

Utah ICC Social-Emotional Subcommittee Report

March 2026

Resources Frequently Accessed



*Providers are
accessing ASQ
resources.*

*The resources
available seem to
be addressing a
need.*

*Needs identified do
not always match
the resources they
are using.*

There is a gap

Topics Provider's Identified as Needs

Challenging Behaviors &
Emotional Regulation

Caregiver Mental Health and Stress

Trauma-Informed Care

Infant and Early Childhood
Mental Health

Secondary Needs

- Integrating SEL into coaching visits
- Assessing and tracking SEL progress
- Influence of family and culture

1) Intense behaviors & emotion regulation are pressing

- Providers want practical, quick-to-apply strategies and scripts for coaching families during high-stress moments (sleep, self-injury, dysregulation).

2) Access to mental health consultation

- Infant Early Childhood Mental Health Consult
 - Possible barriers: *Time, caseloads are high, and other PD priorities*

3) Training demand is high—short, targeted, and applied

- *Providers are asking for* “More training seminars,” “I’d take training in all of these topics,” interest in ASQ-SE use, SEL integration, and evidence-based strategies.
- *Possibilities:* Package micro-trainings (15–30 minutes), with practice examples and job aids that translate into home-visit coaching.

4) Too many resources—need curation and clarity

- *Signals:* “The problem is not a lack of resources, but too many to sort through,” desire to pinpoint which activities build which SE skills.
- *Implication:* Create a curated, searchable “starter set” with 1–3 best picks per topic, plus a map that links activities → SE skills (e.g., attachment, co-regulation).

5) Assessment & progress monitoring beyond screeners

- *Signals:* “Assessing and tracking SEL progress,” need for “actual assessment for determining age range or percentile,” clarity on ASQ-SE for eligibility/IFSP.
- *Implication:* Provide guidance on what to use *beyond* screeners for SE assessment, when, and how to document progress for IFSPs—plus a simple SEL progress tracker. (ex. *Environmental Screening Questionnaire ESQ for supporting caregivers*)

6) Provider wellbeing & capacity

- *Signals:* “Resources for EI providers to manage work-related stress,” “We see difficult situations; we need support,” caseload/time challenges noted elsewhere.
- *Implication:* Normalize vicarious trauma support, offer brief mindfulness/regulation tools for providers, and make PD time-efficient (“PD economy”).

7) Family capacity & pacing

- *Signals:* “Families are very busy... we give them too much at once.”
- *Implication:* Provide short handouts and videos; emphasize one-thing-at-a-time coaching with clear “why this matters” language.

8) Peer connection for families

- *Signals:* “Resources for parent support groups.”
- *Implication:* Highlight local/virtual support groups and create a quick referral one-pager for providers.

There is a need for a place where resources come together for providers to share with families.



“The problem is not a lack of resources, but too many resources to sort through.”

“Families are very busy and often feel they can’t squeeze in one more thing. Sometimes, I feel we give them too much at once.”

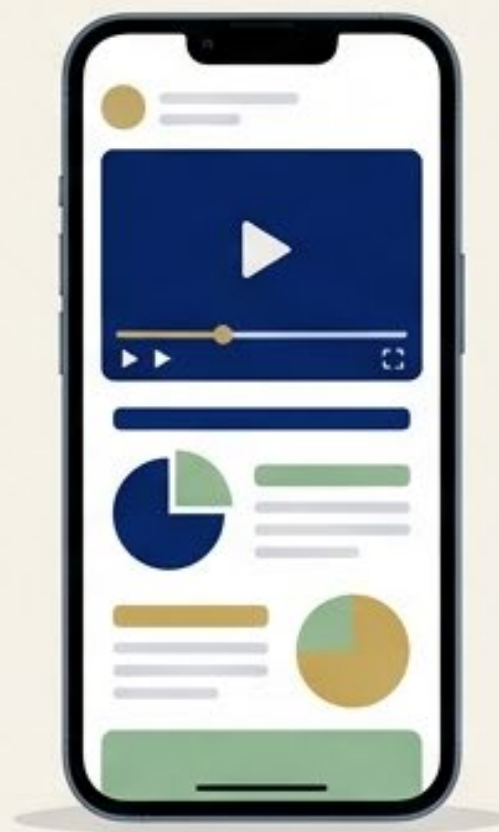
Takeaway: We must shift our strategy from volume to precision.

The demand for bite-sized, digital-first formats is overwhelming

Traditional Formats



Modern Digital Formats



Almost every single respondent specifically selected “Short videos (Reels/TikTok style)” alongside textable digital PDFs and mobile infographics.

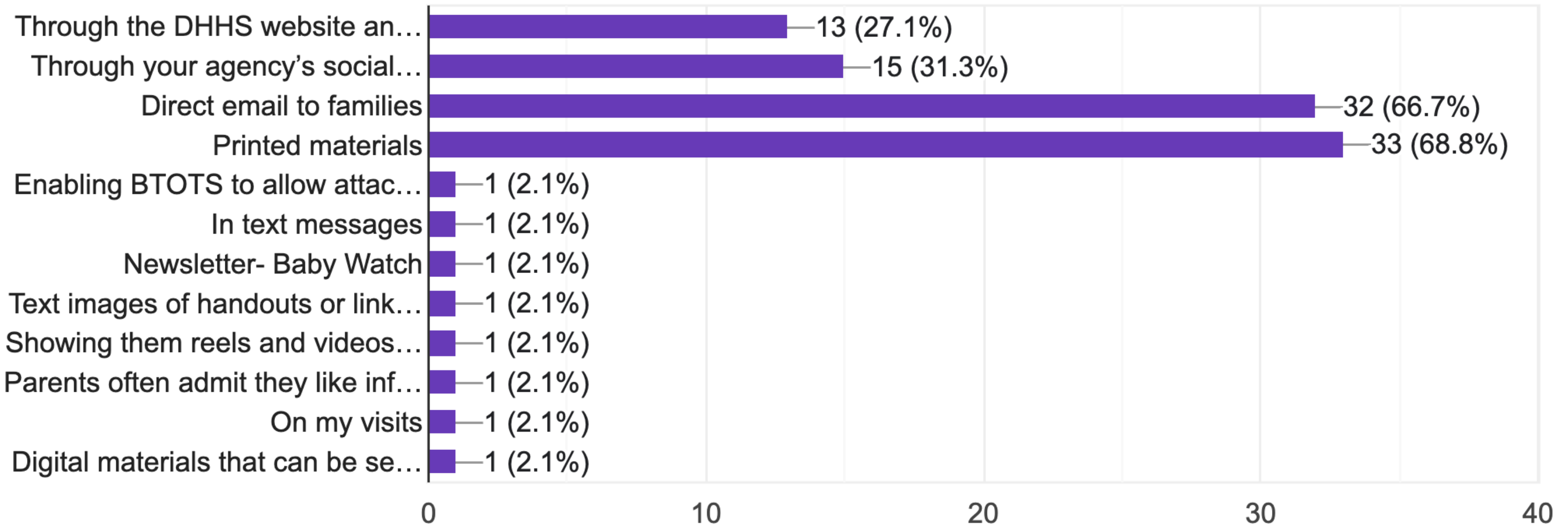
“Parents often admit they like information they can pull up on their phones.”

“Digital materials that can be sent via text.”

“Showing them reels and videos during the home visit.”

How would you prefer to share these resources with families?(Select all that apply)

48 responses



Distribution must be localized and easily accessible



Direct Email to Families



Printed Materials at Visits



Agency Social Media

Possible Next Steps

1

Identify a framework for organizing and sharing resources that is accessible to all providers.

2

Further explore the barriers providers face in accessing resources and recommendations for support.

3

Identify a new chair of the sub-committee