Nebraska's Early Childhood Integrated Skills and Competencies for Professionals

Service Principles for Early Childhood Mental Health, Education & Home Visiting

Maternal Infant Early Childhood Home Visiting

Together for Kids & Families Mental Health Work Group

Nebraska Department of Health & Human Services

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Together for Kids and Families (TFKF) is Nebraska's Early Childhood Comprehensive Systems project and is located organizationally within the Department of Health and Human Services, Division of Public Health, and Lifespan Health Services. TFKF brings together early childhood stakeholders to comprehensively plan and implement strategies designed to holistically address issues that affect young children and their families in order to promote positive outcomes. This document was developed by the TFKF Mental Health Work Group and was born out of a desire within the state for a set of Early Childhood Core Competencies for Mental Health.

After exploring existing documents from other states, the Mental Health group felt strongly that it was important to show the integration between early childhood mental health, education, and home visiting. Some audiences who might benefit from this document are child welfare workers, child care providers, preschool teachers, mental health practitioners, early childhood coaches, family support workers, nurses, social workers, and services coordinators. This document reflects the view that the three disciplines of early childhood mental health, education, and home visiting are highly integrated.

The TFKF Mental Health Work Group developed this document to augment existing training and education of service providers across multiple disciplines throughout the state of Nebraska. It draws from a variety of sources that promote individualization of services for families and children. We encourage practitioners to use this tool to support the intentionality of quality service provision. Other uses of the document might be for training, cross-training across disciplines, creating job descriptions and duties, or as a supervisory tool.

ACKNOWLEDGEMENTS

Thank you to the Together for Kids and Families Mental Health Workgroup for their work to develop Nebraska's Early Childhood Integrated Skills and Competencies for Professionals; this document was originally released in 2012. Since the release, professionals in each discipline voiced interest in the tool. Based on this feedback, the Mental Health Workgroup recommended a next step to identify key indicators within each competency and to develop a self-assessment tool.

Thank you to Jennifer Gerdes, PhD in Education and Human Sciences with a specialization in Child, Youth, and Family Studies and a sub-group of the TFKF Mental Health Workgroup comprised of Lynne Brehm, Traci Penrod-McCormick, and Gay McTate, for their work on the revision of the document and their solicitation for feedback from the Mental Health Workgroup.

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NAVIGATING THE DOCUMENT

On the top of each page is a Universal Competency for best practice that relates to all three disciplines. Each of the three columns represent the interpretation of that Universal Competency in each discipline. There are eleven universal core competencies included in this document. The intent is to demonstrate that Universal Competencies are relevant to the work of the three disciplines but may look different in practice. Each in-practice statement in the columns is followed by a footnote that indicates the source of information. You can find a full list of the resources at the end of the document.

This self-assessment tool is designed for professionals from all disciplines who work with young children and their families on a regular basis, especially those working in early childhood mental health, education, and home visiting. The primary purpose of this tool is for professionals to assess their own level of skill on each of the integrated skills and competencies described previously in this document. Professionals may also use this tool in shared reflection with a supervisor or peer to set professional development goals and action steps.

Supervisors and program leaders can also use this tool. For example, a program director may use the tool during the hiring process to determine the skill level of interviewees. Higher education agencies may use this tool to assess the educational needs of their students, and professional development systems may use this tool to inform the professional development opportunities they provide.

TOGETHER FOR KIDS AND FAMILIES MENTAL HEALTH WORK GROUP STRATEGIES AND MEMBERSHIP

Strategy 7: Assist communities to develop/enhance an effective system of care to support the social, emotional, and behavioral health needs of Nebraska's young children.

Strategy 8: Build the capacity of individuals who interact with young children to support social, emotional, and behavioral health.

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Universal Competency 1: Appreciates and recognizes the impact and role relationships play in learning, growth, and change including but not limited to, relationships between the 1) child & other children, 2) parent & child, 3) parent & professional, 4) professional & child, and/or 5) professional & professional.		
Mental Health	**Early Childhood Education**	**Home Visiting**
The clinician demonstrates an initial goal of building rapport, mutual respect, and honors where the child and family are.[6] The clinician recognizes the importance of collaborating with all systems involved in the child and families life, including education, support services, and medical home.[6] The clinician recognizes and ensures that both assessment and treatment phases include opportunities for interaction between children and their care providers.[7]	The provider engages in a safe, secure, and responsive relationship with each child to promote the child's optimal development (A) [1] The provider encourages children to interact positively with one another (D).[1] The provider builds a trusting relationship with each child, providing physical and emotional security (E). [1] The provider establishes positive communication and relationships with individuals and families (G). [1]	The home visitor builds professional relationships in the community to facilitate the information and referral process for basic needs, health, and development services including medical home.[2] The home visitor promotes environments that foster positive relationships, including parent/caregiver-child, peer-peer, and parent-caregiver (C11).[3] The home visitor and other team members support an optimum climate for all care giving adults to ensure trust, collaboration, and open communication (I4). [3]

An individual who successfully incorporates this competency in practice with children and families will:

- Show children and/or families they are welcome by addressing them by name during interactions.
- Interact with children and/or families by consistently showing understanding, humor, and familiarity.
- Describe the roles and responsibilities of the various participants on a child and/or family team and be able to state why each individual is an important part of the team.
- Listen to the ideas and advice of other team members and acknowledge their positive contributions.
- Provide specific examples of how he/she has built trusting relationships with families and with other professionals.

Universal Competency 2: Recognizes families as experts about their child and, as a result, collaborates with the family in planning and implementing services using a strengths based approach.		
Mental Health	Early Childhood Education	Home Visiting
The clinician engages the family in all aspects of assessment, treatment planning, and intervention.[6,7] The clinician exercises the use of assessing the family's strengths and utilizes them in treatment and intervention.[6]	The provider develops strategies that support the children's learning and families' roles in planning curriculum and their children's needs (I). [1] The provider respects and incorporates family beliefs and customs when preparing learning activities (D). [1] The provider collaborates with the professional team and family to design, implement, and revise individual guidance plans (E). [1] The provider involves families in planning learning activities and evaluating the program (G). [1]	The home visitor, in partnership with the family, identifies family strengths, competencies, and needs as well as the services desired to address those needs. (6.2.A). [2, 17] The home visitor utilizes practices, supports, and resources that encourage family participation in obtaining desired resources to strengthen parenting competence and confidence (F7).[3] The home visitor uses family and child strengths as a basis for engaging families in participatory experiences supporting parenting competence and confidence (F15). [3]

An individual who successfully incorporates this competency in practice with children and families will:

Use the concerns, priorities, and resources of the family to plan curriculum, treatment and/or intervention strategies.

Follow a plan that is developed by the family to meet their family goals.

Identify the strengths of each family he/she works with and describe how to build on these strengths to meet child and/or family needs.

Believe that parents and/or guardians are the experts on their children and that they are the child's primary teachers.

Demonstrate that he/she values family stories by making eye contact, paying attention when families are talking, and listening to and asking questions about family stories.

Universal Competency 3: Recognizes the role culture plays in a family and respects how it impacts their view of the world and choices in raising a family.		
Mental Health	Early Childhood Education	Home Visiting
The clinician gathers relevant information in the assessment process to ensure the families cultural values are respected during all phases of services.[7] The clinician is aware of spoken and unspoken values and experiences of both the family and themselves and seeks supervisory support in reflecting the impact on service provision.[8] The clinician supports and respects the diversity of families.[7]	The provider creates environments and experiences that affirm and respect cultural and linguistic diversity (A).[1] The provider recognizes and discusses with families cultural health practices and implements these practices when appropriate (B).[1] The provider demonstrates respect for children's and families' diversity (for example: culture, language, religion, ability, income) (E,G).[1] The provider demonstrates respectful interest in learning about each family's values, beliefs, faith traditions, cultural influences, family structures, and circumstances and uses this information in ongoing interactions with each family.[17]	The home visitor understands, acknowledges, and respects cultural differences among families; staff and materials used reflect the cultural, language, geographic, racial, and ethnic diversity of the population served (HFA 5).[2] The home visitor uses practices, supports, and resources that incorporate family beliefs and values into decisions, intervention plans, and resources (F14).[3] The home visitor identifies and reflects on personal values, experiences, ethics, and biases in order to become self-aware and more effective in working with different groups of people.[17]

An individual who successfully incorporates this competency in practice with children and families will:

- Describe the influence of the family and cultural context on child development.
- In collaboration with families, identify caregiving practices that are both responsive and respectful to the family culture and appropriate for the setting.
- Describe ways in which family culture can be included throughout the program, treatment plan, or organization.
- Communicate with children in ways that respect family culture including acknowledging special words, names, and routines that are relevant to the family's culture and history.
- Reflect on his/her own culture and background and discuss how his/her culture may impact his/her relationships with children and families.

Universal Competency 4: Demonstrates understanding of core knowledge areas including resiliency, child development, social-emotional development, attachment (healthy development of and impact of loss, stress, or trauma), infant mental health principles, brain development, and the impact of risk factors on family and child development and uses this knowledge to inform service delivery.		
Mental Health	**Early Childhood Education**	**Home Visiting**
The clinician is aware of child development (physical, cognitive, social/emotional, and language) and the impact trauma has on development.[7] The clinician is aware of the development of attachment and the importance of this when working with children ages 0-5. Clinicians have knowledge of how secure attachment develops, risk factors that impact disruptions, and the connection to brain development.[10] According to Lieberman and Horn, the clinician is aware of interaction-based techniques to support child-parent relationship development related to ports of entry, ghosts and angels from the nursery, reflection, and speaking for baby.[7]	The provider identifies age-typical physical, cognitive, social/emotional, and language development milestones of children (A). [1] The provider demonstrates understanding of the developmental consequences of stress and trauma related to loss, neglect, and abuse (A). [1] The provider administers an environment that is physically and psychologically healthy for children, families, and staff (B). [1] The provider recognizes that periods of stress, separation, and transition may affect children's social interactions and social-emotional behaviors (D).[1]	Home visitors receive intensive training specific to their role to understand the essential components of family assessment and home visiting (10.A and B).[2] The home visitor develops knowledge and awareness of the signs of depression, trauma, homelessness, domestic violence, and/or mental illness.[17] The home visitor develops a basic knowledge of health, mental health, child development, and disabilities to ensure service coordination.[17]

An individual who successfully incorporates this competency in practice with children and families will:

- Explain what developmentally and culturally appropriate practice means and how it relates to his/her work with children and/or families.
- Communicate the importance of brain development and attachment and identify strategies to support each during service delivery.
- Describe the influences that poverty, bullying, racism, homelessness, violence and other societal influences have on child development.
- Identify and describe typical developmental characteristics of children as well as the red flags that indicate non-typical development across developmental domains.
- Identify the impact that stress and trauma related to loss, neglect, and abuse have on child development.

Universal Competency 5: Identifies the benefits of using a child and family's everyday environments and routines for learning and demonstrates the ability to increase the consistency, predictability, and engagement qualities within the everyday environment and routines.		
Mental Health	Early Childhood Education	Home Visiting
The clinician recognizes and supports families in their homes, early care, and other relevant settings, identifying the benefits each environment holds for relationships and learning (i.e. attachment, predictability, self-regulation, and development of self worth).[14]	The provider plans and adapts learning environments to meet the needs of all children, including children with special needs (I).[1] The provider develops strategies that support the children's learning and families' roles in planning curriculum and their children's learning environment (I).[1] The provider encourages family involvement in supporting their children's care and education (G).[1]	The home visitor provides services in the family's home and natural environment(s) (HFA philosophical principals).[2] The home visitor uses recommended practices to teach/promote whatever skills are necessary for children to function more completely, competently, adaptively, and independently in the child's natural environment (C15).[3]

An individual who successfully incorporates this competency in practice with children and families will:

- Interact with the child and/or family in their everyday environment during service delivery as much as possible.
- Ask families about their daily routines and caregiving practices and use that information to inform their work with the child and family.
- Encourage family members to spend as much time as possible in their child's learning environment and to contribute to planning and carrying out program activities as appropriate.
- Use the child and/or family's normal environment and everyday routines during service delivery to reinforce the child's strengths.
- Describe how the child's everyday environments have an impact on the child's learning and development.

Universal Competency 6: Recognizes the value of play, language, and literacy in learning and the development and nurturing of relationships.		
Mental Health	Early Childhood Education	Home Visiting
The clinician is aware of typical child development and the important role families play in their child's educational and life success.[12] The clinician recognizes and respects the natural learning that occurs in a responsive relationship. The clinician is aware of and promotes attachment based activities that also promote language and literacy, and share this with families.[13] The clinician advocates for children and families to play together at home and locates appropriate programming in the community that allows children to learn through play.[12]	The provider recognizes that children learn and develop through play both individually and cooperatively (A, D). [1] The provider creates an environment that encourages learning through play (I).[1] The provider offers opportunities and support to help children understand, acquire, and use verbal and non-verbal means of communicating thoughts and feelings (D). [1] The provider provides a print rich environment including signs, labeled centers and materials, word displays, or bulletin boards (D). [1]	The home visitor provides education, training, learning materials, and skill building so that parents read to their children at early ages and are involved in their child's activities; all factors associated with positive child development (HFA philosophical principals).[2] The home visitor structures the environment and actively involves families to promote engagement, interaction, communication, and learning (C2).[3, 17] The home visitor structures play routines to promote interaction, communication, and learning by defining roles for dramatic play, prompting engagement, and using props (C4). [3]

An individual who successfully incorporates this competency in practice with children and families will:

- Engage in responsive, serve and return interactions with children and/or families.
- Describe why language and print rich environments are important to child development.
- Provide opportunities for the child to make meaning from his or her experience through play, activity, and guided investigations, as appropriate for the service delivery setting.
- Explain why active play is important to child development.
- Support children's play and suggest ideas for play when they are needed.

Universal Competency 7: Demonstrates empathy and the ability to see from the child's perspective by thinking about how the adult's actions are interpreted through the eyes of the child.		
Mental Health	**Early Childhood Education**	**Home Visiting**
The clinician maintains a reflective stance in all therapeutic relationships, in order to promote the transmission of empathy within all relationships.[8] This could include empathy in response to: • A parent's stress and frustration with their child's behavior; • A child's feelings related to and age appropriate desire for self-gratification; or • An infant's need for soothing.	The provider encourages feelings of empathy and mutual respect among children and adults (A, D).[1] The provider models identification and appropriate expression of feelings; has realistic expectations for children's ability to appropriately express feelings (E).[1] The provider demonstrates empathy for children and families (H).[1]	The home visitor utilizes a curriculum with a focus on enhancing childcare environments by cultivating essential teacher/caregiver skill sets aimed at providing responsive, empathic care while offering children developmentally sensitive stimulation (G, G, K).[4] The home visitor wonders about the parent's and infant's thoughts and feelings in interaction with and relationship to each other.[5]

An individual who successfully incorporates this competency in practice with children and families will:

- Label his/her own emotional states and describe coping mechanisms (e.g. "I am feeling a little frustrated, I need to take a few deep breaths") during interactions with children and/or families.
- Verbally acknowledge parent and/or child feelings in conversation with them (e.g. "I see that you are feeling frustrated…").
- Support children and/or adults in acknowledging the feelings of others through the process of conflict resolution.
- Model the use of language and non-verbal communication to express feelings.
- Assist children in recognizing and understanding how others might be feeling by pointing out tone of voice, words being used, and nonverbal cues such as facial expressions and body language.

Universal Competency 8: Demonstrates awareness of the developmental phases and behaviors of a family and the ability to support the family to navigate effectively through transitions.		
Mental Health	**Early Childhood Education**	**Home Visiting**
The clinician is aware of the needs of families as they navigate through different phases (parenting in early childhood, middle childhood, and adolescence) and when these phases may be mixed.[7] The clinician is aware of the developmental needs of parents.[7] The clinician is aware of supports for parents and is competent in supporting parents to connect to others and to informal supports.[16]	The provider supports the children's families and acknowledges the critical roles they play in the children's lives (G). [1] The provider demonstrates awareness of how families' attitudes influence children's abilities and interests in learning (G). [1] The provider is aware of supports for parents and is competent in supporting parents to connect to others and to informal supports.[16] The provider provides families with appropriate information, training, and connections to other early care and education settings and kindergarten to help facilitate the transition process for parents and children.[17]	The home visitor focuses on supporting the parents' emotional needs as well as connecting them to community resources and informal supports.[16] The home visitor utilizes a curriculum that addresses life transitions, the promotion of positive parent-child interaction, child development skills, and health and safety practices with families (6.3). [2] The home visitor utilizes practices, supports, and resources that build on existing parenting competence and confidence (F16). [3]

An individual who successfully incorporates this competency in practice with children and families will:

- Demonstrate an ability to be non-judgmental with the variations in family characteristics.
- Identify strengths in individuals and in the family unit and describe strategies that build on these strengths.
- Describe the various theories of family systems and the effects of crises on families.
- Identify the factors that may affect families, including physical, developmental, environmental, and situational factors.
- Connect families with other families to build their informal support network.

Universal Competency 9: Recognizes the components of high quality observation and assessment and uses the information to inform practice.		
Mental Health	Early Childhood Education	Home Visiting
The clinician utilizes observation and assessment tools appropriate to age, relationships, and phase of life in order to best inform the most appropriate approach to service provision (i.e. relationship assessment, functional assessment, etc). [7]	The provider collects and organizes information about each child, on a regular basis, such as collecting samples of the child's work, recording anecdotal notes, and keeping accurate records (F). [1] The provider continually observes children, analyzes and evaluates observations, and applies this knowledge to practice (F). [1]	The home visitor uses multiple measures and sources (including information from families and other caregivers) to assess child status, progress, program impact, and outcomes. Children are assessed in contexts that are familiar (A13, A16). [3] The home visitor reports assessment results in a manner that is immediately useful for planning program goals and objectives (A29). [3] The home visitor integrates data collected into individualized services, decision-making, and daily practice.[17]

An individual who successfully incorporates this competency in practice with children and families will:

- Identify tools and strategies for developmentally appropriate screening and assessment within his/her specific service delivery setting.
- Conduct observation, documentation, screening, and assessment as part of the child's on-going daily activities whenever possible.
- Listen to family members perspectives about the child's behaviors, their desired outcomes, and describe the importance of involving families in observation, screening, and assessment.
- Conduct initial and ongoing assessment in child's everyday environment, including within the child's day-to-day family routines and in his/her early care and education setting.
- Describe appropriate assessment which focuses on the child in relationship to others, emphasizing the child's interactions with parents, siblings, and/or other caregivers.

Universal Competency 10: Is active in one's own professional development by seeking new knowledge that can be applied to services for children and families.		
Mental Health	**Early Childhood Education**	**Home Visiting**
The clinician recognizes the impact and importance of research and stays current on new modalities, theories, and approaches to practice. [15] The clinician maintains appropriate supervisory relationships and works toward identified professional development goals yearly.[15]	The provider reflects on his/her own teaching and learning practices and improves knowledge by interacting with staff, attending trainings or taking classes, and reading early childhood journals, books, and research(H).[1] The provider develops and carries out a personal professional development plan in collaboration with supervisors (H).[1, 17]	The home visitor develops and carries out a professional development plan based on needs identified during individual supervision sessions (11.2.A).[2] The home visitor appreciates the benefit of receiving 1.5-2 hours of individual supervision per week (11.1.A).[2]

An individual who successfully incorporates this competency in practice with children and families will:

- Work continuously to improve performance through continuing education, self-reflection, and participation in professional communities of practice.
- Develop and regularly review an individualized professional development plan.
- Seek ongoing supervision, consultation, and mentoring opportunities.
- Actively participate in training opportunities that develop skills.
- Recognize areas for professional and/or personal development.

Universal Competency 11: Identifies the benefits of reflective supervision, demonstrating the ability to reflect on one's own biases, and personal reactions to working with children and families.		
Mental Health	**Early Childhood Education**	**Home Visiting**
The clinician recognizes and engages in meaningful, reflective, supervisory meetings per licensing requirements.[8] The clinician is able to utilize reflective skills to reflect on one's own impact on service provision.[8] The clinician utilizes reflective skills to facilitate growth in families.[8]	The provider acknowledges personal beliefs and biases regarding children and families, and is able to make objective decisions and act in the best interest of the families (G).[1] The provider utilizes self-reflection and has the ability to engage in ongoing assessment of strategies and their effectiveness (H).[1] The provider is aware of the effects of one's own personal and cultural background on one's work (H).[1]	The home visitor, through weekly ongoing and effective supervision, develops realistic and effective plans to empower families to: • meet their objectives; • understand why a family may not be making progress and how to work with the family more effectively; and • express their concerns and frustrations to see they are making a difference and to avoid stress-related burnout (HFA 11).[2] The home visitor actively engages in reflective supervision to gain new insights and knowledge about relationships with families.[17]

An individual who successfully incorporates this competency in practice with children and families will:

With support, explore his/her own values, biases, strengths, feelings, and thoughts about working with families and children.

Remain open, curious, and welcome the opportunity to reflect, with support, on his/her professional practice.

With support, reflect upon his/her personal life experiences and how these impact interactions with children and families during service delivery.

Describe a time when his/her own behaviors or emotions negatively impacted children and families and identify what he/she would do differently next time.

Acknowledge personal beliefs and biases regarding children and families and demonstrate the ability to make objective decisions and act in the best interest of the families.

Nebraska's Early Childhood Integrated Skills and Competencies for Professionals: Service Principles for Early Childhood Mental Health, Education & Home Visiting

SELF-ASSESSMENT

This self-assessment tool is designed for professionals from all disciplines who work with young children and their families on a regular basis, especially those working in early childhood mental health, education, and home visiting. The primary purpose of this tool is for professionals to assess their own level of skill on each of the integrated skills and competencies described previously in this document. Professionals may also use this tool in shared reflection with a supervisor or peer to set professional development goals and action steps.

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Integrated Skills Self-Assessment

Name: _____Date:_____

Instructions: For each item, mark the appropriate box to indicate your engagement in the behavior described. After each set of five questions, add up your total for that section. For example, on items 1-5, if you marked yourself one item as a No (1 x 0= 0 points), 3 items as Sometimes (3 x 1= 3 points), and 1 item as a 2 (1 x 2 =2 points) you will put 5 points (0+3+2) as your total.

	No (0)	Sometimes (1)	Yes (2)
1. I show children and/or families they are welcome by addressing them by name.			
2. I show understanding, humor, and familiarity in my interactions with children and families.			
3. I can describe the roles and responsibilities of the various participants on a child and/or family team and state why each individual is an important part of the team.			
4. I listen to the ideas and advice of other team members and acknowledge the positive contributions of team members.			
5. I can provide specific examples of how I have built trusting relationships with families.			
Universal Competency 1: Items 1-5 Total			
6. I use the concerns, priorities, and resources of the family to plan curriculum, treatment and/or intervention strategies.			
7. I follow a plan that is developed by the family to meet their family goals.			
8. I can identify the strengths of each family I work with and how I will build on their strengths to meet child and/or family needs.			
9. I believe that parents and/or guardians are the experts on their children and that they are the child's primary teachers.			
10. I make eye contact, pay attention when families are talking, and listen to and ask questions about family stories.			
Universal Competency 2: Items 6-10 Total			

	No (0)	Sometimes (1)	Yes (2)
11. I can describe the influence of the family and cultural context on child development.			
12. I identify caregiving practices that are both responsive and respectful to the family culture, in collaboration with the family.			
13. I can describe ways in which family culture can be included throughout the program, treatment plan, or organization.			
14. I respect family culture by acknowledging special words, names, and routines that are relevant to the family's culture and history.			
15. I reflect on my own culture and background and discuss how my culture may impact my relationships with children and families.			
Universal Competency 3: Items 11-15 Total			
16. I can explain what developmentally and culturally appropriate practice means and how it relates to my work.			
17. I can communicate the importance of brain development and attachment and identify strategies to support each in my work.			
18. I can describe the influences that poverty, bullying, racism, homelessness, violence, and other societal influences have on child development.			
19. I can identify and describe typical developmental characteristics of children as well as the red flags that indicate atypical development (physical, cognitive, language, social-emotional, etc.).			
20. I can identify the impact that stress and trauma related to loss, neglect, and abuse have on development.			
Universal Competency 4: Items 16-20 Total			
21. I interact with the child and/or family in their everyday environment during my work.			
22. I ask families about their daily routines and caregiving practices and use that information to inform my work.			
23. I encourage family members to spend as much time as possible in their child's learning environment and to contribute to planning and carrying out program activities as appropriate.			
24. I use the child and/or family's normal environment and everyday routines during service delivery to reinforce the child's strengths.			
25. I can describe how the child's everyday environments have an impact on learning and development.			
Universal Competency 5: Items 21-25 Total			

	No (0)	Sometimes (1)	Yes (2)
26. I engage in responsive, serve and return interactions with children and/or families.			
27. I can describe why language and print rich environments are important to child development.			
28. I provide opportunities for the child to make meaning from his or her experience.			
29. I can explain why active play is important to child development.			
30. I support children's play and suggest ideas for play when they are needed.			
Universal Competency 6: Items 26-30 Total			
31. I label my own emotional states and describe coping mechanisms (e.g. "I am feeling a little frustrated, I need to take a few deep breaths") during interactions with children and/or families.			
32. I verbally acknowledge parent and/or child feelings in conversation with them (e.g. "I see that you are feeling frustrated…").			
33. I support children and/or adults in acknowledging the feelings of others through the process of conflict resolution.			
34. I model the use of language and non-verbal communication to express feelings.			
35. I assist children in recognizing and understanding how others might be feeling by pointing out tone of voice, words being used, and nonverbal cues such as facial expressions and body language.			
Universal Competency 7: Items 31-35 Total			
36. I am nonjudgmental with the variations in family characteristics (e.g. teen parents, same sex couples, separated/divorced couples etc.).			
37. I can identify strengths in individuals and in the family unit and describe strategies that build on these strengths.			
38. I can describe the various theories of family systems and the effects of crises on families.			
39. I can identify the factors that may affect families, including physical, developmental, environmental, and situational factors.			
40. I connect families with other families to build their informal support network.			
Universal Competency 8: Items 36-40 Total			

	No (0)	Sometimes (1)	Yes (2)
41. I identify tools and strategies for developmentally appropriate screening and assessment within my work.			
42. I conduct observation, documentation, screening, and assessment as part of the child's on-going daily activities whenever possible.			
43. I listen to family members perspectives about the child's behaviors, their desired outcomes, and describe the importance of involving families in observation, screening, and assessment.			
44. I conduct initial and ongoing assessment in the child's everyday environment, including within family routines and in his/her early care and education setting.			
45. I believe that appropriate assessment is that which focuses on the child in relationship to others, emphasizing the child's interactions with parents, siblings, and/or other caregivers.			
Universal Competency 9: Items 41-45 Total			
46. I work to improve my performance through continuing education, self-reflection, and participation in professional communities of practice.			
47. I review my individualized professional development plan at least once a year.			
48. I seek ongoing supervision, consultation, and mentoring opportunities.			
49. I actively participate in training opportunities that develop my skills.			
50. I can identify areas for my own professional and/or personal development.			
Universal Competency 10: Items 46-50 Total			
51. With support, I explore my values, biases, strengths, feelings, and thoughts about working with families and children.			
52. With support, I am open, curious, and engage in reflection on my professional practice.			
53. With support, I reflect upon my personal life experiences and how these impact interactions with children and families in my work.			
54. I can describe a time when my behaviors or emotions negatively impacted children and families and identify what I would do differently next time.			
55. I acknowledge my personal beliefs and biases regarding children and families and demonstrate the ability to make objective decisions and act in the best interest of the families.			
Universal Competency 11: Items 51-55 Total			

Next, you're going to look at your scores overall to find out which areas you are the strongest in and those where you can continue to build your skills. Transfer your scores from the self-assessment to the appropriate box below.

Items 1-5 (Competency 1)	
Items 6-10 (Competency 2)	
Items 11-15 (Competency 3)	
Items 16-20 (Competency 4)	
Items 21-25 (Competency 5)	
Items 26-30 (Competency 6)	
Items 31-35 (Competency 7)	
Items 36-40 (Competency 8)	
Items 41-45 (Competency 9)	
Items 46-50 (Competency 10)	
Items 51-55 (Competency 11)	

To complete the self-assessment process, identify the two competencies where you had the highest score and two competencies where you have the most room for growth (lowest scores). If you had multiple that were your highest scores, pick two that you want to focus on for your professional development plan. For each of these four competencies make an action plan for how you will continue to build your skills in these areas.

Two areas where I have the strongest skills:					
Competency Number	Competency Description	Goal	Action Steps	Resources Needed	Timeline

Two areas where I have the most room for growth:					
Competency Number	Competency Description	Goal	Action Steps	Resources Needed	Timeline

References

1. Nebraska's Core Competencies for Early Childhood Professionals. Nebraska Department of Education. Note: The letter cited corresponds with the Nebraska Early Childhood Core Competency area in referenced document Link: http://www.education.ne.gov/OEC/pubs/professional_corecomp.pdf
2. Healthy Families America Self-Assessment Tool, 2008-2010. . . Healthy Families America.
3. Division of Early Childhood Recommended Practices: A Comprehensive Guide to Practical Application in Early Intervention/Early Childhood Special Education 2005 DEC (of the Council for Exceptional Children).
4. Growing Great Kids: Prenatal-36 months, Great Kids, Inc.
5. Weatherston, D. J. (2000). The Infant Mental Health Specialist. Zero to Three.
6. Kia J Bently, ed., Social Work Practice in Mental Health: Contemporary Roles, Tasks and Techniques (Wadsworth Group), 2002.
7. Alicia F. Lieberman, Patricia Van Horn, Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment, (New York: The Guilford Press, 2008).
8. Jean F. Kelly, PhD, et al., Promoting First Relationships: A Program for Service Providers to Help Parents and Other Caregivers Nurture Young Children's Social and Emotional Development (Seattle: NCAST-AVENUW Publications, 2008).
9. Infant Mental Health and Early Care and Education Providers (Vanderbilt University, The Center on the Social and Emotional Foundations for Early Learning).
10. Donna Wittmer, What Works Brief Series: Attachment: What Works? (Vanderbilt University, Infant Mental Health and Early Care and Education Providers).
11. The National Scientific Council on the Developing Child, Young Children Develop in an Environment of Relationships: Working Paper 1, (The National Scientific Council on the Developing Child, housed at the Center on the Developing Child at Harvard University, 2004).
12. Make the Most of Playtime, (Vanderbilt University, The Center on the Social and Emotional Foundations for Early Learning).
13. Claire Lerner, LCSW, Lynette A. Ciervo, Getting Ready for School Begins at Birth: How to help your child learn in the early years, (Washington: ZERO to THREE Press, 2004).
14. Kadija Johnston, Charles Brinamen, Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff and Families, (Washington: ZERO to THREE Press, 2006).
15. National Association of Social Workers, http://socialworkers.org
16. Tawanda Bandy, Kristen M. Andrews & Kristin Anderson Moore, Disadvantaged Families & Child Outcomes: The Importance of Emotional Support for Mothers. Child Trends: Research to Results Brief (2012). Publication # 2012-05.
17. Head Start and Early Head Start Relationship Based Competencies for Staff and Supervisors who Work with Families (2012). National Center on Parent, Family, and Community Engagement.
18. Together for Kids and Families (TFKF): http://dhhs.ne.gov/tfkf