

Early Childhood and Family Mental Health Competencies

To assure qualified personnel have expertise for providing services to young children and their families

OVERVIEW

Contributors

These competencies were compiled and are offered for your use by Vermont's Early Childhood and Family Mental Health Competencies Practice Group, regularly consisting of the following members:

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Other contributors have included:

- Vermont Children's Upstream (CUPS) Learning Team – 2000 - 2004
- Participants at Shared Agenda Meetings:
 - *56 participants at planning meeting, April 8, 2004*

- *48 participants at planning meeting, September 2, 2004*

- *40 participants at validation meeting, November 14, 2006*

- Shared Agenda Task force and subsequent Workgroup – 2002 – 2005

- Professional Preparation and Development Committee of the Early Childhood Workgroup – ongoing participation since 2004.

For more background or other information about these competencies, log onto the www.sharedwork.org website, register, then click onto the "National Community of Practice on Collaborative School Behavioral Health" and then onto "Vermont".... or contact Nancy Sugarman by phone at 802-241-4661 or by email at nancy.sugarman@ccv.edu.

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Introduction

The Vermont Early Childhood Mental Health Practice Group is pleased to provide the following professional competencies related to early childhood and family mental health. These professional competencies are intended to guide the preparation and ongoing professional development of service providers in various fields who have a role in supporting families with young children. The skills and knowledge necessary for promoting the social and emotional development of children and for recognizing and addressing mental health issues are not the purview of any one discipline. For instance, educators, therapists, childcare providers, pediatricians, home health care providers, early interventionists, social workers, and child welfare workers all need to be cognizant of these competencies and



demonstrate the level of knowledge and skills commensurate with their roles.

Vermont has been working on strategies and resources for supporting young children with social and emotional challenges and their families for several years as reflected in the following two documents. The first, *Children's Upstream Services (CUPS) Knowledge and Practices to Promote the Emotional and Social Development of Young Children* (2002), presented the guiding principles, knowledge and practices that promote the social and emotional development of all infants and young children. The second document, *Finding Help for Children with Social/Emotional/Behavioral Challenges: CUPS Handbook* (2004), was written to help service providers identify difficulties that children and families may be experiencing, understand significant concepts related to those difficulties, and locate relevant resources for intervention with children and families with social and emotional challenges. The development of competencies that articulate more specifically what people who work with young children and their families need to know about early childhood and family mental health is a logical next step.

Field of Early Childhood and Family Mental Health

The field of early childhood and family mental health continues to evolve. It recognizes that the first years of a child's life provide the social and emotional foundation for growing up happy, healthy and productive, ready to succeed in school and to nurture his/her own future children. This field actively promotes the social and emotional well being of young children and their families, emphasizing the importance of secure relationships between children and their parents and other caregivers. The central and fundamental role of family and relationships is codified in the "Guiding Principles of Practice" presented below, from the *CUPS Knowledge and Practices to Promote the*

Emotional and Social Development of Young Children (see <http://www.healthvermont.gov/mh/docs/cafu/pubs-cafu.aspx>).

1. All children have the right to be protected and to be cared for in environments that promote their health and development.
2. Nurturing relationships promote healthy emotional, social and neurological development in infants and young children.
3. Obstacles to healthy development should be identified as early as possible and appropriate resources/services provided without delay.
4. The family, as they define themselves according to biological and/or social kinship, plays the leading role in each child's social and emotional development.
5. Building on a family's skills and knowledge strengthens care giving for infants and young children.
6. A family's network of natural supports offers them enduring and essential resources, whereas professional services come and go.
7. Individuality, as well as social, economic & cultural diversity, must be honored and reflected in practice.
8. Communities need to actively support the critically important work of parents and early childcare providers to nurture and care for infants and young children.
9. Communities need to provide safe, accessible and quality environments for infants, young children and their families.
10. A team approach provides a strong and inclusive way to support parents and young children.

Process for Developing the Competencies

These Early Childhood and Family Mental Health competencies have been developed through an inclusive process over a four-year period of time during which various constituency groups have reviewed and provided input into their design



and content. The intention is to embed skills and knowledge throughout the system of service delivery to all children (age birth to age eight) and their families, and to provide a precise focus on early childhood and family mental health.

We worked closely with the Northern Lights Career Development Center as it developed Core Competencies for Early Childhood Professionals. Many of those competencies are aligned with the Foundation and Intermediate Levels of these Early Childhood and Family Mental Health Competencies. We also worked closely with the Higher Education Collaborative on Early Childhood Educator and Early Childhood Special Educator endorsements and related college coursework to align with these competencies.

Organization of the Competencies

The competencies are made up of several descending parts:

- **Core Knowledge Areas or Domains** (i.e: Family Systems, Child Development...)

1. Levels: (from entry or Foundation to Specialist...)

a. Subheadings or sub-domains: (ie: Ethics and Confidentiality, Effective Transitions...)

1. Core competencies: statements that describe specific behavior or knowledge (recognizes..., demonstrates..., develops... etc.)

The **six domains** may appear to be discrete areas of knowledge, but when put to use they are highly interrelated:

- **Philosophy and Professional Orientation,**
- **Family Systems,**
- **Child Development,**
- **Assessment,**
- **Addressing Challenges, and**
- **Systems Resources.**

Qualified personnel have different levels of autonomy, breadth of impact, and depth of knowledge

across these six domains. The competencies reflect four levels of expertise:

- **Foundation,**
- **Intermediate,**
- **Advanced, and**
- **Specialist.**

The levels are hierarchical in nature, building upon each other. The first level is foundational, reflecting the knowledge and practices we believe all direct service providers and their supervisors should have for interacting with young children and families who may be at risk for or experiencing mental health challenges and in need of finding help. The second level of competencies describes intermediate skills necessary for working with children and families who exhibit challenges; the third level presents advanced competencies for overseeing, planning, and/or providing services and consultation to others regarding challenges that impact the mental health of young children and their families; while the fourth level consists of specialized skills required for working with the most complex situations and for providing leadership to the field.

There may be some correspondence of the levels to degrees awarded by institutions of higher education, but individuals with doctoral degrees may lack certain Foundation skills while individuals with an Associate's degree may demonstrate particular Specialist skills. The more important correspondence is with the expertise required by a wide range of service providers to improve the mental health of young children and their families.

Use of the Competencies

While all of these competencies may be used in various settings along the service continuum, it is very unlikely that any one person has - or that any one position makes use of - all the competencies in either a domain or a level. The full array of competencies will probably be evident only when looking at a whole program or a community team. Hir-



ing agencies and job supervisors should determine which competency domains and levels they require for particular positions.

Core competency documents can be used for a variety of purposes. They can be used to assess learning needs of students, employees, whole programs or teams. They can be used to develop and evaluate professional development curricula, or as a tool for supervision and mentoring support. Some specific examples are:

Levels may be used:

1. To delineate intended participants in a professional development opportunity
2. To delineate breadth, depth, or impact of required knowledge and skills
3. As a means of comparing different groups or professional development opportunities.

Core Knowledge Areas or Domains may be used:

1. To inform essential objectives used in courses
2. As a means to sort and identify learning opportunities from a professional development list or calendar
3. To identify equivalency areas for credentials such as for a Child Development Associate (CDA).

Subheadings or sub-domains may be used:

1. To document completion of professional development
2. To describe sections of a portfolio or of an Individual Professional Development Plan
3. To inform essential objectives used in courses
4. To identify equivalency areas for credentials such as for a Child Development Associate (CDA) or for coursework equivalency
5. As a framework for a pre- and post-test of student's knowledge, skills, and dispositions.

Core Competencies may be used:

1. To select goals or activities for an Individual Professional Development Plan

2. As a self-assessment tool in a performance review or mentoring process
3. To select specific work-related knowledge, skills or dispositions in a job description
4. By instructors to identify specific skills, knowledge or dispositions to address in a course or workshop
5. As a springboard for discussion of key concepts with parents or collaborators.

Our plan is for these competencies to become embedded in the coursework required by current personnel preparation and licensing systems. (The Master's Program in Community Mental Health [created in Vermont by Trinity College with the support of the VT Division of Mental Health, the VT Office of Alcohol and Drug Abuse Programs, and the van Ameringen Foundation and now administered by Southern New Hampshire University] has already adjusted its required coursework to include a class on early childhood mental health, based on the these competencies.) We anticipate that endorsements or certificates will be created for those competencies that are beyond current licensing and certification systems and/or reflect more specialized knowledge and skills, so providers with these skills in early childhood and family mental health can be identified.

We believe that if these competencies are used throughout the service delivery system, children and their families will not have to reach a point of near-crisis to receive the social and emotional support and services they need to effectively cope in our communities. It is our sincere hope that by embedding these competencies within various and multiple personnel preparation programs and ongoing in-service opportunities, children and families will have their needs for early childhood and family mental health recognized and addressed wherever they go by thoroughly trained and informed caregivers.