

**EXEMPLARY OUTREACH TRAINING PROJECT
SUMMARIES**

Compiled by:

The National Outreach Training Directors' Council

of the

American Association of University Affiliated Programs

1990

**EXEMPLARY OUTREACH TRAINING
PROJECT SUMMARIES:
*A Life Span Approach***

October 1990

prepared by:

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on behalf of:

**The National Outreach Training Directors' Council
of the
American Association of University Affiliated Programs**

PREFACE

This document is primarily designed to serve as a resource to Outreach Training Directors/Coordinators of University Affiliated Programs (UAPs). The purpose of the document is to increase sharing of information on outreach training initiatives and facilitate networking among UAP outreach personnel. The resource document provides summative information on selected UAP outreach training projects and a listing of outreach training staff contacts within member programs of the American Association of University Affiliated Programs (AAUAP).

The **FIRST SECTION** of the document contains summaries on 29 exemplary outreach training projects that are being conducted by 27 UAPs across the county. The project summaries have been organized to reflect the life-span perspective that UAPs are addressing through outreach training activities. The specific life span areas of concentration include: 1) prevention, 2) early intervention, 3) school-age, 4) adults, and 5) older adults. Projects that address more than one area have been categorized as "other". Each project summary contains a brief description of the program and the name, address, phone number of the project contact person.

The **SECOND SECTION** of the document provides a membership listing of the National Outreach Training Directors' Council of AAUAP. The Council membership is comprised of the Outreach Training Director/Coordinator, or a designee that best represents the overall outreach training interests, from each member program of AAUAP. The membership listing reflects the most accurate data provided to the Outreach Training Council as of May, 1990 and includes the name, address and phone number of each identified Council member.

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PROJECT SUMMARIES

OHIO PREVENTION TRAINING PROJECT

PREVENTION OF DEVELOPMENTAL DISABILITIES

The Ohio Prevention Continuing Education Project is a statewide training grant awarded to The University Affiliated Cincinnati Center for Developmental Disorders (UACCDD) in 1983.

The Project is funded by The Ohio Developmental Disabilities Planning Council in order to provide awareness and education activities for professionals, consumers and teens related to the prevention of developmental disabilities.

UACCDD (a University Affiliated Facility or UAF) and The Ohio State University's The Nisonger Center (also a UAF) have worked collaboratively within a consortium arrangement (1) to research, develop, test, implement, and maintain "state of the art" materials for the prevention of developmental disabilities and (2) to establish an ongoing, statewide mechanism for education in the primary and secondary prevention of developmental disabilities.

The Ohio Cooperative Extension Service (OCES) and Ohio's Area Health Education Centers (AHEC) have also been involved in the DD Prevention Consortium in order to establish a system for statewide implementation of DD prevention training.

Since 1983, DD prevention education has been implemented with more than 2000 professionals (using Segment 1: Prevention of Developmental Disabilities) from a variety of health and social service professions via the Area Health Education Centers. In addition, the Cooperative Extension Service Home Economics Agents have provided awareness and education (using Segment 4: Important Prevention Considerations for Consumers) to more than 50,000 consumers. Since 1986, 519 public high schools have received Segment 5 (Prevention Choices: Teens Choosing to Make a Difference) and incorporated DD Prevention teen materials into a variety of subject areas.

To obtain more information on the Ohio Prevention Continuing Education Project, please contact:

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**STRENGTHENING NUTRITION SERVICES FOR CHILDREN
WITH SPECIAL HEALTH CARE NEEDS IN REGION IX**

University Affiliated Program
Center for Child Development
and Developmental Disorders
Childrens Hospital Los Angeles
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Elaine M. Blyler, M.S., R.D.
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Over the past four years (1985-1989) the University Affiliated Program, Center for Child Development and Developmental Disorders, Childrens Hospital Los Angeles/USC received support from the Bureau of Maternal and Child Health and Resources Delivery (HHS) to strengthen nutrition services for children with special health care needs residing in Arizona, California, Hawaii, and Nevada (Region IX). (SPRANS C.E. grant MCJ9085).

Grant activities were guided by a Region IX multidisciplinary, interagency advisory committee (CSHN, MCH, DD, education, university, parents, community public health agencies) with several representatives per state. This committee met twice yearly during the four years. Advisory committee meetings were also used to provide technical information on various nutrition topics, information on how to effect system change, and allowed time for state networking. Two regional subcommittees were formed - both of which generated products. The Nutrition Care Subcommittee developed, tested, and the grant staff printed and distributed nationally, a series of nutrition care guidelines for children with specific disorders (Cerebral Palsy, Spina Bifida, Prader-Willi syndrome, Epilepsy, PKU, Feeding Problems). The Data Subcommittee developed and refined a regional nutrition screening tool for which a computer program was designed. Data continue to be collected region-wide in order to identify and describe the nutrition problems of this population for the purposes of planning for, and monitoring the outcomes of, nutrition services.

State representatives to the Regional Advisory Committee were encouraged to form similar advisory committees within their state or community. It was at these local meetings where planning for continuing education programs began to lead to system change. As a result of discussions around community needs and program content, other issues surfaced, problems were shared, and new alliances established. Workshops provided time for networking, either through case discussions or problem-solving around issues such as the development of county-based nutrition screening, feeding team services, or a communication system to improve discharge planning for high-risk infants.

Outcomes of the workshops have included: PL 99-457 funding for an interagency nursing training program for foster parents who are eligible for the WIC (Woman, Infant, Child Feeding) program; development of interagency feeding teams; a CSHN and public health nutrition department decision to establish nutrition services within CSHN (CCS in CA); establishment of a communication system between WIC and a regional center (DD system in CA) around case management of high-risk infants; upgrading and expansion of nutrition positions within a CSHN clinic; training for nutritionists who will become CSHN or regional center providers of care.

Throughout this process, grant staff worked with local committees (often through conference calls) to encourage and support these linkages. More specifically, grant staff recommended who and which agencies to include in community committees. This has been especially important with respect to parents, as most agencies have not previously worked with parents in a collegial, advisory role. Grant resources provided varying amounts of funding for workshops. Local communities were also assisted in program development; grant staff and other UAP faculty served as speakers, as facilitators, and assisted with overall meeting logistics. Although the grant period is over, the alliances forged have continued and communities now are planning additional workshops and other activities to improve nutrition services for this population.



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**PARTNERSHIP BUILDING
THROUGH
THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

Purpose: PL 99-457 challenges states to build family-focused, community-based, comprehensive, interagency, multidisciplinary early intervention systems for infants and toddlers with special needs and their families. An active, collaborative role of parents in every facet of the early intervention process was intended by Congress. The individualized Family Service Plan (IFSP) is the heart of the legislation for infants and toddlers and holds the promise of being an effective mechanism for parent, professional and interagency collaboration.

Broad Goals:

- o To provide information in content areas related to IFSP development reflective of the philosophical principles underlying P.L. 99-457.
- o To assist community teams, including parent representatives, in determining their current policies and practices in content areas and to identify areas in which change is desired.
- o To assist community teams in planning for systems change/expansion to promote family-focused, comprehensive, community-based, interagency early intervention services.

Target Agencies: Educational/developmental services
Social services Health services
Child care services Advocacy organizations

Target Participants: Professionals in leadership roles within
community agencies
Experienced parents of children with
special needs

Individual Goal Setting: Participants will use the FOCAS: Family Orientation of Community and Agency Services to help determine perceptions of how families are currently being included in an agency's services and how to identify areas in which change is desired. An individual action plan will be developed to assist in accomplishing goals.

Training Format: The three day professional development series will incorporate lecture, large and small group discussion, problem solving strategies, group team building and decision making skills, role play, and use of family story simulation activities in developing an IFSP, accessing community resources and informal networking.

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Abstract

PROJECT LEXINGTON: TRAINING CHILD CARE PERSONNEL TO SERVE

YOUNG CHILDREN WITH HANDICAPS IN INTEGRATED SETTINGS

The Interdisciplinary Human Development Institute-University Affiliated Program (IHDI-UAP) at the University of Kentucky proposes to develop and implement Project Lexington which is designed to train child care personnel in the skills needed to facilitate the integration of children with handicaps into generic child care settings. The project initially targets seven diverse child caring agencies serving over 1200 children, ages birth to 5 years, with personnel that include a total of 71 teachers, 130 assistants/aides, and 32 support personnel, including speech, physical and occupational therapists, and administrators. Each target agency is unique in its sponsorship, organizational structure and purpose, but all are similar in their commitment to integrating children with handicaps, particularly those with severe and multiple disabilities, into their programs. An additional 100 personnel representing approximately twenty-three (23) child care facilities will be trained and followed up in Years Two and Three of the project.

The proposed multidisciplinary training model adapts existing curricula to meet the varied needs of the trainee groups (professionals and paraprofessionals) and utilizes a range of training methodologies including: 1) introductory self-study materials to assure a common language and familiarity with basic information about the needs of young children with handicaps; 2) competency based classroom training targeted to skills needed to plan environments and implement activities which assure full participation of children with handicaps; 3) practicum experience in a program which provides fully integrated child care; and 4) follow-up consultation and technical assistance in the trainees' own child care setting.

The project also includes a research and evaluation design which will use pre-post training evaluation, and six and twelve month follow-up observation procedures to evaluate the effectiveness of the training. This design will also determine the degree to which there is an increase in integration of children with handicaps into generic child care settings. The diverse nature of the initially targeted agencies will provide a unique opportunity for comparison, as well.

Project Lexington builds on existing collaborative efforts between the applicant agency (IHDI-UAP) and United Way of the Bluegrass Research and Planning Division's Child Care Development Group to expand and improve child care options in the Lexington/Fayette County area, and IHDI's cooperative relationship with the Kentucky Office of Education for Exceptional Children and the Kentucky Department for Mental Health and Mental Retardation Services, lead agencies for Parts B and H of PL 99-457, to plan and implement services and personnel preparation activities under provisions of the law. Additionally, the project will work closely with the Lexington Preschool Interagency Planning Council (PIPC) which includes all pre-school programs in the area which serve children with handicaps.

Information on the model, as well as materials developed, will be disseminated nationally.

Dept. of Ed./HCEEP: Project #H024P90020

For Additional Information, Contact:

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Continuing Education Consortium For Early Intervention Providers (C.E.C.E.I.P.)

ABSTRACT

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THE MASSACHUSETTS MODEL FOR PERSONNEL DEVELOPMENT;
IMPLEMENTING A COMPONENT OF P.L. 99-457

Contact Person: Trudy Latzko, Project Coordinator,
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The Continuing Education Consortium for Early Intervention Providers (CECEIP) is funded by the Department of Public Health, the designated lead agency in the state, to design and implement a comprehensive program of continuing education opportunities for all service providers working in the 41 EI programs in the state.

The development of this project has been facilitated through the active collaboration of a multidisciplinary committee of representatives from Boston University, Wheelock College, the University of Massachusetts at Amherst, The Children's Hospital, Shriver Center, providers and the Massachusetts Early Intervention Consortium; all of which are involved with the early intervention system.

Goals which have been accomplished during the first 18 months of the project have included:

- * Analysis of an extensive state-wide Needs Assessment administered to the 489 providers.
- * The design and implementation of an Orientation program for newly-hired providers based on information gained through telephone interviews with all program directors.
- * Presentation of workshops for experienced clinicians, program directors and supervisors, guided by data secured from the Needs Assessment.
- * The development of a Mentorship Program in which a multi-disciplinary committee of providers is designing and monitoring a unique program of consultancy.
- * State-wide and national dissemination of manuals used to accompany the workshops and seminars.
- * Serving as the project designated by DPH to coordinate the efforts of other agencies wishing to offer training to early interventionists in the state.

Supported by the Massachusetts Department of Public Health
and
Located at the Eunice Kennedy Shriver Center for Mental Retardation, Inc.

**Training Daycare, Nursery, and Preschool Staff to Work with
Infants, Toddlers and Preschoolers with Special Needs: A Coaching
Inservice Model**

The purpose of this project is to develop and implement a flexible inservice training model to enhance the ability of Day-Care, Nursery, and Preschool programs to serve young children with disabilities. The proposed model will provide on-site training using an individualized coaching model to increase the skills of professional and paraprofessional day-care, nursery and preschool teachers in selected Hattiesburg area programs (including Head Start) in working effectively with young children with disabilities.

Project activities will emphasize on-site training using a coaching model focusing on the needs of specific children with disabilities enrolled in the day-care centers or preschools. The training model will be implemented across selected centers representative of various types of day-care, nursery, and preschool programs typically available both regionally and nationally. Training will be provided to an urban and a rural Head Start Program and to five community-based day-care centers and nursery schools, and to a university-based day-care center and nursery school. Training materials will be developed through these on-site training activities to be used by the MS-UAP to train staff in additional day-care centers, nursery, and preschools will be made available to the Mississippi RAP to provide state-wide training of Head Start staff. The materials will also be available for national dissemination.

There are three major goals of this project: (1) To increase the probability that selected community-based early childhood programs will serve children with disabilities in a mainstreamed environment; (2) To increase the ability of selected community-based early childhood programs to provide appropriate services to children with disabilities; and (3) To develop and implement a replicable model which can be utilized by a broad range of early childhood programs.

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ROSE F. KENNEDY CENTER/UNIVERSITY AFFILIATED PROGRAM
ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY

PERSONNEL PREPARATION IN EARLY INTERVENTION SERVICES
FOR AT-RISK AND DISABLED INFANTS AND TODDLERS AND THEIR FAMILIES:
ENHANCING CAPACITY AT THE COMMUNITY LEVEL

The Rose F. Kennedy Center/University Affiliated Program has recently expanded its training program in early intervention services to provide multidisciplinary training to graduate students and professionals from New York City and Orange County. The focus of the expanded training program, conducted in collaboration with the Orange County Health Department, is on providing community-based care for at risk and/or developmentally disabled infants and toddlers (birth to age three) and their families. Training opportunities available at the Kennedy Center include the Interdisciplinary Core Curriculum, small Group Training Modules, and Individualized Practicum. Full day conferences have been arranged in Orange County.

Interdisciplinary Core Curriculum:

The Core Curriculum consists of ten weekly two-hour lectures taught by experts from a variety of disciplines. The lectures are available to professionals, graduate students and Kennedy Center trainees and staff. Content includes normal and abnormal child development, family and case management issues, medical issues, assessment and intervention approaches, team approaches, and IFSP development.

Training Modules:

Training Modules present specialized training in areas of particular interest to groups of trainees. Training includes lectures, informal discussion, case consultation and/or observation experiences. Modules are offered in three-hour segments or one day workshops. The Modules are open to professionals on an in-service basis and to graduate students as part of their pre-serving training. Previous modules have provided specialized training in assessment techniques, working with parents, OT/PT interventions, feeding, and autism.

Individualized Practicum:

Individualized practicum experiences are available to a limited number of professionals and graduate students in nursing, physical therapy, occupational therapy, psychology, speech/language pathology, social work and related fields. The practicum includes observation and, when appropriate, supervised participation in the ongoing work of the clinic. Hours are arranged on an individual basis to meet university fieldwork, practicum or internship requirements.

For further information, please contact:

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THE TOLL CONTROL PROJECT:
A Service System and Training
Model for the Developmental
Surveillance and Care of
Preschool Children with Chronic Illness

Although children with chronic illness generally receive excellent medical care with regard to their specific disease, normal developmental progress is often neglected. The Toll Control Project has developed a System that will hopefully make it easy for care providers to routinely check developmental milestones among children with chronic illness. The cornerstone of this System is a set of seven brief checklists geared toward documenting development at the ages of 6, 12, 18, 24, 36, 48, and 60 months. Basic domains of development covered by the checklists include gross motor, fine motor, socialization, self-help, cognitive/achievement, and speech and language skills.

Another aspect of the Toll Control System is a manual which describes in detail how to administer the developmental checklists. The manual also offers a set of approaches to intervention when developmental concerns are identified in a child. One unique feature of the Toll Control System is that the intervention process takes into account specific disease-related factors that may affect developmental progress, as well as several non-categorical risk factors associated with the chronicity of the illness. In addition to the manual, a set of interactive computer simulations is being developed to aid learners in becoming familiar with use of the System.

The project staff is currently in its dissemination phase, offering training presentations, poster sessions, use of a videotape when it becomes available, or distribution of manuals, checklists, and computer simulations to interested parties. For further information, please contact:

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INFORMATION ABOUT TRAINING IN EARLY INTERVENTION

WHAT: The Boling Center for Developmental Disabilities is one of 15 sites in the nation receiving federal funding for training in early intervention. This training was developed to increase the manpower needed to meet the new directives established by Public Law 99-457.

WHERE: Training sessions are scheduled in room 150 A of the Boling Center for Developmental Disabilities (formerly the Child Development Center) at 711 Jefferson Avenue in Memphis.

WHO: All persons who have an interest in early intervention for infants and young children at risk for or manifesting developmental delays are welcome to attend the training sessions.

HOW: A 12 hour core lecture series on topics relative to early intervention and components of Public Law 99-457 is presented by faculty and staff of the Boling Center for Developmental Disabilities. In addition, clinical training electives are offered for those interested in increasing skills in screening, assessment, and intervention.

Training sessions are scheduled for two levels of learners. Level I training requires the completion of the 12 hour core lecture series and 28 hours of clinical training for a certificate. Level I learners are usually graduate students or professionals.

Level II training requires completion of the 12 hour core lecture series for a certificate. Level II learners are usually undergraduate students or paraprofessionals.

: Cheryl Owens, Project Manager at 528-6511 for assistance

THE UNIVERSITY OF TEXAS
Southwestern Medical Center
AT DALLAS

University Affiliated Center for
Developmentally Disabled Children

Department of Pediatrics

Project MAPS*
*A Model for Augmenting Professional Skills

Project MAPS (Model for Augmenting Professional Skills) was a collaborative effort between the University Affiliated Center (UAC), University of Texas Southwestern Medical Center at Dallas and state MCH and CC programs in Texas, Oklahoma, and New Mexico in Federal Region VI. The project period ran from October 1, 1984 through September 30, 1987. The project had three primary objectives:

*To develop a system for continuing staff development at the regional level through the development of Resource Specialists in Child development and developmental disabilities

*To facilitate interdisciplinary and interagency collaboration at the local/regional level with specific emphasis on the disciplines of nursing, social work, and nutrition

*To promote an increased sensitivity to and intervention strategies for the psychosocial needs of infants and young children among primary health care providers in MCH and CC programs

Two interrelated strategies enhanced the goals of Project MAPS and were as follows:

- (1) A comprehensive, sequenced curriculum focusing on early identification (Level I) and intervention (Level II) knowledge and skills for Title V personnel. These continuing education programs were in the form of on-site two and three day workshops.
- (2) Selection of training of Resource Specialists from local and regional health departments. This Level III training prepared the Resource Specialist to provide continuing education and consultation within their respective health districts or regions. Level III curriculum, in the form of two weeks of intensive training at the UAC addressed the teaching and consultation competencies needed for the role of Resource Specialist.

THE INTEGRATED OUTREACH FOR UTAH PROJECT

ABSTRACT

The purpose of the Integrated Outreach for Utah Project (IOU) is to assist school districts in Utah to comply with Public Law 99-457 in planning and establishing services to preschool children with handicaps. Based upon four model and demonstration projects that use procedures to mainstream young children with handicaps, the major focus of project services is serving children in the least restrictive environment. To accomplish this purpose, IOU staff provided training and technical assistance to five districts during Year One, currently serve an additional five districts during Year Two, and will select and serve five more districts during Year Three. Moreover, the ten districts participating during Years One and Two are encouraged to select district mentor/trainers to serve as local preschool resource personnel. Project staff will teach these trainers to provide training and technical assistance for personnel in their own and neighboring districts to assure that training extends throughout the state and is available after the period of federal funding.

This project is significant in part because it coincides with Utah school districts' initial provision of service to children with handicaps; prior to the 1988-89 school year, these services were provided by the Division of Services to the Handicapped, Utah Department of Social Services. Hence, in many school districts in Utah, personnel experienced in serving young children with handicaps were not available and the training resources allocated by the Utah Office of Education were not sufficient to provide in-depth training and in-classroom assistance to all districts. The Integrated Outreach for Utah Project is providing direct training to 15 of Utah's 40 districts, and to a minimum of ten district level mentor/trainers who will learn to use the training materials and procedures which will extend this training to additional districts. Moreover, IOU staff provide technical assistance to participating teachers and paraprofessionals during visits to their classrooms. Classroom staff define their own technical assistance needs after attending training, and receive help from project staff in implementing procedures with the preschool children they teach.

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The Development, Implementation, and Evaluation of 0-3 Inservice Training of Professionals

The need for preservice training to prepare future personnel to work with infants and toddlers was mirrored by the acute need for inservice training for personnel already working in programs serving very young children. Practicing professionals needed additional knowledge and skills to meet the increased service delivery demands resulting from the implementation of P.L. 99-457.

To address this need, an inservice training workshops project was developed which emphasized knowledge and skills related to comprehensive family-centered early intervention. The inservice training programs provided training to extend existing skills and/or develop new skills for working with children 0-3 years of age. Parallel to the two preservice training programs, the inservice training workshops were developed at both a specialized level and a more general level.

The specialized inservice project was piloted at the Child Development and Mental Retardation Center during the summer of 1989. Twenty-two professionals from a variety of disciplines were enrolled in a two-week intensive workshop that included both didactic and clinical instruction. Following the workshop participants completed a special project in their agency, and then returned to CDMRC for a two-day follow-up workshop during autumn quarter.

To provide general training in early intervention to broad audiences of professionals, additional one or two day inservice workshops will also be developed and piloted during the second project year. The materials, procedures, and evaluation results from these shorter workshops and the intensive workshop will then be disseminated to other universities or training programs.

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Peer Tutor Training Project

The Peer Tutor Project trains middle level and high school age students to become friends and advocates with their classmates who have severe disabilities. Training is delivered by (1) implementing statewide and regional peer tutor conferences, (2) providing teachers with curriculum for peer tutors, and (3) providing on-site technical assistance to teachers and administrators to install exemplary peer tutor programs.

A two-day, overnight conference is held every year for high school students who are or want to become peer tutors in his/her school. Training includes topics such as

- o developing awareness of developmental disabilities
- o career opportunities in developmental disabilities
- o advocacy
- o causes and prevention
- o behavior management
- o augmentative communication
- o assisting with databased instruction
- o being a friend.

Annual high school conferences held since 1986 have trained nearly 650 students to be peer tutors. Middle school/junior high level conferences are regional one-day conferences. A projected 150 middle level students will be trained during the 1989-90 school year.

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Indiana Least Restrictive Environment Project

The Indiana Least Restrictive Environment Project trains public school personnel working with students who are severely handicapped to implement best practices in integrated, regular school campuses. The project targets personnel at the elementary, middle school/junior high, and high school levels. Training is delivered through two mechanisms: (1) technical assistance in selected districts and (2) state and regional conferences and workshops open to any interested personnel.

Fifteen elementary schools, 11 middle/junior high, and 13 high schools across the state currently receive biweekly classroom-based technical assistance designed to install these best practice procedures:

- o opportunities for integration in school and community
- o effective IEP development implementation
- o effective design and monitoring of instruction
- o planning for transition
- o effective classroom management

The quality of technical assistance provided by the project is measured using a model implementation checklist. Data is collected each fall, at midyear, and at the end of the school year. The status on checklist items is used to design technical assistance plans.

Eight major statewide training events are developed each year at both regional and statewide levels. Since the inception of the project (in 1985) over 3000 professionals and parents have been trained through project activities.

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NONAVERSIVE BEHAVIOR MANAGEMENT

MRI Outreach Training Project

MRI conducts an outreach training project on nonaversive behavior management with the New York City Board of Education. MRI staff provide in-depth training to teachers, administrators and related service personnel in special education programs serving more than 10,000 children with severe disabilities. The major component of the training program is a 25-hour behavior specialist program that presents a range of approaches for assessment and educational intervention for students with severe behavior problems. The course has been offered three times over the last two years to more than 75 persons.

Follow-up support to the behavior specialists is being provided by three mechanisms. The first is through monthly follow-up meetings that provide an opportunity for discussion and in-depth training on particular approaches. The second component is through the provision of on-site technical assistance to the behavior specialists; this has been provided in more than 25 sites. The third mechanism has been to present information about the training program to all staff in citywide programs. To date, presentations (ranging from one to ten hours) have been made to more than 1,000 parents, teachers, paraprofessionals, administrative and related service personnel.

Contact Person:

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Iowa University Affiliated Program
Division of Developmental Disabilities

University Hospital School



1647

"Understanding and Working with Challenging Behaviors" Training Project

The Iowa University Affiliated Program (IUAP) is committed to enhancing the skills of direct service staff serving people of all disabilities who are difficult to place or maintain in community-based settings. For the past two years IUAP staff have worked closely with the Iowa Association of Rehabilitation and Residential Facilities, the Iowa Human Services Training Network, and the area community colleges to provide accessible, inexpensive behavior management training to large numbers of community programs staff. Funding was provided by the Iowa Mental Health/Mental Retardation Commission and the Rehabilitation Continuing Education Program of Columbia, Missouri.

In FY88 and FY89, the IUAP offered basic behavior change training to about 750 direct service staff in Iowa community agencies. The training was organized into three two-day modules with content as follows:

- Module I
 - Basics of Behavior Management Philosophy
 - Expanding Opportunities for Community Integration
 - Preventing and Diffusing Crisis Situations
 - Important Principles of Pro-active Treatment
 - Strategies for Increasing Functional Behaviors
- Module II
 - Necessity of Data Collection in Making Programming Decisions
 - Conducting Behavioral Assessment and Analysis
 - Evaluating the Efficacy of a Treatment Approach
- Module III
 - Development of Individual Multiple Component Intervention Plans

The trainers for the project were Lonny W. Morrow, Ed.D., professor of Special Education at Northeast Missouri State University, and Sue Ann Morrow, Ph.D., Executive Director of EDGE, Inc., of Kirksville, Missouri.

Follow-up on-site consultations by IUAP staff or subcontractors were also available in all areas of the state. Finally, training was systematically evaluated in terms of recipient feedback and impact on staff knowledge, staff behaviors, and client behaviors.

By improving staff ability to deal with challenging behaviors, this project sought to foster deinstitutionalism and to decrease recidivism among those most at risk of returning to more restrictive settings. IUAP staff are presently preparing a proposal to the Federal Administration on Developmental Disabilities for funding to develop Iowa resources and trainers to continue this training systematically and indefinitely across the state.

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Iowa University Affiliated Program
University Hospital School
Iowa City, IA 52242
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SUPPORTED EMPLOYMENT DEVELOPMENTAL PROCESSES

Ron Torner, Technical Assistance and Advisory Services Coordinator

Institute for Human Development
University of Missouri - Kansas City
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A. Urban Activities:

Collaboration with the St. Louis County Board of Services (services for persons with developmental disabilities) and the St. Louis Association for Retarded Citizens. (To date, 27 individuals with severe/profound mental retardation are working in supported employment.)

1. Major difficulties for administration are:
 - a. The acceptance of a "conversion" process rather than a "add-on" process for agency adult programs.
 - b. The financing of dual service systems during the conversion process, once it is finally accepted.
2. Major difficulties for direct care staff:
 - a. Role, value, and image transformation.
 - 1) The conversion process transforms the focus from disability to employment.
 - 2) The change in focus causes many developmental activities and segregated settings to lose importance.
 - b. Transportation - problems arise and costs escalate when a suitable job cannot be found near the worker's residence.
3. Staff training and technical assistance is aimed at building an increased commitment to conversion. The goal is to increase:
 - a. Competence.
 - b. Confidence
 - c. Motivation

B. Rural Activities:

Collaboration with the Rolla Regional Center of the Missouri Department of Mental Health, Division of MR/DD and the Ozark Valley Community Services agency in Iron County. (To date, 20 individuals are working in supported employment even though Iron County is ranked 16th nationally in terms of significant poverty.)

1. Major difficulties for administration are:

- a. The acceptance of a "conversion" process rather than a "add-on" process for agency adult programs.
- b. The financing of dual service systems during the conversion process, once it is finally accepted.

2. Major difficulties for direct care staff:

- a. Role, value, and image transformation.
 - 1) The conversion process transforms the focus from disability to employment.
 - 2) The change in focus causes many developmental activities and segregated settings to lose importance.
- b. Transportation - problems arise and costs escalate when a suitable job cannot be found near the worker's residence.

3. Staff training and technical assistance is aimed at building an increased commitment to conversion. The goal is to increase:

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**TEMPLE
UNIVERSITY**

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George Ingram, Director (215) 787-7476

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**NEWS
RELEASE**

If all my possessions were taken from me with one exception,
I would choose to keep the power of communication,
for by it I would soon regain all the rest.

--Daniel Webster

HANDICAPPED ADULTS ATTEND TEMPLE INSTITUTE TO FIND A VOICE

For the first time in their lives 12 adults will communicate with the world with a little help from a talking computer.

Physically challenged, non-speaking adults from three states will attend a two-week training seminar at Temple University in Philadelphia August 1-12 to learn how to use a portable communication device to enhance their vocational and educational opportunities.

"Our hope is that the computer technology will allow participants to increase communication skills, have access to higher education or get jobs that were not formerly accessible to them," says Dr. Diane Bryen, project director and professor of special education at Temple University.

"Most of the participants have been severely disabled from birth. Although they are of normal intelligence and have a complete understanding of language, they have little physical or intelligible speech capacity," explains Dr. Bryen, who has worked to augment communication for those with disabilities for over 15 years.

"Every physical movement that we take for granted is either impossible or requires extra cognitive or motor energy for these people," explains Dr. Bryen.

The participants are young adults, 17-35 years of age, with vocational or educational potential. They have been funded by their state office of vocational rehabilitation (OVR) to attend the "Institute on Augmentative Communication." The Institute is also funded by a grant from the Innovating Worthy Projects Foundation and receives technical support from Prentke Romich Company.

one/INSTITUTE ON COMMUNICATION

In addition to communication and word processing training, participants will take a college-level art appreciation class to practice their new communication skills and will receive career exploration training.

The Institute's "talking" mini-computers are Touch Talkers manufactured by Prentke Romich Company, an Ohio-based firm specializing in augmentative equipment for the disabled. A unique software package, Minspeak, developed by Semantic Compaction Systems of Pittsburgh, allows users to communicate more quickly and easily than ever before.

By hitting multi-meaning icon keys, users can communicate through an electronic voice-synthesizer built into the computer. Words and sentences may also be written on a liquid crystal display screen.

The icons, developed by Minspeak's innovator, Bruce Baker, are based on the concept of ancient hieroglyphics and are unique to the Touch Talkers.

"The icon system allows users to make fewer hits on the keyboard, which allows them to communicate faster than previously possible," explains Baker, a linguist who has worked extensively in the field of augmentative communication. "The Minspeak system is one of the most popular communication devices, with over 4,000 units currently in use."

The computers also have the capacity to interface with Apple and IBM systems to allow word processing, computerized telephone dialing and access to phone data bases, according to Baker. The devices can also be customized to fit the individual needs of the user.

As part of the two-week Institute, professionals in the field--special education teachers, occupational therapists and speech clinicians--will work alongside participants to learn the use of the Touch Talkers and the Minspeak software.

Bruce Baker, Minspeak's innovator, and Dr. Joan Bruno, a senior research associate from Prentke Romich, will assist in all Institute activities.

* * *

NOTE TO EDITORS: You are invited to view a demonstration of the electronic communication device by an Institute Participant. Please contact Andrea D'Asaro, Temple News Bureau (215) 787-7476.

Virginia Commonwealth University

SUPPORTED EMPLOYMENT TELECOURSE TRAINING



WHAT IS SET NET?

The Supported Employment Telecourse Network is an innovative approach for the training of persons who are currently or will be delivering supported employment services to persons with disabilities. Nationally known experts from around the country will present detailed instruction relating to job development, job placement, job training, and follow-along for both individual placement models and group models (e.g., enclaves, mobile crews). Three courses of five (bi-weekly) sessions each will be broadcast to specific areas nationally. Participants will receive instruction via live television and on-site simulation activities conducted by trained supported employment consultants. Participants will be able to interact with the national experts during each telecast. The SET NET project is a federally funded grant awarded to Virginia Commonwealth University's School of Education/Rehabilitation Research and Training Center by the U.S. Rehabilitation Services Administration (Grant No. H129T80016).

TARGET AUDIENCE:

- Employment Specialists
- Job Coaches
- Workshop Personnel
- Program Managers
- Special Education Teachers
- Rehabilitation Counselors
- Residential and other staff
who provide community training
service to individuals with
disabilities.



**A Quality of Life / Expressive Arts / Physical Fitness
Innovative Training Service Program for Developmentally Disabled
and Non- Developmentally Disabled Elderly Persons in Senior Sites: a
Collaborative Demonstration & Research Project for Developing
Educational Materials and Implementation**

Claire Clements, Ed.D.

Associate Professor, Georgia University Affiliated Program

Each training package includes five video tapes, one in each of the following disciplines: dance, drama, art, physical fitness and creativity. A manual will accompany the video tapes and will include 40 lessons in each of the disciplines making up a year long Arts/Fitness Program suitable to be carried out in Senior Centers nationwide. The entire package is designed to train service providers working in senior centers and training centers. It is also suitable for caregivers in the home providing service to elderly persons.

Overview

The Quality of Life Program addresses fitness through extensive interdisciplinary services participation to bring about change in physical, emotional and overall quality of life for senior citizens. Utilizing the "trainer of trainers" model, selected future leaders in the disciplines of Developmental Disabilities and Gerontology, (University of Georgia graduate students) with their university mentors (professors) created teaching modules. The modules make up the manuals in this training package used to train service providers working in the community. Manuals and accompanying videos, products of the study, guide service providers in carrying out dance, drama, art, physical fitness and creativity sessions in a year long program with seniors.

Impact - Benefits to Seniors

Improved physical fitness leads to healthier minds, emotions and skills in living and aids in successful integration into the community. Based on a study by Osgood, showing that an 8 month series of weekly creative dance and movement training sessions enhanced the life satisfaction and psychological well-being in a group of older adults who saw themselves as less lonely, happier, and younger. This model service program adds art, physical fitness, and creativity for elderly people with and without developmental disabilities and is expected to result in improved quality of life, reduction of dependency, and increased self-sufficiency.

Training for three audiences: Interns, Service Providers and Elderly Clients

In this study, Interns, service providers, and senior clients are trained. Approximately 300, (30 groups of 10) seniors will receive treatments, at various Northeast Georgia sites such as senior centers, nursing homes, group homes, and personal care homes. The programs will be offered to non developmentally disabled seniors to be treated at the same time as developmentally disabled seniors who are mainstreamed. (approximately 50 who are developmentally disabled).

Measures taken in the study stage. Pre and post measures will be taken of changes in physical health, such as physical fitness, balance, coordination, sites and degree of the experience of physical pain and other physical changes such as blood pressure, range of movement, strength and muscular tension. Not only are physiological changes measured, but also psychological, emotional, qualitative aspects of life, such as changes in life satisfaction, depression, degree of loneliness, happiness, and age identification will be measured. Reliable, validated scales to measure each of these variables will be used in the pretest and the post- test to determine change.

Claire Clements, Ed.D.
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FLORIDA'S NURSE SPECIALIST PROGRAM:
CASEMANAGEMENT FOR CHRONICALLY ILL CHILDREN

The University of Miami's Mailman Center for Child Development (UAP) and Florida's Health and Rehabilitative Services (Children's Medical Services) have developed a model outreach training project entitled the Registered Nurse Specialist Program. This program is a statewide training and service delivery system designed to prepare selected nurses to provide comprehensive, family-centered casemanagement services to children with special health care needs, within the home and community settings. The program was developed in response to the paucity of formal educational programs preparing health care providers in the combination of high technology pediatric care for chronically ill children and community health that is required to provide comprehensive care.

The Nurse Specialist Program is designed to: 1). promote integration of services; 2). reduce inappropriate health care expenditures; 3). promote the integrity of the family unit and the family ability to access the health care system; and 4). empower the family to manage their children's care, to the best of their ability. These goals are accomplished through a multifaceted educational program.

Newly hired Children's Medical Service's Nurse Specialists begin their positions with a formalized orientation to the agency conducted by their home agency supervisor. The orientation familiarizes the employee to the agency structure and function. The employee is also able to observe a trained Nurse Specialist in expanded roles in clinics, homes and other community locations. The employee then attends a series of formal, intensive week-long interdisciplinary sessions offered by the University Affiliated Program faculty.

Nursing Skills I, the first session, consists of three areas: 1). statewide organizational structure, function, and procedures; 2) Nurse Specialist roles and responsibilities; and 3) assessment (family, community and pediatric developmental and physical evaluations). Students return to their home agency for supervised interim assignments related to these assessment strategies.

Nursing Skills II focuses on the child with acute or chronic health care needs. The emphasis in this session is on early identification of problems and prompt management to avoid unnecessary hospitalizations. Specialty content relates to direct and indirect services, with a focus on special procedures adapted to the home setting. Care protocols, especially high technology procedures done in the home, are an important component. Learners again have structured interim experiences related to specific diagnoses and procedures, and begins shared

responsibilities for casemanagement and related clinical activities.

Nursing Skills III focuses on casemanagement at the family and community levels, interdisciplinary decision making, teaching-learning strategies, and professional/family relationships. The Nursing Skills series concludes with a comprehensive case study which permits the learner to synthesize relevant knowledge and skills with an actual direct care application.

While the Nursing Skills series and related agency clinical experiences serve as the core of the Registered Nurse Specialist educational program, many other learning resources have been offered to supplement the on-site educational program. These supports include interactive computer-videodisc modules and related print materials, conferences and workshops, and related procedure manuals.

Evaluation measures include self-assessments, objective written test comparisons, supervisor evaluation, site visits, individual conferences, shared home visits, chart reviews, and student formative and summative evaluations regarding Nurse Specialist components and their relevancy to practice. Evaluation of the congruency between job descriptions, actual practice and knowledge and skills related to the Nursing Skills educational programs have also been conducted to assure the program is responsive to changing client and learner needs.

For further information contact:

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INDIANA UNIVERSITY

INSTITUTE FOR THE STUDY OF
DEVELOPMENTAL DISABILITIES
2853 East Tenth Street
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Indiana Resource Center for Autism Outreach Model

The Indiana Resource Center for Autism (IRCA) uses a process oriented, problem solving approach to train relevant others to meet the individual needs of persons with autism. All significant people in the person's life are assembled to develop a longitudinal plan that will promote growth through the development of strengths and the teaching of functional skills and activities that will enhance the person's ability to function as a competent adult in community settings.

Background information: Questions are gathered from as many people as possible, records are reviewed, and usually a videotape of the person recorded in one or more settings is viewed by the IRCA staff before the consultation. The IRCA interdisciplinary team members who become part of the consultation are chosen because of the presenting needs and issues. The requesting agency obtains parent permissions and parents are requested to be part of the consultation team.

Consultation: An agenda and purpose of the consult is outlined by the team, reviewed and amended by participants before the consultation begins. A packet of information and forms to help facilitate the consultation is introduced and the process begins. Each participant is encouraged to share insights and express concerns and observations. The IRCA facilitator keeps the meeting flowing; as new questions or concerns emerge these are recorded and woven into the consultation. Sometimes materials and video clips are shown to highlight concepts.

Summary: Plans and specific activities that have emerged from the consultation are brought together into NEXT STEPS often with specific names attached. The meeting is then summarized in a written report within a week or two and mailed to participants. The immediate follow-up plans are outlined in the report, usually including calls to the parents and to the agency contact person

Follow-Along: The individual with autism is now in the client system of the IRCA and will be tracked as contacts are initiated or received. A more formal inquiry regarding the NEXT STEPS is conducted about six months after the consultation to gather evaluation information. A pro-active role is assumed whenever possible to supply information and materials that will assist agencies and parents to help the person with autism be successful. Networking, newsletters, phone calls, inservice trainings, workshops, summer classes, development and dissemination of new training materials, and on-going research are part of the IRCA mission that keep us in constant contact with the needs of people with autism, their families, and their teachers and other service providers.

Nancy Dalrymple, Director of Indiana Resource Center for Autism
(812) 855-6508

The Community Training Center of The Kennedy Institute

WHO

The Kennedy Institute in Baltimore, Maryland is affiliated with the Johns Hopkins University. As a University Affiliated Program (UAP), The Kennedy Institute trains professionals and conducts research related to the cause, treatment and prevention of handicapping conditions. It also provides in- and out-patient diagnostic and treatment services for people with disabilities, as well as a wide range of community-based training, consultative, and outreach services.

The Community Training Center is operated through Kennedy Institute's Office for Community Program Development. The Community Training Center was established to provide quality staff development programs to human service providers, particularly those serving people who are developmentally disabled. The Center's training team also assists agencies and institutions to move toward implementation of full active treatment as envisioned by state and federal standards.

WHAT

THE CENTER OFFERS TRAINING IN:

PROGRAM DEVELOPMENT/IMPLEMENTATION

for persons who are:

- severely/profoundly handicapped
- deaf/blind
- severely physically impaired
- dually diagnosed
- severely speech impaired
- aging
- behaviorally challenging

INTERVENTION METHODS

- assessment
- goal planning
- the interdisciplinary team process
- instructional strategies
- data collection and utilization
- recreation and leisure activities

MANAGERIAL AND GENERAL SKILLS

- mission/values clarification
- program quality/needs audit
- communication and conflict resolution
- team building
- effective supervision
- time management
- negotiation
- strategic planning
- creative problem solving
- stress management
- system design at the agency level

SPECIAL TOPICS

- normalization
- sexuality
- families of persons with developmental disabilities

Workshops in new topic areas are continually being developed and specific training can be designed to meet individual agency needs.

WHERE AND WHEN

THE CENTER OFFERS THE ABOVE TOPICS:

- through regularly scheduled community workshops
- by special arrangement with individual agencies
- through community colleges

HOW FOR FURTHER INFORMATION AND/OR TO ARRANGE TRAINING CONTACT:

Ms. Chaya Kaplan
The Kennedy Institute
Community Training Center
(301) 522-7500

THE COMMUNITY TRAINING CENTER OF THE KENNEDY INSTITUTE

For nearly six years the Community Training Center of Kennedy Institute, Baltimore, Maryland, has offered continuing education workshops to assist community provider agencies in the field of mental retardation meet staff development needs. Approximately twenty five workshops are held each year. The primary target audiences are mid-managers and line staff in residential, day, and vocational services.

Workshops cover clinical areas such as: goal planning, programming for individuals with severe or profound handicaps, augmentative communication, and counselling skills. Administrative skills training is also offered. Sample topics include: effective supervision, time management and understanding budgets. Workshops include skill building activities, informational lectures and values exercises.

The typical workshop is held in a community meeting room in the Central Region of Maryland. Usually 30-45 people attend a one-day training that runs from 9:00 a.m. to 4:00 p.m.

Each year new workshops are developed to meet expressed training needs. Additionally the target audience has expanded to include special educators, health department personnel, and community providers in the field of chronic mental illness. Geographically, training is now available to providers in Delaware, Pennsylvania, Virginia, and West Virginia, as well as Maryland.

Most workshops are presented by staff members of the Office for Community Program Development; however, other Kennedy Institute staff and outside consultants are also presenters.

VERY SPECIAL ARTS MONTANA

The Montana University Affiliated Program has been involved in a series of training projects in cooperation with Very Special Arts Montana (VSAM). VSAM is part of the national Very Special Arts organization that promotes integrated aesthetic experiences for children and adults with developmental disabilities.

The MUAP has conducted a series of workshops in Montana cities such as Kalispell, Great Falls and Missoula. These workshops include MUAP Outreach staff, as well as artists experienced in working with children and adults with disabilities. In Missoula, training was given to members of the Missoula Children's Theatre who tour western states and Canada, producing plays with casts of students from local private and public schools. This training included topics such as adaptations in sets and properties to enhance accessibility of actors with physical disabilities, casting strategies to avoid stereotyping and patronizing attitudes, and other aspects of production such as script selection, costuming and techniques to teach memorization of lines.

To date, over 45 Montana artists including actors, painters, set designers, dancers, sculptors and singers have participated in this MUAP/VSAM outreach activity.

Meyer Rehabilitation Institute

The Meyer Institute presently is providing an exemplary outreach training program to address malnutrition resulting from feeding and swallowing problems which often exacerbates existing health problems for children with special health care needs. A general model for evaluation and treatment of children with serious feeding and swallowing problems has been developed by the University of Nebraska Medical Center's UAP Feeding and Swallowing Team. This project extends that model to families and caretakers of children who do not have immediate access to services at a tertiary health care site, such as UNMC.

Training and information specific to the individual child is provided via videotaped demonstrations and printed materials. Generalized training on assessment and treatment of feeding and swallowing problems is also provided for community-based therapists and care providers in a workshop format. The project is presently developing resource materials on assessment of feeding and swallowing disorders and appropriate intervention strategies for community-based therapists as well as videotaped demonstrations for parents/caretakers of children with feeding and swallowing disorders. These materials will supplement the verbal and written instructions usually given to families and assist caretakers who are not able to attend the child's feeding evaluation.

Contact: Cindy Van Riper, M.S.
Meyer Rehabilitation Institute
600 South 42nd Street
Omaha Nebraska 68198-5430
402-559-7466

INSTITUTE FOR BASIC RESEARCH IN DEVELOPMENTAL DISABILITIES

1050 FOREST HILL RD., STATEN ISLAND, NEW YORK 10314 (718) 494-0600

Henry M. Wisniewski M.D., Ph.D.
Director

SEIZURE IDENTIFICATION & MANAGEMENT

The Institute for Basic Research in Developmental Disabilities (IBR) has outreach training programs in Seizure Identification and Management that are specifically targeted toward physicians and other health-related professionals working with developmentally disabled individuals who also have seizures. The goals of this program are:

- 1) to teach all levels of staff to protect developmentally disabled individuals who are undergoing a seizure from accidental injury, aspiration, and asphyxia;
- 2) to train all levels of staff to recognize the pertinent symptoms of different types of seizures;
- 3) to train all levels of staff to use the observation form developed at IBR, which relays the pertinent information about symptoms to a physician;
- 4) to emphasize to physicians the importance of observational data in the diagnosis of seizures;
- 5) to review for physicians the international classification of seizures;
- 6) to emphasize the features of seizures that distinguish them from other similar kinds of behavior;
- 7) to provide physicians with the latest information on anticonvulsant medications, their effects on different types of seizures, interactions with other drugs, and possible side effects.

The training program includes the use of slides and videos and we would like to increase our collection of videos of developmentally disabled persons undergoing seizures that can be used for instructional purposes. IBR is interested in collaborating with anyone who has such tapes. Contact person is Donald A. Snider, Ph.D., who can be reached at the address above or by calling (718) 494-5299.

UNIVERSITY AFFILIATED CINCINNATI CENTER
FOR DEVELOPMENTAL DISORDERS

Ohio Interagency Training Network
for Developmental Disabilities

The Ohio Interagency Training Network for Developmental Disabilities (OITN) was initiated by the University Affiliated Cincinnati Center for Developmental Disorders (UACCDD) in 1985 at the request of and funding by The Ohio Developmental Disabilities Planning Council. The purpose of the OITN is to design and implement a statewide interagency training network to address the ongoing DD related training needs of service providers and consumers across agencies.

UACCDD manages the OITN and operates one of the seven training network regions; the other regions are coordinated by four Area Health Education Centers, a Special Education Regional Resource Center, and a private, non-profit training organization.

The OITN provides the unique ability to make training available to Developmental Disabilities staff on a regional basis. This training can be designed to meet locally determined needs or it can be used to disseminate knowledge, information, and skills across the state through a coordinated effort.

Each Region of the Network uses an interdisciplinary advisory committee to assess Regional training needs, plan training activities, and pool training resources. The ongoing interagency collaboration which results produces a continuing impact on Developmental Disabilities service delivery systems. As a result, local training is based on interagency assessment of staff needs and is presented to staff from several agencies, often using pooled resources to make training efficient and effective.

The structure and experience of the OITN has allowed UACCDD to develop a model which allows training products and curricula, developed through projects both within and outside of UACCDD, to be piloted in the Network's Southwest Region, then disseminated across the state, and finally included in ongoing Regional training plans so that training continues beyond the term of the project.

This model has been used successfully to develop and disseminate training for Job Coaches, Case Managers, and staff who work with parents who themselves have disabilities.

The Ohio Department of Mental Retardation and Developmental Disabilities has contracted with the Network to develop a Competency-Based Training System for residential direct care staff. This system will allow for the design and delivery of Regional training based on the assessed needs of staff. It also provides a statewide data system which will identify training needs and maintain a record of training events, training and trainer evaluation, and individual trainee records. The components of this training system (a training needs assessment, a competency-based training curriculum, and a databased training record system) have the potential to be applied to a broad training audience.

The OITN also maintains 7 Regional Media and Materials Lending Libraries which make equipment and training materials available on a loan basis to local service providers.

During 1989, the OITN provided a total of 187 inservice training programs, serving a total of 6,154 individuals.

For further information please contact:

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Margaret P. Abbott, MPH, RD
Nutrition/Dietary Services Program Manager
UACDD - WVU
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Morgantown, West Virginia 26506

NUTRITION OUTREACH TRAINING PROJECTS

1. **Alternative Community Living Staff:** provide staff inservice six times per year on topics related to nutrition to increase knowledge base of staff, and to improve staff attitudes toward nutrition and nutrition-related issues. Twenty-four subject modules for training have been developed to include concepts, learner objectives, body of information on subject, pre-post test, suggested activities and resources. Some subjects are particularly related to upgrading practical skills so the staff can participate in teaching residents independent living skills. These modules are printed and available at our cost.
2. **Alternative Community Living Residents:** provide resident inservice four times per year on topics related to basic nutrition needs and to help teach independent living skills. These inservices are geared to level needed in each home. Presently we are developing modules to use as guides for these inservices.
3. **Nutrition Education Curricula for Pre-School Staff and Parents of Pre-School Staff:** developed to-date 12 pre-school curricula. Material used with staff and parents when visiting early intervention centers in state for clinical nutrition assessment and in training sessions for pre-school staff at these centers.
4. **(In preparation) Statewide Workshop for Alternative Community Living Staff on Food Purchasing, Preparation and Service:** Materials developed and presentations to upgrade skills for selected individuals from each non-ICF group home in state.
5. **(In preparation) Workshop on "Nutrition for Clients with Special Needs" for Registered Dietitians in State on UACDD Registry available for private consultation for clients with developmental disabilities.** Dietitians have been surveyed and are anxious for help on this subject.
6. Sponsored national teleconference providing continuing education credit for professionals: Successful Aging: Overcoming Barriers to Nutrition and Health.
7. Various workshops with Regional Mental Health Centers in State.
8. Workshops with various Head Start Groups.
9. Workshops or presentations with West Virginia Department of Education.
10. Workshop for Division of Special Education, WVU College of Human Resources and Education annual state meeting.

■ WHAT IS TIES?

TIES provides community training and consultation relevant to children and adults who have developmental disabilities and present behavioral challenges.

The goal of TIES is to enable consumers to be less dependent, more productive, more integrated socially, and to increase the skills of family members and service providers in coping with challenging behaviors. TIES' services enable consumers to remain in their current setting, whether it be at home, or in residential, vocational, or educational settings.

Because each consumer is unique, TIES' staff will tailor a program specific to individual needs. Consultation with the consumer will occur in the natural living, work, or educational setting.

The staff of TIES subscribes to a team approach by blending consultation with the consumer into the existing support system.

■ WHO IS ELIGIBLE?

Recipients of TIES' services must be residents of Dane County and have a developmental disability. Parents/caretakers can submit referrals for an eligibility determination procedure to the Dane County Community Support and Health Services Department.

■ HOW DOES TIES WORK?

TIES' program activities may be presented through one or more of the following methods:

1. Direct intervention with the consumer.
2. Consultation with family members and/or service providers.
3. Training in small or large groups on topics relevant to a particular challenging behavior.
4. Support groups for consumers or parents.

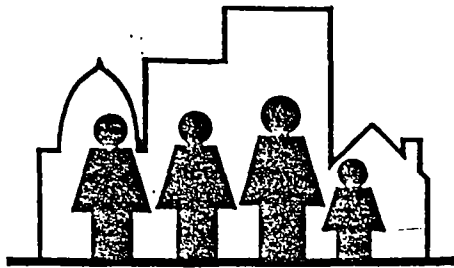
The amount of time required for TIES varies: it may be as brief as the time it takes for a phone call or as extensive as counseling/consultation throughout the year.

■ TIES' APPROACH/ PHILOSOPHY

TIES is based on a proactive approach in which growth and change are viewed as a response to positive life experiences. Such experiences can be presented in a sequential and meaningful way by using behavioral strategies. Techniques will not be recommended that could punish or degrade the consumer in any way.

TIES' staff acknowledges the importance of positive relationships between consumers and significant individuals in their lives. Staff can promote such relationships in the form of one-to-one counseling or training others in relationship-building skills specific to the challenging behavior.

TIES' staff applies an ecological perspective by considering how the physical environment and the rhythms of life can influence the consumer. There is an objective assessment of when and how the environment and routines could be altered to better meet the needs of the consumer.



COMMUNITY TIES*

*Training, Intervention, and Evaluation Services

COMMUNITY TIES LINKS THE INDIVIDUAL, THE FAMILY, AND THE COMMUNITY

Paul White, the primary clinician for a Waisman Center project called TIES, doesn't spend much time in his office here. He works most of his day in the community, training people who have disabilities, their families, staff from schools, group homes and vocational settings, and professionals from service agencies. His goal: to keep children and adults with disabilities in the most independent type of living and/or program setting.

White's concern is with people who have challenging behaviors in addition to a developmental disability. These behaviors can include responses that range from aggressive to destructive tendencies to withdrawal or the inability to relate to peers. Often, says White, it is these behaviors that prevent the individual with a disability from living in the community (many individuals also have a secondary diagnosis of a mental illness).

According to White, the term "challenging behavior" replaces the old label "behavior problem." "It is a more productive or 'pro-active' approach toward clients who have developed responses to life that do not meet their needs," says White. "The challenge, then, is ours as service providers to re-teach, to counsel, and to structure living environments so the client has a greater opportunity to develop new, adaptive behaviors."

Each case White works on

through TIES, which stands for Training, Intervention, and Evaluation Services, begins with the person who has a disability, but ultimately involves the people around him/her as well as the environment. White sees himself as a facilitator. "I guide people to good thinking about changing behavior, develop programming, and also try to pull together different facets of a person's life to come up with a common approach," says White.

One of the children White worked with, for example, had been removed from school and was in danger of being removed from his family. White's first step was to establish a dialogue with the child and counsel him about the problems he was having. Next, White worked with the teacher to help get the child back in school and talked to the family about the home environment.

In this case—and in virtually all White works on—the remedies were many: the child's medication dosage was changed, a behavioral program was developed for the child, the teacher was shown how to be more sensitive to the child's needs, his sister learned how to relate to her brother, and the family eventually moved to a more suitable home.

White splits his case load between children and adults, with cases sometimes requiring follow-up for as long as a year.

An underlying philosophy of TIES is to change behavior through positive experiences and reinforcement rather than punishment. "I show people adaptive behaviors and then reinforce them," says White. "I show them how these behaviors will produce positive experiences in their lives."

TIES was initiated as a contracted program of the Community Support and Health Services Department of Dane County. Don Anderson, clinical coordinator of Waisman's Clinical Services Unit, administers TIES.

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