

FGRBI Early Interventionist (EI) Competencies

Knowledge Competencies
Effective EIs should demonstrate knowledge of:
1. <i>Culturally responsive and reciprocal communication strategies to engage and inform families as partners in the early intervention process.</i>
2. <i>Family-centered, family capacity building, and family-professional collaboration practices.</i>
3. <i>Adult learning principles and practices relevant to Family Guided Routines Based Intervention.</i>
4. <i>An evidence-based framework for implementation and intervention in the everyday routines, activities, and places prioritized by the family for the child.</i>
5. <i>Developmentally appropriate, culturally relevant, and functional child and family outcomes.</i>
6. <i>Evidence-informed environmental, interactional, and instructional practices focused on embedding intervention throughout the day.</i>
7. <i>An evidence- and practice-based coaching framework flexible for diverse caregivers that includes coaching strategies useful for teaching and supporting caregivers to embed strategies (for example, direct teaching, guided practice with feedback, problem solving).</i>
8. <i>Teaming practices that facilitate coordinated and collaborative communication and implementation of EI.</i>
9. <i>Technology use to support caregiver and team communication and participation.</i>
10. <i>Assessment and progress monitoring practices that support family and team-based decision making and transition.</i>
Application Competencies
<i>(Details for each of the 10 Application Competencies are on the following pages.)</i>
Effective EIs should be able to:
1. <i>Facilitate positive and productive communication exchanges with families.</i>
2. <i>Promote family-centered, capacity building, and collaboration practices.</i>
3. <i>Integrate adult learning principles into communication and coaching practices.</i>
4. <i>Collaborate to identify everyday routines, activities and play prioritized by the family.</i>
5. <i>Embed intervention on functional and meaningful child and family outcomes</i>
6. <i>Identify and coach others (caregivers and team members) to apply evidence informed and contextually matched interventions for the child and family.</i>
7. <i>Engage in coaching matched to caregiver support needs.</i>
8. <i>Facilitate coordinated and collaborative teaming practices.</i>
9. <i>Use technology to support child, family and team members to communicate and participate.</i>
10. <i>Support family and team-based assessment and progress monitoring.</i>

Application Competencies with Details***Effective EIs should be able to:***

1. Facilitate positive and productive communication exchanges with families.
 - a. Interact with warm, positive regard, and encouragement (e.g., facial expressions, proximity, verbal invitations) to invite caregiver participation.
 - b. Listen with genuine interest and check for understanding to clarify caregiver's reflections (e.g., active listening, rephrasing).
 - c. Comment or asks open-ended questions with ample response time (e.g., uses declarative statements, expansions of caregiver comments, reflective questions).
 - d. Validate the caregiver's opinions and feelings (e.g., empathic listening, affirmations, perspective taking).
 - e. Address caregivers' questions and concerns by encouraging reflection, joint problem solving, and by sharing information.
 - f. Reflect upon own opinions and personal values and how those beliefs influence the relationship between the provider, family and child.
 - g. Describe the evidence base, purpose, and key components of an early intervention approach that supports caregivers to provide embedded learning opportunities in everyday routines and activities.
 - h. Demonstrate and provides meaningful examples of the caregivers' role in EI supporting their children's learning.
2. *Promote family-centered, capacity building, and collaboration practices.*
 - a. Develop a trusting and respectful partnership with caregivers in early intervention process.
 - b. Start with and builds on what the family does, enjoys, and believes is important for their family.
 - c. Promote family and child interactions as primary contexts for learning (e.g., focus on parent-child interactions, involve siblings, provide video clips for grandma to see).
 - d. Help caregivers figure out ways to use their own resources (formal and informal supports) or access new/different resources or referrals to increase self-efficacy skills for family.
 - e. Share up-to-date, evidenced-based, non-biased parent education/information to support the family's informed decision-making.
 - f. Tailor parenting knowledge and skill messages in ways that are flexible, individualized and respectful of the caregiver's experiences and expertise.
 - g. Adjust EI plan in response to and out of respect for the family's concerns, priorities, and changing life circumstances.
 - h. Notice and comment upon what caregivers are doing to support their child's development to build their competence and confidence.
3. *Integrate adult learning principles into communication and coaching practices.*
 - a. Connect current discussions and information sharing to prior knowledge and experiences of each adult.
 - b. Incorporate family history, values, and experiences throughout interactions to help the family see the connections between what they are doing and their child's learning.
 - c. Introduce developmental information or instructional strategies and provides authentic examples in context using formats preferred by adult.

d. Support/scaffold caregiver's/family's active participation and decision making in relevant activities.
e. Increase or decrease support in response to the caregiver's skill and familiarity with a strategy or routine ensuring adequate opportunities to practice (e.g., repetition) and maintenance of skill.
f. Encourage caregiver to describe/review the key components of the intervention plan using the 2 own materials, ideas, and sequence with the 5Q or other form of visual model.
g. Use multiple methods of sharing information with the caregiver (written feedback, video reflection, live coaching, etc.) based on their learning preferences.
h. Provide frequent opportunities to assess and self-assess learning including use of video reflection.
4. <i>Collaborate to identify everyday routines, activities and play prioritized by the family.</i>
a. Explain how naturally occurring routines, play and activities support learning for children and their caregivers throughout the day.
b. Describe the caregiver's role in the routine to support the child's learning, engagement and participation.
c. Collaboratively identify with caregivers their routines and play that are going well and those that are more difficult to address functional and meaningful learning targets.
d. Collaboratively plan a variety of child and family interest-based activities, play, chores, caregiving, literacy and social routines with productive roles for the child to learn developmentally sensible skills.
e. Plan with caregivers to ensure opportunities to embed intervention that promotes multiple learning opportunities repeated throughout the day to ensure sufficiency of practice for learning.
f. Brainstorm other routines, activities and play times for their potential to increase opportunities for learning and generalizing skills that have been acquired.
g. Expand routines and play across types of routines, places, people, and expectations for the child.
h. Problem solve with caregiver on how to make informed decisions on which routines are the most effective and efficient (uses expansions and subroutines to increase/decrease time and opportunities as family needs).
5. <i>Embed intervention on functional and meaningful child and family outcomes.</i>
a. Share information on typical child development, learning differences, and disability to guide caregiver's informed decision making on priority outcomes.
b. Support caregivers and other team members to jointly identify developmentally sensible and meaningful and measurable outcomes aligned with family priorities for the child and family.
c. Individualize outcomes, routines, and strategies to match priorities and needs of child/ family.
d. Ensure inclusion of measurable, functional criteria to use to review progress toward achieving IFSP outcomes.
e. Use toys, materials, and interactions that promote interest and strengths-based learning.
f. Review and expand the caregiver's understanding of what and how to embed intervention on functional outcomes to support participation in everyday routines.
g. Embed targets and strategies intentionally within identified routines, activities and play with sufficient repetition for learning.
h. Follow rules for efficiency of embedded intervention by:
i. Embed enough but not too much- just right amount of targets and trials to balance practice opportunities with caregiver time and interest to complete routine.

ii. Make the least amount of change in the caregiver’s typical routine (maintain sequence) for the maximum impact (increased child opportunities).	
iii. Use familiar routines to teach new skills and new routines to generalize learning.	
i. Incorporate the child’s natural/incidental learning opportunities in addition to targeted routines.	
j. Identify and implement opportunities to enhance the child’s participation in community settings.	
6. <i>Identify and coach others (caregivers and team members) to apply evidence informed and contextually matched interventions for the child and family.</i>	3
a. Collaborate with caregivers to arrange, modify and adapt the child’s environments to promote child’s access to and participation in learning experiences in activities and routines.	
b. Identify and discuss with caregiver options of interaction, communication and instructional strategies that promote child engagement and learning across developmental domains (e.g., cognition, motor, social communication, problem solving, and social emotional) with family and peers.	
c. Describe, demonstrate, and support caregiver use of interactional strategies with fidelity that encourages responsive interactions and reciprocity including: observing, joining in and expanding on the child’s focus, modeling, responding contingently, interpreting intentions, and providing natural consequences.	
d. Describe, demonstrate, and support caregiver use of communication strategies with fidelity that encourage verbal and nonverbal understanding and production by using gestures and language to label and expand on the child’s requests, needs, preferences, or interests, modeling and scaffolding gestures, vocalizations, words and combinations, and by responding contingently, interpreting, providing natural consequences.	
e. Describe, demonstrate, and support caregiver use of instructional strategies with fidelity that encourages participation and independence including: modeling, responding contingently, providing natural consequences, using wait time and prompting.	
f. Describe, demonstrate, and support caregiver ability to promote the child’s exploration of the environment, self-directed learning, self-regulation, and problem solving behavior by observing, interpreting, and scaffolding in routines, activities and play.	
g. Apply knowledge of current research and evidenced based practices to provide and demonstrate alternative intervention strategies for caregiver to choose and apply.	
h. Collaborate with caregivers on the introduction and use of Augmentative Alternative Communication (AAC).	
i. Coach caregivers to use explicit feedback and consequences to increase child engagement, play, and skills and to maintain appropriate levels of support for learning to continue.	
j. Use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.	
k. Adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities.	
7. <i>Engage in coaching matched to caregiver support needs.</i>	
a. Use a systematic coaching framework with adults that includes practice with repetition and reflection to support their learning.	
b. Describe and provide concrete examples to caregivers about the key components of an evidence- and practice-based coaching framework.	

c. Observe caregiver's implementation of intervention strategies and provides supportive and constructive feedback.
d. Use a variety of coaching strategies (direct teaching, demonstration with narration, guided practice, caregiver practice, problem solving and reflection) with fidelity to support caregiver learning and independent practice.
e. Apply knowledge of current research and evidenced based practices to provide and demonstrate alternative intervention strategies for caregiver to choose and apply.
f. Coach caregiver to use identified intervention strategies with fidelity within routines and play.
g. Provide multiple opportunities within each session for the caregiver to reflect on practice, inter- 4 impact and critically evaluate use.
h. Problem solve with caregiver on what works and how targets, strategies and embedding could be expanded or revised to improve outcomes.
i. Support caregiver to plan intervention that will occur between sessions.
j. Encourage caregiver autonomy through information sharing, practice, reflection, problem solving, and review.
8. <i>Facilitate coordinated and collaborative teaming practices.</i>
a. Work with providers from multiple disciplines and the family as a team to support family participation, to plan and implement supports and services that meet the unique needs of each child and family, and to ensure the role of the family as decision maker.
b. Encourage providers and families to work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions in a coordinated and collaborative manner.
c. Use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.
d. Collaborate with team members to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.
e. Collaborate with family and team members to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs if a primary provider model is appropriate.
f. Coordinate consultation as needed to ensure family and child have access to all team members when appropriate or important for information and decision making.
g. Support use of systematic communication and documentation procedures including use of technology to support team meetings for each child and family.
9. <i>Use technology to support child, family and team members to communicate and participate.</i>
a. Support caregiver's participation in team meetings with other professionals using technology.
b. Integrate the use of technology to support video reflection and modeling with caregivers and extended family participants.
c. Participate in and shares online resources with caregivers to support learning for the child and family.
d. Use technology such as video conferencing or telepractice to support caregiver and child opportunities for assessment, intervention and peer interaction.
e. Work with families and other adults to identify each child's and/or family needs for assistive technology to promote access to and participation in learning experiences.

10. *Support family and team-based assessment and progress monitoring.*

- a. Share information about typical and atypical child development across developmental domains, learning differences and disability as appropriate for the family to make decisions regarding assessment and intervention planning.
- b. Include family in decisions about gathering assessment information including family information and the process to be used by the team.
- c. Use assessment materials and strategies that are appropriate for the child's age, development, and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- d. Use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
- e. Obtain information about the child's participation and skills in daily activities, routines, and environments such as home, center, and community.
- f. Collaborate with family to gather and use data to inform decisions about outcome development and intervention.
- g. Implement systematic ongoing assessment to gather information to share with the family on learning targets, to plan activities, to monitor the child's progress and to revise instruction as needed.
- h. Use assessment tools, including observation and family report, with sufficient sensitivity to detect child progress, especially for the child with significant support needs.
- i. Use the 5Q or family preferred visual model format so that family has the ability to "know when it is working" in their intervention throughout the day.
- j. Collaborate with family and team to develop data based, individualized transition plan using ongoing assessment information and family input.