COLORADO EARLY CHILDHOOD
SOCIAL & EMOTIONAL
INTERDISCIPLINARY CORE
KNOWLEDGE & CREDENTIAL:
A guide to professional development & pathway
to quality assurance.

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Colorado Office of Professional Development
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Thank you for your interest in the newly developed Colorado Early Childhood Social and Emotional Interdisciplinary Core Body of Knowledge and credential. The document outlines a voluntary quality assurance, self-assessment, and professional development framework for practitioners who work with young children and families who serve in a capacity to impact their social and emotional health. It was designed to be used in a variety of ways regardless of your role (early interventionist, faculty, early childhood practitioners, home visitor, trainer, consultant, etc.) or the surroundings in which you work.

For more information, or to request additional copies, please contact Holly Wilcher, 303-355-5205 or visit www.coloradoofficeofprofessionaldevelopment.org to download a copy of this publication.
The field of Early Childhood Social-Emotional Mental Health declares that the first years of a child’s life provide the social and emotional foundation for growing up happy, healthy, and productive. This field enthusiastically fosters the social and emotional well-being of young children and their families, highlighting the importance of the relationships that develop between children, their families and other significant caregivers in their lives.

Optimal mental health in young children and their families is manifest in a variety of noticeable ways. Some dynamics are:

- secure attachments to main caregivers
- nurturing relationships
- the capacity to communicate needs and wants
- a sense of safety
- ability and confidence to explore the world
- interest in new experiences
- the increasing ability to regulate and express emotions
- the emergent ability to control impulses
- the ability to engage in prosocial interactions

These skills develop within the context of primary supportive relationships with those who are sensitive to a young child’s needs, initiatives and expressions. They are further supported and improved during relationships with early childhood professionals, teachers, and other child and family services practitioners who interact with children and their families. The individual characteristics, and personalities of all involved, along with environmental factors, influence the nature and quality of these relationships.

For the last several years mental health and early childhood professionals across the country have begun to build systems to help the field in determining what defines a knowledgeable and skilled early childhood mental health professional. Competency systems generally define domains of knowledge, skills, and abilities professionals should have. Even though there is no national standard for what an early childhood social-emotional mental health professional should know or be able to do, the fact that some recognized state competency systems show a resemblance to one another suggests some agreed upon professionals’ beliefs and ideas (Korfmacher and Hilado, 2008).

Core Knowledge & Credential

The early childhood social and emotional interdisciplinary core knowledge and credential developed by the Colorado Office of Professional Development is a voluntary process for identifying and recognizing specialized areas of education attained by professionals. Core knowledge is considered by professional development systems to be fundamental education needed by professionals who work in a specific field. This interdisciplinary core body of knowledge reflects fundamental education needed by a variety of early childhood professionals who work with children and families in a capacity to impact their social health and emotional wellbeing.

This body of knowledge and credential is a process for formalizing professional development pathways and professional recognition related to early childhood social and emotional wellbeing. It may also serve as a voluntary method of quality assurance. The credential serves the purpose of acknowledging professionals who have acquired education and training that is consistent with what the latest research and experts (Hepburn, et. al, 2007, Korfmacher & Hilado, 2008, and Zeanah, 2005) in the early childhood mental health field say is required to promote early childhood social-emotional/mental health, prevent social and emotional health and behavior concerns, and provide individualized intensive supports when appropriate.

The field of early childhood social-emotional/mental health will continue to change and develop in coming years. Other knowledge and skills necessary to support the emotional and social health of young children will be identified. Furthermore, we consider this document as a “work in progress.” It is a preliminary appraisal which we hope will help families, communities, and child and family service professionals to engage in dialogue regarding essential education and training needed by professionals to promote the emotional and social well-being of infants and young children they serve.
I. Terms, Definitions, and Principles
a. Define the following terms: theory, growth, development, maturation, prenatal, neonate, reflexes, cognitive development, motor development, sensory system, temperament, social development, emotional development, bonding, and attachment theory.

b. Define the basic principles of child growth and development: direction growth, general to specific growth, individual differences in growth, optimal tendency in growth, sequential growth, and growth during critical periods.

Attachment Theory: originating in the work of psychiatrist and psychoanalyst John Bowlby, is a psychological, evolutionary and ethological theory that provides a descriptive and explanatory framework for understanding relationships between humans.

d. Outline the importance of consulting professional resources before drawing conclusions about a child’s development.
e. Discuss appropriate uses of informal methods of child study, including journals, observations, interviews, and portfolios.

II. Theories and Influences
a. Explore the historical concepts of child growth and development.
b. Examine and describe selected theories of development, e.g., those of Erikson and Piaget, and their implications for professional practices.
c. List influences that may affect a child’s development.

III. Current Research and Child Study
a. Explain the major methods of child growth and development research.
b. List details of the process of gathering and using information from parents regarding the child’s development.
c. Explain the importance of confidentiality and objectivity when gathering information about children.

d. Outline the importance of consulting professional resources before drawing conclusions about a child’s development.
e. Discuss appropriate uses of informal methods of child study, including journals, observations, interviews, and portfolios.

IV. Prenatal Development
a. Describe the environment of the fetus.
b. Identify and list diseases that impact the development of the fetus.
c. Discuss the effects of substance use and abuse on the fetus.
d. Examine how teratogens can affect the growth and development of the embryo or the fetus and those factors which influence the fetus, including nutrition, maternal experiences, and personal habits.

e. Identify the sensitive periods in prenatal development.
f. Examine why and how the embryo or fetus is particularly vulnerable during those stages of prenatal development.

Teratogens refers to any agent that causes a structural abnormality following fetal exposure during pregnancy.

e. Identify the sensitive periods in prenatal development.
f. Examine why and how the embryo or fetus is particularly vulnerable during those stages of prenatal development.

V. Genetics and Heredity
a. Define heredity, genes, and chromosomes.
b. Explain why it is important for an early childhood professional to know each child’s prenatal history.
c. Identify and discuss the medical tests that can detect fetal malformations, genetic disorders, and disease.
d. Investigate ways that diseases or genetic abnormalities are transmitted from parents to children.

VI. Birth
a. Describe the three stages of the birth process.
b. Explain complications that may arise during the birth process.
c. Tell how various methods of childbirth may affect the health and well-being of the mother and the neonate.
VII. Neonatal
a. Outline the environmental changes/adaptations the neonate must make from fetus to newborn status.
b. Explain the emotional factors that are important during the neonatal period, e.g., how bonding and attachment begin.
c. Describe how the neonate demonstrates competency in sensory areas.
d. Examine the effects of cultural and religious beliefs on neonatal health and care practices.
e. Discuss how neonatal assessment tools, such as the Apgar and the Brazelton Scale, can help early childhood professionals and parents understand the status of the neonate's development.

The Apgar score was devised in 1952 by Dr. Virginia Apgar as a simple and repeatable method to quickly and summarily assess the health of newborn children immediately after childbirth.

f. List ways to provide support for parents of neonates with special needs, including prematurity.
g. Discuss the collaborative role of parents and early childhood professionals in guiding the neonate's development.

VIII. Infant Development

a. Physical
i. Explore the sequential progression of the growth of infants.
ii. Explain the reasons for individual differences in rates of growth and development of infants.
iii. Define and distinguish between gross- and fine-motor skills.
iv. Describe how the infant's bone and muscle growth, as well as brain development, emotional development, and social development coincides with the development of gross- and fine-motor skills.
v. Tell how the infant's brain and reflexive system develop to provide increasingly more complex skills.
vi. Identify the milestones of physical growth in the period of infancy.

b. Cognitive/Language
i. Describe the sequential progression of language development and the role of responsive relationships with the infant.
ii. Describe the sequential progression of cognitive development and the role of responsive relationships with the infant.
iii. Determine how infants use their senses to gather information about their environment.
iv. Explain the importance of responding appropriately to the critical periods of brain growth according to current research.
v. State why infants' social interaction and social resources are essential to their cognitive development.

c. Emotional and Social
i. Explain bonding and attachment, according to attachment theories.
ii. Explain the concept of stranger and separation anxiety and how infants display different responses to the stress.
iii. Explain the sequential process of emotional development.
iv. Investigate the developmental stages of infant/adult interactions.
vii. Discuss the affective behavior of the caregiver and the impact of emotional responsiveness during infancy.
viii. Compare and contrast what is known about adult/child interactions within individual cultures.
ix. Determine how infant competence is enhanced by the development of attachment and good reciprocal relationships with adults.
x. List and discuss socio-economic and cultural factors, and caregiver practices that may affect infant development.

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ii. Describe the sequential progression of cognitive development and the role of responsive relationships with the infant.
iii. Determine how infants use their senses to gather information about their environment.
IX. Toddler Development

a. Physical
i. Explain physical development milestones including the sequence of gross and fine-motor skills that occur in the toddler period.
ii. Explain how the physical/motor development of toddlers affects their mobility, motor skills, and relationships.
iii. Explain how the responsiveness of adults influences physical/motor development.

b. Cognitive/Language
i. Paraphrase theories of how toddlers develop concepts and scripts, according to historical and current research.
ii. Describe the development of language skills, comprehension, production, and their relation to the beginnings of literacy.
iii. Identify the patterns of communication and language unique to the toddler stage of development.
iv. Explain how the responsiveness of adults influences cognitive and language development.

C. Emotional and Social
i. Paraphrase theories of emotional and social development of toddlers.
ii. Explain how the responsiveness of adults influences social and emotional development, including the role of limit setting.
iii. Explain the stages of emotional development and social development of toddlers.
iv. Identify ways that toddlers indicate their struggle with independence and separation, and with conflict and shame.
v. Describe the toddlers’ development of internalized and expressed emotions such as: guilt, pride, shame, and embarrassment.
vi. Describe how awareness of others changes during the toddler years and contribute to the development of pro-social behavior including empathy.
vii. Explain why giving toddlers choices assists in their emotional and/or social development.
viii. Explain how the responsiveness of adults influences socio-cultural development.

iv. Relate the importance of individual understanding and response to differences in development, including application to toddlers with special needs.
v. Analyze the importance and impact of developmentally effective approaches.
vi. Determine strategies for supporting toddlers’ developing sense of self.

viii. Discuss ways to facilitate the many transitions that toddlers experience in their daily lives.

X. Preschooler Development

a. Physical
i. Identify milestones of physical development, including the sequence of gross and fine motor skills, in preschoolers.
ii. Paraphrase the theories of the preschooler’s physical development, e.g., those of Gesell, et al.
iii. Explain how the responsiveness of adults influences physical/motor development.

b. Cognitive/Language Development
i. Explain brain development research as it relates to the preschooler.
ii. Define characteristics of the language skills of preschoolers.
iii. Describe how the preschooler demonstrates major concepts: classification, conservation, ordering, space, and causality, acquired at the preschool stage of cognitive development.
iv. Describe the effects of cultural and socio-economic factors on language development.
iv. Explain how the responsiveness of adults influences cognitive and language development.

v. Explain why giving toddlers choices assists in their emotional and/or social development.

vi. Determine strategies for supporting toddlers’ developing sense of self.


viii. Discuss ways to facilitate the many transitions that toddlers experience in their daily lives.
c. Emotional and Social Development
i. Explain brain development research as it relates to the preschooler.
ii. Define characteristics of the language skills of preschoolers.
iii. Describe how the preschooler demonstrates major concepts: classification, conservation, ordering, space, and causality, acquired at the preschool stage of cognitive development.
iv. Describe the effects of cultural and socio-economic factors on language development.
v. List and describe guidance strategies, e.g. offering applicable choices, limit setting, logical and/or natural consequences, etc., which are consistent with the cognitive development of preschoolers.
vi. Explain how the responsiveness of adults influences cognitive and language development.
vii. Describe the role of adult modeling in the preschooler’s understanding of social norms and routines.
viii. Explain how culture may influence care giving practices and preschooler’s individual and group behavior, e.g., values, attitudes, communication styles, sexual identity, and gender roles.
ix. Propose criteria for creating a culturally responsive environment for preschoolers.

b. Cognitive/Language
i. Describe Piaget’s “5 to 7 shift” and the stage of concrete operations.

5-7 shift: children between the ages of 5 & 7 will experience the most dramatic change in their cognition than any other time of their lives. Before age 5, children's cognition takes on a viewpoint that is constructed from their own point of view; after age 7, they have a much richer cognitive system and fully understand that others have cognition different from them.

ii. List concepts that the primary-age child is able to comprehend, e.g., mathematical concepts, information processing and cognitive science.
iii. Identify language development characteristics of the primary-age child.
iv. Link language/communication development with cognitive development.

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v. Describe the kinds of interactions that establish positive relationships with children.

xi. Primary-Age Children
a. Physical/Motor
i. Identify fundamental gross motor skills refined during this period.
ii. Describe the primary-age child’s fine motor skills at various ages.
iii. Tell about the role of sports and games in the primary-age child’s development including the perception of and importance of rules.
iv. Compare and explain individual uniqueness to norms of physical development for primary-age children.

b. Cognitive/Language
i. Describe Piaget’s “5 to 7 shift” and the stage of concrete operations.

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v. Describe the kinds of interactions that establish positive relationships with children.

“Every child has an inner timetable for growth—a pattern unique to him. . . . Growth is not steady, forward, upward progression. It is instead a switchback trail; three steps forward, two back, one around the bushes, and a few simply standing, before another forward leap.”

- Dorothy Corkville Briggs
I. Family Systems and Dynamics

*Family Systems Theory* suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system.

a. Discuss the importance to family dynamics for developing a family/and professional relationship.

b. Explain the importance of cultural sensitivity when working with families.

c. Describe how a parent’s childhood experiences affect adult interactions with their children.

d. Recognize Maslow’s Hierarchy of Needs and its application to work with family systems.

e. In observation of parent/child relationships identify strategies for providing nonjudgmental feedback to families to help them build healthy/strong relationships.

f. In a non-judgmental, tolerant and anti-biased manner, classify various family systems and configurations.

g. List the various roles of family and family members and discuss how these roles grow and change over time.

h. Identify and describe strengths, protective factors and risk factors that impact families.

II. Communication with Families

a. Explore different communication styles that build relationships with families.

b. Develop strategies for effective communication with families who have a variety of compositions regarding difficult topics.

c. Describe and develop a plan on how to provide respectful or comfortable environments that encourage reflective dialogues.

II. Impact of Children with Disabilities Special Needs on Families

a. Discuss and identify the impact of a delay or diagnosis of a disability on families’ lifestyle, careers, and roles.

b. Identify and connect families to resources and community support programs.

c. Explain strategies to support appropriate adaptation, inclusion and accommodation within the family.

d. Examine resources for multidisciplinary assessments from qualified individuals using reliable and valid age and culturally appropriate instruments and methodologies available to families with children who have special needs.

e. Describe practices that demonstrate sensitivity with diverse families.

f. Report and describe families’ rights, roles, and responsibilities in regards to developing and implementing an Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), and or other individualized plans as needed.

IV. Collaborative Partnerships with Families

a. Describe and/or develop methods to individualize partnerships/relationships to meet families in the least restrictive and most supportive manner.

b. Develop strategies for developing relationships based on family strengths where authentic, professional partnerships are built.

c. Recognize ways to provide professional, emotional, and physical availability to families.

d. Discuss strategies on how to explore appropriate and healthy boundaries with children and families.

e. Demonstrate understanding of team building, goal setting and action step development with families as indicated.

f. Explain strategies to encourage and help families understand and realize their capacity for recognizing and contributing pertinent information regarding their child’s developmental stages/milestones.

g. Define ways to recognize that all parents have strengths, are the experts on their children, want to do well by their children, and have significant feelings regarding their child.

h. Discuss a variety of strategies for building collaborative relationships with children and families with diverse backgrounds.

V. Supporting Families

a. Discuss strategies that assist family’s self-advocacy and leadership skills.

b. Describe and communicate strengths within families and communities.

c. Identify stress management techniques for the mental wellness of families.

d. Define authentic interactions that acknowledge internal and external strengths of families in regards to their children.
e. Recognize developmentally appropriate environments where children and their families feel safe, comfortable, engaged and welcomed.

**Developmentally appropriate:** based on knowledge of the stages of child development, and an understanding that each child is unique and that each child’s experiences should match his or her development abilities.

f. Explore approaches for teaching healthy parenting strategies.

**VI. Issues Affecting Families Today**

a. Identify factors that cause stress in families (e.g., step families, mental illness, television, violence, neighborhood and domestic violence, etc.).

b. Explore examples of how families might balance careers and other adult commitments.

c. Review current events, topics, and issues that affect families.

d. Recognize ways to access helpful and appropriate information for families (e.g., educational opportunities, vocational opportunities, parenting classes, health options, services, supports, etc.).

“The family is the corner stone of our society. More than any other force it shapes the attitude, the hopes, the ambitions, and the values of the child. And when the family collapses it is the children that are usually damaged. When it happens on a massive scale the community itself is crippled. So, unless we work to strengthen the family, to create conditions under which most parents will stay together, all the rest — schools, playgrounds, and public assistance, and private concern — will never be enough.”

- Lyndon Baines Johnson
RESPONSIVE CHILD-FOCUSED SUPPORTS AND PRACTICES

Professional Standard: Attain knowledge of how to promote responsive early childhood social and emotional supports and practices.

Focus Areas of Core Knowledge Domain and Suggested Indicators:

I. Professional Relationships to Promote Responsive Child-Focused Support

a. Child Relationships

i. Describe responsive interactions between the child and the professional.

ii. Define the concept of “attunement” between child and professional.

Attunement: to bring into a harmonious or responsive relationship.

iii. Identify biases in working with children and develop strategies to overcome biases.

iv. Discuss the role the child/professional relationship plays in enhancing the social and emotional development of young children.

v. Identify laws, regulations and policies related to child/professional social and emotional practices.

vi. Explain the importance of promoting relationships as the critical foundation of any other social and emotional efforts between professional and child.

vii. Analyze adult behaviors that promote reciprocal relationships with children (e.g., responding to children’s cues such as hunger, need for attention, active listening, respecting their need, etc.).

b. Family Relationships

i. Explore how to support and reinforce parent strengths, emerging parent competencies and positive parent/infant and young child interactions.

ii. Identify biases in working with parents and develop strategies to overcome biases.

iii. Discuss the role the parent/professional relationship plays in enhancing the social and emotional development of young children.

iv. Identify laws, regulations and policies related to parent/professional practices.

v. Identify the characteristics of a reciprocal relationship, e.g., child-parent, child-teacher.

vi. Identify laws, regulations and policies related to professional practices as they relate to the child, family, the parent, and the professionals.

c. Other Professional Relationships

i. Discuss the role the professional/professional relationship plays in enhancing the social and emotional development of young children.

ii. Identify positive professional/professional relationships and how they impact practice in social and emotional outcomes with children.

iii. Discuss ways to successfully work together with other professionals.

iv. Identify specific communication techniques that will support the successful teaming of multiple professionals working with young children and families.

v. Identify the roles of other professionals working with young children and families.

vi. Describe ways to collaborate with other professionals to prioritize child and family needs.

d. Responsive Verbal and Non-Verbal Communication

i. Define the characteristics of verbal communications (e.g., voice, style, tone, and volume) as it relates to guidance.

ii. Identify encouraging words and phrases used for guiding young children.

iii. Discuss various verbal communication guidance techniques.

iv. Develop and demonstrate the use of verbal communication as a tool for conflict resolution and self-direction.

v. Select a characteristic of verbal communication (e.g., voice, style, volume, and tone) and discuss how it impacts children.

vi. Describe how body language is used as a means of positive or negative communication.

vii. List examples of positive non-verbal communication techniques.

viii. Develop observation skills in recognizing non-verbal communication techniques of both children and adults.

ix. Investigate the role non-verbal communication plays in guidance and problem-solving.

II. Understanding and exploring social-emotional development and behavior

a. Overview and definitions

i. Define social and emotional child health.

ii. Describe the interplay of social development and emotional development to each other.

iii. Explore the relationship between physical, cognitive, social and emotional health emotional health and the child.

iv. Describe how personal culture and biases may affect interpretations of children’s behavior.

v. Identify how the adult’s health and wellness influences children’s behavior.

vi. Explore developmentalists, behaviorists, and maturationists theories and how they describe social and emotional development.
vii. Describe different parenting styles, including authoritative, authoritarian, permissive, and indulgent and how they affect children's development and behavior.

b. Contributing factors
   ii. Explore environmental, family and within child factors that would affect a child's behavior (e.g., nutrition, trauma, weather, etc.).
   iii. Explain how external factors in a child's life (e.g., changes in home life, changes in caregiver, abuse, neglect, hunger, overburdened parents and/or caregiver, etc.) necessitate individual guidance approaches.
   iv. Discuss how the interplay of psychobiological and environment factors may influence a child's social and emotional health and development.

III. Child-Focused Strategies and Approaches
   a. Overview and definitions
      i. Define child-focused.
      
      **Child-focused:** characterized by concern for the experiences and well-being of children, sensitivity to developmental principles, and an appreciation of childhood as a cultural construction.

   ii. Identify appropriate social skills approaches or frameworks for working with children.
   iii. Identify how to create opportunities for children to develop skills for entering social groups, developing friendships, learning to help, problem solving, resolving other relational challenges and other prosocial skills.
   iv. Describe several evidence-based and social and emotional promising practice approaches to use with young children, (e.g., Incredible Years, Nurse Family Partnership, ECE Cares, Devereux Early Childhood Initiative, Touchpoints, Circle of Security, Hi-Scope, Pyramid Model, Relationship Roots, etc.).
   v. Determine strategies responsive to children's needs that can be incorporated into daily practices, (e.g., understanding natural development, providing a balance of challenge and success, engaging children in purposeful activities, and teaching and role playing manners).
   vi. Define responsive care as a support for healthy social and emotional development of young children.
   vii. Define the construct of reflective practice and its role in work of an early childhood practitioner.

b. Observation
   i. Explain the importance of observing and recording children's behavior objectively.
   ii. Observe children's behavior using a variety of methods and techniques of observation and recording.
   iii. Discuss how observation may elicit what is known about the social and emotional strengths and need, as well as interests of children.
   iv. Explain how to talk to families and professionals regarding child observations.
   v. Identify appropriate next steps that should take place after conducting a child observation.
   vi. Explore various techniques of observation, e.g., running records, anecdotal records, event sampling, time sampling, charts, case studies, and developmental checklists.
   vii. Explain the importance of self-reflection and other positive practices achieved through reflective supervision and similar continuous improvement methodologies.
   viii. Explain the role of reflective supervision in personal and professional growth.

c. Strategies and Approaches Related to Promotion and Prevention
   i. Describe two conflict resolution strategies appropriate for young children.
   ii. Identify the value of teaching children to manage their conflicts in prosocial ways.
   iii. Explain the importance of teaching children prosocial skills.
   iv. List social courtesies/manners that children learn through role modeling and role play.
   v. Observe how children develop socially and emotionally through their play and interactions.
   vi. Discuss factors that may inhibit adults from teaching children to deal with their conflicts (e.g., personal beliefs and biases).
   vii. Investigate specific strategies that lead to the development of pro-social skills.
   viii. Analyze the application of appropriate strategies to help children understand and modulate their emotions.
   ix. Compare how adult supportive and non-supportive responses affect children's behavior.
   x. Identify techniques and strategies that enhance the social and emotional development of children.
   xi. Develop a plan to create environments structured and adapted to promote optimal child social and emotional health.

d. Emotional Literacy
   ii. Define Emotional Literacy, (e.g., reading and interpreting affective cues, clarifying interpersonal goals, generating solutions, making a decision, acting on decision, etc.).
   
   **Emotional literacy:** ability to recognize, understand and appropriately express emotions.
iii. Identify how to model relational, attentive, expressions.
iv. Discuss how to label and express emotions for both positive and negative feelings.
v. Explore literature that supports child and family emotional literacy.
vi. Identify how to help children extend understanding of their own and other’s emotions.

**e. Strategies Related to Guidance and Individualized Intensive Supports**

i. Define guidance.
ii. Explain how the environment (e.g., space, light, fresh air, room arrangement, daily preparation, work climate, daily routines, transitions and schedules) affects the behavior of children and staff.
iii. Define and explain discipline and punishment.
iv. Describe expectations of positive behavior support that are developmentally effective for infants, toddlers, preschoolers, and primary-age children.
v. Explain the importance of appropriate responses to children’s behavior.
vi. List the various ways of helping parents and staff respond to children’s differing behaviors with peers.

vii. Compare and contrast discipline, guidance, and punishment.
viii. Investigate different guidance techniques and positive behavior supports used for children from birth through school-age, including children with disabilities and chronic conditions.
ix. Discuss pro-active guidance techniques, (e.g., responsive relationship, redirection, positive reinforcement, encouragement, logical consequences, clear limits, modeling, etc.).

x. Examine examples of developmentally effective approaches to guidance and positive behavior support for each age group: infants, toddlers, preschool, and primary age.
xi. List and describe guidance strategies, (e.g., offering applicable choices, limit setting, logical and/or natural consequences, etc.) which are consistent with the cognitive development of preschoolers.

xii. Identify specific examples of proactive guidance.

xiii. Examine the relation of pro-social guidance to each of the following: communication; modeling; adult attitudes, beliefs, and values.

**IV. Screening/Assessment**

a. Define screening.
b. Explore different social and emotional screening tools.
c. Identify the capacity of various screening tools.
d. Determine appropriate actions steps when the screening tools have identified a need.
e. Define assessment.
f. Identify appropriate social and emotional assessment tools.
g. Examine the capacity of social and emotional assessment tools.
h. Explore early childhood social and emotional assessment tools and discuss several of the most widely used tools.
i. Identify and describe the parameters of early childhood social and emotional screening tools and assessments and the professionals’ limits of interpretation.

“Children require guidance and sympathy far more than instruction.”
- Anne Sullivan
RISK AND RESILIENCE

**Professional Standard:** Attain education and knowledge regarding the impact of risk, protective factors, and resilience on early childhood social and emotional health.

Focus Areas of Core Knowledge Domain and Suggested Indicators:

1. **Understanding Risk and Resilience**
   a. Define risk and resilience.
   b. Discuss risk as it relates to children, families and the environment.
   c. Explore and discuss how and when to assess risk and protective factors.

**Risk Factors:** Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome.

   d. Investigate and describe how the following risk factors affect development: biological, environmental, social, economic, and cultural.
   e. Describe how identified risk factors affect children and families.
   f. Describe biological and psychosocial and environmental risk factors in children and families.
   g. Explore how children have different vulnerabilities and protective systems at different points in development.
   h. Develop strategies to recognize children and families who are at risk and connect them to appropriate resources, services and supports.

2. **Understanding Protective Factors**
   a. Explain the construct of resilience.
   b. Explore the concept of protective factors in relation to resilience.
   c. Identify environmental, biological, and psychosocial factors (protective) that promote resilience and help insulate children and families from risk.
   d. Investigate and describe how the following protective factors affect development: biological, environmental, social, economic, and cultural.
   e. Discuss how child development is a context and that the nature of risk, vulnerability, and protective processes change and shift as development unfolds.
   f. Explain the need for different strategies to promote resilience in infants, toddlers, preschoolers, and primary-aged children.
   g. Describe how the child strengths identified assessments are crucial to mitigating risk and promoting resilience.

3. **Nurturing Protective Factors and Building Resilience**
   a. Identify scope of professional impact on promoting protective factors in children and families within your discipline.
   b. Explore resilience in young children and families.
   c. Describes the characteristics of a resilient child and a resilient family.
d. Identify strategies to support children and family resilience by using strengths-based family-centered nonjudgmental language and practices.
e. Explore how biological and psychosocial factors can be risk factors in children and families.
f. Explore strategies to support the cultivation of protective factors in children and families.

**Protective Factors:** characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcomes.

g. Recognize types of families and/or children who may be at risk.
h. Develop a plan of referral for families and children at risk for appropriate services/supports.

**IV. Identifying High Risk Influences in Children and Families**

a. Identify the high risk factors/influences that exist for children and families.
b. Recognize effective ways to communicate with families threatened by multiple risks regarding the concepts of risk, protective factors and resilience.
c. Describe how a child’s protective factors and risk factors interplay, how they can have both, and how this impacts children and families.
d. Discuss how children are more typically at-risk due to multiple adversities extending over time.
e. Evaluate the role of psychosocial factors within individual children and their families.
f. Explore individualized intensive supports/nonclinical intervention strategies appropriate for use with children and families who exhibit elevated risk.

g. Recognize types of families and/or children who may be at risk.
h. Develop a plan of referral for families and children at risk for appropriate services/supports.

**V. Building Resilience in Children and Families Threatened by High Risk**

a. Explore longitudinal studies regarding resilience in child development.
b. Explain how and why early childhood resilience can lead to competence into adulthood.
c. Explore the consequences of severe and long term adversity in early childhood.
d. Discuss how vulnerability to stress in early childhood lessens a child’s ability to overcome adversity and how positive behavior support can diminish this outcome.
e. Develop strategies to promote strong relationships between children and competent, caring, prosocial adults.
f. Develop strategies to promote normative cognitive development in young children.
g. Discuss the concept of “cumulative protection” strategies for prevention to target multiple risks in children.
h. Identify how the multiple contexts within which children live are each a potential source of protective factors as well as risks.
i. Apply the lessons learned from naturally occurring resilience to develop strategies to change the course of development among children who have little chance for resilience without intervention.
j. Explain why adult behavior plays a central role in a child’s risks, resources, opportunities, and hence, his or her resilience.

“Fall seven times, stand up eight.”
- Japanese Proverb
I. Cultural Competence

a. Define the concept of culture.

Culture: the set of shared attitudes, values, goals, and practices that characterizes an institution, organization or group.

b. Discuss how culture begins in family.

c. Describe cultural knowledge.

d. Explore the concept of cultural awareness.

e. Explain the notion of cultural respect.

f. Define the construct of cultural competence.

II. Cultural Self-Awareness

a. Identify how, as a professional, one's family belief system impacts your cultural competence with children and families.

b. Discuss how self-assessment and reflection for individuals and organizations can have a positive impact on capacity for cultural and linguistic competence.

c. Identify how self-bias affects one's work with children and families.

d. Identify how one's perceptions of other cultures are influenced by one's own world view.

e. Discuss how cultural biases may be at a conscious or subconscious level.

f. Discuss how one's previous experiences impact culturally competent work with children and families.

g. Identify verbal and nonverbal communication styles that foster culturally competent relationships with children and families, (e.g., respectful, open to learning, flexible, sense of humor, continual and sincere attempt to understand other view points, primary care giver, decision making, eye contact, touching and proximity, body language and gestures).

h. Identify negotiation skills needed to uphold best practices within one's scope of practice or discipline, while addressing families' concerns and priorities as they relate to those families' cultural belief systems.

i. Describe the significance of intercultural communication.

j. Describe what it means to be culturally competent in the environment.

k. Identify styles of acquiring information that demonstrates cultural competency.

l. Define cultural competence and proficiency in personal and working relationships in one's professional role.

m. Explain how stereotyping can have an effect on culturally competent care and/or education.

n. Examine personal, family and cultural views of concerning behavior.

o. Evaluate personal beliefs regarding the acceptability and unacceptability of specific types of concerning behavior and the causes of those specific types of concerning behavior.

p. Discuss contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior.

III. Culture Specific Awareness

a. Describe how understanding a specific child and family's structure is important.

b. Identify that children/families are unique and influenced by cultural frameworks that are always evolving and being redefined.

c. Discuss why it is important to understand a child and family's language and interaction styles.

d. Explain the interplay of child rearing practices and cultural competence, (e.g., feeding, sleeping, and response to behavior concerns).

e. Discuss how being culturally competent does not mean ignoring child abuse.

f. Identify that language and culture are inextricably linked.

g. Discuss how the relationship between language and culture is dynamic and changes over time and across settings.

h. Identify the importance of communicating with children and family in their primary language.

i. Discuss the reticence among some children and families to discuss issues they perceive as sensitive, private, or taboo.

j. Identify that children/families are unique, influenced by cultural frameworks that are always evolving and being redefined. It is fluid and dynamic.

k. Identify that individuals differ even within a culture.

l. Identify that culture begins in family.

m. Discuss how individuals differ by the degree to which they adhere to a set of cultural patterns or combine practices from several cultural groups.

n. Discuss how there may be an environment you can create to proactively address linguistic barriers or challenges.
III. Interactions/Approaches/Techniques

a. Discuss how attitudes and beliefs about gender roles impact serving children and families in a respectful ways.

b. Describe how attitudes and beliefs about sexual orientation impact culturally competent interactions with children and families.

c. Identify how differing abilities (e.g. health, mental health) impact culturally competent services for families and children.

d. Identify the importance of making observations through a cultural lens.

e. List techniques for delivering culturally competent care and/or education.

f. Describe how to create a culturally respectful and competent physical and emotional environment.

g. Identify culture in work environments.

h. Discuss problem-solving a culturally-proficient solution for a selected concern of disparity in the minority populations studied.

i. Describe the use of culturally sensitive skills when working with culturally diverse populations in one’s practice and throughout the community.

j. Develop individual and/or organizational action plans for increasing cultural competence.

k. Examine culturally competent relationship building with individual families.

l. Identify ways to work respectfully with children and families using a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred childrearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.

“A Senegalese poet said “In the end we will conserve only what we love. We love only what we understand and we will understand only what we are taught.” We must learn about other cultures in order to understand, in order to love, and in order to preserve our common world heritage.”

- Yo Yo Ma
Focus Areas of Core Knowledge Domain and Suggestions

I. Advocacy
   a. Define advocacy.
   b. Discuss ways to advocate for policies and resources that support early childhood social and emotional health.
   c. Identify and describe early childhood social and emotional advocacy groups and their activities.
   d. Discuss current efforts to enhance the status and working environment of early childhood professionals, using journals and materials obtained from professional organizations.
   e. Develop strategies to use in advocating for the enhanced professionalism of the early childhood field.
   f. Describe scenarios where you would need to advocate for a child and family with your supervisor, agencies, organizations and other programs.

II. Knowledge of Community Resources and Systems
   a. Identify all early childhood social and emotional health services that may be of use for children and families you serve, (e.g., special clinics, therapists, counselors, mental health service providers, etc.).
   b. Identify ways to assist families to anticipate and obtain basic requirements of living and other needed services from public agencies and community resources.
   c. Describe ways to help parents build skills they need to access social support from extended family, neighbors, and friends and others in their community as they are available.
   d. Discuss strategies to help families and service providers be aware of and use community resources available to children and families during pregnancy and the child's early years.
   e. Identifies the expertise of family members, as well as professionals in the early childhood social and emotional health field.

III. Ethics and Confidentiality
   a. Define confidentiality.
   b. Discuss how to practice confidentiality of each child and family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (e.g., Department of Human Services, Child Protective Services, etc.).
   c. Discuss how each child and family is an individual and has dignity.
   d. Describe what caring and compassionate services to children and families look like.
   e. Explain why maintaining confidentiality is important, along with the importance of informed consent, parent rights, and complaint procedures.
   f. Identify mandated reporting laws.
   g. Discuss how to create and maintain safe and healthy settings that foster children's social and emotional development and respect their dignity and their contributions.
   h. Explore the use of assessment instruments and strategies that are appropriate for the children to be assessed, that are used only for the purposes for which they were designed, and that have the potential to benefit children.
   i. Describe advocacy measures necessary for all children, including those with special needs to have access to the support services needed to be successful.
   j. Discuss the principle from the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct: “P-1.1-Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.”
   k. Explore the NAYEC Code of Ethical Conduct.

IV. Effective Communication Skills
   a. Discuss how to exchange complete and unbiased information in a supportive manner with families.
   b. Demonstrate active listening skills.
   c. Recognize different styles among adults of processing information, of communicating, of interacting and how to accommodate each.
   d. Demonstrate and recognize appropriate nonverbal behavior.
   e. Identify best practices in interviewing.
   f. Discuss the impact your conversations might have on children and families.
   g. Identify how interpersonal relationships and communication with others impacts children.

V. Professional and Personal Development
   a. Identify how personal wellness impacts one's ability to meet the social and emotional needs of children and families.
   b. Identify knowledge gained and knowledge needed to appropriately support children and families in a way that promotes their social and emotional health.
   c. Recognize areas of professional and personal development.
**Professional Boundaries: the limits that allow for safe and appropriate connections between individuals and professions.**

d. Examine own values, biases, strengths, feelings and thoughts in working with families and children, and colleagues.

e. Demonstrate familiarity with this document.

f. Recognize and identify “trigger points”/personal reactions that may occur when working with young children and their families.

g. Develop strategies to manage/overcome “trigger points” when working with children and families.

h. Assess own practices using this document and identify areas of strength and potential growth.

i. Develop an individualized professional development plan and identify appropriate professional development activities.

**VI. Scope of Practice/ Boundaries**

a. Explain how to maintain appropriate personal boundaries with young children and families served.

b. Recognize laws and policies that govern practice beyond the scope of specific disciplines.

c. Discuss how sensitive issues regarding children and families should be communicated and with whom.

d. Discuss the negative impacts of rumor and gossip and develop strategies to prevent negative verbal, nonverbal, mood, tone, and expressions.

**VII. Laws, Policies, Regulations**

a. Identify your role as a mandated reporter.

b. Describe the process of promptly and appropriately reporting harm or threatened harm to a child’s health or welfare to Protective Services.

c. Identify and explain the provisions and requirements of federal, state and local laws affecting young children and families, (e.g., Part C of IDEA, child protection, child care licensing rules and regulations, etc.).

d. Describe how to communicate to non-citizen families and service agencies the rights of citizen children of non-citizen families.

e. Recognize laws, policies and procedures that relate to job responsibilities.

“Professionalism is not about adherence to the policies of a bureaucracy. Professionalism is about having the integrity, honesty, and sincere regard for the personhood of the customer, in the context of always doing what is best for the people. Those two things do not need to be in conflict.”

- Eric Lippert
INTERDISCIPLINARY COLLABORATION

**Professional Standard:** Attain knowledge regarding interdisciplinary collaboration in order to better promote early childhood social and emotional health.

**Focus Areas of Core Knowledge Domain and Suggested Indicators:**

I. **Interdisciplinary Collaboration**
   a. Define interdisciplinary collaboration.

   **Interdisciplinary Collaboration:** a cooperative research endeavor that applies the methods and approaches of several disciplines.

   b. Discuss the importance and benefits of interdisciplinary collaboration.

   c. Describe the role of family in interdisciplinary collaboration.

   d. Explain how interdisciplinary collaboration differs from many popular practices in the field such as team work, coalitions, and partnerships.

   e. Examine how interdisciplinary collaboration requires being proactive in searching out those in other disciplines and fields.

   f. Describe factors that effectively guide the interdisciplinary collaboration process.

   g. Identify strategies and factors which overcome barriers and support successful interdisciplinary collaboration.

   h. Explore similarities and differences of perspectives between different disciplines regarding early childhood social and emotional health development.

   i. Develop an example of guidelines for working effectively with groups in an interdisciplinary collaborative setting.

**Collaboration** is a recursive process where two or more people or organizations work together with intersection of common goals.

II. **Sphere of Roles and Responsibilities in Interdisciplinary Collaboration**
   a. Identify your discipline's professional boundaries.

   b. Discuss professional boundaries and how to define them when working with other professionals and families to promote early childhood social and emotional health.

   c. Explain why interdisciplinary collaboration requires crossing professional boundaries into what is often unfamiliar territory.

   d. Discuss the challenges of developing and implementing collaborative relationships.

   e. Explain why interdisciplinary collaboration needs to be fluid and responsive to new knowledge and information.

   f. Explore how collaboratives are fluid, i.e. can be expected to both expand and shrink over time.

   g. Identify and include in an interdisciplinary collaborative environment all potential contributors and professionals from relevant disciplines who offer equally worthwhile perspectives to benefit children and families.

III. **Collaborating with other professionals**
   a. Describe appropriate ways to solicit information from professionals that could impact the social and emotional health of young children and families.

   b. Discuss the importance of receiving feedback from professionals and how to use the information to support the social and emotional health of young children.

   c. Explore methods of effectively providing feedback and relevant information that impacts the social and emotional health of young children and families to other professionals.

   d. Identify the various roles someone in your profession might serve on an interdisciplinary collaboration.

   e. Explain how communication and coordination are essential to interdisciplinary collaboration.

   f. Identify different disciplines that inform or expand your successful work with children and families (e.g., nurses, mental health specialists, early childhood professionals, etc.).

   g. Discuss how preconceived notions of other professions impacts collaboration.

   h. Explore the benefit of working with others through diverse perspectives, expertise, and resources, rather than working alone.

   i. Discuss strategies to minimize competition and duplication, and foster collaboration whenever possible though a commitment to outcomes in the best interest of children and families.

IV. **Knowledge of Interdisciplinary Resources**
   a. Explore the use of interdisciplinary collaborative approaches and measures for affecting a team-based model of service.

   b. Discuss how unique and new resources are gained and shared through interdisciplinary collaborative partnerships.

   c. Discuss how resources, laws, and program qualifications impact interdisciplinary collaboration.

   d. Explore thinking, strategies, resources, advocates and champions as tools that help professionals overcome limited resources.

All families need support at some times—support that transcends any single agency’s mission. . . Collaboration among child and family-serving agencies offers an important mechanism to meet the multiple needs of parents and children.

- Bruner
### CredenTIal fraMeWork

#### Education

- Minimum of a Baccalaureate Degree from a regionally accredited college or university in a field related to Early Childhood (e.g., Child Development, Psychology, Social Work, pediatric nursing, family studies, etc.)
  - OR
  - A Colorado Early Childhood Professional Credential Level IV or above.
  - OR
  - The minimum of the Baccalaureate degree outside of the field of early childhood and at least four years or 7,080 hours of experience working with young children, (e.g., early childhood classroom, pediatric setting, home visitation, etc.)

#### Experience

- Documentation must be provided of at least 1820 clock hours of supervised and/or paid occupational experience working with young children (birth to age 8 years).
  - Documentation for providers working in a center must be a signed letter(s) on business stationary from a current or past employer(s) stating dates, numbers of hours worked and ages of children with whom you directly worked in an early childhood classroom.

#### Length of Credential

- Five (5) years

#### Renewal

- Six semester credit hours or equivalent (90) clock hours of professional development related to credential domain areas. Please see the training matrix for pre-approved professional development offerings.

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<th>Education</th>
<th>Experience</th>
<th>Length of Credential</th>
<th>Renewal</th>
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| Minimum of a Baccalaureate Degree from a regionally accredited college or university in a field related to Early Childhood (e.g., Child Development, Psychology, Social Work, pediatric nursing, family studies, etc.)
  - OR
  - A Colorado Early Childhood Professional Credential Level IV or above.
  - OR
  - The minimum of the Baccalaureate degree outside of the field of early childhood and at least four years or 7,080 hours of experience working with young children, (e.g., early childhood classroom, pediatric setting, home visitation, etc.)

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<td>At least 45 clock hours of training* that are connected to a quality assurance process or three semester credit hours in each of the following topic areas: Child Development, Family Dynamics, Responsive Supports and Practices, Risk and Resilience, Cultural Competence for a total of 15 semester credit hours.</td>
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<td>At least 20 clock hours of training or one point five (1.5) semester credit hours in the topics of: Professionalism and Interdisciplinary Collaboration for a total of 3 semester hours.</td>
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<td>A combination of both semester hours and clock hours.</td>
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* For training to count towards the domain requirement the training received must be tied to a quality assurance process or system (e.g., CEU, college or university credit, IACET, Trainer and Training Approval system etc.)

All credited training must be from a regionally accredited college or university with a grade of “C” or better for both the original credential and renewal. Official transcripts must be mailed from the college or university to be considered.

Training not tied to credit must be a copy of training certificate that includes name of training, number of clock hours, signed by facilitator with participant’s name.
Credential Application Directions:

1. Complete pages 21-22 of the application.
2. Compile supporting documentation. As specified in the application, supporting documentation may include the following:
   a. Copy of letter(s) on business stationary from a current and/or past employer(s) stating the amount of time worked and the dates worked;
   b. Copy(s) of certificates/credentials such as approved trainings, copies of continuing education units, workshops, etc. (see application for entire list);
3. Request official transcript(s), if appropriate; be sent directly from the college to the Credential Office using the enclosed form(s).
4. Send the completed application and documentation to:
   Attn: Holly Wilcher
   Colorado Office of Professional Development
   1580 Logan St. #310
   Denver, CO 80203

5. For more information contact, Holly Wilcher at 303-355-5205 or holly.wilcher@ccd.edu
Colorado Department of Human Services (CDHS)
Colorado Early Childhood Professional
Social Emotional Interdisciplinary Credential Application

Name: ___________________________________________________ Other Names Used: ____________________________________________

(First. MI. Last. (maiden name, previous married names)

Last four (4) digits of Social Security Number: __________________________ Birth date: ___________________________

Address: Home/Work (circle one)

Street Number City County State Zip

Home Phone: __________________ Work Phone: ______________ Fax: ______________ E-mail Address: ______________


EMPLOYMENT INFORMATION

This information will help determine the impact of the credentialing system within the early childhood field. Your specific information will not be made public.

1. Years in the field of early childhood, including both direct and indirect services: __________________________

2 a. Check one which most closely defines your current position:


2 b. Other position(s) currently held, please check all that apply:


3. Name of current agency where employed: __________________________

5. Ages of children served in or by this program; please check all that apply:

- [ ] Infants (6 weeks - 1 year of age)
- [ ] Toddlers (1 - 2 ½ years of age)
- [ ] Preschoolers (2 ½ - 5 years of age)
- [ ] Kindergarten (5 – 6 years of age)
- [ ] School-age (5 – 12 years of age)

6. Ages of children with whom you work directly, please check all that apply:

- [ ] Infants (6 weeks - 1 year of age)
- [ ] Toddlers (1 - 2 ½ years of age)
- [ ] Preschoolers (2 ½ - 5 years of age)
- [ ] Kindergarten (5 – 6 years of age)
- [ ] School-age (5 – 12 years of age)

I certify that all information pertaining to my application for a Colorado Early Childhood Professional Credential is true and correct in accordance with Sections 26-6-105.5, 26-6-108, and 26-6-114, Colorado Revised Statutes. I understand that providing false or misleading information constitutes perjury in the second degree and can also result in my being fined as much as $100 a day to a maximum of $10,000.

----------------------------------------------------------
Signature __________________________ Date ____________

SOCIAL EMOTIONAL INTERDISCIPLINARY CREDENTIAL

Indicates completion of a minimum of a baccalaureate degree including course work and professional development which meets the Standards as delineated in Colorado’s Early childhood Social and Emotional Interdisciplinary Core Knowledge.

A. Experience – Documentation must be provided of at least 1820 clock hours of supervised and/or paid occupational experience working with young children (birth to age 8 years). Documentation for providers working in a center must be a signed letter(s) on business stationary from a current or past employer(s) stating dates, numbers of hours worked and ages of children with whom you directly worked in an early childhood classroom.

B. Education - The educational requirements can be met in one of the following ways. Official transcripts must be mailed directly from the college or university to be considered.

Please Check One:

- Minimum of a Baccalaureate Degree from a regionally accredited college or university in a field related to Early Childhood (e.g., Child Development, Psychology, Social Work, pediatric nursing, family studies, etc.)
- A Colorado Early Childhood Professional Credential Level IV or above.
- The minimum of the Baccalaureate degree outside of the field of early childhood and at least four years or 7,080 hours of experience working with young children (e.g., early childhood classroom, pediatric setting, home visitation, etc.)

AND

- At least 45 clock hours of training * that are connected to a quality assurance process or three semester credit hours in each of the following topic areas: Child Development, Family Dynamics, Responsive Supports and Practices, Risk and Resilience, Cultural Competence for a total of 15 semester credit hours.
- At least 20 clock hours of training or one point five (1.5) semester credit hours in the topics of: Professionalism and Interdisciplinary Collaboration for a total of three semester hours or a combination of both semester hours and clock hours.

* For training to count towards the domain requirement the training received must be tied to a quality assurance process or system (e.g., CEU, college or university credit, IACET, Trainer and Training Approval system etc.)

All credited training must be from a regionally accredited college or university with a grade of “C” or better for both the original credential and renewal. Official transcripts must be mailed from the college or university to be considered.

Non-accredited training must be a copy of training certificate that includes name of training, number of clock hours, signed by facilitator with participant’s name.

C. Credential Renewal

1. Six semester credit hours or equivalent (90) clock hours of professional development related to credential domain areas. Please see the training matrix for pre-approved professional development offerings.
2. The Social Emotional Interdisciplinary Credential is valid for five years and is renewable.
TRANSCRIPT REQUEST FORM

I am requesting that an official copy of my transcript be sent, along with this form to:

Colorado Office of Professional Development
1580 Logan St.
Suite 310
Denver CO 80203

I attended______________________________ from __________ to __________

My name used when I attended your college or university:

Print:                  First Name  MI          Last Name

My current name (if different from above):

Print:                  First Name  MI          Last Name

Social Security Number: ________________________________

Student ID Number: ________________________________

Signature ___________________________________________  Date __________

Students:

You need to send this form to the college(s) or universities you attended.

College or University:

Please return a copy of this form along with the transcript. Thank you.

They will send official copies of your transcripts directly to our office. If you need to order transcripts from more than one college or university, please make copies of this form.
ACKNOWLEDGMENTS

The Colorado Office of Professional Development solicited a broad range of stakeholders who provided expert consultation, writing, and development of the Early Childhood Social and Emotional Interdisciplinary Core Knowledge and Credential: A guide to professional development and pathway to quality assurance.

The Colorado Office of Professional Development is indebted to the committee members who gave their time and professional expertise to developing this document.

In addition, several state and national early childhood professionals with content expertise in one or more of the domains reviewed the document and made revisions and recommendations which were incorporated within the final document.

**Committee Participants**

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- **Sharon K. Benson**, Head Start/Migrant Seasonal Head Start at Family Education Network of Weld County
- **Constant Hine**, Horizons in Learning
- **Sarah Hoover**, University of Colorado Denver/ JFK Partners
- **Ali Huckins**, Children’s Outreach Project
- **Janet Humphryes**, Head Start-BAH –TA Network
- **Susan Kay**, Relationship Roots
- **Lorraine Kubicek**, University of Colorado Denver Health Sciences Center
- **Pam Levett**, Beacon Youth & Family Center
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- **Phyllis Lucas**, Qualistar Early Learning
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**State and National Content Reviewers**

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- **Amy Hough Simmon**, Ph.D Child and Family Development Program
- **Priscilla Smith**, PhD Gwinnett Technical College
- **Rachel Sperry**, MSW Devereux Early Childhood Initiative
1. Colorado Core Knowledge and Standards- A Guide to Professional Development

2. California -The Delivery of Infant-Family and Early Mental Health Services; Training Guidelines and Recommended Personnel Competencies

3. Florida Association for Infant Mental Health, Florida Infant Mental Health Competencies


6. JFK Partners at the University of Colorado at Denver and Health Sciences Center. (2006) Mental Health Consultation in Early Care and Education Settings Core Knowledge and Competencies A Self Evaluation Checklist.


12. Vermont Northern Lights Career Development Center, Early Childhood and Family Mental Health Competencies.
History and Document Development Process

In 2007 the Colorado Office of Professional Development initiated a strategic planning process with the objective of identifying how to promote early childhood social and emotional health through professional development in Colorado. Early childhood mental health stakeholders across Colorado who were able to commit to five day-long planning sessions were invited by the Office as a council to help accomplish this objective. During and after the planning process, the council’s feedback was compiled and synthesized to result in a Plan to Promote Early Childhood Social and Emotional Health through Professional Development published August 2007. The Plan outlines seven goals the Office hopes to meet through specified strategies and actions steps.

The Goals Are To:

Organize a core body of knowledge the early childhood field needs to have to foster positive early childhood social and emotional development.

- Develop an infrastructure for training early childhood professionals that promotes social and emotional development in young children.
- Establish an early childhood social and emotional credential specific to the promotion and prevention levels of knowledge and education.
- Promote early childhood social and emotional programs of study in higher education.
- Influence public policy that promotes the social and emotional health of young children.
- Develop approaches that influence funding to advance early childhood social and emotional health.
- Define strategies that help promote public awareness of the importance of early childhood social and emotional development.

Between August 2007 and December 2007, the Colorado Office of Professional Development conducted a survey of early childhood social-emotional mental health core knowledge and competency literature. The literature review included seven state early childhood mental health competency documents, addressing early childhood social and emotional/mental health core knowledge as well as papers, articles and texts on this topic from national experts in the field of early childhood mental health. The qualitative analysis conducted was for the purpose of examining key concepts and ideas throughout documents. From this research and review of literature twelve consistent content areas were identified by the Office.* These twelve content themes were determined by the Office for internal core knowledge and credential development consideration. At the time of our office’s literature review, another national study of early childhood mental health competency systems was being conducted. As a result of this comprehensive study, a report was published by investigators, Jon Korfmacher and Aimee Hilado of the Erikson Institute. The Erickson report largely influenced the core knowledge development because it more clearly synthesized other states’ identification of content knowledge areas needed by early childhood mental health professionals. The Erickson report findings were used to compare the twelve content areas our office identified to be consistent themes across competency documents and any gaps. This report provides the best research to date of the spectrum of the work done to define the core competencies required of early childhood mental health professionals as identified by states.

In December of 2007, representatives from various early childhood initiatives convened to give feedback to and review the twelve identified core knowledge content categories identified through our Office’s literature review and research. They were also asked to brainstorm any missing areas they thought should be represented in the core knowledge. Representatives were asked to think about their work with children and families. The question that framed this brainstorming session was “What knowledge is needed to be able to foster early childhood social and emotional health, prevent social and emotional behavior concerns in young children, and provide individual-
ized supports to children, when appropriate, in the work you do with children and families?” As well as asking the groups to review the twelve content areas and identify any gaps, the group was charged with identifying unnecessary overlap in content. From this brainstorming session twelve content categories were consolidated to eleven.

*Content themes of the core knowledge and credential are specific to the early childhood social and emotional health promotion and prevention, and individualized intensive/nonclinical supports.*

From January to October 2008 a volunteer core knowledge and credential committee/working group consisting of a variety of stakeholders and professionals in the areas of mental health, parent education and family support, health, and early childhood education began to outline, refine, and further develop the eleven consolidated content categories and subcategories. During this time eleven content categories were refined to seven content categories.

**The final seven categories are, Child Development, Family Dynamics, Responsive Child-Focused Supports and Practices, Risk and Resilience, Cultural Competence, Professionalism, Interdisciplinary Collaboration.**

The working group was given the charge of identifying within the seven categories, fundamental knowledge professionals need to best serve the social-emotional and mental health needs of young children. The working group met monthly to develop content subcategories and content knowledge indicators within each of the seven domains. Also convened, were subcommittee working groups who met in between monthly meetings to refine and apply the large group brainstorming to the core knowledge development. Resources were made available to support content category and subcategory development. Examples of resources used by committees were various states competency documents, current research related to specific topics, programs of study in Higher Education and community-based training programs related to the content areas, and the discipline expertise of working group members. A full list of these resources can be found in the References section.

During this core knowledge development process, conversations regarding various roles of professionals who work with children and families made clear that no one professional discipline is expected to know everything about each content area. Nonetheless, each professional who works with young children and families in the capacity to impact their social and emotional health has a stake in a shared/common body of knowledge. Furthermore, this document can be used by individuals, organizations and communities that help stakeholders identify and value one another’s strengths and contributions to cultivate the emotional and social health of young children in a comprehensive way. The early childhood social and emotional health interdisciplinary core body of knowledge follows.

**The content area of Child Development included in this document is taken directly from the Colorado Core Knowledge and Standards: A guide for early childhood professional development.**
What is the Early Childhood Social and Emotional Interdisciplinary Core Knowledge and Credential?

The core knowledge and credential is a voluntary quality assurance framework for professionals who work with young children and families and serve in a capacity to impact their social and emotional health. The credential formally recognizes education attained from seven interdisciplinary early childhood social and emotional health content areas. This voluntary, interdisciplinary credentialing process is beneficial for frontline professionals across a variety of service systems. If you would like more information about the process please contact Holly Wilcher at 303-355-5205 or Holly.Wilcher@ccd.edu.

Who should get the early childhood social and emotional health credential?

The knowledge necessary to encourage social and emotional health of young children and families is required by professionals from many disciplines. Although many disciplines require a specific body of knowledge needed to demonstrate best practices in a field, some common knowledge exists across and between professions that is beneficial to advancing the social and emotional wellbeing of young children and their families. Professionals who may benefit from pursuing an early childhood social and emotional health credential are:

- Early Childhood Teachers
- Home Visitors
- Parent Educators
- Home Health Care Providers
- Early Interventionists
- Social workers
- Therapists
- Nurse consultants
- Child Welfare Consultants
- Early Childhood Mental Health Consultants
- Early Childhood Coaches
- Many more!

Why should I apply for the early childhood social and emotional interdisciplinary health credential?

The intent of Early Childhood Social and Emotional Interdisciplinary Credential is to recognize and document specific professional development and education of practitioners who work in early childhood related fields. The credential verifies that an applicant has attained a level of education as specified and acquired knowledge needed to be able to promote early childhood social and emotional health, prevent behavior concerns, and provide individualized intensive intervention when appropriate.

The credential provides:

- Formal and documented recognition system to distinguish a professional’s education in a specific shared interdisciplinary body of knowledge
- Professional development pathway or program of study
- Quality assurance system for employers and employees in the early childhood field
How does the credential benefit the early childhood system?

- Coordinated programs of study within and across disciplines of Higher Education
- Collaboratively developed educational opportunities to address any voids in the existing systems
- All fields collaborate in the delivery of training to enrich training outcomes and subsequent service delivery to children and families
- Pre-service and continuing education programs specializing in social-emotional development and intervention are established

Where can I get the training and course work?

The following matrix represents a sampling of identified training or college courses that count towards meeting the specified domain areas of the credential. Any class or training that meets at least 80% of the core knowledge identified within each domain will count towards that content area of the credential. Transcripts, syllabi, and training certificates will be identified on a case by case basis to assess their application to the domain areas.
## Early Childhood Social and Emotional Interdisciplinary Core Knowledge and Credential Professional Development/Training Matrix

### CHILD DEVELOPMENT

- **Colorado Community College System**
  - PSY 238 Child Growth and Development
- **University of Colorado Denver**
  - Irving Harris Program in Child Development and Infant Mental Health
- **Colorado State University**
  - HDFS 310 - Infant and Child Development
- **Zero to Three:** Prevent Child Abuse and Neglect (PCAN)
- **Concordia, Cincinnati and Metropolitan State Universities**
  - Giving Children a Strong Start: Understanding Key Emotional Milestones and Temperament (online)
- Child Trauma Academy
- Expanding Quality Infant Toddler Care
- Advanced Child Growth and Development

### FAMILY DYNAMICS

- **Colorado Community College System**
  - ECE 256 Working with Parents, Families, and Community Systems
- **Colorado Community College System**
  - ECE 157 Family Dynamics
- **University of Colorado Denver**
  - Irving Harris Program in Child Development and Infant Mental Health (30 credit hours)
- **University of South Florida**
  - Building Respectful Partnerships with Consumers & Families (3 CEUs) (online)
- **Zero to Three:** Prevent Child Abuse and Neglect (PCAN)
- **Colorado State University**
  - Family Development Credential
- **University of Minnesota**
  - Parent-Child Interaction (online)
- **University of Minnesota**
  - Everyday Experiences of Families (online)
- Circle of Security
- Working with Parents and Families
- Touchpoints Approach
### RESPONSIVE CHILD-FOCUSED SUPPORTS AND PRACTICES

- **Colorado Community College System**
  ECE 237 Theories and Techniques of Social and Emotional Growth

- **Colorado Community College System**
  ECE 103 Guidance Strategies for Children

- Devereux Early Childhood Training

- **University of Colorado Denver**
  ECE 5204 Early Childhood Mental Health

- Incredible Years

- ECE Cares

- Pyramid Model Approach for Promoting the Social and Emotional Development of Infants and Young Children

- **University of Colorado Denver**
  Irving Harris Program in Child Development and Infant Mental Health

- **University of Colorado Denver**
  Promoting Early Childhood Social And Emotional Competence (online)

- Touchpoints Approach

- Expanding Quality Infant Toddler Care

- **Zero to Three**: Prevent Child Abuse and Neglect (PCAN)

- NCAST Promoting First Relationships

- **Concordia, Cincinnati and Metropolitan State Universities**
  Basic Tools in Child Care to Promote Positive Mental Health (online)

- Relationship Roots

- **University of Minnesota**
  Bridging Education and Mental Health (online)

- **University of Minnesota**
  Introduction to Infant Mental Health (online)

- **University of Minnesota Supporting**
  Stressed Young Children Through Relationship-based Teaching (online)

- **University of Minnesota Supporting**
  Stressed Young Children Through Relationship-based Teaching (online)

- Circle of Security

### RISK AND RESILIENCE

- **Harvard**
  Risk and Resilience in Social Contexts from Birth to Young Adulthood: Strategies of Prevention and Intervention (H331)

- **Michigan State University**
  FCE 892: Risk and Resilience

- **Metropolitan State University**
  Helping Children Know Their Own Engines: Tools for Children at Risk (online)

- **University of South Florida**
  MHS 6073 - Child and Adolescent Psychopathology

- **Eastern Mennonite University**
  EDDN 633 Research in Risk & Resiliency (online)

- Child Trauma Academy
### CULTURAL COMPETENCE

- **University of Wisconsin Madison**  
  Cultural Competency for Human Service Professionals: an introductory self-study course (online)

- **National Center for Cultural Competence**  
  Curricula Enhancement Module Series (distance learning course)

- **University of Colorado Denver**  
  Irving Harris Program in Child Development and Infant Mental Health (30 credit hours)

- **United States Department of Health and Human Services**  
  Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency (online)

- **New York New Jersey Public Health Training Center**  
  Communicating Across Cultures (online)

- **United States Department of Health and Human Services**  
  A Physician’s Practical Guide to Culturally Competent Care (online)

- **University of South Florida**  
  PHC 6534/MHS 6900 - Cultural Competency in Children’s Mental Health (online)

- **University of South Florida**  
  System of Care (online) Cultural Competence

- **University of South Florida**  
  Designing and Delivering Culturally Responsive Services (online)

- **Zero to Three: Prevent Child Abuse and Neglect (PCAN)**

- **University of Minnesota**  
  Everyday Experiences of Families (online)

### PROFESSIONALISM

- **University of Colorado Denver**  
  Irving Harris Program in Child Development and Infant Mental Health

- **Professional Boundaries Inc. /UF**  
  Introduction to Professional Ethics, Boundaries, and Crossings (online)

- **Professional Boundaries Inc. /UF**  
  Professional Boundaries for University/College Educators (online)

- **Expanding Quality Infant Toddler Care**

### INTERDISCIPLINARY COLLABORATION

- **University of Colorado Denver**  
  Irving Harris Program in Child Development and Infant Mental Health

- **Family-Centered Interdisciplinary Practice: Systems of Care**

- **Fundamentals of Interdisciplinary Collaboration:**  
  Providing Care to Children with Special Needs and Their Families
Thanks to the Piton Foundation and the Division of Child Care for their support on this project.