



Workforce Overview and Strategies for Workforce Development

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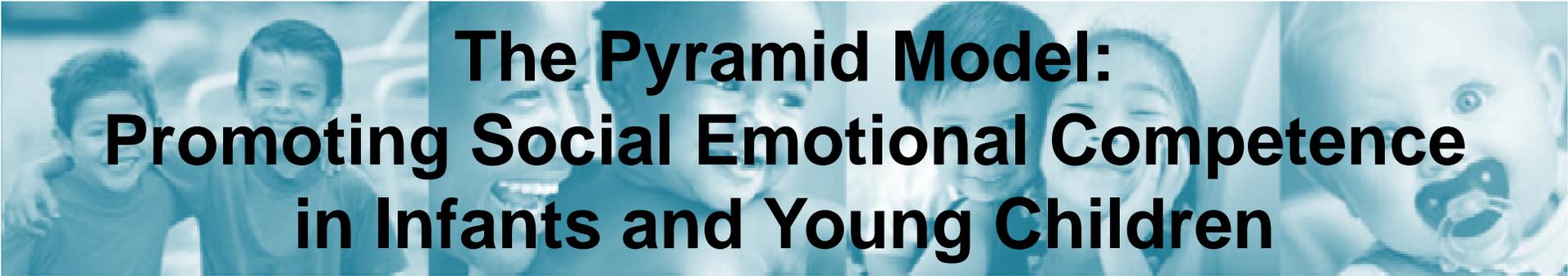
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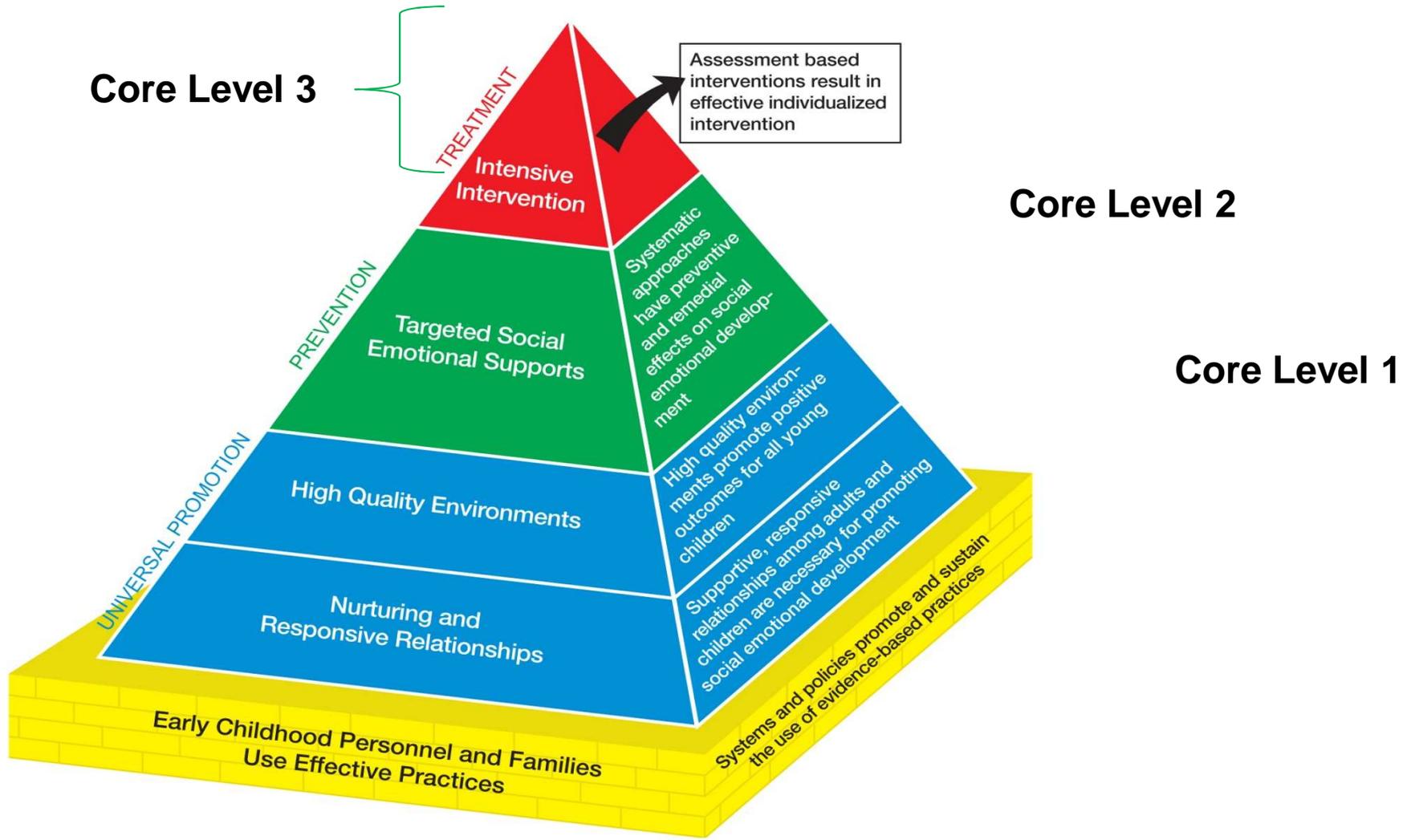
Consultant
Alamance Alliance for Children and Families



- Who is the workforce?
- Where /how do different types of professionals fit into the pyramid?
- What are the competencies that are needed?
- What are the pathways to professional development?
 - Pre-service
 - In-service
- What are some potential models of workforce development?
- What are the challenges to ensuring a statewide workforce?
- What are the drivers that we can use to move this forward?



The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children





Necessary Workforce

- NICU/PICU Interventionists
- Early Intervention Personnel; Child Development Specialists
- Day Care (Directors, Teachers, Assistants; center-based; family day care)
- Preschool (Principals, Teachers, Assistants)
- Early Head Start/Head Start (Directors, Teachers, Assistants, Family Support)
- Public Health/Pediatric Nurses
- Foster Care Staff
- Early Childhood Mental Health Consultants
- Professionals - Comprehensive Developmental/Mental Health Screenings and Assessments
- MH Professionals-Social Workers, Counselors, Psychologists, Psychiatrists
- Family Practice/Pediatricians
- Family Partners/Peer to Peer
- Researchers
- Policymakers

Four intervention categories and distinctions based on action, timing and goal

	Action	Timing	Population Goal
Promoting ...is intervening ...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health by addressing determinants* of positive mental health 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population.
Preventing ...is intervening ...	<ul style="list-style-type: none"> to <i>reduce</i> mental health problems by addressing determinants* of mental health problems 	<ul style="list-style-type: none"> <i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of reducing the number of future mental health problems in the population.
Treating ...is intervening ...	<ul style="list-style-type: none"> to <i>diminish</i> or end the effects of an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of approaching as close to a problem-free state as possible in the population of focus.
Re/Claiming ... is intervening ...	<ul style="list-style-type: none"> to <i>optimize</i> positive mental health while taking into consideration an identified mental health problem 	<ul style="list-style-type: none"> <i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus 	<ul style="list-style-type: none"> with the ultimate goal of improving the positive mental health of the population of focus.



Alamance Alliance for Children and Families

Why were we concerned about core competencies?

- ECMH workforce made up of many who have not had ECMH in formal training, especially within terminal educational degree .
- Training likely cobbled together from professional development opportunities and/or on-the-job learning.
- Hard to know how qualified the workforce is to work with this population.
- Clinical training programs that offer ECMH specialization are relatively rare, and the ambiguous nature of the field makes it difficult to define exactly who should be considered an ECMH specialist.



Core Competencies Sub-Committee

The charge of the sub-committee was to develop these competencies as a guide to workforce development.

- The Alliance, in partnership with multiple resources, would either develop or support the development of trainings in the community to meet these competencies.
- Promote the use of these competencies by and supervisors as guide to their staff development process.



Review Process

- Created subcommittee that included supervisors, staff and family members who represented child welfare, MH, child care.
- Reviewed the work of several states including Michigan, Wisconsin, California, Connecticut and Ohio.
- Reviewed research.
- Sought technical assistance from Georgetown and other federal TA providers.
- Considered competencies in context of SOC values and principles.



Required Knowledge Base

Values and Principles:

- Strengths-based
- Accountability
- Family Driven
- Community-based
- Culturally and Linguistically Competency
- Driven by community needs
- Trauma-sensitive
- Evidence-based Practices
- Committed to children ages birth to five
- Collaboration at all levels: Practice, Program and System
- Individualized – ensuring the fit between family needs and services/support provided.



Required Knowledge Base

Values and Principles:

Specifically, an early childhood system of care is based upon the following values:

- All young children deserve to spend their days in a safe, stable, caring, nurturing environment.
- To meet the mental health needs of very young children, it is necessary not only to consider the young child and his or her parents as individuals; it is also critical to consider the quality of the child's many relationships.
- Families are considered to be full participants in all aspects of the design, implementation, and evaluation of programs and services for their young children.
- ECMH services are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- ECMH practices build upon, promote, and enhance individual, family, and early childhood staff strengths, rather than focus solely on weaknesses or problems.

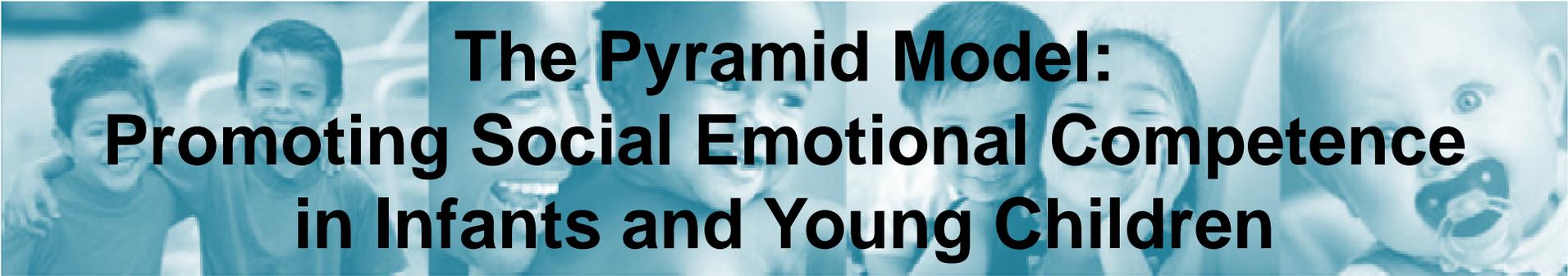
*Adapted from Early Childhood Mental Health Consultation,
Cohen & Kaufmann, a Publication of CMHS, SAMHSA, USDHHS April 2000.*



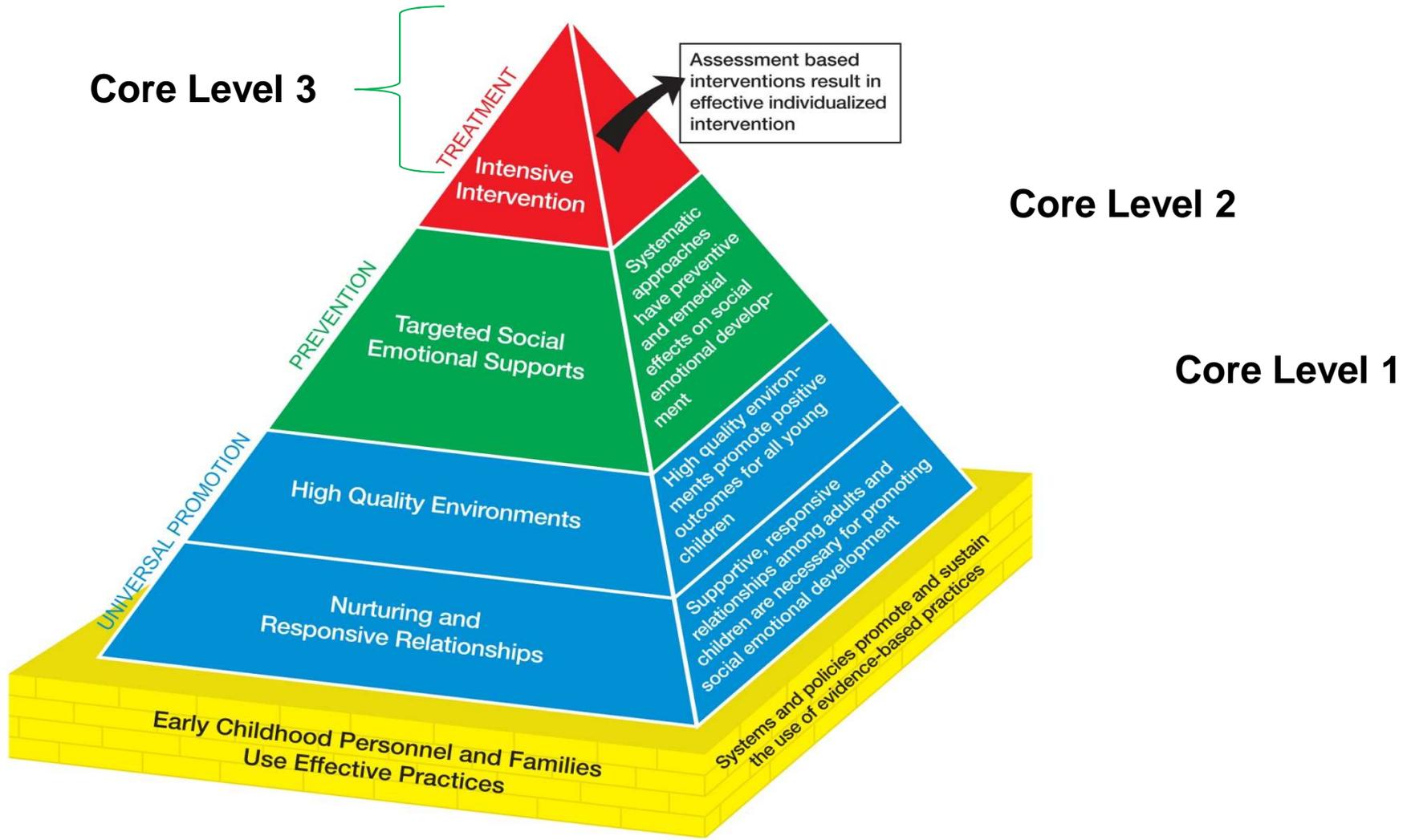
Required Knowledge Base

Values and Principles/Trauma-Informed:

- Belief that providing trauma-informed/developmentally sensitive care is an appropriate and important role for anyone involved in providing services to children and their families.
- Recognition that involving clients/parents/caregivers as partners in the process of recovery from trauma and childhood adversity maximizes the potential for healing.
- A willingness/commitment to examine one's own personal beliefs about and experiences of trauma and childhood adversity and the impact these have on interactions with clients, colleagues, organizations, and systems.
- View childhood trauma and adversity as a significant, complex, and often preventable public health problem with broad ranging effects on children and adults but from which, with proper resources and support, people can recover and heal.



The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children





Draft Competencies for Staff

Developed for different levels of individuals working with children and their families:

- **Core Provider Level 1**: Any person working with young children and their families
- **Core Provider Level 2**: Bachelor degree or equivalent; providers who work with children and families in a non-clinical setting or in a supportive role
- **Core Provider Level 3**: Master degree; provider is a licensed mental health therapists



Knowledge and Practice Content

Content	Examples
Basic Principles	Importance of attachment, cultural/contextual influences, ethical practice, family and family-centered practice, strength-based practice, and relationship-based practice
Developmental Knowledge	General developmental milestones/issues as well as specific periods of development (pregnancy, infant-toddler development, preschool-aged development, school-aged), specific areas of development (cognitive, biological/physical, affect/emotions, language/literacy), and specific topics of development (brain development, nutrition, sensory regulation, temperament)
Understanding of Mental Health Challenges	Depression or anxiety in young children, behaviorally challenging children, autism, communication/interaction problems, parent mental illness, trauma, and family violence



Knowledge and Practice Content

Content	Examples
Other skills	Administration, advocacy, communication/listening, consultation, leadership abilities, supervision-mentoring (including reflective supervision), research and interdisciplinary collaboration
Systems Issues	Knowledge of and work with community programs (including child care) and reporting obligations, as well as other rules and regulations
Provider Development	Issues of personal and professional development, reflective capacity



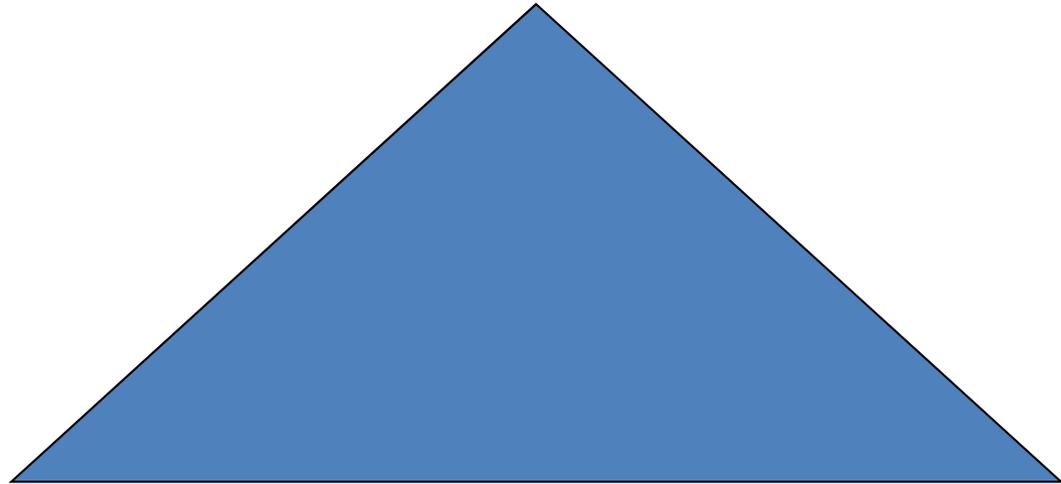
Knowledge and Practice Content

Knowledge area	Level 1	Level 2	Level 3
<p>Parenting, Caregiving, Family Functioning and Parent-Child Relationships</p> <ul style="list-style-type: none"> • Range of family structure • Pregnancy and childbirth • Postpartum period • Attachment issues • Parenting as a developmental process • Family dynamics • Family expectation regarding child development • Providing family-sensitive services • Cultural issues in parenting and family development • Goodness of fit between parents and young children • Importance of relationships to development • Family systems 	<p>Understands the importance of parent/caregiver availability.</p>	<p>Understands issues related to transition to parenthood, issues of being a new parent particularly for young adults</p>	
	<p>Demonstrates an understanding of healthy attachment after birth and the importance of the postpartum period on the newborn.</p>	<p>Understands the infant/young child's use of the parent as a secure base for explorations of the environment and under conditions of stress</p>	<p>Demonstrates an understanding of different patterns of parent-infant interaction and attachment and their impact on child outcomes.</p>
	<p>Understands the role of caregivers as models for the development of behavior in young children (e.g. coping, anger management).</p>	<p>Demonstrates an understanding of family and parenting function as a lifelong developmental process beginning before conception. Or Understands parenting as a developmental process.</p>	
	<p>Adjusts daily routine based on the child's temperament and understands & responds to baby cues.</p>	<p>Understands and utilizes the concept of "goodness of fit" between the parent and child (temperament, etc.) in observing and supporting parent child interaction.</p>	<p>Remediates the potential problem in the developing parent-child relationship brought about by a temperament mismatch of parent and child.</p>
	<p>Supports the unique parent-child relationship.</p>	<p>Uses a variety of techniques to facilitate and reinforce positive parent-infant interaction and enhances parents' capacity to be responsive and sensitive to their baby/child.</p>	<p>Demonstrates knowledge of family dynamic (systems, relationships) and family composition including relationships with caregiver, sibling, and extended family.</p>
	<p>Respects the parent's relationship with child as primary.</p>	<p>Uses interviews with parents/caregivers to listen carefully, obtain information, and begin to develop trust.</p>	<p>Establishes and maintains a therapeutic alliance with parent/caregiver.</p>



Family-Centered Helpgiving Model

Relational Skills



Professional Competence

Participatory Skills

Wilson & Dunst, 2005



Linking Public Health Model with Family-Centered Care

- Professional Competencies (e.g., assessments, interventions, when to use what, cultural competence)
- Relational Skills (e.g., building rapport/support; empathic listening, communicate in a clear/respectful manner that matches family's/teacher's preferences)
- Participatory Skills (e.g., assist families in making informed choices; collaborating "with," not doing "to"; supporting and respecting family decisions; collaborative goal setting)



Professional Development



Pathways for Professional Development

Early Childhood Education Professional Development is a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. These opportunities lead to improvements in the knowledge, skills, practices, and dispositions of early education professionals. Professional development encompasses *education, training, and technical assistance*.

NAEYC & NACCRRA, 2011



Pathways for Professional Development

Because of the field's varying requirements, there is often crossover regarding preservice and in-service education and training. An individual could receive preservice education and/or training to be a teaching staff member in a community-based organization and also receive in-service education and/or training during her employment. The same individual could be pursuing a degree for a role as a teacher in a setting where individual licensure is required (e.g., public schools)—this education would be considered in-service professional development for the individual's current role and would be considered preservice preparation for the certified teaching position. Therefore, the labels preservice and in-service must be seen as related to the requirements of a position or established role in the field.

NAEYC & NACCRRA, 2011



Professional Development (pre-service)

- Child Development Associate Credential (CDA)
- Certified Child Care Professional (CCP)
- National Administrator Credential (NAC)



Professional Development (pre-service)

Description of Some Certificates, Diplomas and/or Degrees Offered at Community Colleges	Early Childhood Credit Hours Needed*	Total Credit Hours Needed*
Early Childhood Education Associates Degree	49-61	66-73
Applied Science Early Childhood	55	73
Early Childhood Education Diploma	35	44
Early Childhood Education Certificate	16-18	16-18
Infant/Toddler Care Certificate	16-18	16-18
Early Childhood Education Administrative Certificate	16	16
Family Child Care Certificate	16-18	16-18
•Hours vary slightly across different Community Colleges		



Professional Development (pre-service)

- BS in Human Development/Family Studies w/B-K Teaching Licensure
- BS in Human Development/Family Studies w/concentration in Early Care and Education
- Leadership in Early Care and Education Graduate (LECE) Certificate
- MEd in BK Interdisciplinary Studies in Education and Development



Professional Development (pre-service)

- Bachelor's, Master's, PhD in Social Work
- Master's in Psychology/Counseling
- PhD/EdD in Counseling, School Psychology, Clinical Psychology
- MD/Fellowship in Psychiatry
- Various Licensures: Licensed Professional Counselor Associate (LPCA) LPC, or LPCS (supervisor); Licensed Psychological Associate (Master's) or Licensed Psychologist (Doctoral); National Register Health Service Provider



Professional Development (pre-service)

Louisiana's Approach

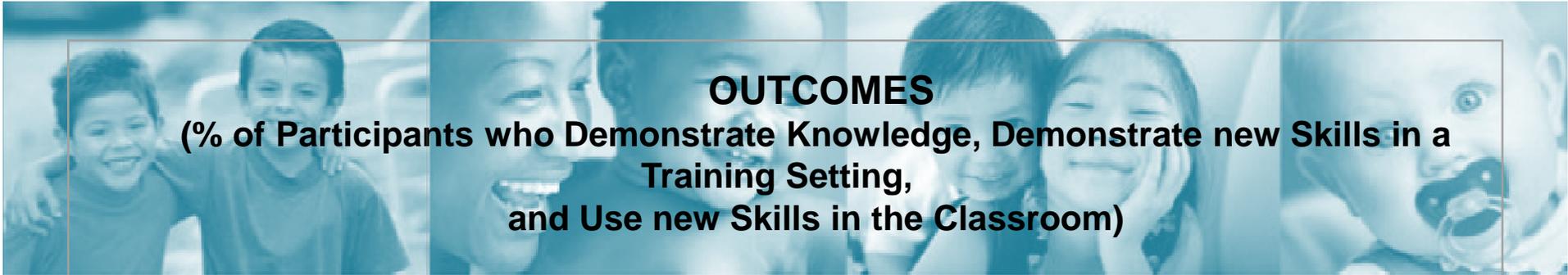
- Partnerships between Title V and Louisiana's Office of Behavioral Health
- Creates Infant Mental Health Initiative → Early Childhood Supports Services
- Louisiana Quality Start Mental Health Consultation to Childcare Centers
- Tulane University School of Medicine
Institute for Infant and Early Childhood Mental Health
(social work; pre-doctoral internship and postdoctoral fellowship for Clinical Psychology; residency and fellowship in Psychiatry)



Professional Development (in-service)

Variables to consider:

- Adult learning principles
- Implementation science
- Distribution of current professionals and need across the state
- Where is the location of the delivery of the service? (private practice, classroom, day care, etc.)



OUTCOMES
 (% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting, and Use new Skills in the Classroom)

TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%



Professional Development (in-service)

Project Mastery

- Evidence-based interventions (adapted from NIMH Kindergarten Project; Shelton et al., 2000; plus The Incredible Years) delivered within a system of care early childhood mental health consultation model for Head Start preschoolers at risk for externalizing behavior challenges.
- Children demonstrated significant improvement in social competency, reduced oppositional, aggressive, and hyperactive behaviors; families and teachers reported and were observed to use more effective parenting and teaching practices with positive child outcomes maintained through Kindergarten.
- Teachers, family support staff, and administrators received T/TA, on-site consultation, and observed “Master” staff

US Department of Education, Field Initiated Research Branch, Grant #H324C980163;
Williford & Shelton, 2008



Professional Development (in-service)

In STEP

- Blends evidence-based practice (*Classroom Assessment Scoring System* [CLASS]) with an enhanced delivery system comprised of mentoring, effective use of technology, and culturally responsive learning materials
- Expands on annual in-service T/TA to more than 150 Guilford County EHS and HS administrative and educational personnel focused on improving teacher-child interactions, improved classroom quality and teacher behavior, increased knowledge and use of culturally responsive practices, and as a result improved child outcomes.

Head Start Innovation and Improvement Project Grant, HHS Administration for Children and Families' Office of Head Start; Grant #: 90YD0243/01

Example of comprehensive model across a state

Type	Lead	Number of Participants	Participants' Level of Training	Frequency of Meetings	Curriculum or Content
Topical Trainings	National and state experts, county consultants, team members	20-400	All levels – multidisciplinary providers, administrators, parents/families	As planned; generally ranging between 1-3 days	Articles, materials, didactic presentations
Ongoing Reflective Supervision	State/ county consultants and Centers of Excellence	8-10 group 1:1 individual	All levels – mental health providers	1X/month, biweekly	Reflection on daily work
Case Consultation	State/ county consultants and Centers of Excellence	3-6/agency	All levels – multidisciplinary providers	1X/month, biweekly	Videotapes, articles, didactic presentations and case-based supervision
Seminars	Centers of Excellence	18	Mental health providers developing specialized clinical expertise	1X/week for 16-20 weeks	Videotapes, articles, didactic presentations and case-based supervision
Learning Labs	County Consultants	10 per session/group	All levels – multidisciplinary	1X/week for 5 weeks	Articles, materials, didactic presentations and case discussions
Statewide All County Meetings	IPFMHI State Team Members	40	All levels – multidisciplinary providers, administrators, county coordinators	2-3/program year	Videotapes, materials, topical presentations, facilitated group discussions, products developed by counties, resource sharing across counties
Local Meetings and Committees	Mental Health and Interdisciplinary providers, agencies	4-20 agencies	All levels—multidisciplinary providers and administrators	Varied	Local resources, needs and problem solving, special projects and events, interagency and interdisciplinary meetings



Necessary Core Components In-Service

- Agreement on core competencies - knowledge base - curricula
- Agreement on training content/ trainer expertise
- Training available for different level of staff and across the state
- Availability of quality supervision, coaching and or mentorships
- Staff release time
- A certification/accreditation system to track trained professionals



What is the value of an competency/endorsement system?

- Aligns competencies to training and educational programs (or vice-versa)
- Financial compensation (salary/reimbursement)
- Employment standards/opportunities – consistency across the state and providers
- Professional Recognition



Potential Drivers

Why we might want to do this now?

- Fewer resources, more than doing same or more with less, but rather a re-alignment of how resources will be available.
- Funders/ public systems will be purchasing outcomes (MH and child welfare waivers).
- Organizations need for accreditation



- Identify an agency that can take the lead to coordinate the professional development for the early childhood workforce.
- Explore the credentialing system across the country