

# Nebraska's Early Childhood Integrated Skills & Competencies for Professionals

*Service Principles for Early Childhood Mental Health, Education and Home Visiting*



*Together for Kids and 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 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.



## NAVIGATING THE DOCUMENT

On the far left side of each page is a universal competency for best practice that relates to all three disciplines. Each of the three columns represents 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 which indicates the source of information. You can find a full list of the resources at the end of the document.

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

**Strategy 11:** 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 12:** Build the capacity of individuals who interact with young children to support social, emotional and behavioral health.

Member	Representing	Member	Representing	Member	Representing
Lynne Brehm	DHHS, Lifespan Health Services, Early Childhood Comprehensive Systems Coordinator	Amy Bornemeier	NE Department of Education, School Readiness Coordinator	Sue Hamilton	Parent, Early Development Program, Saint Francis Medical Center
Jen Gerdes (Co-Lead)	University of Nebraska-Lincoln Extension	Amy Bunnell	DHHS- Early Development Network Program Coordinator	Traci Penrod-McCormick	Child Saving Institute-Mental Health Practitioner
Barbara Jackson (Co-Lead)	Munroe-Meyer Institute	Candy Kennedy-Goergen	NE Federation of Families for Children's Mental Health- Executive Director	Megan Riebe	OMNI Behavioral Health, Home Based Therapist & Supervisor
Sue Adams	DHHS-Behavioral Health	Eleanor Kirkland	NDE-Head Start State Collaboration Director	Carolyn Thiele	Heartland Family Services
Kathy Anderson	Pediatrician, Child Psychiatry Resident	Nancy Foster	Munroe-Meyer Institute, Licensed Psychologist		
DeAnna Beckwith	OMNI Behavioral Health, Mental Health Practitioner	Jan Goracke	DHHS-Behavioral Health Network Specialist		
Denny Berens	DHHS-Rural Health Coordinator	Mark Hald	Options in Psychology - Licensed Psychologist		

	<b>Mental Health</b>	<b>Early Childhood</b>	<b>Home Visiting</b>
Universal Competency 1  <b>Appreciates and recognizes the impact and role relationships play in the context of all learning, growth and change including, but not limited to, relationships between the</b> <ul style="list-style-type: none"> <li>• <b>child &amp; other children,</b></li> <li>• <b>parent &amp; child,</b></li> <li>• <b>parent &amp; professional,</b></li> <li>• <b>professional &amp; child, or</b></li> <li>• <b>professional &amp; professional.</b></li> </ul>	<p>The clinician demonstrates an initial goal of building rapport, mutual respect and honors where the child and family are.<sup>6</sup></p> <p>The clinician recognizes the importance of collaborating with all systems involved in the child and families life, including education, support services and medical home.<sup>6</sup></p> <p>The clinician recognizes and ensures that both assessment and treatment phases include opportunities for interaction between children and their care providers.<sup>7</sup></p>	<p>The provider engages in a safe, secure, and responsive relationship with each child to promote the child’s optimal development (A)<sup>* 1</sup></p> <p>The provider encourages children to interact positively with one another (D).<sup>1</sup></p> <p>The provider builds a trusting relationship with each child, providing physical and emotional security (E).<sup>1</sup></p> <p>The provider establishes positive communication and relationships with individuals and families (G).<sup>1</sup></p> <p>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.<sup>17</sup></p>	<p>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.<sup>2</sup></p> <p>The home visitor promotes environments that foster positive relationships, including parent/caregiver-child, peer-peer, and parent-caregiver (C11).<sup>3</sup></p> <p>The home visitor and other team members support an optimum climate for all care giving adults to ensure trust, collaboration, and open communication (I4)<sup>3</sup></p>

\* letter(s) cited corresponds with the Early Childhood Core Competency area in referenced document.

	<b>Mental Health</b>	<b>Early Childhood</b>	<b>Home Visiting</b>
<p>Universal Competency 2</p> <p><b>Respects and accepts a family's expertise regarding their family system and children. Encourages family involvement and collaboration in all plan development and implementation from a strengths based approach.</b></p>	<p>The clinician engages the family in all aspects of assessment, treatment planning and intervention.<sup>6,7</sup></p> <p>The clinician exercises the use of assessing the family's strengths and utilizes them in treatment and intervention.<sup>6</sup></p>	<p>The provider develops strategies that support the children's learning and families' roles in planning curriculum and their children's needs (C).<sup>1</sup></p> <p>The provider respects and incorporates family beliefs and customs when preparing learning activities (D).<sup>1</sup></p> <p>The provider collaborates with the professional team and family to design, implement, and revise individual guidance plans (E).<sup>1</sup></p> <p>The provider involves families in planning learning activities and evaluating the program (G).<sup>1</sup></p>	<p>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)<sup>2,17</sup></p> <p>The home visitor utilizes practices, supports, and resources that encourage family participation in obtaining desired resources to strengthen parenting competence and confidence (F7).<sup>3</sup></p> <p>The home visitor uses family and child strengths/assets as a basis for engaging families in participatory experiences supporting parenting competence and confidence (F15).<sup>3</sup></p>
<p>Universal Competency 3</p> <p><b>Recognizes the role culture plays in a family life and respects how it impacts their view of the world and choices in raising a family.</b></p>	<p>The clinician gathers relevant information in the assessment process to ensure the families cultural values are respected during all phases of services.<sup>7</sup></p> <p>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.<sup>8</sup></p> <p>The clinician supports and respects the diversity of families.<sup>7</sup></p>	<p>The provider creates environments and experiences that affirm and respect cultural and linguistic diversity (A).<sup>1</sup></p> <p>The provider recognizes and discusses with families cultural health practices and implements these practices when appropriate (B).<sup>1</sup></p> <p>The provider demonstrates respect for children's and families' diversity (for example: culture, language, religion, ability, income) (E,G)<sup>1</sup></p>	<p>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).<sup>2</sup></p> <p>The home visitor uses practices, supports and resources that incorporate family beliefs and values into decisions, intervention plans, and resources (F14).<sup>3</sup></p> <p>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.<sup>17</sup></p>

	<b>Mental Health</b>	<b>Early Childhood</b>	<b>Home Visiting</b>
<p>Universal Competency 4</p> <p><b>Demonstrates core knowledge and the ability to infuse knowledge into practice in the areas of 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.</b></p>	<p>The clinician is aware of child development (physical, cognitive, social/emotional and language) and the impact trauma has on development.<sup>7</sup></p> <p>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.<sup>10</sup></p> <p>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.<sup>7</sup></p>	<p>The provider identifies age-typical physical, cognitive, social/emotional, and language development milestones of children (A).<sup>1</sup></p> <p>The provider demonstrates understanding of the developmental consequences of stress and trauma related to loss, neglect and abuse (A).<sup>1</sup></p> <p>The provider provides or administers an environment that is physically and psychologically healthy for children, families, and staff (B).<sup>1</sup></p> <p>The provider recognizes that periods of stress, separation and transition may affect children’s social interactions and social-emotional behaviors (D).<sup>1</sup></p>	<p>Home visitors receive intensive training specific to their role to understand the essential components of family assessment and home visitation (10.A and B).<sup>2</sup></p> <p>The home visitor develops knowledge and awareness of the signs do depression, trauma, homelessness, domestic violence, and/or mental illness.<sup>17</sup></p> <p>The home visitor develops a basic knowledge of health, mental health, child development, and disabilities to ensure service coordination.<sup>17</sup></p>
<p>Universal Competency 5</p> <p><b>Identifies the benefits of using a child and family’s natural environments and routines for learning and demonstrates the ability to increase the consistency, predictability, and engagement qualities of these areas.</b></p>	<p>The clinician recognizes and is able to support 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).<sup>14</sup></p>	<p>The provider plans and adapts learning environments to meet the needs of all children, including children with special needs (C).<sup>1</sup></p> <p>The provider develops strategies that support the children’s learning and families’ roles in planning curriculum and their children’s learning environment (C).<sup>1</sup></p> <p>The provider encourages family involvement in supporting their children’s care and education (G).<sup>1</sup></p>	<p>The home visitor provides services in the family’s home and natural environment(s). (HFA philosophical principals).<sup>2</sup></p> <p>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).<sup>3</sup></p>

	<b>Mental Health</b>	<b>Early Childhood</b>	<b>Home Visiting</b>
<p>Universal Competency 6</p> <p><b>Recognizes the value of play, language and literacy in learning and the development and nurturing of relationships.</b></p>	<p>The clinician is aware of typical child development and the important role families play in their child’s educational and life success.<sup>12</sup></p> <p>The clinician recognizes and respects the natural learning that occurs in a responsive relationship. Clinicians are aware of and promote attachment based activities that also promote language and literacy and share this with families.<sup>13</sup></p> <p>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.<sup>12</sup></p>	<p>The provider recognizes that children learn and develop through play both individually and cooperatively (A, D).<sup>1</sup></p> <p>The provider creates an environment that encourages learning through play (C).<sup>1</sup></p> <p>The provider offers opportunities and support to help children understand, acquire and use verbal and non-verbal means of communicating thoughts and feelings (D).<sup>1</sup></p> <p>The provider provides a print rich environment including signs, labeled centers &amp; materials, word displays, or bulletin boards (D).<sup>1</sup></p>	<p>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)<sup>2</sup></p> <p>The home visitor structures the environment and actively involves families to promote engagement, interaction, communication, and learning (C2).<sup>3,17</sup></p> <p>The home visitor structures play routines to promote interaction, communication, and learning by defining roles for dramatic play, prompting engagement, and using props (C4).<sup>3</sup></p>
<p>Universal Competency 7</p> <p><b>Demonstrates empathy for all individuals and the ability to see from the child’s perspective (thinking about how the adult’s actions are interpreted through the eyes of the child).</b></p>	<p>The clinician maintains a reflective stance in all therapeutic relationships, in order to promote the transmission of empathy within all relationships.<sup>8</sup> This could include empathy in response to:</p> <ul style="list-style-type: none"> <li>• A parent’s stress and frustration with their child’s behavior ;</li> <li>• A child’s feelings related to and age appropriate desire for self-gratification; or</li> <li>• An infant’s need for soothing.</li> </ul>	<p>The provider encourages feelings of empathy and mutual respect among children and adults (A, D).<sup>1</sup></p> <p>The provider models identification and appropriate expression of feelings; has realistic expectations for children’s ability to appropriately express feelings (E).<sup>1</sup></p> <p>The provider demonstrates empathy for children and families (H).<sup>1</sup></p>	<p>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 (GGK).<sup>4</sup></p> <p>The home visitor wonders about the parent’s and infant’s thoughts and feelings in interaction with and relationship to each other.<sup>5</sup></p>

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<p>Universal Competency 8</p> <p><b>Demonstrates awareness of the developmental phases and behaviors of a family and the ability to support the family to navigate effectively through transitions.</b></p>	<p>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.<sup>7</sup></p> <p>The clinician is aware of the developmental needs of parents.<sup>7</sup></p> <p>The clinician is aware of supports for parents and is competent in supporting parents to connect to others and to informal supports.<sup>16</sup></p>	<p>The provider supports the children’s families and acknowledges the critical roles they play in the children’s lives (G).<sup>1</sup></p> <p>The provider demonstrates awareness of how families’ attitudes influence children’s abilities and interests in learning (G).<sup>1</sup></p> <p>The provider is aware of supports for parents and is competent in supporting parents to connect to others and to informal supports.<sup>16</sup></p> <p>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.<sup>17</sup></p>	<p>The home visitor focuses on supporting the parents’ emotional needs as well as connecting them to community resources and informal supports.<sup>16</sup></p> <p>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).<sup>2</sup></p> <p>The home visitor utilizes practices, supports, and resources that build on existing parenting competence and confidence (F16).<sup>3</sup></p>
<p>Universal Competency 9</p> <p><b>Recognizes the components of quality observation and assessment and uses the information to inform practice.</b></p>	<p>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).<sup>7</sup></p>	<p>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).<sup>1</sup></p> <p>The provider continually observes children, analyzes and evaluates observations, and applies this knowledge to practice (F).<sup>1</sup></p>	<p>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).<sup>3</sup></p> <p>The home visitor reports assessment results in a manner that is immediately useful for planning program goals and objectives (A29).<sup>3</sup></p> <p>The home visitor integrates data collected into individualized services, decision-making, and daily practice.<sup>17</sup></p>



	<b>Mental Health</b>	<b>Early Childhood</b>	<b>Home Visiting</b>
Universal Competency 10  <b>Is active in one's own professional development plan – seeking advancement of knowledge for application to service provision.</b>	<p>The clinician recognizes the impact and importance of research and stays current on new modalities, theories and approaches to practice.<sup>15</sup></p> <p>The clinician maintains appropriate supervisory relationships and work toward identified professional development goals yearly.<sup>15</sup></p>	<p>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)<sup>1</sup></p> <p>The provider develops and carries out a personal professional development plan in collaboration with supervisors. (H)<sup>1,17</sup></p>	<p>The home visitor develops and carries out a professional development plan based on needs identified during individual supervision sessions (11.2.A).<sup>2</sup></p> <p>The home visitor appreciates the benefit of receiving 1.5-2 hours of individual supervision per week (11.1.A).<sup>2</sup></p>
Universal Competency 11  <b>Identifies the benefits of quality reflective supervision, demonstrating the ability to reflect on one's own bias, and personal reactions to working with children and families.</b>	<p>The clinician recognizes and engages in meaningful, reflective, supervisory meetings per licensing requirements.<sup>8</sup></p> <p>The clinician is able to utilize reflective skills to reflect on one's own impact on service provision.<sup>8</sup></p> <p>The clinician utilizes reflective skills to facilitate growth in families.<sup>8</sup></p>	<p>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)<sup>1</sup></p> <p>The provider utilizes self-reflection and has the ability to engage in ongoing assessment of strategies and their effectiveness. (H)<sup>1</sup></p> <p>The provider is aware of the effects of one's own personal and cultural background on one's work. (H)<sup>1</sup></p>	<p>The home visitor, through weekly ongoing and effective supervision, develops realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations to see they are making a difference and to avoid stress-related burnout.(HFA 11) <sup>2</sup></p> <p>The home visitor actively engages in reflective supervision to gain new insights and knowledge about relationships with families.<sup>17</sup></p>

## List of References

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18. Together for Kids and Families (TFKF): [www.dhhs.ne.gov/TogetherKidsFamilies](http://www.dhhs.ne.gov/TogetherKidsFamilies)