

# Competencies for Early Interventionists: Finding Consensus

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Today we will discuss the findings from a project that was designed to:

- Review existing documents that address best practices in EI
- So as to arrive at an inclusive set of competencies for serving infants who are D/HH and their families
  
- This work was a collaboration of the three authors listed on the slide

## A Little Background

- ◆ Needs Assessment Conducted 2008
- ◆ Determined need for EI Specialists with Training
- ◆ Lack of Consensus on Who, What, When
  - ◆ Who should prepare specialists?
  - ◆ What should content and preparation be?
  - ◆ When should this happen?

By way of background...

- One year ago, we conducted a needs assessment related to Early Intervention with this population
- There was consensus among respondents on the need for trained providers, but lack of consensus on who should do the training, what content should be the focus, and when these skills needed to be addressed (preservice/in-service)

# What We Know and Don't Know

What We Know	What We Don't Know
<ul style="list-style-type: none"><li>◆ Not enough adequately trained EI specialists</li><li>◆ Specialists with training = better outcomes for children</li><li>◆ Not enough programs that provide systematic and specialized training</li></ul>	<ul style="list-style-type: none"><li>◆ What should specialist know and be able to do?</li><li>◆ How and when should training occur?</li><li>◆ Who should provide the training?</li><li>◆ What are state requirements for deaf/hh?</li></ul>

The survey brought to the forefront several key concepts, some of which are well established (we KNOW them)...Others are yet to be determined (We DON'T know the answers).

What we know: there are not enough trained specialists, and this is of concern because some research suggests that outcomes for children are better when providers are specialists. Further, not enough programs provide systematic speciality training.

The focus of the current project is on the first item listed in the “What we don’t know” column on this slide. There is a need to define the competencies that a specialist should have in order to provide EI services for children who are D/HH and families. We looked for consensus to begin building a comprehensive set of competencies that might answer this question.

# Needs Assessment Survey

- ◆ 26 Respondents from 17 National Organizations
- ◆ Internet Based Survey
- ◆ Strong Agreement on the Needs to Identify Competencies

26 professionals – leaders from 17 national organizations – responded to our Internet based survey.

There were high levels of agreement among the respondents on the **NEED TO IDENTIFY EI COMPETENCIES**



## Survey Results....

- ◆ **Strong support** for a consensus statement listing the core knowledge and skills to work with infants and toddlers (birth to three) who are D/HH and their families.
- ◆ **Strong support** for a specialized subset of knowledge and skills to work with infants and toddlers who are D/HH and their families.
- ◆ **Support** for a description of what it means to be “highly qualified” BUT questions about which professional organizations should do this.

In addition, there was strong support from respondents about:

- The need for a consensus statement that includes core knowledge and skills for working with this population
- The need for a specialized set of knowledge and skills that was specific to these children and their families
- And a description of what it means to be highly qualified to work in this area.



This brings us to the current project – focused on identifying core and specialized knowledge and skills

# Document Review



1. CENTe-R (UNC Greensboro) Competencies
2. ASHA-CED Technical Report
3. NAD Position Statement mpm4
4. CEASD Position Statement mpm5
5. Marge & Marge Consensus Document
6. JCIH 2007 Position Statement
7. ASHA Core Knowledge & Skills for SLPs
8. AG Bell Core Competences (LSLS)

This led us to examine 8 documents that address knowledge and skills

One caveat – these documents were developed for a variety of purposes; they are not intended to be well matched in terms of comprehensive treatment of the topic. However, they do represent collaborative efforts to join research and professional opinion to arrive at some best practice statements.

So we began our work by reviewing this set of documents for common themes, consensus, as well as unique views.

## Slide 7

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**mpm4** black font might be hard to read  
moemar, 2/17/2009

**mpm5** Remember to indicate that these had different purposes and are not even in terms of  
comprehensiveness  
moemar, 2/18/2009

## 9 Core Competency Areas

1. Family-Centered Practice (14)
2. Socially, Culturally & Linguistically Response Practice (6)
3. Language Acquisition and Communication Development (20)
4. Infant and Toddler Development (14)

Reviewed all documents for purpose and intent and relevancy to project  
Identified core competency areas after overall review of documents  
Developed descriptions of each category and ended up with 9 discrete competency areas.

The number in parentheses after each listed competency area shows the number of specific skill/knowledge areas that emerged in each category.

## Core Competency Areas

5. Screening, Assessment and Evaluation (19)
6. Technology: Auditory, Visual, Tactile (8)
7. Planning and Implementing Service (13)
8. Collaboration and Interdisciplinary Practice (10)
9. Professional and Ethical Behavior (10)

We, as a group of 3, found some gaps and added competencies that we defined (and agreed upon)

# Review Process

- ◆ Purpose:
  - ◆ Examine commonalities and discrepancies among documents
  - ◆ Look for consensus and uniqueness
  - ◆ Get a “bird’s eye view” of recommendations from documents
- ◆ Began with review of UNC document by all 3 reviewers
  - ◆ Independent review and placement in rubric
  - ◆ Conference call to discuss and reach consensus
- ◆ Same Process for each of the documents
  - ◆ 2 Independent reviews; Conference Call; 3<sup>rd</sup> person validating decisions

We created a grid in Excel that listed identified competencies; columns were included for each of the documents we reviewed

- We searched the documents for commonalities and differences
- We looked for areas of consensus and unique features of documents
- This yielded a bird’s eye view or a consolidated impression of agreed upon competencies across these varied documents

Our process began with an independent review of the UNC documents  
We agreed to a large extent; but there were disagreements and these were resolved through discussion on conference calls.

The remaining documents received 2 independent reviews, consensus checks, and then an overall validation by a third author.

During the process we:

Checked and revised our categories of competencies

Refined, clarified some statements

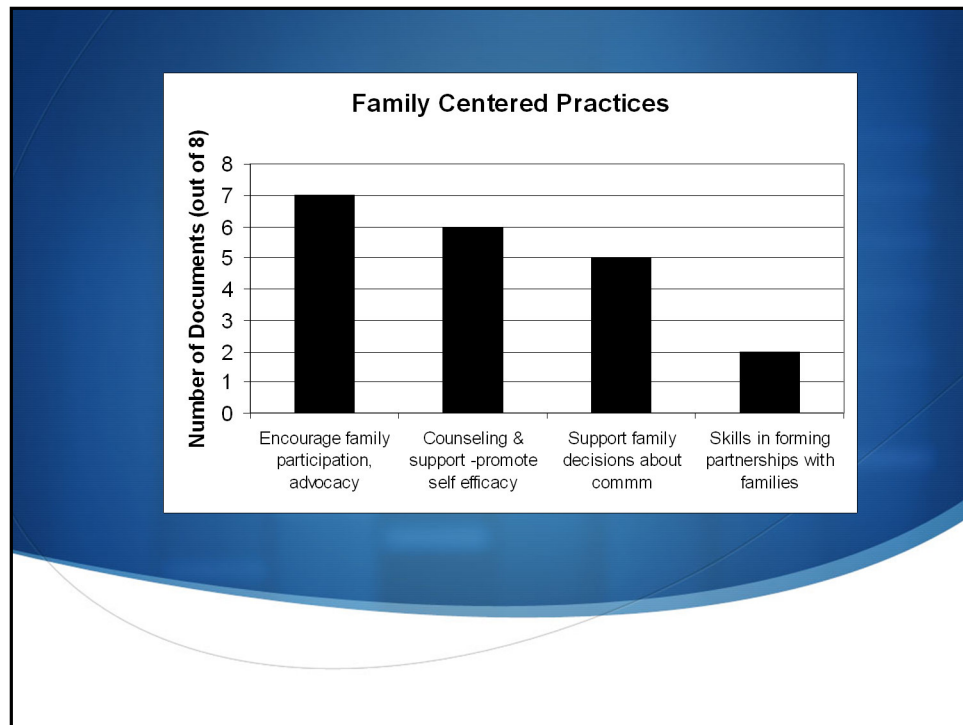
Added (as notes) gaps

Developed trust in process as it included validation from the beginning



# Family-Centered Practice

- ◆ Family-professional partnerships
- ◆ Decision-Making
- ◆ Family Support



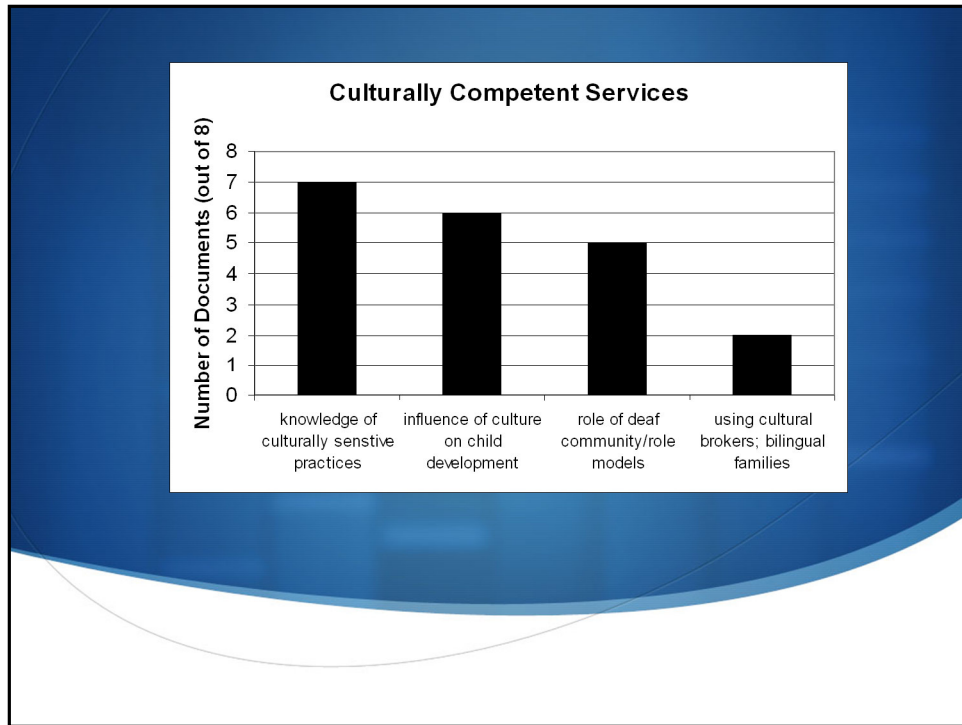
In this and the next several slide, we summarize key findings from this analysis across each of the 9 Core Competency Categories.

Here we see the Core Competency Category of Family Centered Practices. We have plotted 4 knowledge/skill items as a function of the number of documents mentioning each competency. The first three were found in 5 or more of the documents; the final item – skill in forming partnership with parents, was listed in only two documents.

We would all acknowledge the importance of this skill; Interestingly, on the whole, the best practice documents focused much more on knowledge than on skill. This suggests the need for a practice document that includes both (knowledge AND skill items).

## Culturally Competent Services

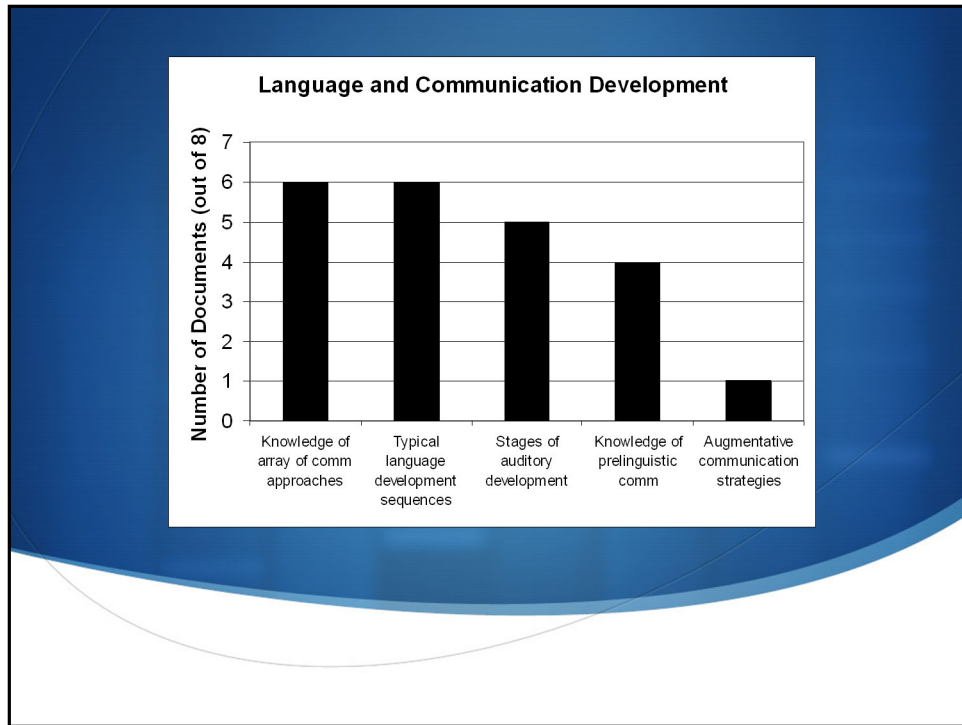
- ◆ Socially, culturally, linguistically responsive practices including Deaf and Hard of Hearing Communities and Culture
- ◆ Sensitivity to individual family's characteristics
- ◆ Respect for individual family's characteristics



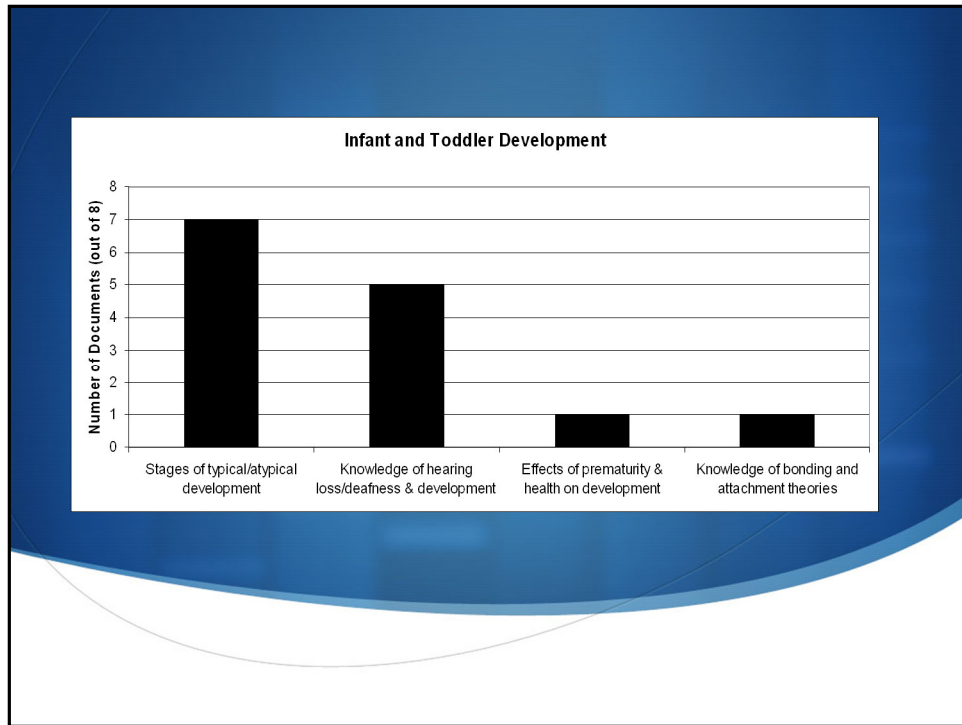
We see a similar pattern for these four items in the category of Culturally Competent Services. The first three items were common across the documents; A key skill – ability to use cultural brokers in serving bilingual families, was mentioned in only 2 of the documents. This supports the need to look not only for consensus, but to attend to unique items and gaps in the development of a comprehensive best practices document.

# Language and Communication Development

- ◆ Typical development
- ◆ Communication Approaches
- ◆ Impact of hearing loss on access to communication



There was general agreement about the importance of knowing typical stages of language development & specialized knowledge of auditory skill development. Although knowledge of an array of communication approaches was acknowledged as a need in the majority of documents, augmentative communication strategies was included in only one of them. Multidisciplinary knowledge such as this is needed to serve children with secondary disabilities. This points to the need to include competencies for children with unique challenges.

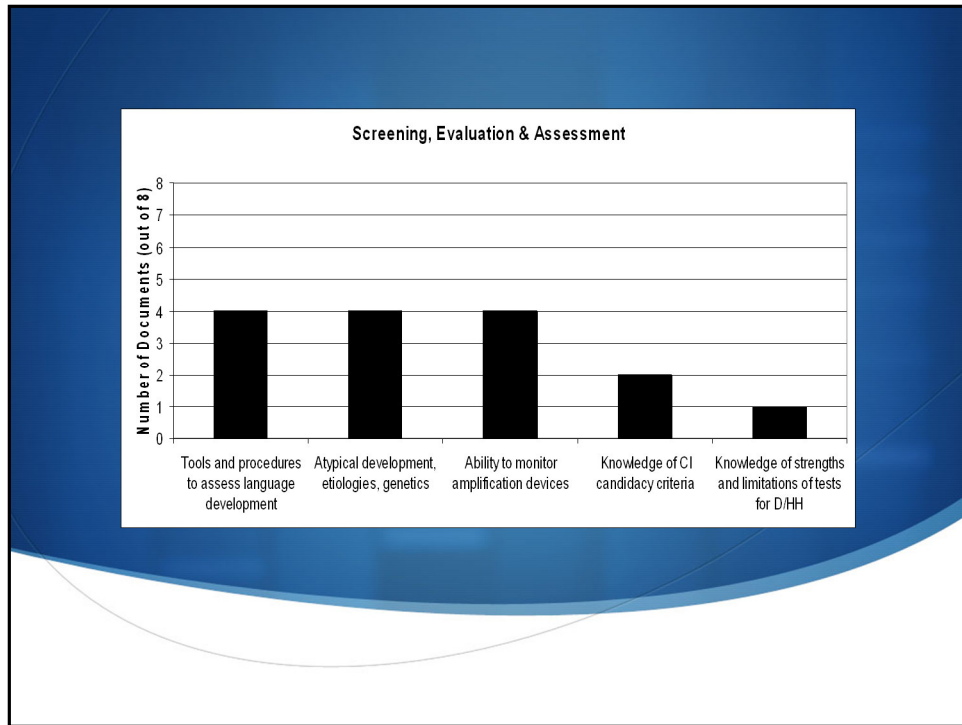


In the category of infant and toddler development, two rarely cited items suggest the need to understand broad aspects of infancy (bonding/attachment theory) and the impact of prematurity on development.



## Screening, Evaluation and Assessment

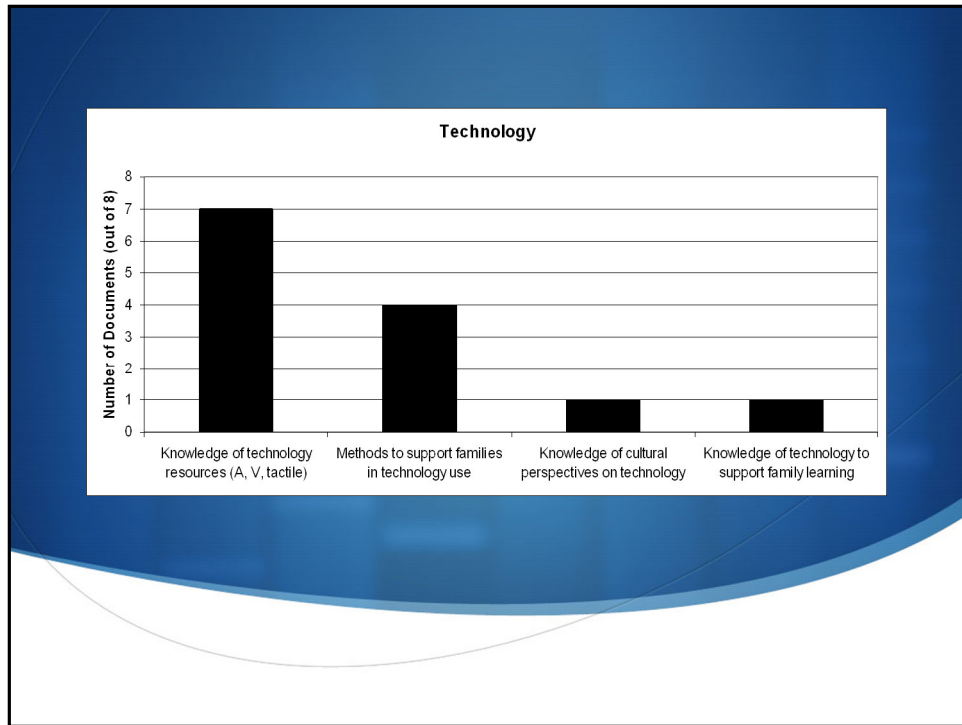
- ◆ Interpretation of hearing screening
- ◆ Interpretation of audiologic diagnostic information
- ◆ Ongoing developmental assessment
- ◆ Use of developmental assessment tools to monitor progress



In the area of screening and assessment, less consensus was observed than in the earlier categories. This is interesting, because many of the items in this category reflect specialized skill areas (e.g., amplification; CI candidacy criteria). As you can see, few documents included items like knowledge of CI candidacy, or understanding of the limitations of test procedures for this population of children. EI providers clearly should know CI candidacy, as this will be important in educating families. Understanding test limitations is key for appropriate measurement of EI outcomes.

# Technology

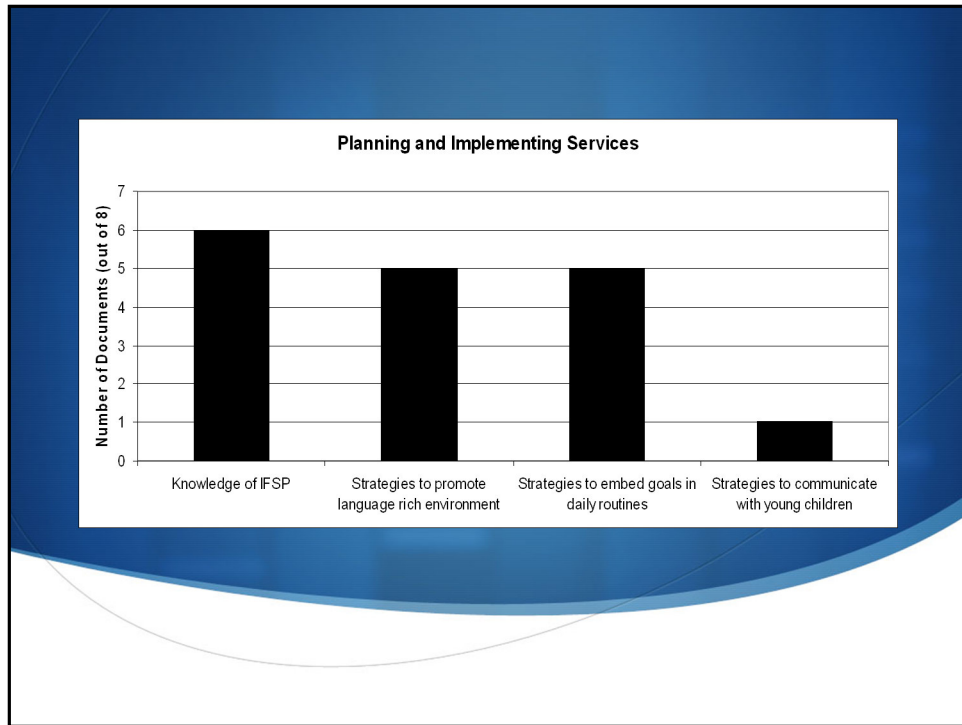
- ◆ Supporting development by using technology to access:
  - ◆ Auditory Information
  - ◆ Visual Information
  - ◆ Tactile Information



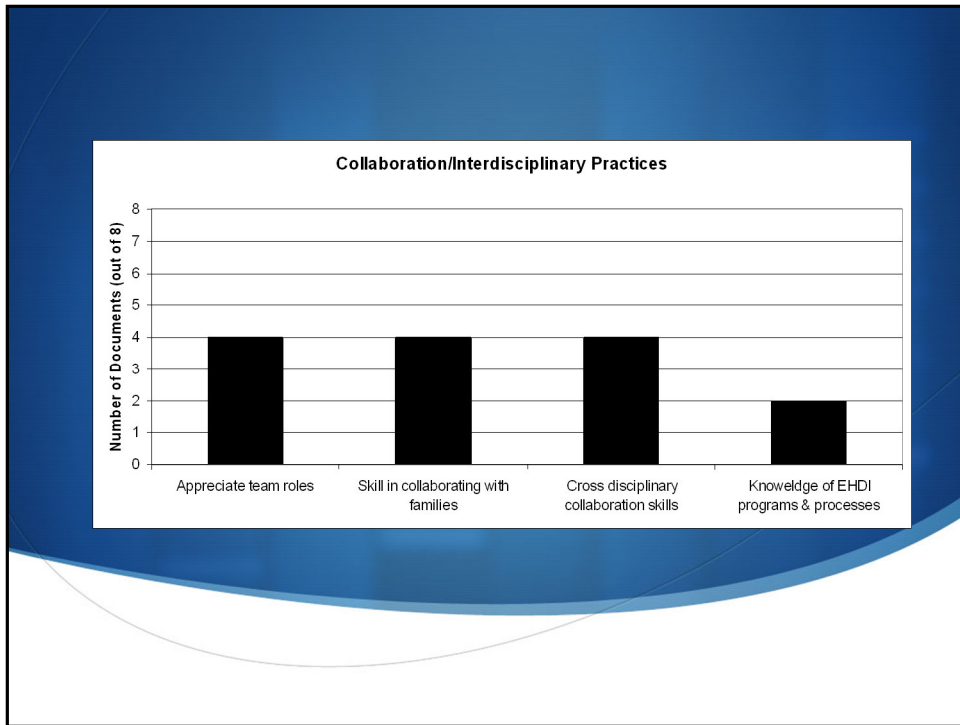
The competency area of technology comprised fewer items (8) than any other category. This may be a competency category that deserves additional attention in terms of identifying gaps.

# Planning and Implementing Services

- ◆ Creating a lesson plan
- ◆ Conducting a home visit
- ◆ Developing the IFSP
- ◆ Using appropriate curriculum, methods and resources



Knowledge and implementation of the IFSP process was a main theme in this section of competencies. Some skill areas appeared with strong agreement – like promoting language development and embedding goals in daily routines. However, other primary skill areas – like communicating effectively with infants, or planning home visits sessions were limited in representation, and may represent gaps to be addressed.

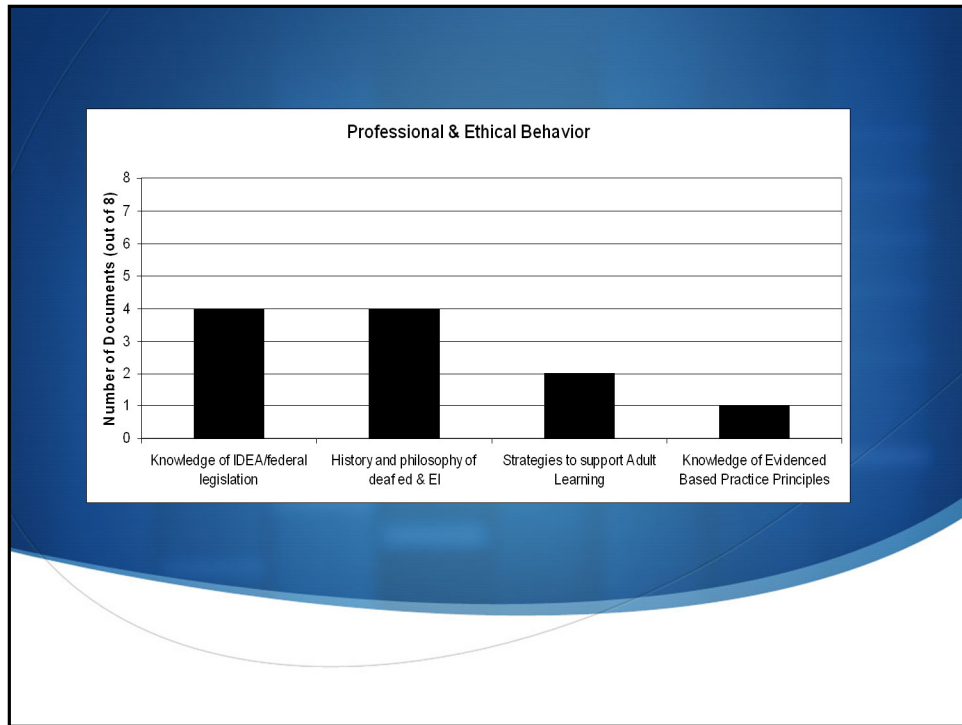


Half of the documents included items around collaboration and team building skills. A skill that was important, but underrepresented, was knowledge of EHDl programs and processes.



# Professional and Ethical Behavior

- ◆ Foundations of early intervention practice
- ◆ Legislation
- ◆ Policies
- ◆ Research



We classified 10 items in this category of professional and ethical behavior. We want to highlight two underrepresented knowledge/skill areas – Strategies to support adult learning are fundamental to working with families on home visits. We felt that this should receive more emphasis within a comprehensive document. Evidence-based practice principles were mentioned only in the ASHA document, reflecting ASHA's major emphasis on this area of professional growth at the present time. Our team felt that EBP warrants attention in an EI best practice document.

## Future Goals 2009-10

- ◆ “Clean Up” Document - Redundancies, Clarity
- ◆ Review of document by peers to broaden interest and reach consensus on “core competencies”
- ◆ Disseminate results and request comment from larger and broader constituent base
- ◆ Collaborate with JCIH (and other agencies/initiatives) to incorporate competencies in best practice document on Early Intervention

Our plans at this point include the goals of:

- Seeking some peer review of the synthesis we have completed
- Peer reviewers should include leaders in EI programs, and perhaps you can guide us about other logical reviewers
- We will be searching to identify other relevant documents we may have overlooked in our process
- We plan to disseminate results, and collaborate with the current effort of JCIH to develop recommendations for best practices in EI

# Take Home Messages

- ◆ The comparative review of documents revealed
  - ◆ High levels of professional agreement for a subset of competencies
  - ◆ Unique items that are important in establishing a comprehensive set
  - ◆ A greater focus on KNOWLEDGE than SKILLS
- ◆ Gaps help identify future areas for focus:
  - ◆ Family systems and skills for building partnerships
  - ◆ Infancy related theories (attachment, multimodal learning)
  - ◆ Evidence-based practice skills in EI

## Take Home Messages

- There is a lot of consensus among existing documents
- But items unique to one or two documents were particularly instructive; our added items were often skill focused
- In general we observed a need for greater focus on SKILLS (most documents were knowledge focused)

Identified gaps give us direction for expanding the skills sets. They included such areas as:

- Understanding family systems and skills for building partnerships
- Theories of infant mental health (bonding, attachment)
- Application of evidence based practice principles

# What can you suggest?



Oh  
boy!..What's  
next?

Now we invite you to share your perspective with us...

What have we missed?

What next steps do you see as relevant?

How might you seek peer review?