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

August 2023

NEW YORK STATE | Department of Health | Bureau of Early Intervention

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Companion Document for the
Competency Areas for the Delivery of Evidenced-Based Evaluations and Services in the New York State

A. Introduction

The New York State Department of Health Bureau of Early Intervention (NYS 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 (EI) Program. A key recommendation that was made by the Subcommittee and supported by the SEICC was to reduce the current regulatory requirement to a minimum of 1,000 clock hours needed for teachers and therapists to obtain approval from NYS 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.

Early Intervention professionals encompass a range of disciplines. Professionals working in the NYS Early Intervention Program include, but are not limited to, early childhood special educators, occupational therapists, speech-language pathologists, physical therapists and social workers. Most graduate programs in these disciplines cover the entire life range from birth to geriatrics with minimal focus on birth to three development and/or on early intervention evaluations and service provision. In addition, current clinical and fieldwork placements offer few opportunities to gain experience within early intervention settings such as the home or community (e.g., child care programs), where a majority of evaluations and services are actually provided in the program.

The NYS BEI released the ***Competency Areas for the Delivery of Evidence-Based Evaluations and Services in the New York State Early Intervention Program*** on January 31, 2022. The five competency areas 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 infants and toddlers with developmental delays, and their parents/caregivers. The competency areas identified emphasizes the importance of understanding multi-cultural and linguistic factors that impact all aspects of the Early Intervention 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.

Table 1. New York State Competency Areas for the Delivery of Evidence-Based Evaluations and Services

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.

While five competency areas were identified, developing proficiency in them requires opportunities for students to complete fieldwork placements or clinical practicum in early intervention settings (natural environments) and to work with children birth to three. Under the supervision of a clinician, graduate students are able to reflect and learn about working as EI professionals with diverse families in home and community settings; perform evaluations and write reports; respectfully engage with caregivers and children within culturally diverse families; coach and partner with parents and caregivers; and collaborate with other EI professionals across different disciplines. See Appendix F for additional resources regarding fieldwork placements.

The *Competency Areas for the Delivery of Evidence-Based Evaluations and Services in the New York State Early Intervention Program were developed to*:
- Support skill building for the EI work force in delivering in-person and telehealth services.
- Incorporate the recognition that cultural and linguistic competence are central to successful Early Intervention practice in partnership with families.
- Guide the development of required NYS BEI continuing education for EI professionals delivering early intervention evaluation and services.
- 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 (Individuals with Disabilities Education Act), and to promote exposure and skills-building by offering field experience in early intervention and early childhood settings.
- Increase workforce capacity in a way that promotes the use of evidence-based practices, which may not have been included in graduate preparation program across New York State.

B. Purpose of the Companion Document

This companion document defines each of the five competency and its learning objectives, identifies the types of knowledge and skills that characterizes each area, provides the evidence-based research, papers and tools to build early intervention curricula and professional development programs to support pre-service graduate preparation and on-going post-graduate professional development.

The Early Childhood Technical Assistance Center (ECTA)[57] identified eleven indicators and elements that combine to provide an effective technical assistance model for supporting inclusion across disciplines, and for enhancing quality and building capacity within the early childhood system on a state level. These are:

1. Cross-sector leadership,
2. Policy/guidance,
3. Family engagement,
4. Accountability,
5. Data use and continuous quality assurance systems,
6. Funding,
7. State early learning standards/guidelines,
8. Program standards,
9. Allocation of resources to support personnel,
10. Coordination of professional development resources, personnel standards, credentialing, certification and licensure, pre-service education and personnel preparation, and
11. Public awareness.

The Competency Areas for the Delivery of Evidenced-Based Evaluations and Services in the New York State Early Intervention Program and this companion document support several of these indicators (e.g., professional development, pre-service education and personnel preparation).[57] Specifically, ECTA Indicator #10 for Pre-service Education and Personnel Preparation indicates that institutes of higher education (IHE) should provide specific courses and practicum experiences that include:[57]

- Pre-service learning opportunities in inclusive settings,
- Experiences in consultative, coaching, and mentoring practices,
- Competencies in collaboration and teaming,
- Developing and supporting family partnerships and engagement,
- Reflect and align with national organization and association standards of practice, and
- Periodic review of the effectiveness of course content and practical experiences to ensure they address skill development and competencies.

The need for core competencies in the delivery of Early Intervention services is also reflected in the work of the Early Childhood Personnel Center (ECPC) at the University Center for Excellence in Developmental Disabilities at the University of Connecticut. The ECPC identified four areas of competence for EI professionals working with infants and toddlers.[36] The early intervention and early childhood services organizations that participated in this work 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.[61] The four areas of competencies are family-centered practice; coordination and collaboration; interventions as informed by evidence; and professionalism and ethics that are reflected in the knowledge and skills of this companion document.

There is agreement across disciplines regarding important EI best practices and competencies. The Regional Resource Center Program identified the key principles of effective early intervention

practices in a cross-walk document that explored the literature, position statements and resources from professional organizations that provide EI services such as the American Academy of Pediatrics (AAP), American Occupational Therapy Association (AOTA), American Speech-Language-Hearing Association (ASHA), American Physical Therapy Association (APTA), the National Association for the Education of Young Children (NAEYC), and the Division of Early Childhood of the Council for Exceptional Children (DEC).[58,59] Agreement with the following EI principles across professional associations include but are not limited to:[8,58,59]

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with the necessary supports and resources, can enhance their children's learning and development.
- 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.
- 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.
- IFSP outcomes must be functional and based on children's and families' needs and priorities.
- The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.*
  *The primary provider or transdisciplinary method is not used in the NYS Early Intervention Program. Currently, a multi-disciplinary method is used, therefore, the family's priorities, needs and interests must be addressed by everyone on the family's EI team which makes collaboration and coordination among EI practitioners for each family even more essential.
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Early intervention best practices complement and are part of the existing evidence-based practices and standards across disciplines. Despite the consensus across disciplines reported by the Regional Resource Center and the Early Childhood Personnel Center [36,58], early interventionists report that they never learned specifically about family-centered best practices, natural environments, parent/caregiver engagement, embedding strategies within routine activities, and partnering with parents/caregivers via collaborative coaching[8,10,20,32,59] This makes integrating EI competencies into graduate curricula and into professional development trainings vitally important to the delivery of quality early intervention service to children in the New York State Early Intervention Program.

The New York State Department of Health, Bureau of Early Intervention has already set up important infrastructure to ensure that early interventionists are receiving continuing education training on best-practices in the delivery of Early Intervention services. the NYS BEI Provider Agreement requires that all early intervention professionals working in New York State participate in early intervention-related professional development training. Most professionals must also routinely complete trainings that provide continuing education credits to maintain their professional licenses or certifications. Therefore, this companion document provides list of resources in the appendices for free professional development opportunities that provide Continuing Education Units and Continuing Teacher and Leader Education units (respectively CEUs and CTLEs).

This companion document was created by the State Early Intervention Coordinating Council's Workforce Capacity Task Force with academic graduate programs operating in New York State across four disciplines (Early Childhood Special Education, Occupational Therapy, Speech Therapy, and Social Work). These graduate programs have integrated the ***Competency Areas for the Delivery of Evidence-Based Evaluations and Services in the New York State Early Intervention Program*** into their graduate programs while they continue to meet their respective discipline's requirements for licensure or certification for their graduate students. It is important to note that when academic graduate programs with diverse student bodies participate in graduate programs that integrate the Early Intervention competencies, students become aware of the NYS EI Program and develop an interest in delivering early intervention services. This helps to build a diverse workforce and expand workforce capacity.

Academic graduate programs interested in integrating the Competency areas or creating professional developmental learning opportunities should not only review the competency areas and this companion document but should reach out the program who have done so successfully for support.

Table 2: Competency Area integration approaches across discipline and academic institutions[1]

1. Modified content of current graduate courses to include the EI competencies - Hunter College Silberman School of Social Work; Brooklyn College's Early Childhood Education and Art Education Department; and by the New York Medical College- Division of Speech-Language Pathology, Department of Rehabilitation Sciences, modified content in its current graduate course in EI to include a discussion of the competencies.

2. Created Specialization in Early Intervention tracks within graduate programs - SUNY Downstate Occupational Therapy, Brooklyn College Speech Language Pathology, Lehman College Speech, Language, and Hearing Sciences and New York Medical College – Division of Speech-Language Pathology, Department of Rehabilitation Sciences.

3. Created a Professional Development Institute to provide professional development opportunities related to the competency areas for service coordinators and early interventionists currently delivering early intervention services - Hunter College Silberman School of Social Work

4. Created a cross-disciplinary Certificate Program in Early Intervention and Parenting that was approved by the NYS Education Department - Brooklyn College's Early Childhood Education and Art Education Department.

5. Created Master-level program in Integrated Bilingual Early Childhood Special Education - Queens College's Special Education, Educational and Community Programs.

6. Built academic collaborations to create inter-professional learning experiences to foster ongoing collaboration and communication among multidisciplinary teams across program for different disciplines - Brooklyn College's Early Childhood Education and Art Education Department, Brooklyn College's and Lehman College's Speech Language Pathology Programs, SUNY Downstate Occupational Therapy Program; Rochester's Interprofessional Scholars of Early Intervention (RISE) at Nazareth College with their Early Childhood Education and Speech-Language Pathology students.

7. Developed a simulation of the Neonatal Intensive Care Unit and the home-visiting experience that provided opportunities for students across disciplines to partner and communicate with each other; learn more about typical and atypical development across domains; and self-reflect on

C. Competency Areas for EI Professionals for the Delivery of Evidenced-Based Evaluations and Services

This section of the companion document identifies each Competency Area for the Delivery of Evidence-Based Evaluations and Services in the New York State Early Intervention Program. The format of each of the five competency areas includes a table that summarizes each competency area followed by a more detailed narrative that includes key tools and resources. Each competency area section contains definitions associated with each competency area, the learning objectives, and the necessary evidence-based knowledge and skills needed to work effectively with children and families in the NYS Early Intervention Program. Additional resources, articles, videos, and books are included listed in the appendices for each competency area. Also note that Appendix F provides references and resources for fieldwork placements and Appendix G focuses on resources, videos, and papers related to telehealth, autism, and Part C services.

1. Competency One

Table 3. Summary for Competency One Learning Objectives, Knowledge and Skills

Competency 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.	
Definition: - Typical development includes the milestones and skills achieved in ages and stages in early childhood development and reflects the generic progress of the child compared to peers of the same age. - Atypical development occurs when a child's development does not follow typical developmental milestones due to immature development. The child demonstrates different or altered patterns of skills and typically lags behind peers of the same age.	
Learning Objective: To understand typical and atypical development for children birth to three to perform comprehensive evaluations and written reports; to support the development of the IFSP (Individualized Family Services Plan) and functional outcomes that integrate the family's concerns, priority and resources, to provide evidenced-based services using family-centered best practices, and to regularly monitor progress.	

KNOWLEDGE	SKILLS
-Knows the five domains of typical and atypical development for children birth to three: - adaptive, - cognitive, - communication,	-Identifies typical and atypical development and common diagnoses and their characteristics for infants and toddlers -Can discuss with parents/caregivers about referral to Early Intervention or for on-going developmental monitoring.

• physical (e.g., vision, hearing, fine and gross motor, medical and sensory processing, and • social-emotional -Knows when children should be referred to the Early Intervention Program or to Developmental Monitoring (Child Find). -Understands that children's level of functioning during routine activities involve contributions across different developmental domains -Understands that delays in one domain can impact skills and functioning in other domains	-Collects information to create a holistic picture of the child in the evaluation report by identifying and recording the child's strengths and areas that need support. -Uses multiple sources of information in addition to standardized tools to understand the child's functioning and development: observations/authentic assessments, observations from and interviews with parent/caregivers, etc.-Tailor strategies to each family and child. Monitors child's developmental progress regularly and documents comprehensive session and progress notes. -Modifies strategies based on child's progress, engagement and participation in family routines parent/caregiver feedback, and how much they fit within the family's routine activities. -Ethically and professionally complete session and progress notes to reflect child's functioning and the child and family's progress toward meeting the functional outcomes
-Knows Early Intervention (EI) federal, state and municipal regulations, policies, procedures, and national family and child outcomes. -Understands the mission and goals for the EI program (Part C of IDEA) and the process of EI from referral to transition. -Understands family rights in EI and the different forms required in the program. Understands the voluntary nature of family involvement in early intervention.	-Demonstrates knowledge about the EI Program and can explain • the goals of the EI program, • how to make a referral, the role of evaluations, and eligibility for EI, • the purpose of the IFSP meeting and what functional outcomes are, • what services look like (collaborative coaching, embedded strategies in routines, team coordination and communication), and • the roles of the interventionist, early intervention official designee, service coordinator, and parents/caregivers in the program.
-Knows all the components required for EI evaluations, the state eligibility criteria for the program, and how to perform culturally and linguistically appropriate evaluations.	-Uses evidence-based best practices in their own discipline and in early intervention (e.g., family-centered best practices). -Knows when evaluation tools are appropriate/inappropriate to use for a child -Can describe and explain the evaluation process and the criteria for eligibility to families and colleagues. -Captures the parents' concerns, priorities and

	resources during the evaluation process and documents this information in the written evaluation. -Offers parents a Family-Directed Assessment and explains what this is to parents. -Uses multiple sources of information (e.g., results from appropriate evaluation tools, authentic observations, informed clinical opinion, examples of child's functioning and development, parent/caregiver ideas, priorities, concerns, and observations, child's medical and developmental histories) to write the evaluation and to help determine the child's eligibility for the program. -Exhibits ethical and professional behavior with families and with EI team members during evaluations and services and supports team collaboration.
-Understands EI concepts like natural environments, functional outcomes, parents' concern, priorities and resources, individualization of services, embedded strategies, family-centered practices, collaboration, communication, and coaching. -Understands how family-centered practices are reflected in every aspect of the early intervention program from referral, evaluations, IFSP, functional outcomes, service authorizations, services, and transition.	-Explains and describes these main EI concepts to families at each step of the EI process. -Employs family-centered best practices in evaluations and service provision and engages parents/caregivers at each stage of the process. -Understands and provides services in natural environments that include the settings, materials, people and activities of the child and family. -Writes functional outcomes with the IFSP team that integrates each family's concerns, priorities and resources and supports the child's participation and functioning in the family's routine activities -Uses evidence-based components of coaching in their partnership with parents/caregivers. -During sessions, uses the materials that are part of the family's routine activities in the home and community -Uses authentic assessments (observations) to understand the family routine activities and to monitor progress. -Communicates regularly with the family and other members of the EI team regardless of the location of services.

    i. *Definitions for Competency One:*
        a. Typical development includes the milestones and skills achieved in ages and stages in early childhood development and reflects the generic progress of the child compared to peers of the same age.

b. Atypical development occurs when a child's development does not follow typical developmental milestones due to immature development. The child demonstrates different or altered patterns of skills and typically lags behind peers of the same age.

ii. *Knowledge Areas for Competency One:*
    a. The five domains of development for children birth to three:
- Learns and understands typical and atypical development in the five developmental domains for children birth to three: adaptive, cognitive, communication, physical and social-emotional.
- Understands that delays in one developmental domain can impact the skills and abilities in other domains. For example, delays in communication may also impact performance in cognitive, social-emotional, and motor skills.
- Children's level of functioning in every day routine activities usually involve contributions from different developmental domains. For example, Joshua's level of functioning during meal-time (an adaptive skill) is influenced by where his cognitive, social-emotional, communication, and motor skills fall along developmental milestones.
- Knowledge of typical and atypical development for birth to three impacts many aspects of the EI Program, from screenings/evaluations to developing functional outcomes with parents to creating strategies embedded within routine activities to the on-going assessment of progress.
- Knows typical and atypical development and relevant diagnoses for infants and toddlers; and when children and their families should be referred to the early intervention program or to developmental monitoring.

    b. Federal and state regulations and policies and procedures: Understands the mission and goals of Part C of the Individuals with Disabilities Education Act (IDEA) as the foundation of Early Intervention Programs across the country. Part C service of the Individuals with Disabilities Education Act (IDEA)[1] was passed in order 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]

c. Knowledge of typical and atypical early childhood development and behavior is required for all professionals across disciplines prior to approval to work in the EI Program (New York State Public Health Law Title II-A of Article 25, Section 69-4.5.4)[2]

- Understands the key regulations and policies of the New York State Early Intervention Program [2] and applicable municipal requirements [3]
- Understands the Early intervention Program process, related forms and consents from one stage to the next critically, referral, evaluation and determination of eligibility for the Program, Individualized Family Services Planning Meetings and reviews including the development of functional outcomes, service provision and on-going monitoring of progress, transition to services offered under section 4410 of education law and other appropriate early childhood service options to maximize the delivery of services in least restrictive environments.
- Learns about IDEA family and child outcomes for Early Intervention Programs and the link between child and family outcomes and IDEA requirements.[4]
- Understands that knowledge of typical and atypical development will support interventionists performing evaluations, monitoring on-going progress and completing the child outcomes forms.
- Learns about the continuum of available early childhood services for children birth to three in their county. For example, referring children to Child Find when determined to not be eligible for EI,[5] Early Head Start, available childcare options, 3K (if available), and

d. Evidenced-based EI Evaluations:[6] The components for performing comprehensive evaluations should be a thread that runs across early intervention courses. This includes:

- A fundamental understanding that performing evaluations and writing reports involves perceiving a child holistically, gathering information as a result of performing an authentic assessments, speaking to parents/caregivers about their observations and about their child's developmental and medical histories, administering standardized evaluation tools appropriately, collecting data to make an informed clinical decision, making clinical determinations about the child's eligibility for EI and then documenting all this information into the report. Providing comprehensive, accurate results to parents is important.
  o Understand the NYS BEI's definition for developmental delay, and the State eligibility criteria for the Early Intervention Program.[6]
  o Understands the role of developmental screenings.
  o Knowledge of the diagnoses that have a high probability for future developmental delays that may make children automatically eligible for the EI program (e.g., cerebral palsy,

Down's syndrome, autism spectrum disorder, extreme prematurity with a birth weight of less than 1000 grams).
  - o Knowledge of at-risk conditions for future developmental delays, and when children should be referred to county Child Find programs.
- Understanding that Multidisciplinary evaluations determine the child's eligibility for the EI Program and not for specific services and that specific services are determined by the Individualized Family Service Plan (IFSP) Team at the IFSP meeting convened of each eligible child in the program.
  - o Learns about the role of the Individualized Family Services Plan (IFSP) meeting, who participates in this meeting, and how it supports family-centered services.
  - o Understands the importance of the parent interview, the family-directed assessment, and the parent's concerns, priorities, and resources and how that information is integrating into each child IFSP.
  - o Learns the components of IFSP functional outcomes and why *all* functional outcomes are expected to be addressed by each interventionist from their discipline's perspective.[8,20]
  - o Understands the significant role that parents play in creating functional outcomes and that the functional outcome is *a statement of the results that the family wants to see for their child and/or for themselves. Functional outcomes are not therapeutic goals or objectives (*NYSDOH BEI Memorandum 95-2).
- Understands that standardized scores alone are not enough to make a determination about eligibility for the EI Program. All multi-disciplinary evaluations should include the NYS BEI-required components listed below to support an eligibility determination. They must also be conducted in the appropriate language for the child.[6]
  - o Testing data, physical findings, data collected through clinical procedures, etc. as appropriate
  - o Information gathered through review of child records, parental interviews, and other available sources of information about the child's development;
  - o A preponderance of clinical clues/clinical indicators (i.e., the more clinical indicators or predictors of continued problems, the more serious the concern that a child will continue to experience developmental problems).
  - o Results of accurately administered standardized assessment instruments, including correct application of psychometric principles.

- Reviews what standardized evaluation tools are approved to be used by NYS DOH BEI.[7]
- Understands when standardized evaluation tools are not appropriate to use and explain why in the report (e.g., the sample for the evaluation tool spoke English only but the child being evaluated speaks Hindi).
- Understands how to gather the information to support the evaluator's informed clinical opinion about the child's developmental status and how to document this in the report.[6]

e. Natural Environments and Embedding Strategies:[8,9,10,11,12,13,14,15,20]

- Understands the meaning of the term natural environments under Part C of IDEA and why routine activities play an important role in supporting the child's learning and functioning between sessions.
- Understands what the *individualization* of services means in terms of considering the family's way of doing their routines. One strategy does not fit every child and family and often the strategy must be modified to better fit the family's routine activity, the caregiver's ability to use the strategy, and the child's engagement. Everyone has mealtimes so let's consider a dumpling metaphor. They are all delicious, but across cultures, they are made in different ways. Some are savory, and others are sweet; they are made of different ingredients; they may be fried, baked, boiled or steamed; and they're served in different ways (e.g., ebelskivers, gyoza, pelmeni, siu mai, kreplach, arancini, har gow, pierogies, tortellini). Mealtimes vary across people too.
- Understands how to gather information using authentic observations[8,20] before deciding to implement a strategy. Strategies for each family will need to be modified because mealtime looks different. An interventionist observes the routine activity each time they address a new outcome and discusses this with the caregiver before trying to introduce "Cheerios" to the child to facilitate using a neat pincer grasp during mealtimes.
- Understands how family-centered practices impact every aspect of the early intervention program from referral, evaluations, IFSP, functional outcomes, service authorizations, amendments, and transition.

iii. *Skills for this area to achieve Competency One:*

a. Demonstrates knowledge of the EI process and requirements from referral to transition.
- Identifies typical and atypical development in the five developmental domains.
- Identifies typical and atypical development and common diagnoses and their characteristics for infants and toddlers.
- Explains the mission and purpose of the EI Program.
- Supports referrals to the EI Program. Knows when children should be referred to the Early Intervention Program or to Developmental

Monitoring.

- Explains EI families' rights.
- Explains confidentiality in EI and the related consents.
- Explains the eligibility criteria for early intervention.
- Describes Individualized Family Services Plan (IFSP) meetings, who is present, and how IFSP functional outcomes are created.
- Offers alternatives to the EI Program when a child is not found eligible (e.g., county child find program, Early Head Start, child care, clinics affiliated with university programs, community programs, and 3K, if available), and explains the importance of on-going developmental screenings to parents/caregivers, especially for children at-risk for developmental delays.
- Develops quality service documentation and compliance with the billing process, including writing timely, appropriate and comprehensive session notes and progress notes.
- Collaborates and communicates consistently with parents/caregivers and other members of the EI team about the child's progress and services.
- Supports the EI family's transition from the EI program when the child approaches the age of three.
- Assists with the completion of the NYS BEI Outcomes Child and Family Surveys whenever one of their families is selected for the survey cohort.

b. IFSP Functional Outcomes[16,17]

- Understands that the IFSP functional outcome is a statement of the results the family wants to see for their child and/or themselves. The functional outcomes are not therapeutic goals or objectives. Therefore, the IFSP team writes IFSP functional outcomes based on families' concerns, priorities, and resources and with the required components that include the:
  - o Who (child/may include the parent),
  - o What/will do what (that's doable in 6 months for the children based on their developmental status),
  - o The measure of success (that everyone including the parent understands to assess progress),
  - o The routine activity (e.g., mealtime, play time, sleep time, travel time, bath time, park time, social times),
  - o The "So that" or the reason why this outcome is important to the family, and
  - o Under what condition (an optional component; this may include a verbal or physical prompt provided by the parent/caregiver or with the support of assistive technology).[16,17]
- Writes functional outcomes that build upon the child's engagement, strengthens their participation in their family routine activities, and

increases their opportunities to learn.

- Addresses each IFSP functional outcome from his/her own discipline perspective because a child's ability to function during a routine activity is based on contributions across integrated developmental domains. Therefore, functional outcomes and objectives should not be discipline-specific. When function outcomes include objectives, the objectives are the steps toward the goal the family sees for their child and/or for themselves.
- Understands how to develop quality functional outcomes, including that functional outcomes are written in parent-friendly language with no professional jargon; support the child's participation in the family's routine activities; reflect real-life activity settings and routines specific for each child and family (natural environment); integrate developmental domains so that it can be addressed by any member of the EI team; emphasize the positive and never state what the child will not do; and use active words.

c. Evaluations[6]

- Performs evaluations in compliance with the standards of practice for the evaluator's respective discipline, as well as the evidence-based practice recommendations for early intervention (e.g., federal, state, and city regulations and guidance).
- Performs authentic assessments and observations across settings identified by the parents: childcare center, home, facility, and in the community and speaks with caregivers about their observations and information.
- Writes reports so that anyone who reads them has a clear picture of the child (e.g., parents, Early Intervention Official Designee (EIOD), service coordinator, other interventionists; and with parental signed consents, the physician and/or child care provider).
- Writes a comprehensive, parent-friendly report that describes:
  o Both the child's strengths and those areas that need support.
  o Both the caregiver and evaluator observations and includes examples (e.g., the social interactions between the child and other people; actual words spoken and understood by the child).
  o The child's developmental and medical history.
  o The evaluator's informed clinical opinion.
  o The scores from the evaluation tool(s) when appropriate.
  o The caregiver's agreement with the report.
  o Any recommended strategies that the evaluator shared with the caregiver to support the child's development during the evaluation.[6,7]

d. Strategies embedded within routine activities[9,10,11,12,13,14,15]

- Reviews the IFSP functional outcomes with the parent/caregiver

regularly.

- Describes examples of the natural environment and why routine activities are important. Part C of IDEA requires that eligible infants and toddlers with disabilities receive needed early intervention services in natural environments to the maximum extent appropriate. Natural environments include the settings, materials, people, and activities that are part of each family's daily life.
- Does not bring a toy bag or test items to the sessions. Can explain why it is important to use the materials and objects used in the family's routine activities.
- According to NYS BEI's Parent Guide, natural environments are settings where infants and toddlers, with and without special needs, and their families participate in everyday routines and activities that are important to them and serve as important learning opportunities.
- Plans with the parent/caregiver the functional outcome(s) that will be addressed at each visit and schedules the visit when the routine activity happens unless the parent/caregiver prefers a different time. For example, sessions may include going to the library, the park, the supermarket, and/or walking in the neighborhood wherever the routine activity happens.
- Performs observations to learn how each family performs their routine activities and to assess the child's level of engagement and functioning.

e. Measuring effectiveness and progress:[13,14,15,32,33] Understanding developmental milestones helps EI professionals to measure progress and to know when the strategies being used are effective. When the child is not making progress, the interventionist and the parent/caregiver should collaborate on modifying these strategies.

- Modifies strategies when:
  - They don't effectively help the child function better, or
  - The parent/caregiver cannot implement the strategy because it does not fit their family routine, or
  - The feedback and reflections from parents/caregivers warrant a change, or
  - There is a change in the child's or family's status (e.g., medical).
- Documents in session and progress notes:
  - Strategies created with parents/caregivers
  - Child's levels of functioning, engagement and learning in response to strategies used
  - Modification of strategies and the impact on the child's progress
  - Parents/caregivers' information, feedback, and reflections
- Generalizes strategies to other situations (routine activities) as the child

makes progress
- Creates strategies that engage the child but are not so difficult that the child gives up because it's too hard.

iv. *Tools to Support Competency One:*
   a. New York State Guidance Memorandum 2005-02 and Addendum (03/16/2011) about the Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the Early Intervention Program at https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

   *See the various guidance memoranda that are available on this web page for interventionists ranging from Autism Spectrum Disorder to Communication Disorders.
   - Check this webpage frequently to review the latest guidance and implementation of new regulations.
   - Register to receive email updates about NYS DOH BEI program.

   b. New York State Department of Health Early Intervention Program Memoranda, Guidance, and Clinical Practice Guidelines: Program Memoranda and Guidance - Interim List of Developmental Assessment Instruments https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

   c. Early Childhood Technical Assistance Center (ECTA) Improving Systems, Practices, and Outcomes: Child and Family Outcomes at https://ectacenter.org/outcomes.asp

   d. Early Childhood Technical Assistance Center (ECTA) Improving Systems, Practices, and Outcomes: *Assessment Checklists* at https://ectacenter.org/decrp/type-checklists.asp

   e. NYSDOH Bureau of Early Intervention website for general information about the New York State Early Intervention Program at https://www.health.ny.gov/community/infants_children/early_intervention/

   f. New York City Early Intervention Program *Outcome Key: Components of a Functional Outcome* at https://www1.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-functional-outcomes.pdf

   g. New York City Early Intervention Program *Provider Policies, Procedures, and Forms* (2019) at https://www1.nyc.gov/site/doh/providers/resources/early-intervention-provider-policies-procedures-forms.page

   Note: The NYC EI Policy and Procedure manual is updated as regulations and policies change so check this link to ensure that you have the most recent version. This includes tools (MDE checklist) and guidance for evaluations, informed clinical opinion, best practice recommendations for report writing and submission, and for the MDE Summary.

h. NYS DOH BEI Early Intervention Program Training at
    https://www.health.ny.gov/community/infants_children/early_intervention/train
    ing.htm
i. New York City Department of Health and Mental Hygiene (NYC DOHMH)
    Bureau of Early Intervention's Learning Management System has a series of
    trainings for EI professionals (e.g., *Implementing Family-Centered Best
    Practices* training) at https://www1.nyc.gov/site/doh/providers/resources/early-
    intervention-professional-development-and-trainings.page
j. Early Childhood Technical Assistance Center: Improving Systems, Practices,
    and Outcomes. Practice Improvement Tools: *Performance Checklists in
    Assessment and in Teaming and Collaboration* at
    https://ectacenter.org/decrp/type-checklists.asp
k. Centers for Disease Control, Developmental Milestones (in English and
    Spanish) and "*Learn the Signs. Act Early.*" Materials about the updated
    milestones and the CDC free Milestone Tracker App at
    www.cdc.gov/milestones
l. NYS Department of Health (January 2000). Re issued Early Intervention
    Memorandum 95-2: Individualized Family Services Plan.
    https://www.health.ny.gov/guidance/oph/cch/bei/95-2.pdf
    See Appendix A for additional recommended books, articles and resources for
    Competency One.

2. **Competency Two**

Table 4. Summary for Competency Two for Learning Objectives, Knowledge and Skills

Competency Two: Multicultural and diversity factors related to engaging and working with EI families, performing quality evaluations, and providing services.	
Definition: Multicultural and diversity factors include a focus on promoting each family's participation in activities and contexts that reflect their home culture, language and linguistic development, and support to each family that honors and respects their cultural norms and values.	
Learning Objectives: • Understands the importance of developing on-going cultural competence using reflective practices to address implicit bias; and uses a trauma-informed approach and diversity-informed tenets to support their interactions with families. • Understands the impact of diversity factors on communication, interactions, attitudes, perceptions, expectations, and engagement between parents and interventionists; and on evaluations and the individualization of services in the program (e.g., natural environments, no toy bag, routine activities, cultural influences).	
KNOWLEDGE	**SKILLS**
-Understands that learning and achieving cultural competency is on-going and that this impacts every step in the Early Intervention Program from referral to transition.	- Explains the different roles in the Early Intervention Program including the parent, the service coordinator, the early intervention

-Shows respect and consideration for each child's and family's linguistic and cultural backgrounds, way of living, parenting style, values, and diverse learning styles.	designee, the evaluator, and the interventionist. -Establishes boundaries and sets up realistic expectations for parents/caregivers about evaluations and services. -Contributes to and supports collaboration and communication among the EI team that includes the parents/caregivers as equal members of the team.
-Understands what natural environments are and the significance of routine activities in providing children many opportunities to practice within meaningful family context between sessions. -Understands that the toys and materials in their home, the language(s), books, stories, songs and games are also part of the natural environment. -Understands what culturally-responsive family-centered practices are and the use of natural environments -Understands the various cultural perspectives and beliefs about disabilities	-Implements evidence-based assessment and interventions of infants, toddlers, and their families specific to culture and language background. -Supports the development and implementation of culturally responsive and family-centered Individual Family Services Plans. -Uses authentic assessments (observations) to learn about and fully understand each family's routine activities in terms of the settings, people, materials, and activities involved. -Does not bring a toy bag to the family's home but instead uses the toys and materials in the home and in the community (e.g., child care) -Uses the family's culture (e.g., their language, books, stories, songs, and games) in the strategies that the interventionist creates in partnership with the parent/caregiver -Supports parents as the decision maker in their child's services - Tailors services to fit the family that considers each family's culture, ethnic, racial, language and socioeconomic preferences and characteristics
-Understands that *all* families (across income levels, education, racial and cultural backgrounds) have strengths and competencies, and therefore, matches their coaching, interactions and problem solving to each parent/caregiver and family	-Uses communication best practices (e.g., active listening, paraphrases what has been said; uses open and close questions, etc.) -Uses a strength-based approach -Performs on-going authentic assessments with families during routine activities to learn more about the family and to assess the child's progress.

	-Demonstrates ethical and professional behavior in behavior and comportment and is on time, reliable, and responsible.

i. *Definitions for Competency Two:*
   a. Promoting each family's participation in activities and contexts that reflect their home culture, language and linguistic development; and supporting each family in a way that the family's cultural norms and values are honored and respected to ensure that the NYS EI workforce is prepared to work with children and families of diverse cultural and linguistic backgrounds.[18]
   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. This includes their prior experiences, perceptions, and attitudes about early childhood development, disability, parenting style, and therapy. Respect for and understanding of each family's culture and history should be a common thread throughout the family's journey in EI from referral to transition; and should be implemented by every EI professional who works with the family, including service coordinators, evaluators, therapists, and teachers to support:
      - Referrals to the EI Program to ensure all families have access to the Program regardless of race, ethnicity, income, place of residence, language, or immigration status
      - Retention of families in the Early Intervention Program, because they are treated as equal team members with respect, and because their concerns, priorities, feedback, and information are considered important.
      - Enhancement of the parents'/caregivers' sense of confidence and competence in helping their children learn, function, and grow.
      - Partnership and collaboration between EI professionals and caregivers and between members of each family's early intervention team.

ii. *Knowledge Areas for Competency Two:*
   a. Understanding that each family has their own individual culture, values, and ideas; and integrating family-centered practices while working with families throughout their journey in the program.
   b. For all children to develop and learn optimally, The National Association for the Education of Young Children (NAEYC) indicated that "For young children to develop and learn optimally, the early childhood professional must be prepared to meet their diverse developmental, cultural, linguistic, and educational needs."[19] This includes:
      - Encouraging parents to use and develop their child's home language; and that early childhood professionals should respect children's linguistic and cultural backgrounds and their diverse learning styles." [19]
      - Understanding that by supporting and respecting the child's language and

culture, the relationship between the family and early intervention program is deepened and strengthened.[19]

- That in order to support optimal development and learning for all children, that all early childhood professionals "must accept the legitimacy of children's home language, respect (hold in high regard) and value (esteem, appreciate) the home culture, and promote and encourage the active involvement and support of all families, including extended and nontraditional family units."[19]

c. Interventionists should understand the roles of the EI professional (including the service coordinator) and the role of the family. Early interventionists are expected to work closely with caregivers (e.g., coach, communicate, collaborate, and coordinate)[2,3,8,11,12,20,29] and treat them with respect as equal members of the team since caregivers are considered the experts on their children. This means respecting the parent/caregiver's priorities, concerns, preferences, and choices; and considering their learning style, resources, knowledge and strengths.[2,3,8,11,12,20,29]

- Understands that collaboration, communication, cultural competence, and respect is also essential for teamwork with other members of the EI team.[20] This is a component of professionalism. It's best practice when the EI team communicates with one another on a consistent basis so that the family's EI journey is an effective and cohesive one.
- By understanding everyone's roles, the interventionist may establish boundaries with the family to set up appropriate expectations about the relationship and to support professional and ethical behavior.
- Being respectful and considerate of families and colleagues is essential for deepening relationships and being ethical and professional. Here's a recent example shared by a parent: an interventionist called the parent three times about "where they live" over the course of several weeks, and then rejected the case because the "neighborhood had no parking." It is not known why the interventionist did this, but this parent perceived that "no parking" was a euphemism for the racial and economic composition of the family's neighborhood.

d. Cultural competence: Diversity and experiences shape each person's identity. It shapes each interventionist, each parent/caregiver, and each family. Diversity should be understood as the intersection of many factors and influences that include but are not limited to age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, marital status, religion and/or spirituality, sex, and sexual orientation.

- Cultural competence is an on-going process that incorporates learning about diversity, different cultures, and how those impact the meaning of words, body language, behavior, attitude, customs, food, routine activities, expectations, social interactions, decision-making, attitudes, perceptions, communication, emotions, clothing, music, art,

performance, style, and ideas. The journey in cultural competence never ends because each family is different and it's important to continuously re-assess our own implicit biases and perceptions via on-going self-reflection and/or reflective supervision.

iii. *Skills to Achieve Competency Two:*
   a. Cultural competence means discovering ways to demonstrate appreciation and consideration of different cultures into daily practice. Interventionists are constantly learning new information about their families. For example, using observations of the family's routine activities, asking caregivers questions and listening to their feedback so that the strategies that are created can be easily implemented by caregivers to support their child's engagement and functioning between sessions. In this way, strategies are not provider-driven. Several important concepts and skills for working with families from the "Seven Key Principles Looks Like/Doesn't Look Like" by the Workgroup on Principles and Practices in Natural Environments (2008) are listed below.[8]
      - Suspends judgement and never makes assumptions: The early interventionist is a learner, an observer, and a detective – looking for clues to try to understand what is happening in each case. When performing evaluations and working with children and families, the interventionist never assumes how the family performs routine activities (e.g., the how, who, what, why, when or where) but finds out information via conversations with the family/parents/caregivers and by performing authentic observations of the family's daily routine activities. This includes not making assumptions about the types of services the family needs based on their circumstances or their child's disability. For example, making assumptions that a family in a homeless shelter cannot meet the needs of their child or that the family is not likely to participate and partner with their EI team.
      - Does not use a toy bag: According to the Office of Special Education Program's Workgroup on the Principles and Practices in the Natural Environment for Part C IDEA services,[8] early interventionists should use the materials that are part of the routine activities found in home/community settings when coaching caregivers on the ways they can support their children's functioning and development. This is a family-centered practice and the materials commonly used in family's routine activities are examples of the natural environment.
         o Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts (routine activities).[8] Interventionists should help the caregiver understand how their own toys and materials can be used or adapted to support the child's engagement and functioning during their routine activities, since this allows for frequent

practice, mastery of skills, and generalization.

- o Bringing in special toys for the session and taking them back when the visit is over can send mixed messages to families. This does not provide the child many opportunities to practice between sessions, nor does this action consider the family's toys and materials. For example, an ABA interventionist can determine with the caregiver what reinforcers they can use both during and between sessions (e.g., a toy car, a favorite plush toy, Lego pieces, verbal praise, playing a favorite game, watching a favorite show).[8,21] This skill is very important when providing in-person or telehealth services.
- o When toys or materials are brought to the session from outside the home, it may imply that these tools are "magic, instrumental and necessary for the child's progress."[8] Also, bringing a toy bag makes the session provider-focused and not family-centered. Lastly, there is no need to replicate test items such as those used in evaluation tools (e.g., Peabody, Bayley Scales) so there is no need for items such as a balance beam or a peg board.
- Uses the family's words, books, stories, songs and games: Families have rich histories and experiences. By doing authentic assessments and having discussions with the parents/caregivers, the interventionist uses the words, books, toys, stories, materials, songs and games that the family uses and integrates them into the strategy. For example, using the song that grandma taught them while doing patty cake with an older sibling during play time to promote cognitive, communication, motor, and social-emotional skills. This provides the child many opportunities to practice within their meaningful family's context and culture.

b. Uses self-reflection to understand one's implicit biases:[24] The interventionist performs on-going and consistent self-reflection about one's own implicit biases, perceptions, and expectations about children and their caregivers based on their own ideas about race, religion, gender, culture, sexual orientation, age, generation (baby boomers, generation X, millennials, etc.), child-rearing beliefs, political affiliations, and/or situation.

- Considers how one's implicit biases and misperceptions can impact one's communication, language, behaviors, interactions, expectations, tone, body language, and attitudes toward the family and how this can decrease trust and respect in the relationship. For instance, the therapist assumes that Asian parents do not speak English and speaks very slowly and loudly. Or the therapist assumes that an Indian family wants their child to learn how to use a fork, when in fact the family primarily uses bread to scoop up food.
- Engagement with parents/caregivers is important and developing trust in

the relationship takes time. Be conscious of your biases and reflect on what you might be doing wrong when your interactions with parents aren't going well. People also receive information with their own lens – within their own context, experiences, expectations, and history. In this situation, discussing the experience in reflective supervision supports interventionists.

c. Uses engagement best practices
- Demonstrates active listening so that caregivers feel heard.
    - Paraphrase the information caregivers shared to show that you heard and understood what they said.
    - Use open questions to learn more about the family (e.g., Share with me what a typical day is like for Rachel?) and closed questions to confirm what's observed or what's heard (e.g., Rachel prefers to eat soft foods like applesauce.)
- Perform on-going authentic assessments not only to measure progress, but also to more fully understand the family and the culture – how, when and where they do routine activities, what materials are used, who is involved, and how they interact with one another before addressing new functional outcomes.
- Demonstrates that the interventionist is paying attention to the parent and child and are focused on what's happening in the session (e.g., not repeatedly looking at their cell phone, not talking while the parent is speaking). When providing telehealth services, an early interventionist should not be driving their car, and both the video and audio components should be turned on so that the parents/caregivers can see the early interventionist's face and hear what's being said. One parent reported that during one session, she could only see the ceiling of her interventionist's room even though the parent and child were visible. Lack of focus and unprofessional behavior and appearance can erode trust and make the power dynamic uneven. In addition, it can affect the billing of services when the sessions do not meet standards or Medicaid criteria. See Appendix G for more telehealth resources.

d. Demonstrates self-awareness and uses trauma-informed and diversity-informed approaches:[24,25,26,27,28]
- When working with families, it is critical to understand that each family has their own journey. One way to meet families where they are in the process is to use family-centered, strengths-based best practices in Early Intervention that support parent's choices throughout their interaction with the Early Intervention Program. Every family has different experiences that may influence their ideas about disabilities and about receiving EI services. Learning that their child has developmental delays or a diagnosis may be hard; feelings of stigma, guilt and isolation are common among parents. Parents may not want people to know that their

child is receiving EI services. EI supports confidentiality and families have the right to keep information about their child and family private. Parents must give written and signed permission before EI sends information to people or agencies who do not work in EI. Parents may want only one type of service and not the others. EI allows for this flexibility and choice. Parents and caregivers worry that their children will be teased, bullied, disrespected or under-estimated. All of this may influence how parents/caregivers feel about their children having a disability and receiving services. Add upon this the impact and trauma the COVID-19 pandemic has had on everyone. The goal is to not re-traumatize families. The interventionist should use trauma-informed and diversity-informed approaches when working with parents.[24,25,26,27,28,]

- A trauma-informed care approach[25] begins with understanding the whole person, including their beliefs and their sense of self. In EI, this means understanding the family, since children grow within the context of their parents and close family members. There are five guiding principles for trauma-informed care: safety, choice, collaboration, trustworthiness, and empowerment. Here are some examples of what these trauma-informed principles may look like in Early Intervention:[25,26]

    o Providing safety in EI can be seen as respecting the parents' privacy and maintaining their confidentiality. The early interventionist is professional and ethical, and therefore, the parent trusts and knows what to expect in their relationship.

    o Choice in EI includes informing parents about their rights and responsibilities in the Program; developing functional outcomes in the IFSP; honoring where the parent wants services to take place and who can be part of the service; and jointly partnering with parents on strategies and planning sessions.

    o Collaboration in EI includes parents' significant role in the evaluation and in planning services, as well as the teamwork among the early interventionists with the family.

    o Trustworthiness in EI is when there are respectful and professional boundaries between the family and EI professionals. Also, the EI professional demonstrates reliability (always shows up for scheduled sessions on time; submits progress notes on time; follows up on resources for the family as promised, etc.).

    o Empowerment in EI is working with parents/caregivers so that they feel validated and affirmed by each person (e.g., service coordinator, early interventionist, evaluator, Early Intervention Official Designee) on their EI team. A component of family-centered best practices is building upon parents/caregivers' strengths so that they feel competent and confident in helping

their children learn and grow (via coaching, sharing information with families, and answering their questions).

- It is essential to develop self-awareness to continue to grow as a professional and to work with diverse families. For EI and early childhood professionals, self -awareness and self-reflection is necessary to being as effective as possible in one's work with families. "To be effective, any service a family receives must be assessed and understood through these layers of meaning so that they are valuable to the family in their context. And it must begin with the professional's capacity to reflect on their experience of and with the family. Openness to others and awareness of the self are indivisible."[27]

- The Irving Harris Foundation[27,28] states that in terms of diversity-informed tenets, self-awareness leads to better services for families – that working with babies and families requires that "all individuals, organizations, and systems of care to reflect on our culture, values, and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services." Other diversity-informed principles include: [27,28]
  - Champion children's rights globally
  - Acknowledge privilege and combat discrimination
  - Recognize and respect non-dominant bodies of knowledge
  - Honor diverse family structures
  - Understand that language can hurt or heal
  - Support families in their preferred language
  - Allocate resources to systems change
  - Make space and open pathways
  - Advance policies that support all families

e. Understands how services are individualized for each family: Providing "one size fits all" evaluations, services, and strategies, and not considering the family's culture, priorities, concerns, and preferences, is not family-centered. For example, a quality assurance manager/clinical supervisor reviews session and/or progress notes and sees that the exact same strategy is being used across different children for weeks by the same interventionist. In addition, some information is missing from the notes – there may be no routine activity identified, or no description of the child's engagement in the activity, or no parent/caregiver feedback documented, or no developmental progress described, or there is no explanation why there was no modification in the strategy when there was no progress over several weeks. This should be reviewed with the interventionist regarding the individualization of services and the progress toward the functional outcomes.

- Tailors services to consider each family's culture, ethnic, racial, language and socioeconomic preferences and characteristics.[8,20]

- Understands that all families (across income levels, education, racial and cultural backgrounds) have strengths and competencies, and therefore, matches their coaching, interactions and problem-solving to each parent/caregiver and family.[8,20]
- Considers the family's priorities, needs, and interests to address the types of resources they can access rather than the EI professional "doing everything" for the family and deciding for them.[8,20]

f. Exhibits ethical and professional behavior that includes cultural competence and treating families with respect and consideration. Another aspect of professional behavior includes collaboration and communication with other members of the family's team. For example, consider the quality when a clinical team is not communicating and working together on a medical case. Communication with team members that include the parents is part of being professional.

- Other elements that impact professional behavior include communication and documentation. When children receive services in a center-based program or at a child care program or at the baby sitter, consistent communication with both the caregiver and the parents is best practice. In addition, the timely completion of both session notes for billing and progress notes to identify progress made for IFSP reviews are all part of ethical and professional behavior and compliance with the program and insurance billing. This all supports respect for the child and family, the other members of the EI team, for the service coordinator, for the Early Intervention Official Designee, and for the provider agency.

iv. *Tools for Competency Two:*
   a. National Black Child Development Institute | NBCDI has been at the forefront of engaging leaders, policymakers, professionals, and parents around critical and timely issues that directly impact Black children and their families. https://www.nbcdi.org/
   b. Early Childhood Technical Assistance Center: Improving Systems, Practices, and Outcomes. Practice Improvement Tools: *Family Checklists* at https://ectacenter.org/decrp/type-checklists.asp
   c. Early Childhood Technical Assistance Center: Preparing Personnel to Meet the Needs of Culturally and Linguistically Diverse Families https://ectacenter.org/topics/personnel/perscultdiv.asp
   d. Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn't look like. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf
   e. Division Of Early Childhood Position Statement: Responsiveness to ALL Children, Families, and Professionals: Integrating Cultural and Linguistic Diversity into Policy and Practice (Sept. 2010) at

        https://www.decdocs.org/position-statement-family-culture

f.   Center on the Developing Child at Harvard University: How Racism can affect Child Development. https://developingchild.harvard.edu/resources/racism-and-ecd/?utm_source=newsletter&utm_campaign=november_2020

g.   RTI Action Network: A Program of the National Center for Learning Disabilities. Working with Culturally and Linguistically Diverse Families http://www.rtinetwork.org/learn/diversity/culturalcompetence

h.   Early Childhood Technical Assistance Center Improving Systems, Practices, and Outcomes: Cultural and Linguistic Diversity at https://ectacenter.org/topics/earlyid/diverse.asp

i.   Diversity-Informed Tenets for Work For Work with Infants, Children and Families at https://diversityinformedtenets.org/

j.   Six Guiding Principles to a Trauma-Informed Approach at https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

k.   Colorado Results Matter Video Library: Authentic Child Assessments in Early Intervention at https://www.cde.state.co.us/resultsmatter/RMVideoSeries_EarlyIntervention.htm

l.   Early Childhood Technical Assistance Center Improving Systems, Practices, and Outcomes. Practice Improvement Tools: Performance Checklists – See the *Environment, Family, and Teaming and Collaboration Checklists* at https://ectacenter.org/decrp/type-checklists.asp

m.   Early Childhood Technical Assistance Center Improving Systems, Practices, and Outcomes. Division of Early Childhood Recommended Practices at https://ectacenter.org/decrp/decrp.asp

n.   Williams, C.S. and Ostrosky, M.M. (June 2020) What about MY TOYS? *Common questions about using a bagless approach in Early Intervention.* Young Exception Children. Vol. 23, No. 2. Sage Publications at https://journals.sagepub.com/doi/10.1177/1096250619829739

o.   New York State Early Intervention Program Training for Professionals: *Working with children with developmental disabilities and their families.* https://www.health.ny.gov/community/infants_children/early_intervention/ssip/docs/training_for_professionals.pdf

p.   Lieberman, A. F. (1998, Fall). Culturally sensitive intervention with children and families, *Newsletter of the Infant Mental Health Promotion Project (IMP), Vol. 22*. (adapted from an article in Child and Adolescent Social Work, Vol 7., No. 2, 1990).

q.   National Association for the Education of Young Children, (Nov. 1995). Responding to Linguistic and Cultural Diversity Recommendations for Effective Early Childhood Education: A Position Paper at https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSDIV98.PDF

Note: See Appendix B for additional books, articles, and resources for Competency Two.

3. **Competency Three**

Table 5. Summary for Competency Three for Learning Objectives, Knowledge and Skills

Competency Three: Understanding the parent-child dyad and enhancing families' capacities to help their children through consistent and effective communication, coaching, coordination, and collaboration.	
Definition: • The inter-relationship between the parent/caregiver and their child including the development of their relationship throughout life. The parent-child dyad refers to the pairing of a child with their primary caregiver. This is often the child's parent, but this could be any person who takes up a consistent role of daily care over an extended period of time with the child.	
Learning Objective: Building upon the parent-child dyad and supporting the parent/caregiver's capacities to enhance their children's learning, behavior, and functioning using evidence-based coaching, communication, collaboration, cultural competence, and coordination.	

KNOWLEDGE	SKILLS
-Understands the importance of the parent-child dyad and the impact this relationship has on neurodevelopment, attachment, and attunement. -Understands the infant mental constructs for working dyadically with families -Understands attachment theory and attachment styles -Understands the importance of forming alliances with families -Understands the importance of intervening during the first three years of life -Understands how to foster family-centered interactions with caregivers	- Explains to parents the significance of the parent-child dyad and why their participation in EI services is important. -Works with families within a relationship-based model -Uses culturally-responsive family-centered practices and reflective principles within discipline-specific knowledge -Exhibits flexibility and is able to work with parents and caregivers where they are and build upon their skills, knowledge and abilities as they gain confidence and competency.
-Understands that the primary role of the service provider in EI is to work with and support the family members and caregivers in a child's life. -Fully understands that interventionists are not training parents to be therapists. -Knows and understands that culture underlies all aspects of family-centered practice -Knows adult cognitive theories to enhance and support parents from a strength-based perspective	-Uses professional behaviors that build trust and establishes a working partnership with families. - Engages with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development - Provides information, materials, and emotional support to enhance parents/caregivers' natural role as the people who foster their children's learning and development -Supports parents/caregivers through effective coaching

	-Encourage parents' capacities to become the agents of change with their child
- Understands the impact of "serve and return" on early childhood brain development and on building the foundation for learning, behavior and growth for now and in the future. -Learns about evidence-based components of effective coaching and about adult learning styles.	-Can explain the impact of quality, responsive interactions between parents and their children in children's learning now and for the future. -Can explain why infants and toddlers need many opportunities to practice between sessions. - Uses the five evidence-based components of coaching: joint-planning, observation, action/practice, reflection, and feedback, and utilizes them based on the parent/caregiver's learning style, confidence, competence, knowledge, and experiences. -Tailors the strategy to the family/caregiver's way of doing their daily activities with consideration of the family's culture, language, how and what materials are used, who is involved in the daily activities, etc. -Implements interdisciplinary practices

i. *Definition for Competency Three:*
   a. The inter-relationship between the parent/caregiver and their child, including the development of their relationship throughout life. The parent-child dyad refers to the pairing of a child with their primary caregiver. This is often the child's parent, but this could be any person who takes up a consistent role of daily care over an extended period of time with the child.

ii. *Knowledge areas for Competency Three:*
   a. Donald Winnicott said, "There is no such thing as a baby, there is a baby and someone."[22] Early Interventionists should understand the significance of the relationship between the child and their parent/caregiver in the child's health and development. The Illinois ACEs Response Collaborative Health & Medicine Policy Research Group highlights three areas – biological, social, and psychological – that impact the relationship between parents and child: neurodevelopment, attachment, and attunement.[23]
      - Neurodevelopment pertains to the development of the brain and regulatory nervous system development from birth to twenty-four years of age. Early childhood brain development is enhanced by regular, focused interactions with a consistent adult (e.g., parent/caregiver) to lay the strong foundation for emotional, behavioral, and cognitive abilities

and for health and wellness both now and in the future.[23]

- Attachment is the emotional bond that forms between the infant and parent/caregiver. In early childhood development, this attachment refers to the emotional connection in the parent-child dyad.[23]

- Attunement is that feeling of *harmony* between parent and child. In optimal situations, the parent/caregiver is cognitively and emotionally available and is consistently perceptive and responsive to the child's needs and wants.[23]

- An example of the significance of the parent-child dyad is the change in hospital procedures from immediately separating the infant from the mother (to weigh, measure and wash them) after birth to supporting skin-to-skin contact of the baby and parent while doing the newborn physical exams. Research shows that skin-to-skin contact supports the baby's transition to the world because it helps regulate the baby's temperature and heart rate; decreases stress and crying; improves parent's mood; and promotes immediate parent-child attachment behaviors.[23]

b. Understand the role of the interventionist with the parent/caregiver. According to the Workgroup on Principles and Practices in Natural Environments, "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."[8] Because parent-child interactions play an essential role in a child's development, early interventionists can have a positive impact on the child's development by working with the parent/caregiver.[8]

- Evidence-based EI evaluations and services are not about bringing the clinic or the school into the home.[8] EI best practices move the focus of services from provider-driven to family-centered, and from direct services to the child only to working with both the parent/caregiver and the child. In EI, the focus is on strengths (not deficits), on promoting family choice and control over services, and fostering the collaborative relationship between parents/caregivers and interventionists.

- Early research by Mahoney and colleagues (1998) demonstrated that parents and caregivers are the instrumental factor in the success of early intervention services.[62] 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.[13,14,62,63] 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.

- In addition, the Center on the Developing Child at Harvard University reports that responsive interactions between the parent/caregiver and the child (e.g., *serve and return*) help to shape and grow brain architecture and build a solid foundation for learning and development now and in the future.[29] Young children grow and learn in an environment of

relationships,[8,13, 14,17, 20] From birth to three, a million neural connections are formed every second, and the quality of these connections depends on consistent quality and responsive interactions between infants and their main caregivers. When there is a deficit of *serve and return* interactions, or the parent is inconsistently responsive to them, the child's brain does not receive the appropriate stimulation it needs and the body counters with a stress response that can flood the baby's brain with toxic hormones.

- It's important to note that EI professionals are ***never*** expected to train parents to be therapists. Coaching is not a service delivery model.[8,32,33] Rather, they are building upon parents' strengths to help their children develop in their role as the guardians, teachers, and advocates for their families. For some interventionists, the transition from direct intervention to the child only to a coaching and collaborative relationship with parents/caregivers is difficult. Clinicians are trained to help by *doing* – working directly with the client, making decisions about services, and being the agent for progress. In family-centered best practices, clinicians still help, but the *doing* is different. Reflective practices and reflective supervision can help interventionists who find family-centered practices challenging to transition to this different way of working.

c. Understands the five evidenced-based components of effective coaching and further understands that 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 so the interventionist will use the component as needed :[32,33]

- Joint Planning: This is the agreement by both the interventionist and the parent/caregiver on the actions to be taken by both, and 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 may occur during an EI session when the parent/caregiver tries using a physical prompt with their child during snack time, or 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 that are reported by the parent/caregiver, or as 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.

iii. *Skills to Achieve Competency Three:*
   a. Explains the significance of the parent-child dyad and the impact of quality and responsive interactions on children's development and learning now and for the future.[22,23,29.30,31]
   b. Supports the parent/caregiver's on-going participation in sessions with their children.[8,20,29] Never asks parents to leave the room because the child is crying or because the interventionist believes the caregiver is too distracting.
   c. Describes to parents/caregivers their important role in the Early Intervention Program and what services will look like.[8,20,29]
   d. Engages with parents/caregivers to enhance confidence and competence in their role as the people who teach and foster the child's development.[8,20]
   e. Uses professional behaviors that build trust and establishes a working partnership with families.[8,20]

f. Provides information, materials, and emotional support to enhance parents/caregivers' natural role as the people who foster their children's learning and development.[8,20]

g. Uses coaching as an evidence-based strategy to enhance parents/caregivers' knowledge and skills in helping their children function better during the family's routine activities.[32,33]

- Performs authentic observations of the family routine activities related to the functional outcomes and parent/caregiver's priorities.
- Points out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the provider visits.[8,20,32,33]
- Involves families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; and continually acknowledging the many things the family is doing to support their child.[8]
- Tailors the strategy to the family/caregiver's way of doing their daily activities with consideration of the family's culture, language, how and what materials are used, who is involved in the daily activities, etc.[8,20]
- Uses the five evidence-based components of coaching: joint-planning, observation, action/practice, reflection, and feedback.
- Is able to tailor the use of the coaching components based on the knowledge, abilities, skills, level of confidence and competence, and learning style of the parent/caregiver.[32,33]

h. Understand the ten key elements of coaching, which are 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.[32,33]

- For example, interventionist models a strategy (action) for the parent and describes what they are doing while the caregiver observes (observation); discusses the observation by the caregiver and addresses any questions and ideas (reflection, feedback); then the interventionist observes the caregiver trying out the strategy (action/practice) with the child during the routine activity (observation) to determine whether the strategy fits the routine, whether the parent feels the strategy is doable, and the impact of the strategy on the child's engagement and functioning. The parent shares their feedback and reflections with their interventionist, and they decide together (joint planning) whether to modify the strategy or to use it between sessions.[32,33]

i. Provides coaching both in-person and via tele-health effectively.

iv. *Tools for Competency Three:*
   a. New York State Early Intervention Program Guidance: Joint EI Coordination Council and Early Childhood Advisory Council Guidance on Social

Emotional Development: Meeting the Social-Emotional Needs of Infants and Toddlers: Guidance for EI Program Providers and Other Early Childhood Professionals at https://www.health.ny.gov/publications/4226.pdf

b. New York City Bureau of Early Intervention: Professional Development and Trainings. *Foundations of Social-Emotional Development in Infants and Toddlers* (7 contact hours) at https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page

c. Center on the Developing Child at Harvard University. From Best Practices to Breakthrough Impacts. https://developingchild.harvard.edu/resources/from-best-practices-to-breakthrough-impacts/

d. The Illinois ACEs Response Collaborative Health & Medicine Policy Research Group. The Parent-Child Dyad in the Context of Child Development and Child Health. https://hmprg.org/wp-content/uploads/2018/07/ILARC_Parent-Child-Dyad-Report.pdf

e. Center for the Developing Child at Harvard University. *What is "Serve and Return"?* https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

f. Center for the Developing Child at Harvard University. In Brief: The Science of Neglect. https://developingchild.harvard.edu/resources/inbrief-the-science-of-neglect/

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j. Division of Early Childhood (DEC). (04/14/2014). *Recommended Practices* https://www.dec-sped.org/dec-recommended-practices

k. Early Childhood Technical Assistance (ECTA) Center Improving Systems, Practices, and Outcomes. Practice Improvement Tools: Performance Checklists – See the *Environment*, *Family*, and *Teaming and Collaboration* Checklists at https://ectacenter.org/decrp/type-checklists.asp

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x. Early Childhood Technical Assistance (ECTA) Improving Systems, Practices, and Outcomes:
   - Early Intervention Services: http://ectacenter.org/topics/eiservices/eiservices.asp
   - Evidence-Based Practice: http://ectacenter.org/topics/evbased/evbased.asp
   - Service Delivery Approaches and Models: http://ectacenter.org/topics/eiservices/approaches-models.asp
   - EI Services: Key Principles and Practices: http://ectacenter.org/topics/eiservices/keyprinckeyprac.asp

Note: See Appendix C for additional books, articles, and resources for Competency Three. In addition, see Appendix G to further explore resources for telehealth, Autism, and Part C services that support the parent-child dyad.

4. **Competency Four**

Table 6. Summary for Competency Four for Learning Objectives, Knowledge and Skills

Competency Four: Understanding and use of evidence-based, family-centered best practices with families and caregivers via parent/caregiver collaboration, coaching and strengthening family capacities.
Definition: - Evidence-based practice is the process that pulls together the best available research, knowledge from professional experts, and data and input from children and their caregivers, to identify and provide services, evaluated and proven to achieve positive outcomes for children and families.[34] Evidence-based practices are also defined as early childhood interventions or supports that have research documenting their effectiveness.[56]   - Family-centered practices is 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.[36] Family-centered practices has a strength-based rather than deficit focus, promotes family choice and control over services and resources, and supports the development of a collaborative relationship between parents and EI professionals.[60]
Learning Objective: Utilization of evidence-based, family-centered best practices with families at every step in the early intervention process that is strengths based, that supports collaboration between parents and their team members, and that enhances their knowledge and skills to help their children.

KNOWLEDGE	SKILLS
-Learn federal, state, and county rules, regulations, policies and procedures that include family-centered best practices. -Learn about family rights in Early Intervention (e.g., confidentiality). -Learn about the different roles in EI and the significance of team collaboration and communication that include parents. -Knowledge of evidence-based models of early intervention for in-person and telehealth services -Knowledge of evidence-based clinical practices related to the identification , assessment and intervention for young children birth to three according to one's own discipline.	-Supports the active participation of families in decision-making related to their child during every step in their journey -Supports families in achieving their IFSP goals whether in-person or remotely -Approaches work with families from a strengths-based perspective rather than a deficit-based one -Implements evidence-based clinical practices relevant to assessments and treatments according to one's own discipline in health care and medical settings.
-Understands the scientific-efficacy based literature on culturally-responsive family-centered practices and intervention approaches	-Utilizes family-centered and evidence-based practices with families from referral to transition across EI settings and both in-person and via telehealth

-Knows adult cognitive development in order to meet families at their developmental level -Understands that IFSP functional outcomes are not therapeutic goals and objectives but rather the goals that the family want to see for their child and themselves. Supports parents in creating functional outcomes with the IFSP team. -Understands how EI supports family-centered best practices and empower parents across the different steps in their journey in the program: referral, evaluation, functional outcomes and the IFSP meeting, services, and transition. -Understands that young children need lots of practice and that children with disabilities need twice as much practice to master a new skill (Mahoney, 2008). Twice as much practice is not to be confused with twice as much therapy or service because practice happens everywhere between sessions.	-Supports integration of parents' concerns, priorities, resources, goals, and preferences into the IFSP and the functional outcomes. -Promotes the family's determination about the community resources they want to access -Uses evidence-based practices in home-based and community locations related to natural environments - Explains to parents and caregivers that children learn throughout the day and that they need many opportunities to practice during their routine activities. -Works to support family-capacity building, and the family and professional collaboration so that parents/caregivers can support their children receiving many chances to practice between EI sessions to enhance their functioning and development. -Implements evidence-based parent coaching with young children and their families (e.g., Hanen Parent Programs, Routines-based Intervention, etc.).
-Continues to learn how multi-cultural/diversity/linguistic factors impacts family-centered practices, communication and engagement of parents and caregivers, evaluations, strategies embedded within family routine activities, and monitoring progress.	-Supports parent/caregiver's confidence and competence in helping their children learn and develop. -Tailors the use of the evidence-based components of coaching to each parent's level of knowledge, learning style, and experience. -Implements and develops collaborative goals that are culturally and linguistically appropriate for each family -Individualizes the strategies created with the parent/caregiver to the family's routine activity, the child's response, engagement and functioning, and how well the parent/caregiver can implement it between sessions. -Collaborates with other allied health professionals engaging in inter-personal practices. -Modifies strategies when progress is not made and determines based on parent/caregiver feedback and on child's functioning and engagement how to modify strategies.

	-Consistently communicates with parents, caregivers, service coordinator, and other members of the EI team wherever services occur (e.g., babysitter's, child care or at a center-based program).
-Understands the importance of natural environments in the context of children's learning and functioning.	- Uses the toys and materials in each family's home during sessions and helps parents/caregivers learn how to use their own materials between sessions during the family's daily routine activities. - Partners with child care providers and supports inclusion of EI services in the child care program. For example, does not separate the child during EI sessions from the other children during the child care program's routine activities and partners with the child care staff otherwise it's not the natural environment.

i. *Definitions for Competency Four:*
    a. Evidence-based practice in the field of early childhood is the process that incorporates best available research, knowledge from professional experts, and data and input from children and their caregivers, to identify and provide services, evaluated and proven to achieve positive outcomes for children and families.[34]
    b. Evidenced-based practices in Early Intervention include family-centered practices focused on collaboration and communication with parents/caregivers, and using coaching components to enhance their strengths. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations for Early Intervention and for the interventionist's own professional discipline.[8]
    c. Evidence-based practice is also defined as early childhood interventions or supports that have research documenting their effectiveness. According to the Center for IDEA Early Childhood Data Systems and Early Childhood TA Center (2019), practices are considered evidence-based if they are shown to be effective in multiple research studies.[56]
    d. According to The Early Childhood Personnel Center at the UConn Center for Excellence in Developmental Disabilities, family-centered practice "is 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."[36] Family-centered practices have a strength-based rather than deficit focus, promote family choice

and control over services and resources, and support the development of a collaborative relationship between parents and EI professionals.[60]

e. The Division of Early Childhood's (DEC) Recommended Practices[20] 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 recognized three applications: family-centered practices, family-capacity building, and family and professional collaboration.[20,32,33,34,35]

ii. *Knowledge to Achieve Competency Four:*

a. Learns about and understand the significance of using family-centered best practices in Early Intervention. 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.

b. Learns about Part C of IDEA and its goals for young children birth to three and for their families.

- Reviews state and county rules and regulations that include family-centered practices.
- Understands how different state and city policies and procedures that support ethical and family-centered best practices.
- Learns about parent's rights in the Early Intervention Program.
- Differentiates between internal practices of a provider agency versus those practices that are guided by state and city regulations, policies, and guidance. What is traditionally done may not always be regulatory or best practice.
- Understands the different roles in Early Intervention (e.g., interventionist, evaluator, service coordinator, parent, and Early Intervention Official Designee) and understands the importance of team collaboration.
- Understands how multi-cultural competency is on-going and how it impacts family-centered practices, communication and engagement of parents/caregivers, evaluations, creation of strategies with the family that will be embedded within routine activities, and monitoring progress.

c. The 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 support their engagement with parents/caregivers and support the parent-child dyad:[8]

- EI providers engage with parents/caregivers 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 provider's 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; and continually acknowledging the many things the family is doing to support their child

d. Understands how the different components of Early Intervention support family-centered best practices throughout the process:

- Referrals: Parents and other people may refer the child to the Early Intervention Program as long as the parents does not object. Early Intervention is a voluntary program.
- Evaluations: Integrating information from the parent interview, including the parent's concerns, priorities and resources, and their observations of their child; and understanding the impact of culture, language, and parenting style on the family's expectations for their child. This includes offering parents the opportunity to do a voluntary family-directed assessment of their strengths and needs related to enhancing their child's development with the help of someone from the multi-disciplinary evaluation team (NYSDOH BEI Memorandum 95-2).
- Functional Outcomes and the Individualized Family Services Plan (IFSP): How the functional outcomes and services reflect the parent's preferences, concerns, priorities, resources, and the goals that they want to see for their child and for themselves. Also, parents determine those people (e.g., family members, babysitter, child care providers) that will work with the interventionists and who will know about their child receiving EI services (e.g., confidentiality and parent consents).
- EI Services: These happen at locations identified by parents during the IFSP meeting (e.g., home, grandmother's home, child care program). Interventionists should perform authentic observations to understand each family's culture when designing strategies with parents/caregivers that they will use during daily routine activities between sessions. Interventionists should incorporate the parent/caregiver's feedback about

the strategies to modify them and are also expected to communicate with families about their children's progress on a regular basis regardless of the location of services (e.g., whether at the babysitter, center-based, or child care program).

- Transition: Preparing the family for their transition from EI and assisting them with accessing city and community resources.

iii. *Skills to Achieve Competency Four:*
   a. Uses family-centered and evidence-based best practices with parents from referral to transition.
      - Supports the active participation of families in decision-making related to their child during every step in their journey in Early Intervention.
      - Supports the development of their Individualized Family Services Plan (IFSP), including their functional outcomes, services, and resources needed.
      - Supports families in achieving their IFSP goals.
      - Supports parents/caregivers' confidence and competence in helping their children learn and develop.
      - Uses all evidence-based components of coaching with parents and tailors coaching (e.g., joint planning, action, observation, reflection, and feedback) and strategies to each parent's level of knowledge, learning style, etc. and to the family's routine activities.
      - Connects the parent/caregiver to resources that support their goals for their family.
   b. Consistently communicates and collaborates with parents/caregivers, service coordinators, and other members on the EI team.
   c. Demonstrates respect and regard for each family's culture, ideas, observations, feedback, concerns, and priorities during evaluations and during service provision.
   d. Utilizes best practices in communication, reflective practices, and professional behavior to deepen trust and engagement with parents/caregivers.
   e. Partners with child care providers and supports inclusion of EI services in the child care program. For example, does not separate the child during EI sessions from the other children during the child care program's routine activities.
   f. Uses the toys and materials in each family's home during sessions and helps parents/caregivers learn how to use their own materials between sessions during the family's daily routine activities.

iv. *Tools to Support Competency Four:*
   a. Division of Early Childhood (DEC). (04/14/2014). Recommended Practices https://www.dec-sped.org/dec-recommended-practices
   b. Early Childhood Technical Assistance (ECTA) Center Improving Systems, Practices, and Outcomes. Practice Improvement Tools: Performance

Checklists – See the *Environment*, *Family*, and *Teaming and Collaboration*
Checklists at https://ectacenter.org/decrp/type-checklists.asp

 c. New York City Bureau of Early Intervention: Professional Development and
Trainings. *Implementing Family-Centered Best Practices* training (Nine
contact hours) https://www1.nyc.gov/site/doh/providers/resources/early-
intervention-professional-development-and-trainings.page

 d. New York State Early Intervention Program Online Professional
Development Center. *Working with Diverse Families in the Early
Intervention Program.* https://www.nyseipopdc.org

 e. New York State Early Intervention Program Information for Families.
*Families' Perspectives: A Parent's Journey to the Early Intervention
Program.*
https://www.health.ny.gov/community/infants_children/early_intervention/fa
milies.htm

 f. New York State Early Intervention Program. Training for Professionals:
Working with Early Intervention Families. Areas covered include "Strategies
To Involve Parents in Early Intervention and Family – Professional
Partnerships.
https://www.health.ny.gov/community/infants_children/early_intervention/ss
ip/docs/training_for_professionals.pdf

 g. The Early Childhood Personnel Center (ECPC) Curriculum Modules:
Professional Standards (for Early Interventionists and Early Childhood
Special Educators) at https://ecpcta.org/curriculum-module/

 h. The Early Childhood Personnel Center (ECPC) E-Learning Lessons and
Videos at https://ecpcta.org/instructional-videos/

 i. Childress, D. (August 2012). *Traditional vs. Collaborative EI Visits: What's
the Difference?* Early Intervention Strategies for Success Virginia
Commonwealth University School of Education Partnership for People with
Disabilities https://www.veipd.org/earlyintervention/2012/08/30/traditional-
vs-collaborative-ei-visits-whats-the-difference/

See Appendix D for additional books, articles, and resources for Competency Four and
Appendix G for additional materials related to family-centered practices in telehealth, autism,
and Part C services.

5. **Competency Five**

Table 7. Summary for Competency Five for Learning Objectives, Knowledge and Skills

Competency Five: Reflective practice and reflective supervision to support self-reflection and on-going professional development. Reflective practice and reflective supervision support the on-going engagement and work with families as well as with the professional with whom they are working.[38,39]
Definition: • Reflective practice is the process of on-going learning that occurs when early childhood/early intervention professionals take the time to stop, feel, wonder, think,

and assess their responses and behavior. This process serves to enhance and challenge their practice in order to incorporate their new understandings to advance children's learning and development.[37,41,43] Reflective practice includes on-going awareness of what the professional brings to his/her work with families. This enables professionals to understand the needs of the family in a context that is meaningful to them and culturally appropriate. In turn, this more effectively supports the parent-child relationship as well as that between professional and parent.[41,42,43,44,45]

- Reflective supervision is the "practice of meeting regularly with staff members to discuss their experiences, thoughts, and feelings about their work."[46] The goal of reflective supervision is to support the supervisee in creating more effective relationships with families. This may include discussions of different skills like active listening and other engagement strategies that makes relationships with parents/caregivers more responsive rather than reactive.[52] It is also the process of examining along with someone else, the thoughts, feelings, actions and reactions evoked in the course of working closely with infants, young children, clients and their families.

Learning Objective: To engage in reflective practices in reflective supervision to better understand their own implicit bias, skills, abilities, and professional practice; to increase engagement with families; implement relationship-based learning; and to work better with families to support the parent-child dyad and best practices. To enhance knowledge of self in relation to others as well as professional practice.

KNOWLEDGE	SKILLS
-Understands the importance of continuous reflective practice to address one's own implicit biases and assumptions; facilitates better communication and engagement with parents and caregivers. - Understands the significance of performing reflective practice that includes thinking about the impact of our actions to enhance professional practices; considering the various aspects of events/actions and how they affected events and relationships; and contemplating one's own anxieties, mistakes, and weaknesses along with our successes and strengths across interactions. -Understands that regular reflective supervision supports interventionists in building their capacity to work with diverse children and their families across different settings. -Learns the three key components for reflective supervision: reflection, collaboration, and regularity.[45,53]	-Engages in reflective practice and explores tools and information to support reflection about one's interactions and work with families and colleagues. Supports on-going awareness and learning regarding cultural diversity. - Explores all aspects of the clinical process including one's cognitive, linguistic, affective, and historical experiences when working with clients and families -Participates in regular reflective supervision sessions to help the interventionist assess their performance, become more aware of their strengths and limitations, and to problem-solve for solutions. -Is reflective, collaborative, strength-based, consistent, and focused on professional growth. -Uses parallel process to support relationship-based learning. -Form a trusting relationship between the supervisor and EI professional

- Understands that reflective supervision is not therapy, but instead focuses on the supervisee's experiences and thoughts, and feelings related to their specific work with families.[53,46,47,48,49,50,51] -Understands the basic principles of relationship-based interventions that includes attachment theory and psychological processes like transference, counter-transference, projection, and nature of boundaries, etc. -Understand the significance of parallel process in reflective supervision -Understands the elements of reflective practice in tools like the RIOS[TM]: understanding the family story, holding the baby in mind, professional use of self, parallel process, and reflective alliance -Understands the components of collaborative processes during reflective supervision such as describing, responding, exploring, linking, and integrating information.	-Ask questions that explore information about the child, the parent/caregiver and the EI professional's relationship with the family -Be present during reflective supervision and practice active listening -Observe reactions and emotions to questions and support reflections - Is open and communicates honestly about what's happening in working with families. -Develops trust in the reflective supervision relationship and understands the collaboration and the roles of the supervisee and the supervisor in the process. -Understands and is aware of the ethical issues that may arise in working in home-based environments and working with families across different cultural backgrounds and beliefs.
-Is up-to-date on both EI and discipline-specific evidence-based best practices, to inform one's own practice and to support clinical decision making. - Understands that EI best practices are in addition to their own discipline's best practices. -Understands the standards for ethical and professional behavior as a therapist or teacher. -Understands and knows young children development; mental and behavioral health for infants and adults; the impact of trauma on families and on EI professionals; and the effect of loss, separation, and trauma on the parent-child dyad and on attachment	- Reviews journals, goes to conferences, and participates in professional development regularly. - Performs authentic assessments of the child with the family during evaluations and service provision. Always gathers information to inform one's practice and to support clinical decision-making. - Collaborates with other EI team members including the parent/caregiver and learns from their experiences, perspectives and knowledge. -Uses information and context to work with the child and family from a holistic viewpoint and to ensure interactions with parents are trauma-informed. -Exhibits ethical and professional behavior always. -Complies with the rules and regulations for Early Intervention, for their discipline, and for Medicaid: • Accurately documents work in EI session notes and writes

	comprehensive progress notes that describes the child's progress and developmental level; achievement of functional outcomes, and the strategies that were effective. Explains when strategies were modified and why. Submits timely session and progress notes to support billing and IFSP reviews.

i. *Definition for Competency Five:*
   a. Reflective practice and reflective supervision to support self-reflection and on-going professional development. Reflective practice and reflective supervision support the on-going engagement and work with families.[38,39]
   b. Reflective practice is the cycle of on-going learning that occurs when early childhood and Early Intervention professionals take the time to stop, think, challenge, and change their practice in order to incorporate new understandings and advance children's learning and development.[37,41,43] Reflective practice includes on-going awareness of what the professional brings to his/her work with families and understanding the needs of the family, to foster the parent-child relationship.[41,42,43,44,45]
   c. Reflective supervision supports professionals in learning and understanding the many aspects of their work with families, especially in meeting the needs of young children and their families. In addition, reflective supervision supports professionals when they encounter struggles in their work with families (e.g., where families live or homelessness, parents who do not want to participate in sessions, parents with mental health issues). Lastly, research shows that reflective supervision increases job satisfaction and reduces burnout in professionals that work with families.[54,55]
   d. Fenichel said that **reflective supervision** is the "relation for learning."[42] Parlakian said that "Reflective supervision is the practice of meeting regularly with staff members to discuss their experiences, thoughts, and feelings about their work."[46] The goal of reflective supervision is to support the supervisee in creating more effective relationships with families. This may include discussion of different skills like active listening and other engagement strategies that makes relationships with parents/caregivers more responsive rather than reactive.[52] Importantly, reflective supervision is not therapy. The supervisor helps the supervisee to "answer their own questions and to provide support and knowledge necessary to guide decision making. Working through complex emotions in a safe place like reflective supervision allows the supervisee to manage stress she experiences on the job. It allows the supervisee to experience the sort of relationship that she is expected to provide for infants, toddlers, and families." [53,46,47,48,49,50,51]

ii. *Knowledge to achieve Competency Five:*
  a. Understanding that using reflective practice and reflective supervision are essential processes in building the EI professional's capacity to work with young children and their families across all settings. These are important for the early interventionist's continued growth as an early childhood professional and for enhancing the quality of their relationships with families.
  b. Understand the significance of performing reflective practice that includes thinking about the impact of our actions to enhance professional practices; considering the various aspects of events or actions and how they affected events and relationships; and contemplating our own anxieties, mistakes, and weaknesses along with our successes and strengths across interactions.
  c. Understanding the three components for reflective supervision:
     - Reflection entails taking the time to think about the experience by exploring our thoughts and feelings and then identifying the solutions that would best meet the family's goals. Reflection helps early interventionists to assess their own performance because they become more aware of their own strengths as well as their own limits and thereby, work toward improvement and problem-solving in their work.[45,53]
     - Collaboration (or teamwork) is sharing responsibility and control of power.[53] Collaborative supervision involves clear responsibilities of the supervisor and the supervisee that is jointly created and agreed by both. An example includes the how often, how long, where, and what topics will be covered during supervision. In addition, open communication, trust, and active listening are essential in the collaboration.[53]
     - Regularity means that supervision happens on a regular, consistent schedule with enough time allotted to each meeting. This is important to building a trusting relationship between the supervisor and supervisee and instrumental in the on-going professional development of the supervisee.[45,53]
  d. Understand the role of *parallel process* in reflective supervision.
     - During reflective supervision, an examination of all relationships occurs. This includes the relationships between the supervisor and the interventionist/service coordinator, between the interventionist/service coordinator and the parent/caregiver, and between the parent/caregiver and the child.
     - It is essential that during reflective supervision, an environment of safety and security is created by the supervisor for the interventionist/service coordinator to foster transparency and open discussions around topics such as concerns, insecurities, misperceptions, mishaps.
     - Within this context, growth and change can happen, and the supervisor models a method of interaction that the EI professional can model for the parent/caregiver. This creates an opportunity for the parent/caregiver

to model this interaction for their children.

e. Learns about early childhood development, mental and behavioral health for infants and adults, the impact of trauma on families and on EI professionals, and the effect of loss, separation, and trauma on the parent-child dyad and on attachment. [64]

f. Learns about the components of the Reflective Interactive Observation Scale (RIOS)[64] which is a measurement and practice tool by the Alliance for the Advancement of Infant Mental Health in order to ensure quality in reflective supervision practice. The scale covers the key components of reflective supervision, which include:

- Understanding the Family Story: gathering information about the child's environment (e.g., the parents/caregivers close to the child and their relationships).

- Holding the Baby in Mind: attention is given to the child and the child in relationship with others such as parents, siblings, extended family members, and other caregivers.

- Professional Use of Self: attention to one's own subjective experiences (e.g., thoughts, beliefs and emotional responses). Focus is on the interventionist/service coordinator's reactions and relationships with others in the work.

- Parallel Process: Attention is given to how one's relationship affects and is affected by other relationships.

- Reflective Alliance: The quality of the relationship developing between the EI professional and their supervisor is crucial and both must come into the supervisory relationship with the purpose to examine and reflect on issues, ideas, and mistakes openly in order to learn.

- Learn about the collaborative activities described in the RIOS:
  - Describing – "What do we know?"
  - Responding – "How do we and others think and feel about this?"
  - Exploring – "What might this mean?"
  - Linking – "Why does this matter?"
  - Integrating – "What have we learned?"

iii. *Skills to Achieve Competency Five:*

a. Is up-to-date on both Early Intervention and discipline-specific evidence-based best practices. Always gathers information to inform one's practice and to support clinical decision-making.

- Reviews journals, go to conferences, and participate in professional development regularly.

- Uses reflective practices to try to integrate evidence-based practices into their work.

- Uses checklists and tools to support reflective practices to help assess

one's own work, utilization of best practices, cultural competency (implicit bias), and engagement with families.

- Exhibits ethical and professional behavior always.
- Performs authentic observations of the child with family during evaluations and service provision.
- Collaborates with other EI team members including the parent/caregiver and learns from their experiences, perspectives and knowledge.
- Is reflective, collaborative, consistent, focused on professional growth, relationship-based, strength-based, individualized, and uses active listening in reflective supervision.[46]
- Considers how EI best practices can be integrated in one's work with families. Understand that EI best practices are in addition to one's own discipline's best practices.
- Understands the role of interventionists in the Early Intervention Program and the goals for IDEA Part C evaluations and services.
- Works continuously on engagement, one's implicit biases, and cultural competence with families to support health equity and access in early intervention. All families should receive professional, ethical, and quality services.
- Understands one's own strengths and those areas that need to be strengthen in terms of knowledge and skills.
- Engages in reflective supervision with their clinical supervisor on a regular basis.
- Is open and communicates honestly about what's happening in working with families.

b. During reflective practices and reflective supervision, practices ongoing consideration of:[37]
- One's strengths: identify what interactions are effective with parents/caregivers,
- Areas to strengthen: identify interactions that need to be changed and improved
- Monitors improvements in the interactions with parents/caregivers and improvements in child and family outcomes and continues implementing reflective practices to strengthen professional skills and supports learning and change for both the professional and the parents/caregivers who they are working with.
- Identify when the interventionist needs to find out more information and support from other professionals

iv. *Tools to Support Competency Five:*
a. Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from

http://www.dec-sped.org/recommendedpractices

b. Early Childhood Technical Assistance (ECTA) Center Improving Systems, Practices, and Outcomes. Practice Improvement Tools: Performance Checklists https://ectacenter.org/decrp/type-checklists.asp

c. Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Seven key principles: Looks like / doesn't look like.* Retrieved from http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

d. Swanson, J., Raab, Melinda, Roper, N. and Dunst, C.J. (2006). *Promoting Young Children's Participation in Interest-Based Everyday Learning Activities*, FIPP *CASE*tools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices.
http://www.puckett.org/ubcreadings/ECED-15.pdf
The paper includes checklists of activities for identifying interest-based everyday learning opportunities for infants (birth to 15 months) and toddlers (15 months to 36 months).

e. New York State Association for Infant Mental Health: What is Reflective Practice? https://www.nysaimh.org/reflective-practice/

f. Early Childhood Technical Assistance (ECTA) Improving Systems, Practices, and Outcomes:
   - Early Intervention Services: http://ectacenter.org/topics/eiservices/eiservices.asp
   - Evidence-Based Practice: http://ectacenter.org/topics/evbased/evbased.asp
   - Service Delivery Approaches and Models: http://ectacenter.org/topics/eiservices/approaches-models.asp
   - EI Services: Key Principles and Practices: http://ectacenter.org/topics/eiservices/keyprinckeyprac.asp

g. Heller, S. & Gilkerson, L. (Eds.) (2011). A Practical Guide to Reflective Supervision. ISBN13: 978-1934019368

h. Powers, Stefanie, ed. "Putting Reflective Supervision in Practice," Zero To Three. 31 (2010).

i. Parlakian, Rebecca. 2001. Look, Listen, and Learn: Reflective Supervision and Relationship- Based Work. Washington, DC: ZERO TO THREE.

j. Shahmoon-Shanok, R. (2009). What is reflective supervision? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 7–23). Zero To Three.

k. Watson, C., & Gatti, S. N. (2012). Professional development through reflective consultation in early intervention. Infants & Young Children, 25(2), 109-121.

l. Weatherston, D.J., Weigand, R., & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency. ZERO TO THREE, 31(2), 22-30.

m. The Pennsylvania Child Welfare Resource Center. *Handout #32* of Module

3: The Middle/Work Phase of Supervision
HO32_BstPrctcGdlnsRflctvSprvsn.pdf

n. Eggbeer, L., Mann, T., & Seibel, N. (2007). Reflective supervision: Past, present, and future. Zero To Three Journal, 28(2), 5–9.

o. Parlakian, R., & Seibel, N. L. (2001). Being in charge: Reflective leadership in infant/family programs. Washington, DC: Zero To Three.

p. Pawl, J. & St. John, M. (1998). How you are is as important as what you do in making a positive difference for infants, toddlers and their families. Washington, D.C.: Zero to Three.

q. Best Practice for Reflective Supervision/Consultation Guidelines (n.d.), by the Michigan Association for Infant Mental Health, is available at https://www.aaimhi.org/resources/reflectivesupervision/BestPractice_ReflectiveSupervision_2015.pdf.

r. Demystifying Reflective Practice: Defining Reflective Supervision and Consultation for Infant and Early Childhood Professionals (2017), by the Wisconsin Alliance for Infant Mental Health, is available at http://wiaimh.org/resources/reflective-supervision-consultation

s. "Questions That Encourage Problem Solving" (2004), adapted by Mary Zaremba, Early Childhood Network, from Mary Clarie Heffron, Consultation and Training Team, Child Development Center, Children's Hospital, Oakland, CA. Available at https://www.cdd.unm.edu/ecln/FIT/pdfs/QuestionsThatEncourageProblemSolving.pdf .

See Appendix E for additional books, articles, and resources for Competency Five

D. Fieldwork experiences in Early Intervention settings with infants and toddlers.

In order to ensure that professionals choosing careers in EI 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. They report that most fieldwork placements occur in classroom settings working with children four years and older.

Fieldwork experiences in home and community settings with young children and their families are important for graduate students to try out the ideas and concepts that they've learned, but also to more fully understand how the process works and the factors involved. Providing intervention and partnering with parents/caregivers and their children, whether in-person or remotely, can be different than doing fieldwork placements in a center-based program.

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:

1. Engage families and respect and understand how their individual cultural and linguistic

diversity shapes how they live their lives, their ideas about their children and services, their information and history, concerns, priorities, resources, routines, and expectations.

2. Work with and enhance the child's and family's strengths.
3. Use the materials typically found in the home and the family's routine activities (e.g., natural environments).
4. Learn how to implement family-centered best practices and evidence-based practices from their own discipline.
5. Jointly plan and consistently communicate, reflect, and exchange information, feedback, and ideas when working collaboratively with parents/caregivers (via coaching) and other interventionists from different disciplines.
6. Understand how to perform authentic assessments, evaluations, and how to write comprehensive reports, session notes and progress notes.
7. Build upon their own knowledge regarding cultural competency and their implicit biases.
8. Engage in reflective practices with their clinical supervisor to identify their own strengths, the areas that need to improve, to monitor progress and to have a safe place to problem solve and discover ways to grow.

Such fieldwork placements/clinical practicums, supervised by EI professionals, will hopefully also encourage students in the EI-related professions to consider careers in the Early Intervention system by providing opportunities to reflect on the work they are doing with families with their clinical supervisors. It is vitally important for institutions of higher education to partner with both Early Intervention provider agencies (atypical development) and with child care/early Head Start (typical development) programs to learn and understand typical and atypical development. Fieldwork placements also offer opportunities to learn about and foster inter-disciplinary communication, collaboration and coordination. This is a great way for provider agencies to also determine whether they want to hire students once they are licensed or certified professionally, and thereby, increase workforce capacity.

Therefore, when graduate students receive the opportunity to perform fieldwork placements in home and community settings with children from birth to three, the graduate institution and the EI provider agency must clearly identify the roles and responsibilities of the clinical supervisor and the student and address any discipline-specific requirements so that this can be used toward their license or certification.

See Appendix F for additional resources about fieldwork placements.

E. References for Companion Document for the Competency Areas for the Delivery of Evidenced-Based Evaluations and Services in the New York State Early Intervention Program

[1]Elenko, B. K. (2021). They Said: Preparing Future EI Providers Across Disciplines through an Academic Partnership. *The Open Journal of Occupational Therapy, 9*(3), 1-8. https://doi.org/10.15453/2168-6408.1855

[2]New York State Department of Health Early Intervention Program Regulations, Laws, and Reimbursement. https://www.health.ny.gov/community/infants_children/early_intervention/regulations.htm

[3]New York City Department of Health and Mental Hygiene Early Intervention Information for Providers. https://www1.nyc.gov/site/doh/providers/resources/early-intervention-information-for-providers.page

[4]Early Childhood Technical Assistance Center: Improving Systems, Practices, and Outcomes. Outcomes. https://ectacenter.org/outcomes.asp

[5]New York City Department of Health and Mental Hygiene Early Intervention: Developmental Monitoring. https://www1.nyc.gov/site/doh/health/health-topics/early-intervention-developmental-monitoring.page

[6]New York State Department of Health Early Intervention Program Memoranda, Guidance, and Clinical Practice Guidelines: Program Memoranda and Guidance – *Memorandum 2005-02 Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the early Intervention Program* and the *Addendum to EI Guidance Memorandum 2005-02 (03/16/2011)*. https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

[7]New York State Department of Health Early Intervention Program Memoranda, Guidance, and Clinical Practice Guidelines: Program Memoranda and Guidance - *Interim List of Developmental Assessment Instruments.* https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

[8]Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Seven key principles: Looks like / doesn't look like.* http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

[9]Johnson, J., Rahn, N. L., & Bricker, D. (2004). *An activity-based approach to early intervention* (4th ed.). Baltimore, MD: Brookes Publishing. https://products.brookespublishing.com/An-Activity-Based-Approach-to-Early-Intervention-Fourth-Edition-P833.aspx

[10]McWilliam, R. (April 21, 2004) *Enhancing Services in Natural Environments*. National Early Childhood TA Center. [PowerPoint slides]. https://ectacenter.org/~pdfs/calls/2004/partcsettings/mcwilliam.pdf

[11]Campbell, P. H., Sawyer, L. B., & Muhlenhaupt, M. (2009). The meaning of natural environments for parents and professionals. *Infants & Young Children*, 22(4), 264-278.

[12]Crawford, M.J. and Weber, B. (2014). *Early Intervention Every Day! Embedding Activities in Daily Routines for Young Children and Their Families.* Paul H. Brookes Publishing Co.

[13]Dunst, C. J. (2006). *Parent-mediated everyday child learning opportunities: I. Foundations and operationalization*. *CASE*inPoint, Vol. 2, Number 2 https://fipp.ncdhhs.gov/wp-content/uploads/caseinpoint_vol2_no2.pdf

[14]Dunst, C.J. (2006). *Parent-mediated Everyday Child Learning Opportunities: II. Methods and Procedures*. *CASE*inPoint, Vol. 2, Number 11 https://www.eciavic.org.au/documents/item/401

[15]Swanson, J., Raab, Melinda, Roper, N. and Dunst, C.J. (2006). *Promoting Young Children's Participation in Interest-Based Everyday Learning Activities*, FIPP *CASE*tools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices. http://www.puckett.org/ubcreadings/ECED-15.pdf
The paper includes checklists of activities for identifying interest-based everyday learning opportunities for infants (birth to 15 months) and toddlers (15 months to 36 months).

[16]ECTA Developing High-Quality Functional IFSP Outcomes and IEP Goals Training Package. https://ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp

[17]New York City Early Intervention Program *Outcome Key: Components of a Functional Outcome.* https://www1.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-functional-outcomes.pdf

[18]New York State Language Access Policy: Executive Order 26.1 https://www.ny.gov/language-access-policy

[19]National Association for the Education of Young Children. (November 1995) *Responding to Linguistic and Cultural Diversity: Recommendations for Effective Early Childhood Education*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/PSDIV98.PDF

[20]Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. http://www.dec-sped.org/recommendedpractices

[21]Williams, C.S. and Ostrosky, M.M. (June 2020) What about MY TOYS? Common questions about using a bagless approach in Early Intervention. *Young Exception Children*. Vol. 23, No. 2. Sage Publications.

[22]Donald Winnicott (1960). The Theory of the Parent-Infant Relationship. In L. Caldwell and H. T. Robinson (Eds). The Collected Works of D.W. Winnicott: Volume 6, 1960 – 1963. (pp/ 141-158). Oxford Academic.

[23]The Illinois ACEs Response Collaborative Health & Medicine Policy Research Group. The Parent-Child Dyad in the Context of Child Development and Child Health. https://hmprg.org/wp-content/uploads/2018/07/ILARC_Parent-Child-Dyad-Report.pdf

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**Appendix A: Competency One: Typical and Atypical Development Birth to Three –
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Appendix B: Competency Two: Multi-Cultural and Linguistic Diversity and its Impact on Early Intervention Evaluations and Services and Work with Families – Resources, articles, books, professional development, and videos

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Appendix C: Competency Three: The significance of supporting the parent-child dyad to enhance young children's learning, development and growth -Resources, articles, books, professional development, and videos

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Appendix D: Competency Four: Understanding and use of evidence-based, family-centered best practices with families and caregivers via parent/caregiver collaboration, coaching and strengthening family capacities - Resources, articles, books, professional development, and videos

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Appendix G: Resources for Telehealth Services and Part C Services

1. **Articles and Best Practices**

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Assistive Technology through the Early Intervention Program: A How-To for Assessment, Equipment Request and Selection, and Follow-Up.
-NYC BEI is an approved provider of CEUs and CTLEs by the NYS Office of the Professions and the NYS Education Department for OTs/OTAs, PTs/PTAs, LCSWs/LMSWs, SLPs, audiologists, and early childhood teachers.
https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page

New York State DOH BEI Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update Report of the Recommendations. *See the importance of working with parents within the natural learning environment during sessions (page 55). 20168.pdf (ny.gov) or go to Early Intervention Program Memoranda, Guidance and Clinical Practice Guidelines - New York State Department of Health (ny.gov)

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https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

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The Early Childhood Personnel Center: Cross-Disciplinary Personnel Competencies Alignment – Family Centered Practices https://ecpcta.org/family-centered-practice/

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2. **Telehealth Resources for Early Intervention Services Across Disciplines**

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American Occupational Therapy Association *Telehealth Resources* https://www.aota.org/Practice/Manage/telehealth.aspx

American Physical Therapy Association *Telehealth* http://www.apta.org/Telehealth/

American Speech-Language-Hearing Association *Telepractice Resources During COVID -19* https://www.asha.org/About/Telepractice-Resources-During-COVID-19/ and at https://www.asha.org/Events/COVID-19-ASHA-Web-Event-Series-on-Early-Intervention/

Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd Ed.) (2020, 2014) Council of Autism Service Providers (CASP) at https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf.

Applied Behaviors Analysis Edu.org. *How Applied Behavior Analysts Can Use Technology to Provide Therapy Remotely* https://www.appliedbehavioranalysisedu.org/telebehavioral-health/

ASHAWire: LeaderLive. *Using Telepractice to Provide Early Intervention Services to Families* https://leader.pubs.asha.org/do/10.1044/how-our-early-intervention-practice-serves-families-through-telepractice/full/

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Division for Early Childhood of the Council for Exceptional Children *Resources to Support Early Intervention and Early Childhood Special Education During the COVID-19 Outbreak* https://www.dec-sped.org/covid-19

Early Childhood Technical Assistance Center. *Remote Service Delivery and Distance Learning* https://ectacenter.org/topics/disaster/tele-intervention.asp

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ECTA Center (2020, May 5) A Home Visit with Ares' Family with their SLP using teletherapy. YouTube https://www.youtube.com/watch?time_continue=342&v=pz_81OFGWxc&feature=emb_logo

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ECTA Center (2020, April 24). A Home Visit with Zander's Family and their physical therapist using teletherapy. YouTube. https://www.youtube.com/watch?time_continue=4&v=gXkHD71g-Hc&feature=emb_logo

ECTA Equitably Serving Children with Disabilities and their Families during COVID-19 https://ectacenter.org/enotes/enotes_day.asp?enoteid=880

Edelman, Larry. *Planning for the Use of Video Conferencing for Early Intervention Home Visit during the COVID-19 Pandemic* https://ectacenter.org/~pdfs/topics/disaster/Planning_for_the_Use_of_Video_Conferencing_in_EI_during_COVID-19_Pandemic.pdf

Early Childhood Technical Assistance Center. *Determining a Child's Eligibility for Early Intervention Services Remotely*; March 8, 2021. This document and additional resources on remote screening, evaluation and assessment can be found at: https://ectacenter.org/topics/earlyid/remote.asp

EI Excellence. Resources on coaching and Tele-Practice. http://www.eiexcellence.org/resources/video-library/

FIPP. A National Center of Excellence. Early Childhood Intervention Tele-Practice. https://www.assurethefuture.org/tele-intervention.html

FIPP Professional Learning (2020, March 24). *A National Center of Excellence: Providing EI services through Distance Technology*. YouTube. https://www.youtube.com/watch?v=kWtJgLgpuc4

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The Hanen Center *The Case for Telepractice: Should Hanen programs be offered to families online?* https://www.hanen.org/SiteAssets/Articles---Printer-Friendly/Clinical---Program-Support/The-Case-for-Telepractice-Should-Hanen-programs-be.aspx

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3. **Autism Resources**

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Applied Behaviors Analysis Edu.org. *How Applied Behavior Analysts Can Use Technology to Provide Therapy Remotely* https://www.appliedbehavioranalysisedu.org/telebehavioral-health/

Autism Focused Intervention Resources and Modules (AFIRM). On-line modules and resources on 27 evidence-based practices at http://afirm.fpg.unc.edu/
-AFIRM: Naturalistic Interventions at https://afirm.fpg.unc.edu/naturalistic-intervention
i.
-AFIRM: Parent Implemented Interventions at https://afirm.fpg.unc.edu/parent-implemented-interventions The Council for Exceptional Children and Standards apply to all 27 evidence-based practices.

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Ingersoll, B. and Dvortcsak, A. (2020, April 3). *Parent Coaching Through Telehealth*. YouTube. This video is helpful for interventionists moving from direct in-person ABA services to the child to coaching parents via teletherapy.
https://www.youtube.com/watch?v=ZuaCS19djPw

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Rise with ABA. (2013, April 13). *Incidental teaching (ABA/Applied Behavioral Analysis*) YouTube
https://www.youtube.com/watch?v=KERrGaKcd38

Rogers, S.J., Vismara, L.A., and Dawson, G., (2021) *Coaching Parents of Young Children with Autism: Promoting Connection, Communication, and Learning*, The Guilford Press, New York.

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S81; DOI: https://doi.org/10.1542/peds.2014-3667E or at
https://pediatrics.aappublications.org/content/pediatrics/136/Supplement_1/S60.full.pdf

4. **Telehealth Resources for Families and Providers – preparation for remote sessions**

Early Childhood Personnel Center (ECPC). *Telehealth Tips for Providers* handout at
https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/Tips-for-Providers-Flyers-final-page-1-1.pdf

Early Childhood Personnel Center (ECPC). *Telehealth Tips for Providers: Coordinating EI Services through the Phone, Tablet and computer* handout https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/Tips-for-Providers-Flyers-final-page-2-1.pdf

Early Childhood Personnel Center (ECPC). *Telehealth Tips for Parents: Receiving EI services using a phone, tablet, and computer* handout in English
https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/Tips-for-Families-Flyer-pg1-1.pdf
Handout in Spanish**:** https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/TipsforFamiliesFlyerSPApg1.pdf

ECTA *Provider and Educator Use of Technology* https://ectacenter.org/topics/disaster/ti-service.asp#familyprep

ECTA *Preparing Families.* (Parents) (English and Spanish) https://ectacenter.org/topics/disaster/ti-service.asp#familyprep

ECTA (updated September 26th 2022) *Remote Service Delivery and Distance Learning.*
https://ectacenter.org/topics/disaster/tele-intervention.asp

Early Intervention Strategies for Success. (April 14, 2020). *10 Strategies for Engaging Parents (not Children?) during Tele-intervention* https://www.veipd.org/earlyintervention/2020/04/14/10-strategies-for-engaging-parents-not-children-during-tele-intervention/

FIPP Tele-Intervention Tip Sheets at https://www.assurethefuture.org/tele-intervention.html

Videos to show parents and providers what teletherapy sessions look like across disciplines:
- ECTA Center (2020, May 5). Teletherapy with Ares and his parents and speech therapist.YouTube.https://www.youtube.com/watch?time_continue=342&v=pz_81OFGWxc&feature=emb_logo
- ECTA Center (2020, April 29). Teletherapy with Sam and his parents and occupational therapist. YouTube. https://www.youtube.com/watch?v=Oog-0_BcIWw
- ECTA Center (2020, April 24).Teletherapy with Zander and his parents and their physical therapist video. YouTube. https://www.youtube.com/watch?time_continue=4&v=gXkHD71g-Hc&feature=emb_logo

Virginia Early Intervention Professional Development Center (VEIPD). Early Intervention *Telehealth Prep Checklist for Parents and Providers.* https://veipd.org/main/downloads/covid_updates/telehealth_prep_checklist_final_new.pdfZero to Three: *Why Tele-intervention Is A Great Idea for your Family* https://www.zerotothree.org/resources/3450-why-tele-early-intervention-is-a-great-idea-for-your-family

Zero to Three: *Early Intervention and Telehealth during the COVID-19 Crisis: A Guide for EI Providers*. https://www.zerotothree.org/resource/early-intervention-and-telehealth-during-the-covid-19-crisis-a-guide-for-ei-providers/