PROFESSIONAL DEVELOPMENT NEEDS

OF EARLY INTERVENTION PROVIDERS

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OF EARLY INTERVENTION PROVIDERS

In November 2009, an email was sent through the Virginia Department of Behavioral Health and Developmental Services (DBHS) to service providers throughout Virginia to participate in a professional development needs assessment. In all, 1027 service providers were invited to participate in the online survey.

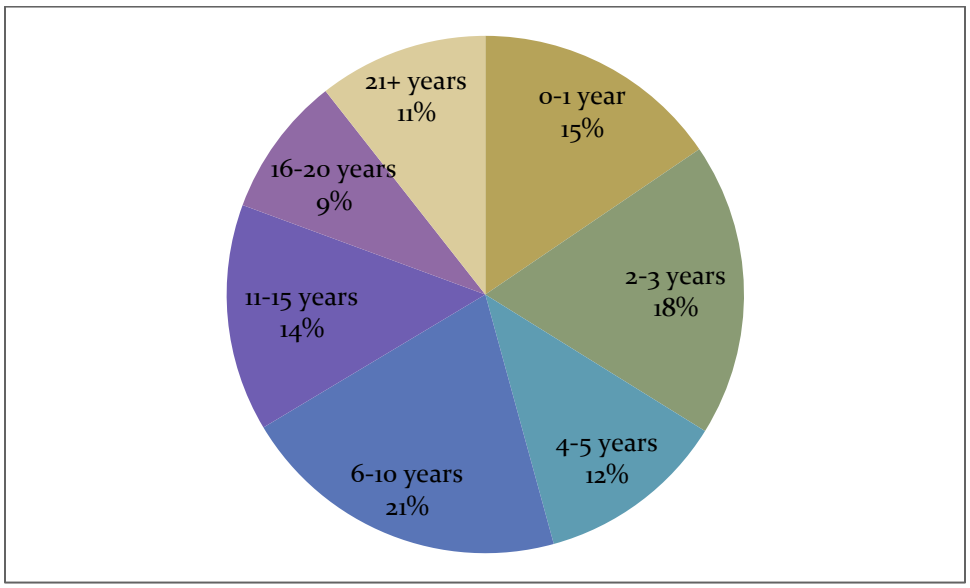
The online survey was structured to identify providers' need for professional development on specific content, their preferred method for learning, and potential barriers for attending professional development. The professional development needs assessment also addressed the extent to which providers are comfortable and experienced in social networking sites and distance learning.

RESPONDENTS

A total of 388 service providers responded to the survey, a response rate of 38 percent. A reminder email was sent to encourage non-respondents to participate in the survey and respondents with incorrect email addresses were contacted individually.

Respondents are divided in terms of their experience in providing Early Intervention services for several years. As Chart 1 demonstrates, about half (45%) have been providing services for five years or less, but 11 percent have been providing services for over 20 years. In

CHART 1. EXPERIENCE IN PROVIDING EARLY INTERVENTION SERVICES.



general, about one-third of the participants have been providing early intervention services for three years or less; one-third have four to ten years' experience, and one-third have at least eleven years of experience.

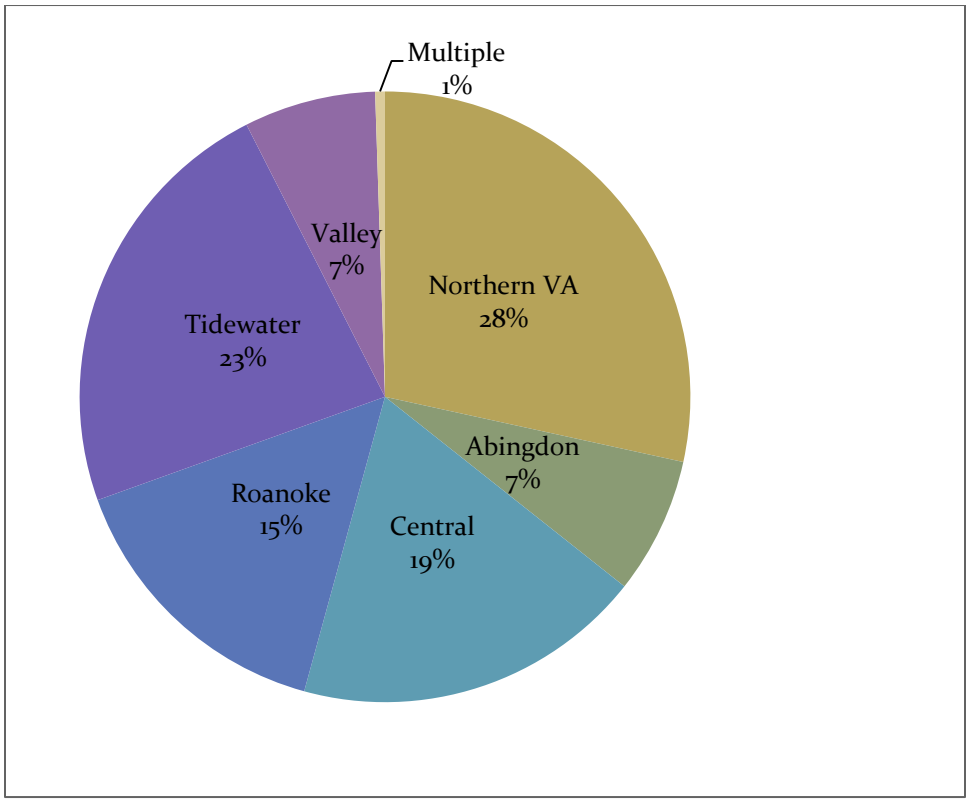
Table 1 shows that most of the respondents are early intervention service coordinators (35%), speech-language pathologists (26%), physical therapists (15%), early childhood special educators (11%), and occupational therapists (10%). The other respondents work in a variety of healthcare, service provision, and education settings. (Because respondents could choose more than one local system, the total exceeds 100 percent.) Some providers (15%) have more than one position, typically service coordinators and educators.

TABLE 1. PROFESSIONAL AFFILIATIONS OF RESPONDENTS

Position	N	Percent
Early Intervention Service Coordinator	134	35%
Speech-Language Pathologist	101	26%
Physical Therapist	57	15%
Early Childhood Special Educator	43	11%
Occupational Therapist	38	10%
Educator	31	8%
Local system manager	13	3%
Supervisor/program director	8	2%
Family & Consumer Science Professional	7	2%
Nurse/nurse practitioner	6	2%
Early Intervention Assistant	5	1%
Licensed Clinical Social Worker	5	1%
Physical Therapy Assistant	5	1%
Educator of the Hearing Impaired	3	1%
Educator of the Visually Impaired	3	1%
Therapeutic Recreation Specialist	2	1%
Licensed Professional Counselor	2	1%
Other	4	1%

Service providers serve local systems throughout Virginia, as detailed in Chart 2. The chart shows that about half of the respondents are in the Northern Virginia and Tidewater regions, similar to the state population. Two respondents (1%) serve multiple regions.

CHART 2. PARTICIPANTS BY REGION



The majority of respondents provide services in one or more local systems. While most respondents (84%) serve one locality, 8 percent serve two localities and 8 percent serve at least three localities. The largest number of responses was from the following localities.

- Fairfax – Falls Church (12%)
- Richmond (9%)
- Henrico, Charles City, New Kent (8%)
- Prince William, Manassas, Manassas Park (8%)
- Chesterfield (7%)
- Norfolk (6%)
- Roanoke Valley (6%)
- Chesapeake (5%)
- Hampton – Newport News (5%)
- Virginia Beach (5%)

NEED FOR PROFESSIONAL DEVELOPMENT

Respondents were presented a list of eight early intervention topics and asked to rate their need for professional development on each topic—lack knowledge and definitely need training; not very knowledgeable/need more training; fairly knowledgeable/could use a review; and don't need training. (A "not applicable" option was available.) Responses were weighted to determine the aggregated rank order of the professional development needed.

RESPONDENTS INDICATED THAT THEY HAVE THE GREATEST NEED FOR PROFESSIONAL DEVELOPMENT IN SOCIAL-EMOTIONAL DEVELOPMENT/INFANT MENTAL HEALTH AND SPECIFIC TOPICS SUCH AS AUTISM, CEREBRAL PALSY, AND OTHER DISABILITIES.

The following list ranks the professional development needed, from the most needed professional development to the least needed.

1. Social-emotional development/infant mental health
2. Specific disabilities topics (autism, cerebral palsy, etc.)
3. Writing Effective IFSPs (including outcome development)
4. Supports and Services in Natural Environments
5. Observation, Assessment, and Planning
6. System Management
7. Teamwork
8. Service Coordination

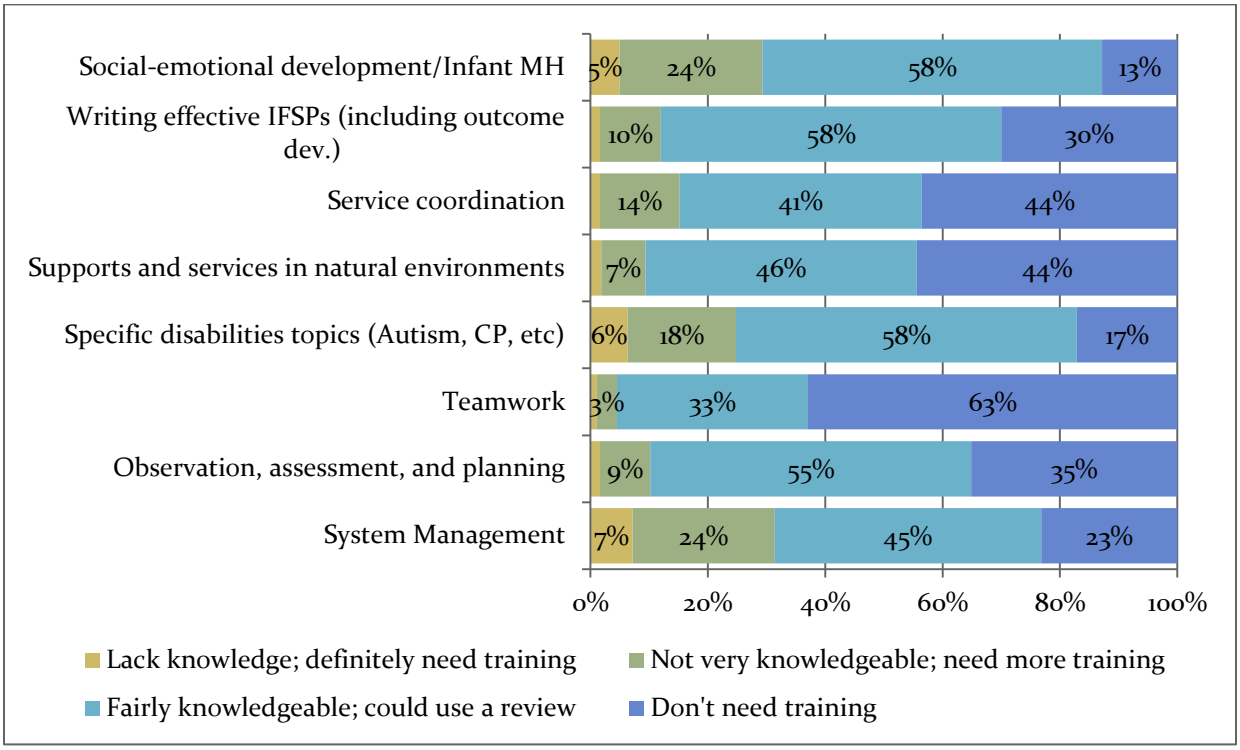
Chart 3 shows how respondents rated each topic area. Note that for four topics--Social-emotional development/infant mental health; Writing effective IFSPs (including outcome development); Specific topics (autism, cerebral palsy, etc.); and Observation, assessment, and planning—at least half of the respondents indicated that they were already fairly knowledgeable but could use a review. Furthermore, at least half of the respondents indicated a need for professional development on each of the topics presented, with the exception of the topic of teamwork.

Respondents have the most prior knowledge in service coordination. Of those who are not service coordinators, 42 percent indicated that they needed professional development on service coordination; the others do not need training or indicated "not applicable." Among the 130 early intervention service coordinators who answered the question about the need for professional development on service coordination, 5 percent (n=6) indicated that they were not very knowledgeable and needed training, 44 percent (n=57) indicated they could use a review,

and the other service coordinators indicated they did not need training. The six service coordinators who needed training typically had less than one year of experience.

CHART 3. PROFESSIONAL DEVELOPMENT NEEDED

(*Less than 3% is not labeled as it becomes unreadable*.)



There were no significant differences between regions in the types of professional development needed. However, there were significant differences ($p<.001$) between length of early intervention work experience and need for professional development for every topic area other than teamwork and social-emotional development/infant mental health. In other words, the need for professional development in teamwork and social-emotional development/infant mental health does not differ based on years of early intervention experience, but the need for all the other topics does differ by years of experience. As expected, participants who have three years' experience or less show a significantly greater need for professional development than those with 4 – 10 years experience or 11+ years' experience.

Participants were also asked to identify from a list of seven additional topics which professional development topic they most need. As shown in Table 2, participants most often identified a need for professional development about assistive technology. Nearly half (46%) of

the participants indicated they most need professional development in Assistive Technology, a much higher rate than other topics selected.

WHEN ASKED TO INDICATE ONE OTHER AREA IN WHICH THEY MOST NEED PROFESSIONAL DEVELOPMENT, THE TOPIC MOST FREQUENTLY SELECTED WAS ASSISTIVE TECHNOLOGY.

TABLE 2. OTHER PROFESSIONAL DEVELOPMENT NEEDED

	n	Percent
Assistive technology	170	46%
Documentation and planning (linked to Monitoring and Supervision)	57	15%
Transition planning	32	9%
Infant and toddler development	28	8%
Child screening and identification	28	8%
Family centered practices	25	7%
Ethics	11	3%
Other	22	6%
Total	**373**	**100%**

Participants identified several other topics in which they would like professional development. Some wanted topics about specific disabilities, including autism, Down syndrome, seizure disorders, hypotonic infant, and speech/language disorders ("e.g. feeding, apraxia, cleft palate, etc.), and "addressing challenging behaviors not related to autism and sometimes caused by the way a child has been parented or lack of parenting." One participant wrote "would like some more advanced courses in trach kids/ passe muir valves, etc but not introductory courses[--] many of us have had that training!" Other topics include cultural differences, state/federal programs (e.g., Medicaid waivers), sensory processing, compliance with "procedural safeguards relative to process and documentation," developing long term and short term goals, and writing outcomes. A couple participants indicated they wanted more information that was "research" or "evidence" based. Two others wanted more advanced

information such as “better defining atypical development and diagnosis” and “effective screening of hearing and vision.”

Several respondents provided suggestions for speakers and topics for future professional development. The contact information and topic areas are included in Appendix A.

STAFF PROFESSIONAL DEVELOPMENT

A total of 89 participants supervise staff and responded to the question, “Which of the professional development topics do your staff most need?” Respondents could choose up to three topics. [1]

The professional development topics most selected was similar between those that participants chose themselves and those chosen by supervisors for staff. Supervisors chose the following topics for staff professional development, listed in order of need.

1. Specific topics (autism, cerebral palsy, etc.) (37% of supervisors)
2. Social-emotional development/infant mental health (34% of supervisors)
3. Writing effective IFSPs (including outcome development) (30% of supervisors)
4. System management (20% of supervisors)
5. Observation, assessment, and planning (17% of supervisors)
6. Supports and services in natural environments (15% of supervisors)
7. Teamwork (12%)
8. Service coordination (9%)

PROFESSIONAL DEVELOPMENT FORMAT PREFERRED

The survey asked respondents to rate their preference for nine different types of professional development formats on a scale that includes “strongly prefer,” “prefer,” “somewhat prefer,” and “do not prefer.” Scores for the types of professional development format preferred were weighted and averaged to determine the professional development formats most preferred. As a result, the following professional development formats are listed in rank order, from the most to least preferred professional development format.[2]

1. Web-based modules (strongly preferred by 34%)
2. Regional workshops (strongly preferred by 32%)
3. DVD (strongly preferred by 22%)
4. Onsite mentoring/coaching (strongly preferred by 30%)

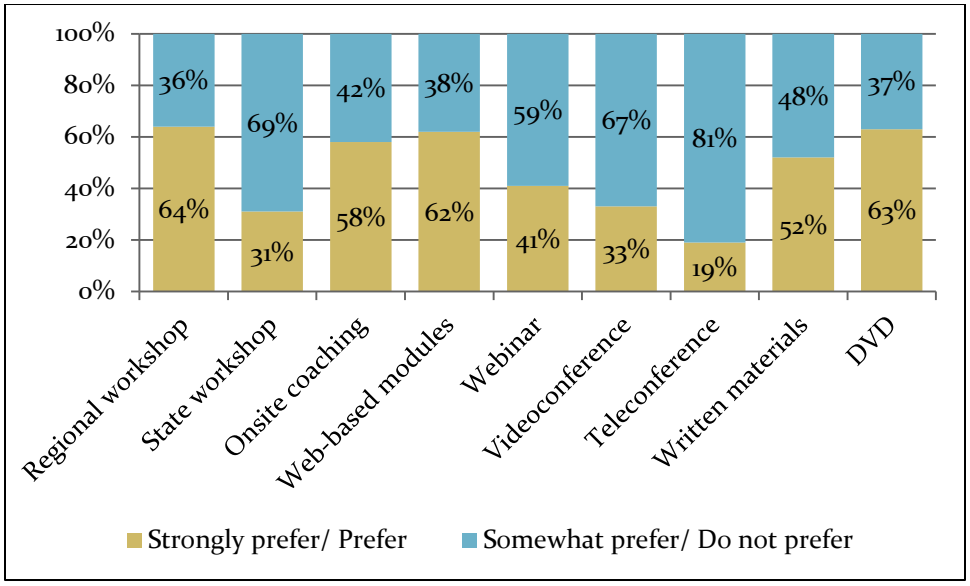
[1] Responses that exceed three choices of training topics were eliminated from this analysis.
[2] “Not sure” responses were eliminated from this analysis.

5. Written materials (strongly preferred by 16%)
6. Webinar (strongly preferred by 17%)
7. Videoconference (strongly preferred by 11%)
8. State workshop (strongly preferred by 9%)
9. Teleconference (strongly preferred by 8%)

THE PROFESSIONAL DEVELOPMENT FORMATS MOST PREFERRED BY PARTICIPANTS ARE WEB-BASED MODULES AND REGIONAL WORKSHOPS.

Chart 4 displays the extent to which respondents prefer each type of professional development format. With the exception of onsite mentoring and coaching, there was no significant difference between the work experience of participants and their level of preference for each professional development format. Onsite mentoring and coaching was much more preferred by participants with three or fewer years of experience than those with at least eleven years experience.

CHART 4. PREFERENCES FOR PROFESSIONAL DEVELOPMENT FORMATS



EXPERIENCE WITH ONLINE TOOLS

Participants indicated that they know how to navigate through a website and attend online professional development modules, but they do not typically like using social networking sites like Twitter or Facebook. As shown in the following table, participants may need additional instruction in navigating online tools before professional development can be provided through webinars, social networking sites, or online discussions/wikis.

ABOUT HALF OF THE PARTICIPANTS DO NOT KNOW HOW TO PARTICIPATE IN TELECONFERENCES, ONLINE SOCIAL NETWORKING SITES OR ONLINE DISCUSSIONS/WIKIS.

There was no significant difference between experienced and rookie providers and their ability to use online tools, with the exception of using social networking sites. Participants with three years of experience or less were significantly ($p<.001$) more likely to strongly agree that they like using social networking sites like Facebook or Twitter, in comparison to participants with more experience.

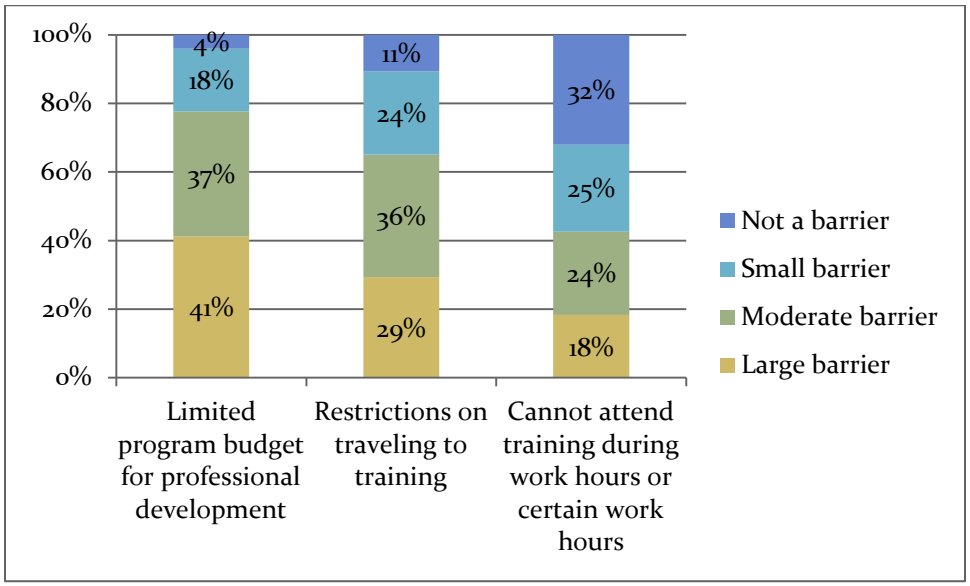
TABLE 3. EXPERIENCE WITH ONLINE TOOLS

	Percentage who agree or strongly agree
I feel confident in my ability to navigate through a website.	97%
I know how to participate in an online professional development module.	94%
I know how to participate in a teleconference.	76%
I know how to participate in a webinar.	52%
I like using social networking sites, like Facebook or Twitter.	46%
I know how to participate in an online discussion or wiki.	44%

BARRIERS TO ATTENDING PROFESSIONAL DEVELOPMENT

In response to the question about how much costs, time, and policy restrictions are barriers to attending professional development, respondents could choose "large barrier," "moderate barrier," "small barrier," or "not a barrier." As Chart 5 indicates, the majority of participants face these barriers when they need to attend professional development, with limited program budgets being the greatest barrier. Most participants (78%) indicated that the limited professional development budget is at least a moderate barrier.

CHART 5. BARRIERS TO ATTENDING PROFESSIONAL DEVELOPMENT



THE GREATEST BARRIER FACING EARLY INTERVENTION PROVIDERS IN ATTENDING PROFESSIONAL DEVELOPMENT IS THE LIMITED BUDGET FOR PROFESSIONAL DEVELOPMENT.

When asked about other barriers they face when trying to attend professional development, most of the comments referred to not having the time or the budget to attend professional developments. Some participants indicated that their jobs are not flexible enough for them to miss work during the day while others commented that their family or child care

responsibilities prevents them from attending in the evening or weekends. Other comments include:

- "Accessibility to hearing impaired attendees."
- "Am always concerned that the approach is too basic. Staff benefit from higher level training and approach to subject matter."
- "Amount of training available for 0-3 population which meets the criteria of APTA and VPTA as type I."
- "Finding topics that are relevant and useable in techniques, not just theoretical."
- "Having to obtain CEUs for professional credentialling. It is hard to find relevant infant and toddler training in psychology sponsored events. If training is presented by a gov. entity or university it does double duty in satisfying both requirements if in the clinical realm."
- "Need to have it on the schedule at least 6-8 weeks in advance for appropriate staff planning."
- "PART C indicates that training does not count if it is not at least 2 hours in length. This requirement is too stringent. Pulling therapists off the road for that chunk of time when we are supposed to provide a centered approach is nearly impossible. Licensure doesn't require such stringent parameters. PART C makes things harder than they need to be."
- "Sometimes the barrier is that the training is basic and does not take into account the skill levels of professionals."
- "Topics of interest and relavence (sic)."
- "We must justify why we are sending more than one staff person to any training. This can be tricky but is justifiable if both people need credits towards recertification."

CONCLUSION

The study found that of the 388 early intervention service providers who responded to the needs assessment, the greatest need for professional development is in three areas:

- Social-emotional development/infant mental health
- Specific disabilities topics (such as autism, cerebral palsy, and others)
- Assistive technology

Even those who felt they were fairly knowledgeable about social-emotional development or specific disabilities indicated that they could use a review, and supervisors also tended to identify these two topics as most needed professional development for their staff. At the same time, there is a compelling need for professional development on all the topics

presented, with the exception of professional development on teamwork. At least half of the respondents indicated a need for professional development on each of the topics presented. As expected, respondents with three years of experience or less tended to need professional development more than highly experienced providers, but there were no significant differences between regions.

Respondents most strongly prefer web-based modules and regional workshops over other formats. There was little difference between regions or work experience in terms of preferred professional development format, though inexperienced participants like onsite mentoring and coaching much more than highly experienced participants. Participants indicated that they know how to navigate a website and attend online professional development modules, but they may need additional instruction before professional development can be provided through webinars, social networking sites, or online discussions/wikis. As the majority indicated that limited program budgets and travel restrictions are barriers in attending professional development, the offering of web-based modules is essential in providing critically-needed professional development.

APPENDIX A: RECOMMENDED SPEAKERS

Name	Phone number	Email address	Organization	Topic area(s)
Linda Floyd	434-210-2774	lynfloyd@msn.com	Rehabilitation Associates	Natural Environments, Cross Training of Disciplines.
Irene Chatoor			Children's National Medical Center	Feeding Disorders in Infants
Dana Childress	757-819-6222	dchildress@chesapeakecsb.net	Chesapeake Infant Intervention Program	FCP, IFSP Dev, Providing Supports/Svs in NEs
Lynn B. Hadley	859-619-5103	hadley@playful-child.com	Parent-ology	Early Childhood Mental Health
T-TAC--assistive technology				
Susanne McKeever Murphy				feeding
Kate Masincup, BCBA			Commonwealth Autism Services	Behavioral Analysis/Autism Services
Kristen Birkmeier	540-576-3039			
Wendy Pulliam	434-395-2972	pulliamwj@longwood.edu	Longwood U	autism
Dr. Burdutha	1-800-828-9000		MCV Hospital	Genetic hearing loss/vision loss
Marky McDowell	757-622-6794		Community Psych. Resources	Infant Mental Health
Dr. Donald Oswald			VCU developmental clinic	recognizing autism in very young children or children with more subtle characteristics or behaviors
Myrna Pittaway		Myrna Pittaway OTR/L	Chesapeake Children's Therapy Center	Sensory Processing Disorders and Early Identification
Kristen Birkmeier	540-576-3039	kbirkmei@jetbroadband.com	Professional Therapies, Inc.	Infant Toddler Development and Teamwork
Wendy Silverman/ Susan Lindsey	540-961-8422/ 540-961-8332	slindsey@nrvcs.org	New River Valley Community Services	Fetal Alcohol Syndrome