid foundation for future learning, health, and behavior.^{29,45,46,47,48,49,50} According to the Center on the Developing Child at Harvard University, the critical factors in developing this strong foundation are children’s relationships, the activities in which they have opportunities to engage in, and the places in which they live, learn, and play.^{29,45,46,47,48,49,50}
- c. Positive experiences with caring and responsive adults can also mediate adverse childhood experiences (ACEs) such as extreme poverty, abuse, and neglect.^{3,28} Therefore, it is important that interventionists work closely with parents/caregivers to reinforce and support quality

interactions with their children. In fact, one of the major family outcomes for all parents/caregivers participating in the EI program is that they learn new ways to help their children.⁸ According to the US Department of Health and Human Services (March 2014), “Families are children’s first and most important teachers. Combining the love and knowledge families have of their children with tools, guidance, and tips recommended by experts, can help optimize the developmental support children receive.”⁵⁰

ii. *Examples of Competency Area Three:*

- a. The OSEP (Office of Special Education Programs) TA Community of Practice: Part C Settings Workgroup on Principles and Practices in Natural Environments (March 2008) identified some ways that interventionists can use to support their engagement with parents/caregivers and support the parent-child dyad:^{9,10}
 - EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child’s development,
 - Using professional behaviors that build trust and rapport and establish a working “partnership” with families,
 - Valuing and understanding the provider’s role as a collaborative coach working to support family members as they help their child, incorporating principles of adult learning styles,
 - Providing information, materials, and emotional support to enhance families’ natural role as the people who foster their child’s learning and development,
 - Pointing out children’s natural learning activities and discovering together the “incidental teaching” opportunities that families do naturally between the providers visits, and
 - Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child.
- b. One of the most effective approaches in supporting the parent-child dyad is coaching parents/caregivers since coaching has a positive impact on the outcomes of intervention.^{17,18,19,20,26}
 - Improves parent/caregiver competence and confidence in using strategies that support their child’s development and learning.²⁶
 - Helps families achieve their outcomes.^{4,9,17,18,19,20,26}

Coaching is defined by Rush and Shelden (2011) as “an adult learning strategy in which the coach promotes the learner’s ability to reflect on their actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.”²⁶ The following provides information and examples about coaching:^{21,26}

- Coaching is characterized by ten key elements – it’s consistent with principles of adult learning, capacity-building, non-directive, goal-oriented, solution focused, performance based, reflective, collaborative, context driven, and as hands-on as it needs to be.²⁶
- Coaching is a type of interaction and is not a service delivery model.²⁶ In addition, interventionists are not expected to train parents/caregivers to be teachers or therapists.

- Interventionists perform authentic observations of the family routine activity and use their expertise to identify those areas where the parent/caregiver can enhance the child's functioning and learning (e.g., verbal, or physical prompt; types of reinforcers) within the routine activity.
- The interventionist observes the parent/caregiver trying out the new strategy with the child to determine whether it's easy or hard to do and whether it helps the child to function better in the routine activity. They collaborate on the strategy together.
- Parent/caregiver feedback is important to ensure that the strategy is tailored to the family's routine activity, is easy for the parent to use, and is effective.
- Young children require lots of practice and they learn at different times of the day. By coaching the parent/caregiver on new strategies to support the child during the family's routine activities, the child is provided many more opportunities to learn and practice within meaningful contexts.³⁹ In addition, the parent/caregiver does not have to set aside a special time for the child to practice between sessions.

According to Rush and Shelden (2011), "Coaching is an evidence-based strategy that practitioners can use to assist them in moving from primary use of child-focused interventions to evidence-based interventions that promote growth and developmental progress for young children and that enhance the confidence and competence of their family members and other care providers."^{23,24,26} There are five evidenced-based components of effective coaching:^{23,24,26}

- **Joint Planning.** This is the agreement by both the interventionist and the parent/caregiver on the actions to be taken by both or the opportunities for the parent/caregiver to practice between sessions. It occurs as a part of coaching and typically involves discussion of what the parent/caregiver agrees to do between sessions, to use the information that has been discussed or the skills that were practiced. For example, a strategy that was agreed upon during the session is that the parent/caregiver may offer their child different choices during playtimes. Another example of joint planning is the interventionist and the parent/caregiver discussing what the focus of the next session will be and scheduling it during the appropriate routine activity.
- **Observation.** This involves the examination of another person's actions or practices (either the interventionist or parent/caregiver) in order to develop new skills, strategies, or ideas. For example, an observation may occur when the interventionist observes the parent/caregiver and child during a routine. Another example is when the parent/caregiver watches the interventionist model a strategy, after which the parent/caregiver may reflect on, discuss, or practice using the strategy with their child.
- **Action/Practice.** These occur within real-life situations (routine activities) that provide the parent/caregiver opportunities to practice, refine, or analyze new or existing skills. It provides opportunities for the parent/caregiver to use the information that has been discussed with the interventionist or to practice newly learned skills. For example, an action occurs during an EI session when the

parent/caregiver tries using a physical prompt with their child during snack time or an action can happen between EI sessions when the parent/caregiver uses the physical prompt during family mealtimes.

- **Reflection.** Reflection follows an observation or action and provides the parent/caregiver the opportunity to analyze current strategies and hone their knowledge and skills. For example, the interventionist may ask the parent/caregiver to describe what worked or did not work during the observation or between sessions, and to create other ideas and actions to continually increase their knowledge and skills.
- **Feedback.** Feedback is defined as information that is provided by the interventionist based on the observations of the parent/caregiver, as actions reported by the parent/caregiver, or is the information shared by the parent/caregiver to expand their current level of understanding about an evidence-based practice. For example, feedback occurs after the parent/caregiver has had the opportunity to reflect on their observations or actions, or after the parent/caregiver has practiced a new strategy. Feedback may support the parent/caregiver's reflections or increase the parent/caregiver's understanding of how the evidence-based strategy works. Feedback can also support modification of the strategy when the child's functioning has not improved or when the parent/caregiver does not feel comfortable using the strategy.

All the five components are not utilized in a serial fashion during a coaching session. Each coaching session is tailored to the abilities, skills, knowledge, priorities, confidence, competence, and learning style of the parent/caregiver.

4. Competency Area Four: Understanding and use of evidence-based, family-centered best practices with families and caregivers via parent/caregiver collaboration, coaching and strengthening family capacities

i. Evidence Supporting Competency Area Four:

- a. National professional associations across disciplines, Part C of the Individuals with Disabilities Education Act, the Office of Special Education Programs (OSEP) Workgroups on Natural Environments, and evidence-based research all recommend that early intervention therapists and teachers utilize family-centered best practices in their work with children with disabilities and their families.^{1,4,9,10,14,15,20,34,36,39,40,43,50,51,53}
- b. The Early Childhood Personnel Center (ECPC) at the University Center for Excellence in Developmental Disabilities at the University of Connecticut reported on the four areas of competence for EI professionals working with infants and toddlers.⁵¹ One of the four competencies is family-centered practice. Family-centered practice is defined as “the delivery of culturally competent and family responsive early childhood intervention that respects and facilitates a family’s active partnership and participation in the assessment, planning, implementation, and monitoring of the interventions delivered to their child and themselves.”¹⁵
- c. The Division of Early Childhood’s (DEC) Recommended Practices⁴ identified how EI professionals should work with families: “Family practices refer to ongoing activities that (1)

promote the active participation of families in decision-making related to their child (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family and child and the services and supports to achieve those goals); and (3) support families in achieving the goals they hold for their child and the other family members.” The DEC saw this in three ways: family-centered practices, family-capacity building, and family and professional collaboration.^{4,54}

ii. *Examples of Competency Area Four:*

- a. The OSEP’s Workgroup on Principles and Practices in Natural Environments (2008) identified principles and examples of early intervention family-centered best practices (see the paper to review all the examples of what to do and what not to do):^{9,10}
- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
 - Using toys and materials found in the home or community setting and helping the family understand how their toys and materials can be used or adapted.
 - Focusing intervention on caregiver’s ability to promote the child’s participation in naturally occurring, developmentally appropriate activities with peers and family members.
 - All families, with the necessary supports and resources, can enhance their children’s learning and development.
 - All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources).
 - Assuming all families have strengths and competences; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly.
 - The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.
 - EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child’s development
 - The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.
 - Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family’s cultural, ethnic, racial, language, socioeconomic characteristics, and preferences.
 - IFSP outcomes must be functional and based on children’s and families’ needs and priorities.
 - Functional outcomes build on natural motivations to learn and do; fit what’s important to families; strengthen naturally occurring routines; and enhance natural learning opportunities.
 - Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.
 - Updating knowledge, skills, and strategies by keeping abreast of research.

5. Competency Area Five: Reflective practice and reflective supervision to support self-reflection and on-going professional development.

i. Evidence supporting Competency Area Five:

- a. To be able to work effectively with culturally diverse families and to integrate family-centered best practices, EI professionals should self-reflect on their work to better know and understand their own values, implicit bias, and assumptions and how these can impact their communication (via words, attitudes, and body-language), perceptions, expectations, interactions, and actions with others.^{12,55,60,61,62,63,64}
- b. To be professional and ethical, EI professionals should not be judgmental and should demonstrate respect for the culture and values of the families and other professionals with whom they work. The Early Childhood Technical Assistance Center (ECTA) has developed both Performance Checklists and Practice Guides for EI Practitioners to self-reflect and self-assess their utilization of the Division of Early Childhood (DEC) Recommended Practices (e.g., Leadership, Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaboration, and Transition., etc.). For example, the four Family Checklists cover Family-Centered Practices, Informed Family Decision-Making Practices, Family Engagement Practices, and Family-Capacity-Building Practices.⁵⁴

Interventionists are expected to use practices based on evidence-based research, laws, and regulations, and recommended professional practices. Interventionists are expected to be professional, ethical, perform on-going research to update skills and knowledge, and avail themselves of resources (e.g., checklists, practice guides, scales, Communities of Practice), professional development, and supervision opportunities so that they can continue to provide high quality services to all early intervention families.^{19,56,57,58,59,60,61,62,63,64}

ii. Examples of Competency Area Five:

- a. Interventionists may have unconscious expectations or perceptions about families that can affect how they interact and communicate with families. To identify implicit bias, EI professionals should use reflective practices and reflective supervision to self-reflect and become self-aware about their own values, assumptions, and ideas about families. This can affect the interventionist's level of professionalism and ethics and can impact families' access to the EI evaluations and services.^{58,59,60,61,62,63,64} Assumptions about a family may derail their experiences in EI and prevent the family from receiving the full benefits of the program. For example, interventionists may have personal beliefs about race/ethnicity, same sex couples, single or non-married caregivers, religion, immigrants, poor neighborhoods, and non-English speaking people or people that have accents. Interventionists can ask themselves, "What are my beliefs about people and does that impact my expectations and interactions with them?"
- b. Rebecca Parlakian stated that "Reflection is a time to slow down, to see what can be learned if we take the time to carefully look at and listen to ourselves, and those with whom we work."⁶² To effectively change practices, content training is not enough. Interventionists need time to process the information, think of ways to integrate new evidenced-based practices into their work, try out these new practices, and then evaluate their performance and the impact on families. Reflection supports professionals thinking about their work and raising the quality of their interventions.⁴³

- c. There are essential components to reflective supervision:^{60,61,62,63,64}
- Reflection involves taking a step back and setting aside time to think about what the experience really means by examining our thoughts and feelings and identifying the interventions that best meet a family’s goals. The reflective supervision experience is based on a foundation of trust.
 - Collaboration emphasizes sharing responsibility and the control of power. Collaboration is supported by active listening and clear expectations about people’s roles in supervision. The expectations and rules are developed and agreed upon by the supervisor and supervisee(s). True collaboration requires open communication in both directions and is protected by confidentiality.
 - Supervision must be done on a regular basis and enough time must be allotted for the meeting (minimal cancellations, rescheduling or procrastination). Consistency is key. It is important that interventionists set aside time for reflective supervision and reflective practices during times in their schedules as a commitment to professional development and self-care.

D. Recommendations concerning curriculum and fieldwork placements during graduate school training of Early Childhood Professionals

We are pleased to recommend our Five Competency Areas for EI Professionals for inclusion in the training curriculum of the graduate programs that train future EI professionals.

In order to assure that professionals choosing careers in the EI field are prepared to provide quality services to young children and their families, we recommend a change in field placements/practical settings. Early intervention therapists, teachers, providers, and other partners report that students often do not have adequate fieldwork placements in the natural environment for EI services such as in the home and community.^{4,9,10,16,21,26} They report that most fieldwork placements occur in classroom settings working with children four years and older.

We recommend augmenting fieldwork placements/clinical practicums in home and community settings with typically and atypically developing children, aged birth to three years. It is through training experiences in the natural EI environment that students learn fundamental skills to:

- Engage families and respect and understand their individual cultural and linguistic diversity and their impact on the families’ ideas, information, concerns, priorities, routines, and expectations;^{4,6,9,10,11,16,18,21,25,33}
- Work with and enhance the child’s and family’s strengths;^{4,9,10,14,16,}
- Use the materials typically found in the family’s routine activities;^{9,10,11,13,16,21,36} and
- Jointly plan and consistently communicate, reflect, and exchange information, feedback and ideas when working collaboratively with parents/caregivers and other interventionists from different disciplines.^{2,9,10,38,39,40,41,44,48,50,51,52,53,54}

Such fieldwork placements/clinical practicums, supervised by EI professionals, will hopefully also encourage students in the EI-related professions to consider careers in the EI system by providing opportunities to reflect on the work they are doing with families with their clinical supervisors.^{58,59,60,61,62,63,64}

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