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Social-Emotional Development of Young Children Training Content

Consensus Statement

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Purpose

</td><td>Young children need regular interactions with emotionally supportive adults in order to develop, learn, and grow in healthy ways. In daily life, a young child may spend time with many different adults: parents, other caregivers, teachers, physicians, nurses, early interventionists, and family friends. Each person has the opportunity to positively influence the child's development. In order to be most effective, adults who spend time with young children must have the capacity for positive relationships along with sufficient knowledge of early childhood social and emotional development.

Despite its importance, specific instruction in how to support social and emotional development is not always included in the training of those who work with young children. This Consensus Statement has been prepared to guide training across disciplines in Indiana by creating a framework of competencies that can be used by many different providers. The intent of the competencies is to build an early childhood workforce that understands and supports early social and emotional development. These guidelines can be used to improve practice, guide consistent training, identify resources, and perhaps most importantly, to direct public policy. Together, our work will provide a continuum of promotion, prevention, and intervention activities that lead to the emotional wellbeing for all children and families in Indiana.</td></tr>
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Overview

</td><td>Sunny Start is an outgrowth of the Early Childhood Comprehensive Strategic planning initiative. The strategic planning initiative was based on the assumption that, "For the past fifteen years, [the state of] Indiana has demonstrated its commitment to improving the lives of young children and their families through participation in a variety of state and federal initiatives focusing on improving outcomes in early childhood. Indiana recognizes a clear need for improved collaboration and coordination among existing early childhood programs and services. While there is a tremendous number and variety of initiatives and programs, the lack of coordination leads to duplication of efforts that are often not universally applied across the state. Staff is lacking consistent and periodic training regarding all programs resulting in the dissemination of inaccurate information which leads to confusion on the part of families as well as missed opportunities for support and services." (Indiana State Department of Health Website).

A variety of providers partnering with parents, families and other caregivers in the care of their young children would benefit from continued efforts to</td></tr>
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coordinate training around social-emotional development. To date, several strong efforts have been successful in bringing a variety of training opportunities to Indiana para-professionals and professionals regarding social-emotional development. These efforts are consistent with the vision of the Sunny Start initiative, *"In Indiana, children are safe, healthy and reach their full potential."* However, these initiatives have not been coordinated across disciplines or geographical areas.

The Social and Emotional Training and Technical Assistance Committee of the Sunny Start initiative has been charged with exploring suitable tools for social-emotional screening, determining best practices for dissemination of information about social-emotional development and resources, and developing and implementing a plan for training personnel about social-emotional development and intervention.

Research Background

In recent years it has become increasingly clear that social and emotional skills underlie all other areas of development (Shonkoff & Phillips, 2000). In fact early social and emotional competence is associated with continued competence and may help reduce the risks for later problem behaviors. Personal characteristics including good social skills, positive primary relationships and a supportive social environment have been identified by researchers as the three main conditions that contribute to a child's resilience to certain risk factors. Attainment of positive social and emotional status has been shown to relate to important skills including attention, cooperation, and emotional regulation. These capacities are the building blocks for success in relationships and in education.

Research further demonstrates that social and emotional capacities are built in large part through relationships with important adults (Schore, 2001). Routine caregiving interactions affect children's social and emotional capacity by actually influencing the structure and function of the brain. These brain changes may have long lasting effects, including influences on the body's ability to manage stress as adults (Perry, 2001).

The Maternal Child Health pyramid describes three levels of services including promotion (universal), prevention (indicated) and intervention (targeted). The majority of children and families are served at the base of this model or in the promotion section. Promotion activities are aimed at the general population and can include education and awareness around topics such as parenting and child development. Prevention activities are more targeted reaching a smaller population considered to be at risk due to biological or environmental risk factors. These activities are intended to prevent diagnoses. The third tier, intervention services, is intended to address children who have a diagnosis, significant delay or disability and require specialized treatment to support their full achievement of quality attachments and relationships (Perry, Kaufmann & Knitzer, 2007).

Because experiencing relationships with adults who are warm, nurturing, and consistent is associated with positive child outcomes, effective promotion, prevention, and intervention efforts should include measures that target adults as well as children. By the same token, children are

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extremely vulnerable when adults struggle with issues that may reduce their availability, such as mental illness, addiction, and domestic violence. When adults receive support, child-adult relationships are enhanced. Support to children and their families can be provided by many providers, in varying ways, and in multiple settings (Landy & Menna, 2006). Therefore developers of professional training and learning opportunities in disciplines as varied as education, child care, child protection services, and health care, should consider how to infuse knowledge of social and emotional skills, ways to enhance social and emotional development, and ways to support relationships into their curricula.

Intervention aimed at strengthening the parent-child relationship, reducing behavior challenges, and enhancing child and parent social-emotional capacities does exist and can be effective. Examples include Interaction Guidance (McDonough, 2001), Infant-Parent Psychotherapy (Lieberman & Van Horn, 2005), and the Incredible Years Curricula (Webster-Stratton & Reid, 2003). However, it is important to recognize that with higher levels of disturbance, change in parent-child relationships becomes more difficult to achieve. Therefore a continuum of services from promotion and prevention to direct clinical intervention is highly desirable and may save families and their community time, money and distress. In addition to addressing the human costs of distressing symptoms and problematic relationships, evidence reveals that early intervention saves money by significantly reducing future utilization of child welfare, juvenile justice, and other social services (Tolan & Dodge, 2005, Rolnick & Grunewald, 2003).

Promotion of emotional well being and prevention of mental illness and behavioral health problems requires early identification. Some behaviors that are "red flags" for the development of serious problems are easily recognized by well-trained providers. However, reliance solely on clinical judgment identifies fewer than 30% of the children in need of intervention (Glascoe, 2005). Without intervention, these children may develop serious, long lasting emotional and behavioral difficulties. In the last few years well designed screening tools have become available that allow primary care providers and parents to accurately identify children in need of further assessment for social and emotional concerns. These tools function similarly to familiar screening practices such as hearing or vision checks that have been used for decades in public schools. The tools often rely on parent report and require full consent of the parent/caregiver. Use of screening tools by front-line providers is an appropriate and necessary part of a system of care for young children (American Academy of Pediatrics, 2006). Families, providers, and policy-makers need to understand the purpose of screening as it relates to an overall system of care.

Once initial concerns have been identified in primary health care and early child care and educational settings, children and families should be referred to early childhood mental health specialists for full assessment and treatment when needed (American Academy of Pediatrics, 2001 and 2006). In Indiana, as across the country, however, there are serious shortages of qualified personnel (National Mental Health Association, 2003). The

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shortage is particularly acute in rural areas, as most available providers are clustered in more heavily populated areas, such as Marion, Allen, and Lake counties. Good efforts have been made to increase providers through continuing education events. However, the shortage cannot be fully addressed because Indiana has no formal graduate training programs in early childhood mental health.

Finally, payment sources are another barrier to early childhood mental health services. In most cases third party payers require an identified patient with a specified diagnosis to document the need for services. Mental health diagnoses used with older children and adults may be inappropriate or inadequate for young children. Providers may also be reluctant to use a particular diagnosis due to unfamiliarity with this population or concerns about stigma (Carter, Briggs-Gowan & Davis, 2004). Furthermore, many young children present with emotional, behavioral, or relationship concerns that do not meet current criteria for specific diagnosis but who would benefit from intervention. One step toward addressing these concerns is the implementation of the Child and Adolescent Needs Survey (CANS) across child service systems. Indiana is utilizing a state specific version for ages birth to four that identifies children's social-emotional needs in the context of their family in order document the level of care needed. In other states, use of the Diagnostic Criteria 0-3-Revised (Zero to Three, 2005) has been recommended to provide diagnoses that are appropriate for very young children. The DC0-3R is unique in that it considers child behavior in the context of development and relationships. Crosswalks that connect the DC0-3R diagnoses with diagnoses and acceptable billing codes from the DSM and ICD systems have been used in other states for several years. Recently the IAITMH's IMH Task Force created the Indiana Crosswalk, which links the DC0-3R diagnoses with both DSM IV TR and the ICD 9 CM.

Overview of Competency Frameworks in Early Childhood Mental Health

Indiana, along with several other states has devoted significant effort toward identifying and developing a set of competencies for providers who work with very young children with the focus on social-emotional development. Several other related groups have established competencies and skill sets as well. (See the accompanying summary table with a general comparison of nine different competency frameworks). Recognizing the value of these previous efforts, Sunny Start's Social and Emotional Training and Technical Assistance Committee's first step in developing a consensus statement was to review existing systems. The next section of this Consensus Statement identifies the competency systems that were utilized in developing the Indiana proposal.

In Indiana, the Indiana Association of Infant and Toddler Mental Health (IAITMH) was established in 2000 as an outgrowth of a SPRANS grant administered by the Indiana State Department of Health. The association has as its mission "to advance conditions that provide an early start toward optimal mental health."

One of the association's earliest products was the development of a set of infant mental health competencies for early childhood providers (IAITMH, n.d.). These competencies were presented to the First Steps (Indiana's Part

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C early intervention system) as a framework for training providers in the area of social-emotional development and intervention. These competencies were also used in the development of a mentorship program to support interdisciplinary groups desiring more information and skills for supporting young children's social-emotional growth and development.

In the development of this Consensus Statement, other state's efforts to define competencies for promotion, prevention and intervention of social-emotional issues in very young children were collected and reviewed. Many states have been working on the development of core competencies and the identification of associated skills for supporting young children and their families in the area of social-emotional development. Models considered for Indiana are reviewed briefly here.

The Michigan Association for Infant Mental Health (MI-AIMH) has the longest standing credentialing program that is based on competencies across four incremental levels of service provision (MI-AIMH, 2003). These levels include: 1 – Infant Family Associate; 2 – Infant Family Specialist; 3 – Infant Mental Health Specialist; and 4 – Infant Mental Health Mentor. The credential is open to anyone who wishes to participate in the process which requires testing and documentation of experience and supervision. Although the credential has been limited primarily to Michigan providers, several Indiana providers have attained a Level 3 or Level 4 standing. The MI-AIMH has expressed interest in sharing this credentialing system with other states for a fee.

In Florida, the Harris Institute for Infant Mental Health Training is analyzing data from a project in which a panel of experts was asked to rank order a list of skills related to infant mental health service provision. (H. Quay, personal communication, July 17, 2006). The initial data of this project is available and the Harris Institute is currently analyzing and interpreting the results. The skills are grouped into seven competency areas.

In Wisconsin, the Interdisciplinary Training Institute, through its Initiative for Infant Mental Health project has prepared a three tiered system based in large part on the work completed in Florida (Wisconsin Infant and Early Childhood Mental Health Plan, 2004). The Wisconsin draft model identifies three levels which include: 1 – Front line caregivers; 2 – Developmental Professionals; and 3 – Licensed mental health practitioners. The skills are grouped into five categories. The workgroup is continuing to use the ranked skills from Florida in identifying appropriate skills for each of the three levels across the five categories.

There are several other related efforts in developing competencies. The national Child Development Associate credentialing program identifies six competency goals that include a focus on child development (Council for Professional Recognition, 2005). One of the six goals specifically addresses social and emotional development. The field of family support has identified eight areas of competence with associated skills (C. O'Connor, n.d.). The National Association for the Education of Young Children has established

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competencies for early child care settings (NAEYC, 2005). There are ten areas covering issues such as child growth and development, observation and assessment, children with special needs, and family and community relationships. Finally the Infant Mental Health Promotion Project in Canada identifies eight competency areas that are arranged in a somewhat different fashion but contain similar content (Infant Mental Health Promotion Project, 2002).

After review of these earlier competency skill sets, members of the Social and Emotional Training and Technical Assistance Committee selected a format and set of competencies that would be sensitive to Indiana's workforce and system of service delivery. Next, the Social and Emotional Training and Technical Assistance Committee as a whole, which represents a wide range of constituents, reviewed and approved the following competencies as presented. This document was approved by the Core Partners of the Sunny Start Early Childhood Comprehensive System initiative. This interdisciplinary effort has resulted in a document that provides a basis for collaboration in training and service delivery efforts for Indiana's youngest citizens.

Recommendations:

The Sunny Start Core Partners and the Social Emotional Training Committee recommend that:

- Early childhood provider constituents utilize the following set of competencies when providing training to the wide variety of staff and providers serving young children;
- These competencies be used in planning for training, mentoring and supervision activities;
- When planning training sessions trainers and presenters select, modify and create curricula that support the acquisition of skills relative to the appropriate categories of service provision;
- Early childhood professionals and service providers use this document to identify what current training exists that supports these competencies;
- Additional training is developed collaboratively to address any voids in the existing systems;
- All constituents collaborate in the delivery of training to enrich training outcomes and subsequent service delivery to children and families; and that
- Preservice and continuing education programs specializing in social-emotional development and intervention are established.

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Indiana's System of Mental Health Services for Young Children (birth to five) and their Families
Social-Emotional Development Training Competencies and Service Levels

***** These competencies are not exclusive to the identified levels but rather build progressively. As such it is intended that providers in levels 2 and 3 have mastered previous competencies***

LEVEL 1 -PROMOTION-	LEVEL 2 (includes all competencies in level 1) -PREVENTION-	LEVEL 3 (includes all competencies in levels 1 & 2) -INTERVENTION-
PRIORITY POPULATION	**PRIORITY POPULATION**	**PRIORITY POPULATION**
All children and families	**Children at risk for social-emotional developmental concerns and families**	**Children with persistent mental health challenges and families**
Caregivers serving all children and families such as: • Parents/Grandparents/Other relatives • Early child care/education professionals • Primary health care providers • Para-professionals • Religious institution nursery/education providers	Developmental professionals serving children at risk for social-emotional developmental concerns and families such as: • Healthy Families/Home visitors/Parent educators • Foster parents • Early interventionists (e.g., First Steps providers) • Head Start/Early Head Start • Public health nurses • Social Workers (LSW) • Early Childhood Special Education personnel • Legal system personnel • Public safety personnel • Pediatricians; Developmental-Behavioral Pediatricians	Licensed mental health professionals serving children with persistent mental health challenges and their families such as: • Psychologists (HSPP or School Psychologist) • Social workers (LCSW) • Psychiatrists • Marriage and Family therapists (LMFT) • Licensed Mental Health Counselors • Psychiatric Nurse Practitioner • Developmental-Behavioral Pediatricians

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Level 1 -PROMOTION-	Level 2 (includes all competencies in level 1) -PREVENTION-	Level 3 (includes all competencies in levels 1 & 2) -INTERVENTION-
Competencies		
A. Parenting, Family Functioning, & Child/Parent Relationships		
Recognizes the importance of parent/caregiver physical and emotional availability	Understands the infant/young child's use of the parent as a secure base under conditions of stress and for explorations of the environment	Demonstrates appropriate strategies for enhancing parent/caregiver – young child relationships
Recognizes the role of caregivers as models for the development of behavior in young children (e.g. coping, anger management)	Communicates with parents/caregivers the importance of appropriate models for behavior and supports behavioral changes when indicated	Supports parents' capacity to reflect on their own behavior as it relates to their relationship with their child, their child's development, and their child's behaviors and to make necessary changes
Supports the unique parent-child relationship	Demonstrates knowledge that parenting is a developmental process	Demonstrates knowledge of family dynamic (systems, relationships) and family composition including relationships with caregiver, sibling, and extended family
Respects the parent's relationship with child as primary	Uses interviews with parents/caregivers to listen carefully, obtain information, and begin to develop trust	Establishes and maintains a therapeutic alliance with parent/caregiver
Demonstrates sensitivity to cultural issues that impact family interactions, relationships, and parenting	Utilizes diverse cultural beliefs about development in understanding parent-child interaction and family expectations	Understands the impact of the client's culture, values, and education on their own behavior and reaction to the therapist
Understands that a parent's own experiences in childhood influence parenting behaviors	Identifies parent practices that put the child at risk and provides alternatives	Develops corrective attachment relationship with the parent with the goal of improving the parent/child relationship
Identifies supportive and challenging family interactions that affect healthy social-emotional development	Partners with families to integrate services and supports into daily routines and activities with sensitivity to the families questions and priorities	Uses family centered approaches when designing supports and services to enhance healthy functioning of the family unit

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LEVEL 1 -PROMOTION-	LEVEL 2 (includes all competencies in level 1) -PREVENTION-	LEVEL 3 (includes all competencies in levels 1 & 2) -INTERVENTION-
B. CHILD DEVELOPMENT		
Understands the importance of positive social interactions and relationships to overall development	Describes the developmental sequence of attachment behaviors of infants and toddlers (signaling and greeting behaviors, separation distress, secure base behavior and social referencing)	Demonstrates expertise with concepts of security and insecurity of attachment relationships and different types of attachment disorders in parent/child dyads
Describes typical development across all areas including: communication, physical, adaptive/self-help, cognitive, and social/ emotional	Identifies strategies for relating to toddlers to support their autonomy, learning, cooperation, needs for security and a secure base from which to explore in order to facilitate development in all areas.	Differentiates between typical challenging behaviors and disordered behaviors
Describes the influence of environment on the child's development	Describes everyday strategies for supporting family coping with stressful environments and experiences	Identifies effects of traumatic experiences on a child's development and appropriate interventions
Recognizes when infant/child demonstrates behavior that does not conform with expected development	Describes delayed or atypical behaviors in all areas of development	Describes atypical behaviors, reactions, and responses, using formal diagnoses from current DSM and DC 0-3 systems when appropriate
Uses adaptations and special methods as instructed to support young children with special needs to participate in various settings	Identifies strategies for supporting young children with delayed or atypical development to participate and increase skills in various settings	Develops, implements, and evaluates the effectiveness of interventions to modify atypical behaviors and increase children's ability to participate in various settings
Adjusts daily routine based on the child's temperament and understands & responds to baby cues	Understands and utilizes the concept of "goodness of fit" with regard to temperament styles in observing and supporting adult/child interactions	Uses strategies to address potential problems in the developing parent-child relationship brought about by a temperament mismatch of parent and child

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LEVEL 1 -PROMOTION-	LEVEL 2 (includes all competencies in level 1) -PREVENTION-	LEVEL 3 (includes all competencies in levels 1 & 2) -INTERVENTION-
C. BIOLOGICAL AND PSYCHOSOCIAL INFLUENCES		
Aware of self regulation including sleep/ wake pattern	Understands the impact of environment and experiences on parent-child relationship and development	Demonstrates knowledge of the effects of stressful life events on family functioning and emotional development of infants and toddlers (e.g., separation/divorce, death of a family member, hospitalization, chronic illness, violence & abusive relationships)
Knows about nutritional needs and methods of feeding at different stages of development	Understands the impact of chronic poor nutrition on development	Differentiates between typical and problematic feeding interactions; understand the importance of interactions during feeding,; is familiar with available treatment/service options
Knows how social and physical environments and experiences affect brain growth and development		Describes how brain growth and development are affected by traumatic events
Describes how one's own experience of being parented may affect current parent/child relationships	Explains how mental health issues and environmental risk can disrupt parent/child relationships	Describes adult mental health diagnoses, common treatment methods, and the long term impact of adult mental health challenges on parenting
Identifies strengths of the child's family situation	Identifies and utilizes the concept of resilience and those factors which support its development	Uses family, parent, and child strengths as a starting point when formulating a treatment plan and implementing therapeutic activities
Recognizes and respects differing settings where children spend time including child care, play groups, and home	Adapts methods and strategies to support child development in a variety of settings	Demonstrates consultation skills with parents and professionals who support children in a variety of settings

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LEVEL 1 -PROMOTION-	LEVEL 2 (includes all competencies in level 1) -PREVENTION-	LEVEL 3 (includes all competencies in levels 1 & 2) -INTERVENTION-
D. OBSERVATION, SCREENING, ASSESSMENT, DIAGNOSIS & INTERVENTIONS		
Uses appropriate, recommended screening tools	Articulates the features of the various tools and the appropriate use of each tool	Uses observation and appropriate tools necessary for formal diagnoses of disorders in mental health using current DSM and DC-0-3 criteria
Knows how and when to refer for evaluation	Understands role of different professionals in making appropriate referrals	Accepts referrals and communicates back with referral sources and appropriate providers
Observes the infant/young child's behavior, ability to soothe, self-regulation, and sensitivities	Notices and can describe the parent's behavior to soothe, regulate, and redirect the infant/young child	Uses a variety of formal and informal assessment methods, tools and techniques to describe the parent-child relationship
Describes environmental risk factors which might result in multiple challenges for families	Understands and empathizes with multi-challenged families with respect to how they interpret need for services, receive information and follow through with parenting strategies	Engages in specific therapeutic methods of interviewing, listening and assessing parents' need for additional resources including formal and informal services and basic crisis intervention skills
Relates and interacts comfortably with infants/young children	Knows how to support infant/young child and parent relationships as described in the early childhood mental health literature	Provides intervention based on early childhood mental health literature
Knows how to help parents identify goals and activities that contribute to pleasurable interaction with the infant/young child	Can be empathic and sympathetic while not over identifying with the parents	Organizes, synthesizes, and interprets information from all sources and communicates the need and strength of the infant/young child to parents in a fashion to facilitate their understanding and cooperation in treatment
Demonstrates techniques for soothing, limit setting, & protection and can discuss the meaning of these with parents	Promotes parental competence in areas such a resolving and forestalling crises and solving family conflicts	Assesses parents' current coping strategies and supports families in developing a plan for best coping

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LEVEL 1 -PROMOTION-	LEVEL 2 (includes all competencies in level 1) -PREVENTION-	LEVEL 3 (includes all competencies in levels 1 & 2) -INTERVENTION-
D. OBSERVATION, SCREENING, ASSESSMENT, DIAGNOSIS & INTERVENTIONS(CONTINUED)		
Supports the child and family in the proper use of prescribed medications	Is familiar with frequently-used psychotropic medications for both children and adults	Observes and evaluates, with parent/caregiver, the effectiveness of prescribed medications
Understands when challenging behaviors interfere with healthy development	Identifies common toddler behaviors that challenge caregivers and best practice strategies for supporting toddlers as they master their impulses and feelings	Supports parents/caregivers to identify and implement behavioral techniques for problems in sleeping, eating, and self-control
E. INTERDISCIPLINARY COLLABORATION		
Knows about resources in the community and can discuss various options with parents in a non-threatening manner		Makes targeted referrals related to the diagnosis
Works as a member of a team: practice openness to new information, ability to communicate clearly one's own position and value, ability to hold multiple viewpoints and reflect upon them, resolve conflicts, etc.		
F. ETHICS/SUPERVISION		
Demonstrates knowledge of applicable state and agency regulations and policies with respect to such issues as confidentiality, reporting of child abuse, and others that may arise		
Works within the regulation and code of ethics of their profession		
Understands the impact of his/her own cultural and educational background and values on the client		
Uses regularly scheduled time for reflective supervision, recognizes his/her own limitations, and seeks support & supervision as needed		
Demonstrates respect for boundaries of practice		
Aware of boundaries in working with families	Demonstrates sensitivity to professional role as a collaborating partner with the family and advocates for parents without becoming over-involved or taking over from parents	Understands the concepts of transference and counter-transference and how they may impact the ongoing treatment

Note: The following sources were consulted in the drafting of these social-emotional competencies: Indiana Association for Infant and Toddler Mental Health, Interdisciplinary Training Institute (Constance Lillas), Center for Prevention and Early Intervention Policy, Florida State University, Michigan Association Infant Mental Health, Florida Association for Infant Mental Health, Harris Institute for Infant Mental Health Training/Florida State University, Initiative for Infant Mental Health Training/Interdisciplinary Training Institute/Wisconsin.

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