

**EXEMPLARY OUTREACH TRAINING  
PROJECT SUMMARIES:  
*A Life Span Approach*  
1991 - 1992**

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*on behalf of*

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

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Second Edition

## **NORTH DAKOTA INTEGRATION TRAINING PROJECT**

*Area of Concentration: School Age*

North Dakota Center for Disabilities

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The North Dakota Integration Training Project is a pilot effort to develop, train and support teams of teachers, administrators and parents for the integration of students with disabilities into regular classrooms.

Materials and training sessions were developed for this project and include introductory training materials on the integration support team roles, team planning forms and various classroom rationale for integration, instructional activities.

Presently, integration support teams have been developed in three public schools with one each focused on elementary students, junior high students and high school students.

Preliminary data indicate an increase in (a) knowledge of integration, (b) development and utilization of strategies to support students with disabilities in the classroom, and (c) numbers of students moved from separate to integrated classrooms.

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# PREFACE

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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 inservice training, technical assistance, and/or dissemination initiatives. A listing of outreach training staff contacts within member programs of the American Association of University Affiliated Programs (AAUAP) is also included.

The **FIRST SECTION** of the document contains summaries on 124 exemplary outreach training projects/initiatives that are being conducted by 34 UAPs across the country. 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 are primarily designed to demonstrate in-service training approaches/methods that can be used regardless of content area have be categorized as "training methods"; and projects that address more than one or none of the aforementioned concentration areas have been categorized as "other". Each project summary contains a brief description of the program and the name, address, and phone number of the project contact person.

In order to avoid duplication of effort, summaries of the Training Initiative Projects funded by the Administration on Developmental Disabilities have not been solicited for this document. Summaries of these outreach training projects can be obtained by contacting the American Association of University Affiliated Programs national office (301) 588-8252.

The **SECOND SECTION** of the document provides a categorized listing of outreach training project summaries that are contained in the *Exemplary Outreach Training Project Summaries* document that was compiled in 1990. Since these summaries have not been included in the current

Field-Based, Videodisc-Assisted Training Project  
Area of Concentration: School Age  
University Affiliated Center for Persons with Disabilities  
Utah State University

This project developed and field tested two curricula: Effective Instruction--Techniques for Classroom Interaction and A Curriculum-Based Assessment and Behavioral Intervention Approach to Learning and Behavior Problems in the Classroom. Both are now available for dissemination.

Effective Instruction was field tested with paraprofessionals who assist learners with disabilities. The curriculum covers steps of instruction, providing information, using adult attention, and problem solving in classroom settings. Instructional activities include group instruction and discussion, role play and simulation activities, and field-based assignments. The program includes an instructor's manual, participant's manual and two videodiscs.

The Curriculum-Based Assessment and Behavioral Intervention Approach to Learning and Behavior Problems was field-tested with mainstreamed teachers. The program is designed to help them identify learning and behavior problems, to match learner skills to their classroom curriculum, and to design remedial instructional or behavior management programs to assist students who have difficulty. The program includes classroom instruction and discussion, assessment activities, and field-based assignments. During the program, teachers work to assist a student in their own classroom. The program encourages peer collaboration among participating adults. This program, too, includes an instructor's manual, participant's manual, and two videodiscs.

Instructors need only a videodisc player and monitor to use these programs. They must have sufficient experience to assist participants who will apply instructional techniques in their own classrooms.

For further information, contact

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resource, the listing contained in this section provides the reader with an overview of additional outreach training projects that are being conducted by UAPs with each of the identified concentration areas.

The **THIRD 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 April, 1992 and includes the name, address, and phone number of each identified Council member.



VIRGINIA  
INSTITUTE FOR  
DEVELOPMENTAL  
DISABILITIES

## **Virginia Statewide Systems Change Area of Concentration: School Age**

### **Virginia Institute for Developmental Disabilities**

The Virginia Statewide Systems Change Project operates under a five year grant to the Virginia Department of Education from the U.S. Department of Education's Office of Special Education and Rehabilitation Services. The purpose of the project is to increase the number of students with severe disabilities (that is, students who have moderate to profound mental retardation or severe multiple handicaps) who receive quality educational services within Virginia's local, neighborhood schools. The project addresses state and local policies and procedures which affect the provision of integrated educational services, and provides on-site technical assistance to school divisions to enhance their capacity to provide state-of-the-art educational services for students with severe disabilities within integrated environments.

The Virginia Statewide Systems Change Project has regional offices at George Mason University, the University of Virginia, and Virginia Commonwealth University. The Project Director is the Supervisor of Programs for the Severely and Profoundly Handicapped at the State Department of Education. Project staff receive advice and input from an Advisory Committee made up of parents, educators, school division and building administrators, and representatives from several human service agencies.

During the first four years, eighteen school divisions have participated in the project. The participating school divisions are located throughout the state and include both small and large, urban and rural school systems.

#### **Project Resources Available to Other School Divisions**

- . Checklist of best practices in school programs for students with moderate to profound disabilities
- . Bibliographies on School Integration, Functional Curriculum, and Vocational Instruction
- . Directory of model integrated programs for students with severe disabilities
- . Systems Change Manual
- . Information and training packets on School Integration, Disability Awareness, Social Interactions, Community-Based Instruction, Classroom Scheduling, and Design and Delivery of Effective Instructional Programs
- . Inservice presentations on School Integration by project staff

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Associate Project Director  
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Northwest Inservice Cooperative for  
Transdisciplinary Teams  
Child Development and Mental Retardation Center  
University of Washington  
Area of Concentration: School Age

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This project provides training and follow-up technical assistance to community-based transdisciplinary teams which will serve as Staff Development Teams. The training focuses on best practice approaches to transdisciplinary service delivery for students with severe to profound disabilities. Upon completion of training, the Staff Development Teams, which include parents, paraprofessionals, teachers, administrators and professionals from related social and health services, become a resource in their geographical area for demonstration of "best practices" and for training and technical assistance. In conjunction with this project, a training manual that includes information about innovative educational practices and about access to Special Net, a tele-electronic information service, will be disseminated to members of the Staff Development Teams.



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**STARS**  
**Area of Concentration: School Age**  
**Waisman Center University Affiliated Program**

STARS is a Waisman Center outreach program that focuses on promoting positive sexuality and preventing sexual abuse of youth with developmental disabilities.

STARS began in 1985, when several adolescent girls who had experienced sexual abuse or were considered to be a high risk for abuse, came to the attention of our Developmental Disability Clinic. As we attempted to link these girls with a community resource to help them deal with these issues, we could find none and became aware of the general lack of resources statewide related to sexuality and abuse prevention for persons with developmental disabilities. Through five years of collaboration with the Wisconsin Council on Developmental Disabilities, Waisman Center outreach activities have significantly enhanced the availability of resources on this topic throughout the state.

Although our original focus was to address personal safety against sexual abuse, we quickly learned that the issues of sexual abuse were connected to other issues such as the individual's self esteem, knowledge of sexuality, ability to be assertive, social skills, and opportunities to develop healthy relationships. Equally important were the attitudes and actions of parents, teachers, friends, and classmates. Thus STARS evolved into a more comprehensive training model encompassing four main areas -- Relationships, Social Skills, Sexual Awareness, and Assertiveness.

Early funding of a grant from ADD and subsequent support from the Wisconsin Council on Developmental Disabilities has enabled staff of the STARS program, a nurse and a social worker, to engage in numerous outreach activities. Project staff have conducted workshops statewide to increase awareness and knowledge of this topic and provide training and resources. A special training program was conducted with Planned Parenthood of Wisconsin Community educators so that an already established community service provider could enhance their ability to work with individuals with developmental disabilities.

Current outreach activities include working with the Wisconsin Department of Public Instruction to integrate sexuality education for students with developmental disabilities into already existing human growth and development curricula and providing training for public school personnel in using the STARS model in the classroom. In addition, project staff, team with a private therapist and travel the state providing consultation to community service providers regarding individuals experiencing challenges related to sexual expression. On a local level, social work trainees facilitate STARS groups in schools and other community settings.

STARS publications, guidebooks, and other related resources are available by contacting Howard Mandeville, Wisconsin Council on Developmental Disabilities, P.O. Box 7851, Madison, Wisconsin 53707, (608) 266- 7826.

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Madison, WI 53705-2280  
(608) 263-5814

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**TRAINING AND DISSEMINATION PROGRAM**  
**American Indian Rehabilitation Research and Training Center**  
**Arizona University Affiliated Program**  
**Northern Arizona University**

Area of Concentration: Adults

The American Indian Rehabilitation Research and Training Center (AIRRTC) is funded by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitation, Department of Education, Washington, D.C. The mission of the AIRRTC is to improve the lives of American Indian people who have disabilities by conducting relevant research and training projects, with extensive consumer involvement. The center is currently in the fourth year of a five year renewable grant.

A wide variety of outreach training projects are conducted each year, most of which are related to vocational rehabilitation. Examples of current training projects include the following:

Project to Improve Rehabilitation Counseling Strategies with American Indians

A Model Training Project to Improve Rehabilitation for American Indians with Disabilities Through Training of Indian Vocational Rehabilitation Staff

A Model Program to Train Regional Rehabilitation Liaisons in Effective Service Delivery to American Indians

Managerial Training for Tribally Operated Vocational Rehabilitation Programs

Conduct of a National Conference on American Indians with Disabilities

Each year many smaller technical assistance activities are conducted. Products of research and training projects are disseminated widely, and the center publishes a newsletter.

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# PROJECT SUMMARIES

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**Training workshop for members of a Parent-to-Parent network  
Area of Concentration: Adults  
University Affiliated Program for Persons with  
Developmental Disabilities, The University of Georgia**

The Georgia University Affiliated Program in conjunction with local community agencies organized a series of training sessions for a group of parents who had recently become members of the Northeast Georgia Parent-to-Parent network. The main purpose of these sessions was to provide information, and working strategies in areas that parents are usually concerned about when dealing with issues related to their child with developmental disabilities.

Themes included in the sessions were selected on the basis of information parents considered to be critical in supporting families who have just learned that their child has a disability or a chronic illness. The topics included listening skills, coping, community resources, and issues of practical parenting. The topics were presented by local professionals who had a variety of expertise in the various areas involved.

UAP graduate assistant Susana Gavidia-Payne was one of the session presenters, discussing issues involved in parenting and children with disabilities. The major focus of this session was to encourage parents to objectively analyze their own child-rearing practices in order to develop creative, developmentally appropriate solutions to problems they might face on an everyday basis. Basic information on managing behavior was provided, which was utilized by participants to elicit their own examples and solutions to the problems posed.

Contact person: Susana Gavidia-Payne  
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# PREVENTION

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## COMMUNITY PARAPROFESSIONAL TRAINING

*Area of Concentration: Adults*

### Kansas University Affiliated Program

People with developmental disabilities are increasingly living and working in integrated community settings. The purpose of this project is to educate the direct service staff who work in these community-based living and work settings in state-of-the-art approaches. Approaches focus on ways to increase the independence, productivity, and inclusion of people with disabilities. Training is provided through a 15 module, 5 credit course offered by community and state colleges throughout Kansas. The project is a collaborative effort of the KUAP, community service providers and professionals, the Kansas Association of Rehabilitative Facilities (KARF), the Kansas Association of Community Colleges (KACC), and the state department of Social and Rehabilitation Services (SRS).

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**Helping Pharmacists Better Meet the Needs of  
Persons with Disabilities  
Area of Concentration: Prevention  
University Affiliated Program for Persons with  
Developmental Disabilities, The University of Georgia**

The Georgia UAP recently took full advantage of the opportunity presented by the pending implementation of Title III of the Americans with Disabilities Act (ADA) to strengthen its ties with an often ignored segment of the health care delivery system, pharmacists. UAP graduate assistant Mike Stevens proposed a continuing education program focusing on positive steps pharmacists can take toward implementation of the ADA to the University of Georgia College of Pharmacy. Over the next three months she served as a member of the program planning committee, assisted in identifying and contacting potential presenters, and provided specialized resource materials to other members of the planning committee.

UAP graduate assistant Nathaniel Fox was one of the program presenters, discussing findings relating to his dissertation research on changing attitudes toward persons with disabilities. Norman Bassett, UAP dissemination coordinator, also assisted with this program.

One challenge in designing the program was to ascertain unique needs of pharmacists as health care professionals in a competitive retail market. For example, one program segment focused on niche marketing that would benefit both consumers with disabilities and the bottom line of the individual pharmacy. Another dealt with the specialized planning necessary when designing the physical layout of a pharmacy, whether for new construction or when remodeling. A portion of the program was devoted to providing staff training to improve interactions between pharmacy-staff members and consumers with disabilities. An Atlanta attorney also covered the legal aspects of the ADA, including employment issues, equal access to services and tax code provisions for modifications.

Contact person: Mike Stevens M.Ed.  
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**Interdisciplinary Human Development Institute  
University Affiliated Program  
University of Kentucky**

**PROJECT: SUPPORTED EMPLOYMENT TRAINING PROJECT**

**Principal Investigator: Karen L. Middendorf    Project Director: Milton Tyree**  
**Funding Agency: KY Department of Vocational Rehabilitation (1990-1992)**  
**U.S. Department of Education (1988-1990)**

**Project Description:** This project is a state funded continuation of the training and technical assistance developed by a three year federally funded Supported Employment Training Project operated by the IHDI-UAP from 1988-1990. Training, follow-up consultation and technical assistance is provided to supported employment projects throughout Kentucky in such areas as job development, job coaching, public relations, administrative policies and procedures, parent education, and utilization of peer supports.

**Goals and Objectives:**

- To continue training and technical assistance to local supported employment programs.
- To promote the concept of "employability" vs. "job readiness".
- To promote conversion of sheltered workshops to supported employment programs.

**Collaboration:** Project activities are closely coordinated with the KY Department of Vocational Rehabilitation's Project ASSET (KY's OSERS Supported Employment Demonstration Project), the Supported Employment Council, the KY DD Planning Council, and a wide variety of community agencies.

**Products:**                    *Supported Employment Training Project Curriculum:*  
*Manual I: "Overview"*  
*Manual II: "Planning & Administration"*  
*Manual III: "Direct Services"*

**Contact Person:**    Milton Tyree  
Director, Supported Employment Training Project  
P.O. Box 22638  
Louisville, KY 40252  
(502) 426-3261

   Karen L. Middendorf  
   IHDI/UAP  
   114 Mineral Industries Building  
   University of Kentucky  
   Lexington, KY 40506-0051  
   (606) 257-3465

**Interdisciplinary Human Development Institute  
University Affiliated Program  
University of Kentucky**

Area of Concentration: Prevention

**PROJECT: IDENTIFICATION AND DISSEMINATION OF INFORMATION  
ON PREVENTION RESOURCES IN KENTUCKY**

**Project Director & Principal Investigator: Karen L. Middendorf  
Funding Agency: KY DD Planning Council (9/89 - 6/91)**

**Project Description:** This project was designed to identify indicators of need for prevention services and training in Kentucky, identify existing prevention services and training resources, disseminate information about resources, and provide direction to the KY DD Planning Council (KDDPC) as to future KDDPC prevention initiatives. The need for this project was based on the Council's long standing interest in prevention issues, but lack of clarity as to priorities for development and the role the KDDPC should take, given the wide variety of key players already involved in prevention initiatives.

**Goals and Objectives:**

- Collect information about primary and secondary prevention initiatives in Kentucky and other states.
- Develop and disseminate a Directory of Prevention Resources in Kentucky.
- Convene a working conference and develop recommendations for future prevention initiatives and the role of the KDDPC.
- Report to the KDDPC on project activities and findings.

**Collaboration:** The project collaborated with all major players in prevention in Kentucky, including the KY Department for Maternal and Child Health, local and regional health departments, University-based research, training and intervention programs, and a wide variety of other state and local agencies. Additionally, the project utilized the consultation of Dr. Allen Crocker of the Boston UAP.

**Products:** *Prevention of Developmental Disabilities: The Right To Be Born Well, A Report to the Kentucky Developmental Disabilities Planning Council, 1991.*

*Prevention of Developmental Disabilities: A Guide to Services in Kentucky, 1991.*

**Contact Person:** Karen L. Middendorf  
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University of Kentucky  
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(606) 257-3465

## **SUPPORTED COMMUNITY LIVING PROGRAM**

The current residential model in Maryland for individuals with developmental disabilities relies almost exclusively on congregated living options. In many circumstances, such models prove ineffective in accomplishing their primary mission of socially integrating the individual. In the same way service providers needed support in transitioning from a sheltered day program to a supported employment model, support is also needed in understanding, designing, and implementing living options which focus on the interest, preferences and strengths of the individual.

It is the mission of the Supported Community Living Program to provide support and coordinate services to enable individuals with developmental disabilities to live on their own in small, integrated community settings. The program works with people to help them make their own choices and reach their own goals, with support available as often and for as long as needed.

To this end, the project:

- o Establishes collaborative relationships with state institutions to plan for discharge and community placement for individuals with dual diagnosis.
- o Provides support services to individuals in locations of their own choice based on each individual's goals and preferences.
- o Provides support that is flexible and can gain or decrease in intensity depending on each individual's unique situation.
- o Assists individuals to actively participate and experience community activities and opportunities.
- o Provides strategies to allow individuals to achieve a stable and satisfying living environment and to minimize crisis.
- o Establishes a written, ongoing individual community living plan based on individual strengths and preferences. The individual and staff will regularly review and revise the plan.
- o Pursues opportunities for each individual that will result in satisfying employment or vocational training.
- o Compiles and distributes information regarding supported living, and support needs of persons with dual diagnosis, to other agencies and projects.

UAP Contact: Michael Chapman, Director  
Community Programs and Training  
Kennedy Krieger Institute  
2911 East Biddle Street  
Baltimore, MD 21213  
(410) 550-9700

T.I.E.S. Project  
Area of Concentration: Prevention  
University of Missouri-Kansas City Institute for Human Development  
2220 Holmes  
Kansas City, MO 64108 (816) 235-1777 FAX: (816) 235-1762

## Teams for Infants Endangered by Substance Abuse UAP PRIORITY AREA: EARLY CHILDHOOD/PREVENTION

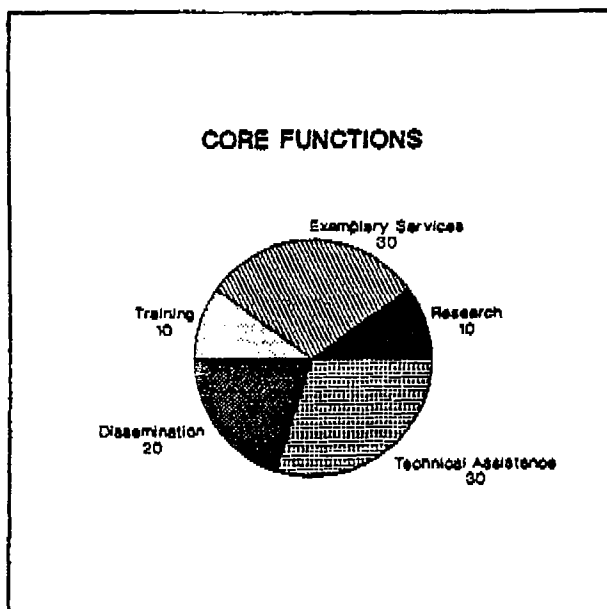
**PROJECT DIRECTOR:** Christine Rinck

**FUNDING LEVEL:** HHS \$20,391  
(Total: \$63,473)

**FUNDING SOURCE:** HHS through subcontract from Children's Mercy Hospital, and funding for grant writing from Children's Mercy Hospital

**PROJECT PERIOD:** August, 1990 - September 30, 1994

*This program provides services to infants exposed to cocaine in-utero and their families including early intervention services, case management, home visits, referral to drug treatment and extensive developmental assessment. Training is provided to professionals and paraprofessionals. A foster family recruitment program focuses on minority families.*



### CORE FUNCTIONS:

**Exemplary Services:** Developed IFSP model and form. Innovative practices with substance abusing mothers.  
**Interdisciplinary Training:** Class infusion at UMKC. Will provide training session to professionals and paraprofessionals. UAP trainee works on project.  
**Technical Assistance:** Overall evaluation of outcomes. Will assist in developing reports.  
**Information Dissemination:** Presentations at national conferences. Publications to be submitted.  
**Applied Research:** Development of attachment scale. Experimental design utilized with match comparison groups of infants/families. Longitudinal developmental and neurological measures. Assessed residential environment through use of H.O.M.E.

### NEED:

- National needs reflected by Congress passage of Abandoned Infants Act and funding.
- Local need seen from funding of anonymous testing (15% of infants born at Truman positive for cocaine-metabolites in at-birth urine).
- Capacity building of local early intervention services to work with this population.

### PROCESS:

- Fit into priorities of Prevention Institute.
- UAP staff on Board for Cradles and Crayons early intervention program.
- UAP priority to assist community agency in finding funding.

### UAP ROLE:

- Assisted in model development.
- Wrote grant.
- Assisted in IFSP model and forms.
- Evaluating program outcomes.

### OUTCOMES:

- To date,
- twenty-three families served
  - twelve sought drug treatment
  - ten infants/siblings in early intervention programs

### PRODUCTS:

- IFSP form
- Evaluation protocols

### IMPACT

**Systems Change:** Project providing for building networks of early intervention program and hospital to continue post-funding. Community consortium established. **Manpower:** Student trainee. Presentations made to UMKC classes.

**Leveraging of Resources:** UAP wrote HHS grant (\$450,000 federal, \$400,000 local) funding. Consortium and agencies leveraged private funding for equipment and services.

This project has lead to other projects that address prevention with parents of adolescents and pre-natal care for at-risk mothers.

## **SUPPORTED EMPLOYMENT INITIATIVE**

The Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration and the Kennedy Krieger Institute, Office for Community Program Development through a three-year grant from the National Institute of Mental Health are working together on a supported employment project. The purpose of the project is to learn how to assist people with long-term mental illness work in paid jobs in regular job settings in the community.

The project will focus on addressing the following questions:

1. How can a minimum average of twenty (20) hours of supported employment per week become viable for a majority of the mental health consumers in the community rehabilitation programs?
2. From the perspective of the consumer, employer, job coach, family, significant other and clinician, what are the supports needed to enter and maintain employment and integrated work settings?
3. Can mental health consumers work more hours if supports are provided?
4. What is the impact to the mental health consumer on and off the job when the work hours increase to a minimum of twenty hours or above per week?
5. What is the impact on existing program and service design related to content and structure?

The project is based on soliciting the opinions of consumers and significant others involved in a consumer's life. By participating in focus groups, they will be asked to give their opinion on what types of supports would help the consumer and significant others facilitate success in getting and keeping a real job.

Recommendations will be used to design support strategies for use with 100 consumers and technical assistance and training for community rehabilitation program personnel. Then, 100 consumers will be placed into supported employment jobs by community rehabilitation programs and their progress will be tracked by the project. Outcomes will be evaluated to determine if they increase the consumer's ability to enter and sustain community integrated employment 20+ hours per week.

UAP Contact: Michael Chapman, Director  
Community Programs and Training  
Kennedy Krieger Institute  
2911 East Biddle Street  
Baltimore, MD 21213  
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**MONTANA'S HEARING CONSERVATION PROGRAM**  
**(US WEST Rural Speech and Hearing Outreach Program)**  
**Area of Concentration: Prevention**  
**Montana University Affiliated Rural Institute on Disabilities**

The Hearing Conservation Program is a statewide approach to hearing screening for both children and adults in Montana. Through 1991, funding has come from two sources: Montana's general fund through the Office of Public Instruction (OPI), and through a grant from the US WEST Foundation. The US WEST grant will end December 31, 1991, at which time funding will continue through OPI.

The Rural Institute's Hearing Conservation grant (one of 11 mini-grants statewide) provides services to the following counties: Missoula, Sanders, Ravalli, Mineral, and part of Lake county. Local schools conduct initial screenings. The Hearing Conservation Program audiologist, then provides rescreening and evaluation; makes medical referrals, assists with educational placement of hearing-impaired children, and provides parent counseling and follow-up.

## **Goals**

### **Early identification of hearing loss:**

- a) Appropriate medical intervention can prevent permanent hearing loss and avoid speech and language delays, and;
- b) Early amplification and assessment can result in the most appropriate, least restrictive education environment for children identified as permanently hearing-impaired.

### **Prevention of permanent hearing loss through:**

- a) Education regarding factors contributing to hearing loss, such as noise exposure, and;
- b) Early medical treatment.

### **Education:**

Teach parents, teachers, children, and the general public about the effects of hearing loss and possibilities for remediation.

## **Process**

Preschool and school-age children are screened for hearing, middle-ear, and ear canal problems. Adults are screened at health fairs and specially offered screenings. Medical referrals (which are made for middle-ear problems) and hearing evaluation referrals (which are made primarily for non-middle ear hearing losses) are generated depending on the results of the screening.

Inservices, class presentations, personal contacts, parent counseling, and health fairs provide opportunities for education.

Statewide coordination for the US West grant is provided by Sue Toth, Audiology Discipline Coordinator, Montana University Affiliated Rural Institute on Disabilities, The University of Montana, 52 Corbin, Missoula, MT 59812, (406) 243-5467.

# Employment Options for Adults with Disabilities

## Seminar Series Schedule Spring/Fall 1991

Area of Concentration: Adults

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Sponsored by: The Training and Research Institute for People with Disabilities, The Children's Hospital, in collaboration with the Department of Counseling Psychology, University of Massachusetts/Boston, Harbor Campus.

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- |             |  |
|-------------|--|
| March 22    | <b>PASS-Plans for Achieving Self-Support: Everything You Want and Need to Know</b><br>Ed White, Program Specialist, Social Security Administration   |
| April 12    | <b>Taking Risks - Creating Opportunities: Changing From Facility-Based to Community Employment</b><br>Jerry Pilkington, Executive Director, Attleboro Enterprises  |
| May 3       | <b>LowTech/NoTech: Simple and Inexpensive Ways to Promote Productivity and Independence</b><br>Debra Hart, Paula Sotnik-Weiss, Add-Tech, Seaside Education Associates, Inc.  |
| May 24      | <b>Working With Business: Straight from the Source</b><br>Robert Anzalone, R.D. Gatti & Associates, Inc., Bea Riley, Harvard Community Health Plan, Jeff Van Dam, DAKA, Martine Gold, Training and Research Institute for People with Disabilities                     |
| October 11  | <b>Employment Models for People with Long-Term Mental Illness</b><br>Kevin Bradley and member, Genesis Club, Worcester; Deborah Fralin and participant, ACCESS Program, Boston; Joe Marrone, Training and Research Institute for People with Disabilities, Moderator   |
| October 25  | <b>What Every Service Provider Should Know about Employment and the ADA</b><br>Stephen Shestakofsky, Executive Director, MPWI/Resource Partnership; Tom O'Connell, Director of Affirmative Action, Wang Laboratories; Priscilla Claman, President, Career Strategies   |
| November 15 | <b>Instead of Job Coaching: Facilitating Natural Supports in the Workplace</b><br>David Hagner, Training and Research Institute for People with Disabilities   |
| December 6  | <b>Zero Exclusion: Supported Employment for People with Severe Physical Disabilities and Mental Retardation</b><br>John Butterworth, Robin Blanco, Diane Splitz, Training and Research Institute for People with Disabilities; Diane Blair, UCPA of Metro-Boston, Inc. |
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The seminars are free of charge. All seminars will be held on Friday mornings from 9:15-11:30 a.m. in the Healey Library, 11th floor Conference Room, University of Massachusetts/Boston, Harbor Campus. Registration will be from 9:15-9:30 a.m. with presentations beginning at 9:30 a.m. Healey Library is wheelchair accessible. If you are interested in attending, please register by contacting Nicole Maxey at Children's Hospital, 735-6506 (voice only) or 735-6150 (TTD). If you have questions or need special accommodations, call Marty Gold at 735-6150. These seminars can accommodate 40 to 50 people, so register early.

This seminar series is sponsored in part by grants from the Administration on Developmental Disabilities and the Rehabilitation Services Administration.

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Project Name: Head Start Collaboration Service Model  
Area of Concentration: Prevention  
UAP: Mental Retardation Institute  
Contact Person: Mary Beth Bruder, Ph.D., Director of Family Support/Early Intervention  
Room 423, Cedarwood Hall, Valhalla, NY 10595  
Telephone Number: (914) 285-7052

Over the past two years, MRI and the Westchester Community Opportunity Program (Westcop - a major provider of Head Start services in 19 programs in the county) have collaborated in the development and evaluation of a transdisciplinary model designed to maximize children's development through the delivery of intervention services within Head Start Programs. In February 1991, MRI staff began providing services in two Head Start programs that serve children from homeless families.

The core staff include a pediatric nurse practitioner (who also coordinates the program), a psychologist, speech/language pathologist and an early intervention special educator. Staff from other disciplines are available as needed. The guiding philosophy is the delivery of family-centered transdisciplinary services in a collaborative approach linking MRI staff, Head Start teachers, and the child's family. A special focus of the project is on the facilitation of transition services when children reach school age. The cost of the program is covered by Medicaid, other sources of health insurance, and early intervention and preschool special education funding.

This project is in the early stages and additional funding sources are being explored to fully develop the model. It is a significant development for MRI, however, for several reasons. It provides the basis for a demonstration project in a setting that is integrated into the community. The demonstrations focus on supporting children with disabilities in regular preschool programs, and the presence of MRI services will allow the program to serve children with more severe disabilities. Finally, project staff will support Head Start efforts in maintaining children in the program who might otherwise have been referred to early intervention or special education programs.

**HIV Prevention Project:** Concentration Area - Adults  
of the  
Developmental Evaluation Center,  
a University Affiliated Program at  
Children's Hospital  
Boston

PRESENTS

Training on how to educate young adults with developmental disabilities, mental retardation, or other learning limitations to prevent HIV infection and reduce the risks associated with active lives in the community.

Sponsored by the Association of Retarded Citizens of the United States, the American Association of University Affiliated Programs, and the Center for Disease Control this series of 1-day conferences offered throughout Massachusetts will present a detailed curriculum (SAFE Curriculum) on reducing risk, preventing infection, and safe sex training for your students, clients, or consumers of your services. The conference will include:

1. An overview of the latest information about AIDS and HIV infection
2. A segment on developmental disabilities and HIV infection
3. A discussion of issues on sexuality education for people with cognitive impairments
4. A detailed and comprehensive presentation on how to use the SAFE Curriculum for attaining the goals of education for risk reduction

These conferences will be given at a minimum cost. Your only expense is that we ask you to purchase the SAFE Curriculum (the purchase of, or easy access to one SAFE Curriculum for each district or agency), and that each participant have a commitment to use the materials with at least 5 students or clients. As many people from each district or agency may attend the conference as desired.

CONFERENCE DATES: (locations are still being finalized but will include the areas noted below, space will be limited)

<u>Dates</u>	<u>Expected Location</u>
December 17, 1991	Boston
January 14, 1992	Worcester
January 21, 1992	Springfield
February 18, 1992	Boston
February 25, 1992 [SNOW DATE]	[as needed]
March 10, 1992	Southeastern MA

Contact Dr. David T. Helm at Children's Hospital (617) 735-6501 for more information. You will receive detailed information about these conferences as plans are finalized. SAVE THE DATES!

**OHIO DD PREVENTION TRAINING PROJECT**  
**Area of Concentration: Prevention**  
**University Affiliated Cincinnati Center for Developmental Disorders**

The Ohio DD Prevention Training Project is a statewide inservice training initiative that was collaboratively implemented by the University Affiliated Cincinnati Center for Developmental Disorders and the Nisonger Center from 1983 - 1991 through funding provided by the Ohio Developmental Disabilities Planning Council. These two **University Affiliated Programs (UAPs)**, along with the statewide networks of **Area Health Education Centers (AHEC)** and **Ohio Cooperative Extension Service** county agents, combined efforts to systematically provide DD prevention training and education to allied health professionals, teens, and other consumers of childbearing age.

Specific goals of the Ohio DD Prevention Training Project included: 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. In order to accomplish these goals, a series of comprehensive DD prevention training materials were developed and field-tested by the UAPs. A training-of-trainers approach was then utilized to prepare AHEC health educators and Cooperative Extension home economics/4-H agents to utilize the materials to incorporate DD prevention training/education into their existing outreach training activities. County Cooperative Extension agents were also utilized to systematically disseminate the project's DD prevention teen resource guide to middle and high schools through the state.

Through this unique UAP/AHEC/Cooperative Extension Service partnership, specialized and generic resources were effectively united to establish a statewide mechanism for DD prevention training. Since 1983, the UAPs and AHECs have implemented DD prevention continuing education programs for more than 4,700 professionals from a variety of health and social service agencies. Similarly, Ohio Cooperative Extension agents have provided DD prevention awareness and education programs to more than 87,000 consumers. In addition, 1,959 middle and high schools in Ohio have received the teen resource guide and provided commitment to incorporate DD prevention education into a variety of subject areas.

The following specific DD Prevention training materials have been developed and are available for purchase.

- ***Prevention of Developmental Disabilities: A Multidisciplinary Approach*** - a series of six 3-hour training manuals for use with health and social service professionals.
- ***Making Healthy Decisions for Ourselves and Future Babies, Vol. I: Important Prevention Considerations for Consumers*** - a preventive education training manual for use with individuals of childbearing age.
- ***Making Healthy Decisions for Ourselves and Future Babies, Vol. II: Prevention Choices-Teens Choosing to Make a Difference*** - a resource guide to be utilized by educators at the middle and high school levels as a supplement to existing lesson plans in a variety of courses of study.
- **Professional and Consumer Materials In Preconceptional Health** - a 3-hour videotape training package for use with medical and allied health professionals; and two consumer/teen brochures, including a Preconceptional Health Checklist.

**For further information, please contact:**

Tom Gannon, Training Network Coordinator  
University Affiliated Cincinnati Center for Developmental Disorders  
3300 Elland Avenue  
Cincinnati, Ohio 45229  
Telephone: (513) 559-4639

**Community Transition Interagency Committee  
Area of Concentration: Adults  
Institute on Community Integration (UAP)  
University of Minnesota**

**Abstract**

In 1983, the U.S. Department of Education, Office of Special Education and Rehabilitative Services, identified transition from school to work as one of the major federal policy priorities of special education programs across the nation. Since this time, individual states like Minnesota have been actively engaged in systems change and new program development activities.

Minnesota's state and local education and community service agencies have been firmly committed to the notion that improvements in transition services can only result from systematic statewide planning and policy development that clearly articulates the direction for needed changes. Minnesota is one of few states in the nation to take formal policy and legislative steps to support transition programming and interagency planning on a statewide basis. Two pieces of transition legislation were passed in 1987: a requirement to include transition goals and objectives in all secondary individual education plans, and a community-level requirement to form committees to ensure that quality services are available to meet the transition needs of students with disabilities.

As Community Transition Interagency Committees began to form, the Minnesota Department of Education recognized a substantial need for ongoing technical assistance and consultation in areas specifically required by MS 120.17 Subd 16. While this statute established policy intent and provided a general course of action to be taken, there remained the continue need of providing information and clear examples of what was expected of local community teams by the state as they progressed in their development.

For these reasons, the Unique Learner Needs Section of the Minnesota Department of Education has funded a technical assistance project through the Institute on Community Integration at the University of Minnesota. Technical assistance has included the following areas: (a) ongoing assistance in conducting needs assessments at the local level which serve as the basis for the development of community plans to address the transition needs of students, (b) assistance in the adoption and use of group process techniques, (c) assistance in developing community plans to create improvements in the local system of transition services, and (d) assistance in evaluating progress.

Sandy Thompson  
Project Coordinator  
Institute on Community Integration  
University of Minnesota  
6 Pattee Hall, 150 Pillsbury Drive SE  
Minneapolis, MN 55455  
(612) 624-4848

## PREVENTION (Primary and Secondary)

HIV Prevention for Adults and Adolescents with Mental Retardation  
Area of concentration: Prevention (curriculum development - HIV/AIDS prevention)  
University Affiliated Program - Oregon Health Sciences University, Portland, Oregon

The University Affiliated Program at CDRC in Portland, Oregon is disseminating nationally, innovative materials it has developed on HIV/AIDS prevention. *SAFE: Stopping AIDS through Functional Education* is a comprehensive curriculum package designed for adolescents and adults who have mild or moderate mental retardation. The package was developed for both individual and group instruction conducted by professionals and paraprofessionals such as skill trainers, teachers and counselors who work in group homes, activity centers, recreation centers, health clinics, high school classrooms, mental health clinics and training centers. Because the curriculum makes no demands on the learner's ability to read, it is an appropriate vehicle for teaching people with MR/DD as well as other English speaking non-readers such as immigrants, itinerant farm workers and some people with learning disabilities.

The curriculum is designed to help learners acquire the knowledge, attitudes and behaviors needed to: protect themselves from contracting HIV infection or transmitting it to others; recognize that HIV infection is difficult to get, and to overcome unfounded fears about contracting it; protect themselves from the influence of people who engage in activities that put them at risk for contracting HIV infection; and interact appropriately with people who have HIV infection or AIDS.

The *SAFE* curriculum package features 18 lessons comprised of especially designed activities, illustrated handouts and video segments, including *Russell Talks About the AIDS Virus*, *Beverly Cleans Up Blood Safely*, *Saying "No" to Unwanted or Unprotected Sex*, *Teaching People to Use Condoms*, *Using Condoms*, and *Insisting on Safer Sex Practices*. The curriculum package offers information on preparing a complete HIV/AIDS prevention program that begins with assembling an HIV/AIDS Prevention Advisory Committee and developing policies to guide organizations in carrying out a prevention program, and proceeds to providing training for both staff and clients in HIV/AIDS prevention and assessing outcomes of training.

*SAFE* was developed in association with a community-wide task force with representatives from The Arc (formerly called The Association for Retarded Citizens), Fairview Training Center, Oregon Advocacy Center, the Oregon Health Division and 20 other organizations. The *SAFE* curriculum package incorporates features from successful models for health education, HIV/AIDS prevention and functional education. The final form of the package was shaped by feedback from field tests conducted at assisted living programs, residential living programs and a community college program for students with developmental disabilities. The development of *SAFE* was supported by funds from the Administration on Developmental Disabilities, the Oregon Health Division, and the Oregon Mental Health Division. The *SAFE* Project was funded by the Administration on Developmental Disabilities and directed by James E. Lindemann, Ph.D. Judith Hylton, M.S., coordinated the project and authored the curriculum package.

The University Affiliated Program is continuing its work in HIV/AIDS prevention by collaborating with The Arc of the United States in Arlington, Texas in carrying out The Arc-US's three-year HIV Prevention Project for Adults with Mental Retardation. This project will provide training to faculty from six UAPs who in turn will train direct service providers in their regions to use *SAFE*. Judith Hylton will conduct the training for UAPs. In addition to using *SAFE* from Oregon, The Arc-US is developing materials for administrators, parents, self-advocates and health care providers.

*SAFE* is available from CDRC Publications for \$60.00 to cover the cost of printing and handling. Send orders to P.O. Box 574, Portland, OR 97207-0574. Training for direct service providers in the use of *SAFE* is available at no charge. To arrange for training, please contact Marc Lerro of The Arc in Arlington, TX (817) 261-6003.

**Community Integration Activities - Greater K. C. Foundation**  
**UAP PRIORITY AREA: EMPLOYMENT AND COMMUNITY INTEGRATION**

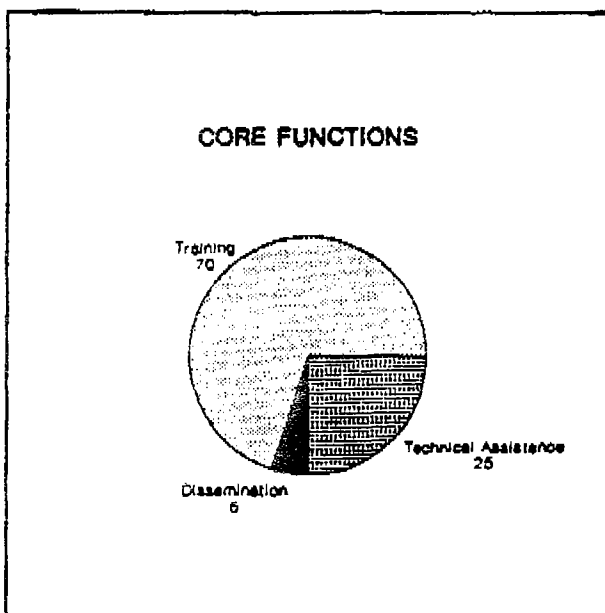
**PROJECT DIRECTOR:** Ron Torner

**FUNDING LEVEL:** \$3,056

**FUNDING SOURCE:** Greater Kansas City Foundation through a grant from the Missouri State Planning Council

**PROJECT PERIOD:** July, 1990 - June, 1991 (project continues)

*The project will provide training and technical assistance in planning, developing and implementing the process of converting from facility-based to non-facility-based programs.*



**CORE FUNCTIONS:**

**Interdisciplinary Training:** UAP faculty are training day program staff in converting facility-based program to community-based program as well as using train-the-trainers approach with management staff.

**Technical Assistance:** Provide TA in implementing community-based programs and in expanding training opportunities with emphasis on community "connecting."

**Information Dissemination:** Information and outcomes will be shared with provider organizations and state agency staff at meetings; presentations at state/national conferences.

**NEED:** Greater Kansas City Foundation currently provides traditional day habilitation. It needs assistance in converting its programs to community-based activities and supported employment.

**PROCESS:**

- Promote community participation over facility-based activities
- Teach staff how to structure community activities that promote the possibility of relationships

**UAP ROLE:** Train staff in "thinking something different" for program participants. Assist in developing strategies to implement the conversion process of facility-based to community-based services.

**OUTCOMES:** Complete change in program philosophy and implementation.

**PRODUCTS:**

- Sample fade-out plan

In addition to this particular site, related project contracts have been developed with Ozark Valley Community Services, Inc., ADAPT, Inc., and Developmental Disability Work Activity, Inc., all of Missouri.

**IMPACT**

**Systems Change:** Enhanced ability of a large Kansas City agency to facilitate community participation of consumers.

**Manpower:** 3 of 6 staff initiating community-based activities.

**Leveraging of Resources:** Assisted with preparation of \$37,000 grant to Missouri Planning Council for Developmental Disabilities (funded).



**COMMUNITY-FAMILY PARTNERSHIP PROJECT**  
(A Comprehensive Child Development Program)

Area of Concentration: Prevention

Center for Persons with Disabilities: A University Affiliated Program - Utah

The Community-Family Partnership (CFP) is one of 24 model demonstration Comprehensive Child Development Programs (CCDP) funded by the Head Start Bureau within the Administration for Children and Families. The goal of the CFP and other CCDPs is to maximize the potentials of low-income families by providing individualized, intensive, comprehensive, and continuous support services. Specifically, CFP works closely with parents to facilitate and support their efforts at improving their economic self-sufficiency, improving enhancement of their child's health and development, and preventing developmental delays, disabilities, and other consequences associated with poverty. The CFP provides a) exemplary family-focused services, b) interdisciplinary training to professionals, c) anticipated dissemination of information on validated practices used to serve low-income families, and d) technical assistance to individuals and agencies to improve services for high-risk families with young children.

Some of the expected outcomes for families participating in the CFP include:

1. children who are better prepared to succeed in life;
2. families who are more self-sufficient;
3. lower incidences of developmental disabilities or delays, child abuse and neglect;
4. families who have better problem solving and parenting skills;
5. families who have less delinquency and less substance abuse.

By working in a cooperative effort with the community, the CFP project is assisting 60 low-income families with young children residing in Box Elder and Cache counties within Northern Utah. This assistance serves all family members beginning with prenatal care, and addresses a broad range of needs, including vocational, child care, housing, transportation, medical and educational.

The CFP project provides services to families over a five-year period, and the outcomes of this project are expected to be positive for the communities involved. Some of the expected outcomes are:

1. an increase in the number of wage earners;
2. a decrease in the number of people requiring assistance;
3. an increase in the number of capable people in the work force;
4. an increase in the number and type of services available.

The CFP project will be evaluated and the results will have a major impact on the national policies and programming aimed at assisting economically disadvantaged children and families.

For more information about the CFP project, please contact:

Sebastian Striefel, Ph.D  
Project Director  
(801)750-2030

Michaëlle Ann Robinson, R.N., Ph.D  
Project Administrator  
(801)750-2008

Utah State University  
CPD-6800  
Logan, UT 84322

# **NEW JERSEY INTEGRATED EMPLOYMENT INITIATIVE**

## **Area of Concentration: Adults**

### **The University Affiliated Program of New Jersey**

The overriding goal of this project is to promote local community networks for supported employment that reflect partnerships between consumers, business and labor (private and public sector), and service providers (both nonprofit and governmental). This paradigm shift for New Jersey will require new collaborative relationships at the local and state level, as well as new policies and procedures from the governmental regulatory and funding agencies.

In addition, the project will provide from six to ten challenge grants annually to local communities to expand their capacity for supported employment through conversion of existing segregated day services and the addition of new employment services for people with severe disabilities. To assist in these local capacity building efforts the University Affiliated Program of New Jersey is developing a Technical Assistance Unit for the Integrated Employment Initiative. This unit which is composed of a Director, four Regional Consultants and a Dissemination Coordinator, will work with local communities to strengthen their role in supported employment as well as provide assistance on a statewide level to achieve consensus on the goal of full integrated employment for New Jersey citizens with severe disabilities.

The training component of this project utilizes a six module curriculum entitled **Supported Employment Training: Competency-based Instructional Modules**. Training is delivered over an eight day period incorporating six days of classroom instruction and two days of field practice.

This project is funded by a systems change grant from the Rehabilitation Services Administration, United States Department of Education which was awarded to the New Jersey Division of Vocational Rehabilitation, Department of Labor.

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**Director, Technical Assistance**

**The UAP of New Jersey**

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VIRGINIA  
INSTITUTE FOR  
DEVELOPMENTAL  
DISABILITIES

**A MATTER OF SUBSTANCE**  
**An Interagency-Interdisciplinary Approach to Assisting Substance**  
**Abusing Women and Their Children**

**Area of Concentration: Prevention**

**Virginia Institute for Developmental Disabilities**

This is a training grant awarded to the Virginia Institute for Developmental Disabilities by the Governor's Office using Drug Free Schools and Communities Act funding. The purpose of this training is to present an interagency-interdisciplinary approach for assisting women who use/abuse/are addicted to substances and their children, and the goal of the training is to encourage localities to utilize an interagency-interdisciplinary approach for assisting these women and their children. This interagency-interdisciplinary approach is based on a community model rather than a center model. It is also based on a family system rather than individual family members. This training is based on training developed by UCLA - Department of Pediatrics. This training will be consistent with Project LINK which is a model program with special funding currently being implemented in the five areas of the state. Project LINK is a combined effort of local health departments, community services boards, departments of social services, and local extension offices.

The grant has developed six regional (based on the six perinatal regions with centers) interagency-interdisciplinary training teams. These training teams are composed of the following: Perinatal Center Outreach Educator (this person is the team leader and, as such, coordinates the training and handles all of the logistics), Doctor (Perinatal Center), Nurse (public health department), Substance Abuse Treatment Therapist (community services board), Child Welfare Social Worker (department of social services), Early Intervention Specialist/Child Development Specialist (community services board), Prevention Specialist (community services board), and Law Enforcement Officer (local police or sheriff's department or state police). Team composition varies from region to region. These training teams received four days of intensive training for trainers conducted by nationally known experts in the field, including UCLA training team.

Now that the six training teams have been trained, they will each hold four or five two-day training sessions in their regions over the next two years. Participants in the two-day training sessions will be from local health departments, community services boards, departments of social services, local school divisions, local extension offices, court service units, and others, as appropriate. Training will be provided at no charge to participants. Approximately 2500 professionals will be trained over the next two years.

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NET New Mexico  
(Network for Effective Training and Technical Assistance in New Mexico)  
Training and Technical Assistance Unit  
Area of Concentration: Adult Services  
New Mexico University Affiliated Program

NET New Mexico has a state contract to provide training and technical assistance to New Mexico's community based service program personnel. The 26 early intervention programs provide services to families of young children (birth to three) with special needs and the 24 adult programs provide services to adults with developmental disabilities and their families.

NET New Mexico uses a life span model where a majority of program components are offered jointly to both early intervention and adult services personnel. These components include an advisory board, technical assistance dollars allotted to each community based program and expenditure facilitated by NET staff, program development and evaluation assistance, development of distant learning options, annual strengths and needs assessment, emergency onsite assistance, resource and information identification and retrieval, a structured process for accessing New Mexico's experts as consultants, mini-grants to programs for the development of innovative practices, and onsite training. In addition, adult service personnel are served by specific workshops, small work groups, development of best practices materials/methods, and the ongoing development of a core competency training curricula.

NET staff facilitate community based personnel in accessing the best methods and resources to meet identified needs. Funds are allocated for each program, for expert consultants, for NET staff onsite, for regional trainings, for information development and/or retrieval, and to support small groups in addressing specific issues and needs for statewide dissemination. Recent products include a framework for Quality Assurance, a framework for understanding performance/competence assessment and a supported employment manual.

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**Nutrition Programs for Native American Children  
Child Development and Mental Retardation Center  
University of Washington  
Area of Concentration: Prevention**

**Contact:** Betty Lucas, Project Coordinator  
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This project addresses unmet nutrition needs of rural Native American children who have or are at risk for nutritional problems. The project provides consultation to increase coordination and follow-up services in community health programs in four remote areas of Washington State. Based on the identified needs of each community, a variety of training and technical assistance options are available for such topics as nutrition screening and assessment, preventive nutrition counseling, and management of common nutrition problems. Training content and approaches developed for the project will be compiled in a document of written training guidelines for other Native American health programs and Indian Health Services.

Project Name: Family Practice Residency Training Program in the Care of  
Persons with Developmental Disabilities  
Area of Concentration: Adults (ages 22 through 59)  
UAP: Mental Retardation Institute  
Contact Person: Eva Heurich, D.O., F.A.A.F.P., Director of Family Medicine  
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MRI is currently conducting an outreach training initiative in developmental disabilities as a component of the Family Practice Residency Program of New York Medical College (NYMC). The Family Practice Residency Training Program at NYMC is based at Kingston General Hospital in the center of several rural counties located 90 miles from MRI. The faculty of the program also sponsor group health care clinical sites in several of these rural counties for residency training. MRI is now participating with this program in the first year of an anticipated three year cycle, which will train approximately 12 residents in each of the three years of the residency cycle (i.e., 12 first year residents, 12 in their second year, 12 in the third year) for a total of 36 residents in the program at any one time. The Family Practice Residency Training Program faculty will also be participating in the training curriculum. A three year curriculum cycle has been developed. The training format adopted combines didactic content, consultation with the residents on their current patients, and "hands on" clinical assessments by the MRI training faculty.

The Family Practice Residency Training Program faculty operate a prepaid health care plan and are a primary health care resource for a large number of low-income families. Their service model is based on the development of interdisciplinary teams focussed on the critical health care issues, or health care shortages, of the area. Thus, they have developed an obstetrics/gynecology team staffed by faculty and nurse midwives and social work, with a full-time obstetrical consultant for high risk deliveries. Similar teams exist targeted on persons who have tested HIV+ or have chronic mental health problems. These teams combine a primary and specialty health care focus through the linkage of family practitioners and specialty consultative support to ensure a comprehensive health care model for a target population. It is intended that a similar team will be developed for adults with developmental disabilities with the support of MRI faculty in training and consultation roles. This team will then rotate through the various group health practice sites established in the area to provide primary and specialty health care to adults with developmental disabilities throughout their service area.

**COMMUNITY TIES**  
**Area of Concentration: Prevention**  
**Waisman Center University Affiliated Program**

The Community Training Intervention and Evaluation Services (TIES) is a Waisman Center UAP outreach training and service program. The primary service goal of the program is to meet the emotional and psychological needs of individuals with developmental disabilities in their "least restrictive" setting. The intended outcome is for children to remain at home in their local schools and for adults to live, work, and recreate in their local community.

The outreach training component of the Community TIES program has several components including:

1. Day-long seminars in "Managing Threatening Confrontation";
2. Ongoing training and consultation to agencies regarding the development of residential and/or vocational programs that can accommodate challenging behaviors;
3. Conferences and inservice workshops on a variety of topics, related to challenging behaviors, such as sexuality; supported parenting; non-aversion, proactive approaches to care; and protective behaviors skill training for caregivers;
4. Training on psychiatric issues related to the provision of services to individuals with developmental disabilities who exhibit challenging behaviors.

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**Developmental Disabilities/Mental Health Interface Project**  
**Area of Concentration: Adults**  
**University Affiliated Cincinnati Center for Developmental Disorders**

The University Affiliated Cincinnati Center for Developmental Disorders (UACCDD) Interface Project has operated since 1979. The Project is funded through monies raised by the Hamilton County Community Mental Health Tax Levy. This Project is one of several that comprise the programs of UACCDD's Outreach Continuing Education Department.

The goal of the Interface Project is: to maximize the potential of individuals with dual diagnosis (mental retardation and mental illness) to achieve independence, productivity and community integration. To achieve this goal, three objectives have been identified: (1) assistance to children, adults, and families; (2) consultation to community service agencies and professionals and (3) training and education. To meet these three objectives in any given year, more than 300 different individuals are provided service not available through any other community based agency, more than 200 community agencies become a part of the network of community service providers and more than 30 workshops, inservices and/or presentation are provided. These annual statistics are achieved through networking and training with professionals in other community programs and by advocating for mental health and mental retardation collaborative efforts in the development and funding of services for individuals with dual diagnosis.

The Interface Project is staffed by three professionals; two developmental disabilities/mental health specialists and one developmental disabilities/mental health supervisor. The teams efforts are supported by a half-time secretary. Through the advocacy by the Interface Project staff and many mental health and mental retardation professionals, the community now has nine projects that strengthen the services provided to individuals with dual diagnosis. Three of these programs are mental health and mental retardation collaborative efforts. It is estimated that annually more than 200 individuals with mental retardation and mental health issues receive service from the six community mental health centers throughout the county.

The county-wide efforts of the University Affiliated Cincinnati Center for Developmental Disorders Interface Project are directed by a 17-member Task Force representing mental health and mental retardation agencies within the community. Through the direction and efforts of the Dual Diagnosis Task Force, a regional conference on dual diagnosis is provided annually.

Two major products were produced during the past year. In late 1990, Selected Conference Proceedings - *The Community Integration of Persons Labeled as Dually Diagnosed: Issues and Models* was published. In 1991, *A Curriculum Guide for Training Mental Health Professionals: A Model for Developing Mental Retardation/Mental Illness Intervention Services in Existing Community Mental Health Centers* was written, published and made available.

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# EARLY INTERVENTION

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Mentoring Supported Employment Implementation  
Area of Concentration: Adults  
University Affiliated Child Developmental Rehabilitation Center  
The Oregon Health Sciences University

Efforts to assist sheltered workshops in the implementation of supported employment services typically involve lectures, planning sessions and brief periods of technical assistance focused on generic S.E. issues and procedures. Feedback from recipients of this training frequently indicates two major concerns. One is the difficulty experienced in adopting generic procedures to fit into the long-established culture of the specific workshop environment. The other involves "after-shock" problems which arise after SE services have been in place for a period of time.

In response to these needs a "mentoring" approach has been developed in which a UAP staff person works with a single sheltered workshop for a period of one year. During that time the mentor approaches the workshop much in the same fashion as a job coach does a supported worker; the mentor develops trust and rapport, observes and assesses functioning in criterion environments, provides interventions in the form of training and supports and gradually fades his/her contribution to achieve independent performance and decision-making. The mentor is on-site at the facility and in its community for approximately 40 hours per month during that year.

No prescribed technical assistance formula is utilized. Instead, each agency is treated as a unique individual entity. Implementation plans and intervention strategies are developed in full cooperation with key workshop staff. In developing rapport, trust and a spirit of cooperation the mentor recognizes that he/she must strive to learn and respect the agencies culture while the agency personnel strive to learn about supported employment. The mentor is then free to discuss issues, demonstrate techniques and coordinate activities in a manner which truly "installs" S.E. in the specific context of that individual agency and community.

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Area of Concentration: Early Intervention

**ARIZONA EARLY INTERVENTION TRAINING  
PROJECT FOR INFANTS AND TODDLERS**

**Institute for Human Development  
Arizona University Affiliated Program  
Northern Arizona University**

The Arizona Early Intervention Training Project (AzEIP) is a collaborative effort between the Interagency Coordinating Council for Infants and Toddlers and the Arizona University Affiliated Program at the Institute for Human Development, Northern Arizona University. The recently funded project is designed to develop and implement a comprehensive personnel preparation system to meet the unique training needs of personnel within the Part H service delivery system throughout the state of Arizona.

The project goals of short-term local training, state-wide expansion of training, and development of preservice training will be implemented in three phases over a period of five years. Phase I will address the needs of two pilot sites—one rural and one metropolitan—to establish regionally-based inservice training and technical assistance programs to support the existing service delivery systems in these areas. Project activities will include identifying training needs, developing training resources, implementing training using a direct training model, providing technical assistance and follow up, and conducting program evaluation. Phase II will expand and disseminate the training model developed for the pilot sites state wide using a trainer of trainers model. Phase III will establish state-wide preservice university and community college interdisciplinary training programs to ensure availability of skilled paraprofessionals and professionals to serve individuals with disabilities and their families.

Training content is organized into four curricula categories: (1) background information on legislation, eligibility requirements, and agency awareness; (2) issues affecting family and children; (3) issues relevant to discipline training; and (4) technical/practical information on implementation of program components. The project will result in the development of a training resource center for all personnel and consumers of the Part H service delivery system. The model for training personnel and families, as well as a catalogue of materials developed by the project, will be available for future training activities state wide.

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VIRGINIA  
INSTITUTE FOR  
DEVELOPMENTAL  
DISABILITIES

## **Statewide Training For Direct Care Service Providers:**

### **SUPPORTING THE MEDICAID WAIVER IN VIRGINIA Area of Concentration: Adults**

#### **Virginia Institute for Developmental Disabilities**

The project, in its fourth year of funding, is a collaborative effort between the Virginia Institute for Developmental Disabilities (VIDD), the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), 40 local (CSBs) Community Services Boards, and the Virginia Community College System. Mental retardation services in the state have made a shift in funding by implementing a Medicaid Waiver and State Plan Options. The training and technical assistance activities in this project have been designed to support this change in the way services are provided and monitored, while maintaining best practice.

During this time of change in mental retardation services in Virginia, the DMHMRSAS has looked to VIDD, the State's university affiliated program, to assist in preparing and supporting staff for their roles. This collaboration has brought training and technical assistance to direct care providers throughout the Commonwealth. Staff in case management/service coordination, vocational, residential, and recreational programs have participated in various activities of this project. Over 400 staff, representing all 40 CSBs, and the DMHMRSAS have benefited from this project.

Products from this project include an orientation guide for new case managers, a curriculum for residential workers which is currently being taught in the community college system, a survey of community training homes, and a training manual for residential staff. Training has been provided in the areas of integration, team process, communication and negotiation, working with families, and presentations from successful program models from other states and in Virginia. As a result of this project, new services in Virginia, such as community training homes, have been implemented, and existing services have been enhanced.

This project is an excellent example of how a university affiliated program can support systemic change through an outreach training and technical assistance project.

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## **DEVELOPMENTAL INTERVENTION FOR HOSPITALIZED INFANTS**

### **A VIDEOTAPE SERIES FOR PARENTS AND PROFESSIONALS**

This videotape curriculum is designed to assist nursing staff working in neonatal and pediatric units to meet the developmental needs of chronically ill and medically fragile infants and their families. The curriculum is divided into a NICU and pediatric component. The NICU component consists of five staff tapes and two parent tapes. The Pediatric component includes two staff tapes and one parent tape. The videos range from 8 to 16 minutes and each is accompanied by a short guide.

#### **NICU COMPONENT**

##### **STAFF VIDEOTAPES**

Premie Development: An Overview  
The Premie and the NICU Environment  
Positioning and Handling the High Risk Infant  
The Growing Premie  
Helping Families in the Special Care Nursery

##### **PARENT VIDEOTAPES**

Parenting the Acutely Ill Infant  
Parenting the Growing Premie

#### **PEDIATRIC COMPONENT**

##### **STAFF VIDEOTAPES**

Promoting the Development of Infants with Prolonged Hospitalization  
Helping Families of Infants with Prolonged Hospitalization

##### **PARENT VIDEOTAPE**

Parenting the Infant with Prolonged Hospitalization

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**The Amelioration of Health Problems of Children with Parents with Mental Retardation**  
**Area of Concentration: Adults**  
**Waisman Center University Affiliated Program**

This project, which was conducted as a collaborative project with the Wisconsin Council on Developmental Disabilities during 10/1/87 - 10/31/90, had two goals: 1) to **decrease** the risk of serious health problems of children in targeted families resulting from lack of immunizations, poor nutrition, undiagnosed medical and developmental problems, injuries, and inadequate early stimulation and 2) to **increase** the capacity of the health care systems to ameliorate the health problems of children in families in which parents have mental retardation.

**Outreach Training:** Training and technical assistance to local public health agencies was provided to improve preventive health services to targeted families, and, technical assistance to state preventive health programs was provided to improve the accessibility of service systems to targeted families.

In addition, one-day training conferences were held each year of the project in each of the five Wisconsin health regions for professionals in public health, developmental disabilities, social services and early childhood education. Topics included an overview of issues that affect health care needs of children in families headed by parents with mental retardation, instructional methods for working with parents with mental retardation, and legal and practice issues in supporting families.

Fifteen county public health agencies, representing a cross-section of Wisconsin counties, received training and technical assistance on:

1. Case consultation;
2. Planning to identify and remedy barriers to access arising from agency policies, procedures, and established practices;
3. Inservices on specialized support models and individualized teaching and assessment methods;
4. Program evaluation, planning, and design;
5. Distribution of the project's written products to local agencies;
6. Distribution of existing written materials such as practice guides, training curricula, and journal articles;
7. Working conferences focusing on topics such as ethical issues, strengthening informal supports, and building interagency coalitions.

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Area of Concentration: Early Intervention

**INSERVICE PROGRAM FOR INTERMEDIATE CARE FACILITY STAFF  
MEETING THE DEVELOPMENTAL NEEDS OF  
MEDICALLY FRAGILE /SEVERELY  
HANDICAPPED CHILDREN BIRTH-THREE AND THEIR FAMILIES**

**A VIDEOTAPE SERIES**

This project will develop an effective inservice program designed to provide intermediate care facility staff with the knowledge, attitudes, and skills needed to respond both to the developmental needs of chronically ill and severely handicapped infants and young children and to the needs of their families. The program will have the following as its target audience: medical, nursing , related services professionals, social service staff, and paraprofessional caregiving staff. The curriculum will consist of a package of videotaped learning segments with accompanying training guides.

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# OLDER ADULTS

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Area of Concentration: Early Intervention  
Mailman Center for Child Development

The Community Action Agency of Dade County has been awarded a Comprehensive Child Development Project grant from the Department of Health and Human Services (HHS). They entitled their proposal Toddlers Infants Preschoolers and Parents (TIPP). Miami is one of 24 sites in the country that has been awarded this project.

The overall objectives of the CCDP are to:

1. provide intensive, comprehensive, integrated and continuous support services to children from low-income families from birth to entrance into elementary school, which will enhance their intellectual, social, emotional and physical development, and
2. provide needed support services to parents and other household family members which will enhance their economic and social self-sufficiency.

For infants, toddlers and preschool children, the core services which will be provided by the CCDP include health services (including screening, immunization, treatment and referral); child care that meets State licensing requirements; early childhood development programs; early intervention services for children with or at-risk of developmental delay; and nutritional services.

Personnel at the Mailman Center for Child Development were involved in this project from the beginning. We were involved in the preparation of the grant application, the design of the site, and the federal site visit. We continue to provide technical assistance and serve on the advisory board of the project.

The main part of our contribution consists of parent and staff training. The MITCH modules have been used as a part of this training as well as video-tapes taken of the mothers and babies playing together. Training also has been conducted in the use of the Denver II as a screening instrument and in the use of the HELP curriculum.

Additionally, the Mailman Center is providing developmental screenings for the focus children and in-depth evaluations for those children who may need special services. Early intervention and model teaching will also be provided as necessary.

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**Quality of Life, Arts/Fitness Outreach Training Sessions**  
**Area of Concentration: Older Adults**  
**University Affiliated Program for Persons with Developmental Disabilities**  
**The University of Georgia**

Presentations, workshops, roundtables and training sessions were vehicles for conducting outreach training on the 1988-1991 Project of National Significance, "A Quality of Life/Expressive Arts/Physical Fitness Innovative Training, Service, and Research Program for Seniors With and Without Developmental Disabilities." The project director, mentors, and students who trained service providers and clients, were involved in national, regional and local training sessions. To provide maximum positive reinforcement for their involvement, students were, for many of the sessions, provided with travel, per diem and an honorarium by the inviting organizations. Students conducted training at the following professional meetings: Looking into the 90's An Aging and Developmental Disabilities Conference, "Plenary Experiential Session, Using the Arts to Promote Community Integration: Studio, Drama, and Museum Field Trips," KY., Bridging the Networks in Georgia: Alternatives for Aging Persons with Developmental Disabilities...a live national teleconference, "Integrating People with the Quality of Life Program: Highlights from Georgia Projects," and the Center Directors Association of Georgia (CDAG) Annual Conference "Quality of Life Program: Arts, Fitness and Creativity for Seniors with Developmental Disabilities at the Senior Center," GA. Presentations were also made at the University of Miami Center on Aging and Developmental Disabilities, the Florida Chapter of AAMR, "Expressive Arts/Creativity Fitness for Senior Citizens with Developmental Disabilities," FL. and the 1992 Joint Conference on Aging "Expressive Arts for Elderly Persons," MS.

In addition, invited presentations were made at the following conferences: Region IV U.S. Administration on Aging, Southeastern Regional USPH/AOA Health Promotion Conference," GA., the 1991 Southeastern Chapter-National Association of Music Therapy, Regional Conference, Pre-Conference Workshop, GA., and the 12th Annual International Young Adult Institute Conference, NY. Presentations were also made at the 1990 Montana Conference on Developmental Disabilities, MT., and the 1990 National Conference on Dual Diagnosis," OH. Presentations were made at the following juried National Conferences: American Association on Mental Retardation 115th and 114th Annual Meetings, VA. and GA. and the National Art Education Association, 31st Annual Convention.

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**Improving the Mainstream**  
**Area of Concentration: Early Intervention**  
**University Affiliated Program for Persons with**  
**Developmental Disabilities, The University of Georgia**

The Early Intervention Services Coordinator served as a visiting faculty member of the Department of Professional Studies and the Graduate School of Wheelock College, Boston, MA, for two training institutes for the Massachusetts State Department of Education. The Institutes on Integration in Early Childhood Settings were titled, "Improving the Mainstream" and provided training and technical assistance to support the design and implementation of developmentally appropriate programs to integrate young children with special needs. Successful integration is the successful negotiation of the social/interactional, instructional/educational and management / organizational issues. Upon completion of Institute activities, members gained increased competence in leading and being members of an interdisciplinary team, utilizing instructional, behavioral and programmatic strategies for working with children in integrated settings, and advocating for and gaining support for the development and maintenance of integrated programs.

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**Making Room at the Table**  
**Area of Concentration: Older Adults**  
**Iowa University Affiliated Program**

**Training Project Director:** David Leshtz, Training Specialist  
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The Iowa Governor's Planning Council for Developmental Disabilities has been collaborating with the Iowa Department of Elder Affairs to encourage older persons with developmental disabilities to join other older persons at their community's Congregate Meal sites.

After meeting with Iowa nutrition program directors, the DD Council asked the Iowa University Affiliated Program to help eliminate barriers to participation. The UAP then worked with nutrition program managers to develop an approach to prepare meal-site personnel for the expected increase in participation by persons with developmental disabilities.

A UAP training specialist met with seventy nutrition program managers, cooks, and volunteers at their quarterly meeting in November of 1990. The interactive two-hour session was entitled "Making Room at the Table." Discussion revolved around the common ground between older persons and persons with disabilities, with an emphasis on discrimination based on stereotypes and misconceptions. The training specialist pointed out the similar challenges faced by staff persons working with the two groups.

Strategies to "break the ice" were suggested to encourage persons with disabilities to use programs for older persons. Discussion included ideas for outreach and integration activities. Participants were given ample time to express their concerns about serving an unfamiliar clientele.

This session led to an invitation to the UAP to speak at the Governor's Conference on Aging, a statewide interagency conference held in May of 1991.



INDIANA UNIVERSITY

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**BEST PRACTICES IN INTEGRATION**  
*A Community-based Training Project for Quality Early Intervention*

The Indiana University/Purdue University Best Practices in Integration Project (BPI) focuses on inservice training needs necessary for provision of quality early intervention, special education and related services to infants, toddlers and preschool-aged children with handicaps in community-based programs with non-handicapped children. The BPI Project uses a partnership approach in the joint training of two types of audiences: (1) child care and preschool providers to successfully meet the needs of children with handicaps in community settings, and (2) early intervention specialists and early childhood special educators to serve as child-specific consultants and resources for the child care and preschool staff.

The Project builds on over five years of experience amassed by Indiana University's Program PREPARE and Purdue University's Project Neighborcare, both model projects demonstrating best practices and effective training processes for community integration.

Over the course of the grant period, BPI has enabled three communities to support the expansion of integrated program options for children with disabilities and their families. Project staff have provided technical assistance to child care and preschool providers and providers of multidisciplinary services from local education agencies, developmental disabilities centers, hospitals, and/or clinics and with representatives from throughout the community. Together, these groups have collaborated to provide resources, to facilitate activities to identify resources, and to lay the groundwork for an effective integration model in each community.

The process has resulted in the training of early childhood intervention specialists working with children birth to six; community early childhood educators, and parents of children with disabilities. The training for early intervention childhood specialists utilizes five modules developed by the Project. In addition, representatives from the community representing government, business, and not-for-profit organizations have participated with early childhood intervention specialists, early childhood educators and parents on a Community Resource Network established in each community.

The project is organized into five components: 1) Community Preparation and Planning, 2) Inservice Training, 3) Impact, 4) Project Evaluation, and 5) Management and Internal Support.

For more information about the project or related products contact:

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Area of Concentration: Older Adults  
**Interdisciplinary Human Development Institute**  
**University Affiliated Program**  
**University of Kentucky**

**PROJECT: PARTNERSHIPS IN AGING AND DEVELOPMENTAL DISABILITIES**

**Principal Investigator and Project Director: James A. Stone**  
**Funding Agency: KY Developmental Disabilities Planning Council**  
**(1/1/92 - 12/31/92)**

**Project Description:** This project is designed to develop networking and collaborative activities among older people with developmental disabilities and their families with generic resources and service specific agencies in the local community. Training in collaborative strategies, needs and resource assessment, and local forums to facilitate networking will be key activities of the project.

**Goals and Objectives:**

- Identify aging and older persons with developmental disabilities, family members, and interested advocacy groups in each region of the state and ensure their involvement in needs identification and planning with local generic and specialized service agencies.
- Conduct training workshop on collaborative strategies targeting the staff of aging, mental retardation/developmental disabilities, social services, and health services including information on the unique needs and contributions of the older person with developmental disabilities.
- Establish networking and collaborative partnerships between the formal generic and specialized service agencies in each MH-MR Region and Area Agencies on Aging to develop value-based services directed by the needs of older persons with developmental disabilities and their families.

**Collaboration:** The project will include older individuals with developmental disabilities, their family units, local advocacy groups, formal service agencies including the fifteen Area on Aging Services, the fourteen Regional Mental Health/Mental Retardation boards, local offices of Social Services, Guardianship, Health Departments, and other community generic or service specific agencies. Additional collaboration will include working with other IHDI projects, access to the Consortium on Aging and Developmental Disabilities research sites and that project's Kentucky State Advisory Group, as well as the KY Developmental Disabilities Planning Council's Sub-Committee on Aging.

**Products:** Training materials will be developed for the workshop on collaborative strategies.

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Lexington, KY 40506-0051  
(606) 257-5244

**Nutrition Screening and Referral Through  
Area Education Agency Home Intervention Programs  
Area of Concentration: Early Intervention  
Iowa University Affiliated Program**

**Training Project Director:** Judith A. Amundson, M.S., R./L.D.  
Supervisor of Nutrition Services  
Iowa University Affiliated Program  
Division of Developmental Disabilities  
The University of Iowa  
Iowa City, Iowa 52242  
(319) 356-1322

This project was funded by the Iowa Interagency Coordinating Council for Special Needs Infants and Toddlers and Their Families, Iowa Department of Education, Bureau of Special Education. The goal of this project was the development of a community-based nutrition screening tool and referral system to increase awareness of nutritional problems in infants and young children with special health care needs, increase awareness and utilization of existing nutrition services, and enhance the nutritional status of infants and children receiving early intervention services.

The first objective of developing the nutrition screening tool and referral criteria was achieved by a committee consisting of health and education personnel, including both primary and tertiary level professionals, meeting together to review and adapt existing screening tools to meet the needs of the local home intervention personnel expected to use the tool.

The second objective of training local home intervention personnel on use of the tool was accomplished at two Area Education Agencies (AEAs) selected as pilot sites. The Project Director and Training Coordinator (Nutritionists with the Iowa University Affiliated Program) developed and conducted a one-day training session at the beginning of the school year for the personnel selected by the Supervisors of Early Childhood Special Education at each of the selected AEAs. Each trainee received a 75-page notebook covering all the information presented in the training session.

Objective three included piloting use of the tool and evaluation of the training and the tool. Due to the favorable outcome of the pilot, recommendation has been made and accepted to expand the project state-wide in the 1991-92 school year.

Missouri Developmental Disabilities & Elderly Resource Network (MODERN)  
 Work & Retirement Planning Curriculum (WARP)  
 Area of Concentration: Older Adults  
 University of Missouri-Kansas City Institute for Human Development  
 2220 Holmes  
 Kansas City, MO 64108 (816) 235-1770 FAX: (816) 235-1762  
 MODERN Aging & DD Information Clearinghouse number (800) 444-0821

**Interdisciplinary Training Center on Gerontology  
 and Developmental Disabilities (ITC)**  
 UAP PRIORITY AREA: SPECIAL NEEDS

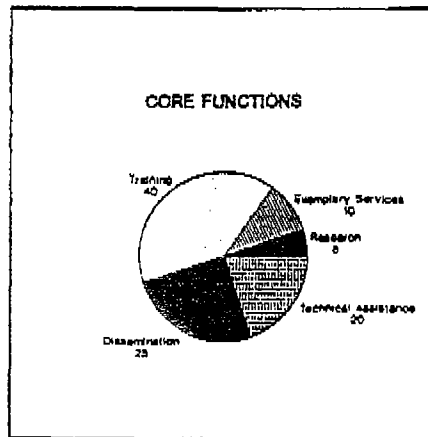
PROJECT DIRECTOR: Gerald J. Cohen

FUNDING LEVEL: \$90,000  
 (Total: \$270,000)

FUNDING SOURCE: Administration on Developmental Disabilities  
 PROJECT PERIOD: July 1, 1991 - June 30, 1994

*Overall goal of this project is to maintain an effective interdisciplinary training center on gerontology and developmental disabilities. The center's purposes are to address personnel preparation needs and to provide a centralized mechanism for the integration and advancement of knowledge in the area of aging and developmental disabilities. The project has been on-going and has focused objectives and activities in five functional areas: administration; interdisciplinary training; exemplary services; information dissemination/technical assistance/research; and evaluation.*

Through the ITC, other exemplary training projects include: MODERN (funded jointly by AoA and ADD), which stresses interagency cross-training through collaborative efforts of a state-wide interagency Task Force and local interagency working groups; WARP (funded by NIDRR), a training curriculum on transitions in work and retirement for case managers and care providers working with older to be developed with the assistance of a national consultants involved in training in this area; and Transitions to Retirement projects coordinated through the St. Louis ARC supported by the Productive Living Board and the Association on Aging & Developmental Disabilities local interagency working group.



**CORE FUNCTIONS:**

**Exemplary Services:** Activities focus upon 8 themes: social; residential; vocational/volunteerism; self-advocacy; family planning; case management; interagency coordination; health.  
**Interdisciplinary Training:** Preservice: Core course and track within gerontology program; class infusion. Outreach: Chancellor's Fellowship; Special target groups include LTC Administrators, adult protective services, case managers, families. Student trainees work with 3 older DD volunteers in community organizations.  
**Technical Assistance:** Overall evaluation of outcomes; special focus upon local and interagency collaborative effects and policy.  
**Information Dissemination:** Products and presentations disseminated at national, regional, state and local conferences and through newsletters. National and regional teleconferences also used as dissemination mechanism.  
**Applied Research:** Evaluation of impact; focus upon OBRA-87 implementation, guardianship and medications research.

**NEED:**

- Demographics of aging - especially in Missouri.
- Legislative recognition by DD Act, Older Americans Act, Americans with Disabilities Act,
- AoA/ADD federal initiative for UAPs

**PROCESS:**

- UAP role in aging began in 1984 with AoA grant to enhance case management approaches
- Subsequently, UAP began to address issues of community integration and long-term care needs through AoA grants.
- UAP was involved in development of "A Decade of Commitment to Elderly Persons with DD" task force recommendations of AAUAP.

**IMPACT**

**Systems Change:** Increased interagency collaboration and planning between aging and DD systems.  
**Manpower:** This year 14 preservice students trained, with 10 UAP trainees, 28 fellowship trainees, and outreach training provided to 1,772 in cross-cutting initiatives.  
**Leveraging:** Through ITC, UAP has directly received \$150,000 in additional grants/contracts. An additional \$150,000 has been leveraged with such other agencies as St. Louis ARC and the Developmental Work Activity Association (Clay County) to enhance programs for older persons with DD.

**UAP ROLE:**

- Special Training Center within UAP
- Collaborative agreements with Missouri Gerontology Institute, UMKC Center on Aging Studies, UMKC National Resource Center on Rural Elderly, etc.

**OUTCOMES:**

- Established innovative Supported Retirement Planning programs in St. Louis and Kansas City areas.
- Preservice core course (total 50 students in 3 years) track established within UMKC Gerontology program.
- Over 1000 inservice trainees received specialized training.

**PRODUCTS:**

- "Life Reminiscence" video and primer for interviewing older consumers for futures planning.
- "Retirement Planning" tools including IFSP, social contacts, residential planning.
- "Inclusion" modules for use by various academic disciplines of the University system.
- Newsletter column in "Dialogue on Drugs, Behavior, and Developmental Disabilities" that addresses issues of aging & DD
- Primer on initiating local "Interagency Working Groups" to identify and respond to local needs.
- Updated products list includes annotations of recommended products from other sources.
- Self instructional training modules for inservice fellowship program resulting in Chancellor's Certificate in Aging & Developmental Disabilities.
- Fast Facts on Aging & DD



## KANSAS INSERVICE TRAINING SYSTEM (KITS)

*Area of Concentration: Early Intervention*

Kansas University Affiliated Program

Kansas Inservice Training System (KITS) is a collaborative statewide inservice and technical assistance system that is offering training annually to over 300 professionals, paraprofessionals, and family members involved in early childhood special education in Southern Kansas. Addressing three levels of training (state, regional, and individual), KITS identifies statewide priorities, assesses regional needs, provides inservice and implement Individual Development Plans. KITS also utilizes and coordinates existing structures and opportunities for staff development available through the State Board of Education and other agencies (e.g., Part H, RAP, and KDEC). Presentation and material content are provided through collaboration with Institutions of Higher Education and Early Education Programs for Children with Disabilities Outreach and Demonstration Models. KITS also anticipates use of ITV (interactive television), a distance learning system which is available to facilitate training programs in the ESC's service areas. KITS will develop a master calendar of training activities, a quarterly newsletter, and encourage jointly sponsored training activities.

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**MISSOULA SUPPORTED RETIREMENT PROJECT**  
**Area of Concentration: Older Adults**  
**Montana University Affiliated Rural Institute on Disabilities**

The Missoula Supported Retirement Project was conceptualized through the collaborative efforts of the Montana University Affiliated Rural Institute on Disabilities Aging Project, Big Bear Resources, Opportunity Industries Incorporated, and Missoula Area Agency on Aging. The model project was implemented through a two-year grant award by the Montana Developmental Disabilities Planning and Advisory Council to Big Bear Resources. Administrative services for this project were located at the Missoula Area Agency on Aging.

As of October 1988 there were no specific services for seniors with developmental disabilities over the age of 55. The grant objective for the two-year period outlined a process of identification of persons with developmental disabilities that were 55 years or older. The Missoula model of "supported retirement" involved exploration of senior services available to seniors in the Missoula area, exploration of the needs and preferences of the senior with disabilities, and ongoing liaison activities by the project coordinator, Susan Doores, to promote access to generic community-based programs/activities in aging and other networks.

By the end of the two-year period, 30 older individuals had been identified and provided services including a transition from workshop to senior day program, counseling regarding retirement choices of activities, senior companion matches, and participation in a variety of generic community activities outside developmental disabilities services.

While the "Supported Retirement" project, funded by the Developmental Disabilities Council, ended in October 1990, much of the supported retirement model has continued with senior team services being provided by Big Bear Resources and Senior Companion and Retired Senior Volunteer Programs at the Missoula Area Agency on Aging. Funding for the programs in the aging network is being provided by Area Agency on Aging, as well as two grants from Action. Other generic services utilized were Senior Nutrition Program, Information and Referral, Senior Citizens Center, Active Older Adults Program at the YMCA, Aging Project of the Rural Institute on Disabilities, and a wide range of ongoing community activities.

The Missoula Supported Retirement Project was a highly successful model in influencing the development and continuation of services that reflected realistic needs and interests of seniors with developmental disabilities. The project demonstrated the benefits of network coordination and the feasibility of promoting integration of seniors with developmental disabilities. A key factor in accessing generic senior services involved active (give and take) partnerships with networks outside of developmental disabilities programs and approaching the access of generic senior and community programs slowly and in small numbers. Ideal situations involved a staff person or volunteer providing one-on-one or one-on-two person assistance to participate. The service needs of the individuals were not different from the needs of the general population of seniors; the needs just required a little more "support" from staff or a volunteer to accomplish.

It is important to point out that in addition to directly promoting systemic change at the local level in improving services for seniors with developmental disabilities, the success of the Missoula Supported Retirement Model has paved the way for a recent effort by the Rural Institute on Disabilities, the State Office on Aging, and the Montana Developmental Disabilities Division to obtain funding from the Montana Developmental Disabilities Planning and Advisory Council to further the goals of integration and quality of life for seniors. This financial support will be available through the Governor's Office on Aging for three communities to develop local aging and developmental disability committees to review and to develop services for elderly persons with developmental disabilities.

For further information contact Phillip Wittekiend, Director, Gerontology Education, Montana University Affiliated Rural Institute on Disabilities, 52 Corbin, The University of Montana, Missoula, MT 59812, (406) 243-5467.

**Interdisciplinary Human Development Institute  
University Affiliated Program  
University of Kentucky**

Area of Concentration: Early Intervention

**PROJECT: KENTUCKY INFANT-PARENT DEVELOPMENT SERVICES SKI\*HI**

**Principal Investigator: Marty Martinson, Ph.D. Project Director: Andy Hensley**

**Funding Agency: Kentucky Department of Education and Kentucky Cabinet for Human Resources (7/89 - 6/92)**

**Project Description:** This project trains professionals in the SKI\*HI curriculum developed by the SKI\*HI Institute at Utah State University, certifying them as Parent Advisors to work in the homes of infants and toddlers with hearing impairments. Currently, 53 Parent Advisors are certified and work contractually to provide services to families in rural areas or in areas where no appropriate services exist. Advisement includes information about hearing impairments, hearing aids, auditory training, communication and language development and state and federal laws relating to education of children with handicaps.

**Goals and Objectives:**

- To assist parents in becoming the primary educators of their child with a hearing impairment.
- To assist parents to be able to make knowledgeable educational decisions.
- To develop a sufficient state-wide cadre of trained, certified Parent Advisors to serve families in their local vicinity, as needed.
- To conduct child find and awareness activities in cooperation with other agencies.

**Collaboration:** The project collaborates with the Kentucky High Risk Registry, Kentucky Commission on the Deaf and Hearing Impaired, Commission for Handicapped Children, Kentucky School for the Deaf, local agencies and schools, other colleges and universities in Kentucky and the SKI\*HI Institute in Utah.

**Products:** *SKI\*HI materials are available through the SKI\*HI Institute at Utah State University.*

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**Focal Point Development for Rural Senior Centers:  
A Professional Track Workshop**

**Area of Concentration: Older Adults  
Meyer Rehabilitation Institute  
University of Nebraska Medical Center**

This workshop series presents winning ideas and images for rural senior centers. Materials presented were developed from the Nebraska Aging Network and explores the "Focal Point" philosophy for effective service delivery to aging rural Nebraskans.

Specific sessions have to deal with the following:

- What is a Focal Point?
- What are the purposes, characteristics, activities, services, and benefits of a Focal Point?
- How do I find out what I need to know?
- Strategies and approaches for Focal Point development
  - Senior Center Boards
  - Community Resource Councils
  - Community Leadership
- Training Recommendations

This series is co-sponsored with the aging offices of Western Nebraska, Northeast Nebraska, and the University of Nebraska Medical Center.

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Meyer Rehabilitation Institute  
University of Nebraska Medical Center  
402/559-5388

## **CHILD AND FAMILY SUPPORT PROGRAM**

The Child and Family Support Program, which is part of the Department for Family Support Services, is a home-centered support program for families of developmentally disabled children, who fall between the ages of birth and seven years. A transdisciplinary team consisting of social workers, speech therapists, educators, physical therapists, occupational therapists, and a nurse provide in-home parent training and counseling to Baltimore metropolitan area families. In the transdisciplinary model, a professional from one discipline serves as primary therapist based on the families' needs, with the other disciplines available to serve on a consultation basis in roles which may vary from direct service to families, to performing in an advisory capacity to the primary therapist.

In addition, parents may voluntarily participate in groups, held in the office, which include monthly support groups for parents and siblings, behavior management groups, as well as educational workshops featuring a variety of speakers on a wide range of topics. A toy, book and equipment lending library has also been developed to provide the children and their families with learning materials that can enhance their functioning.

The Child and Family Support Program receives referrals from parents and community agencies and coordinates services with a variety of community agencies including area schools, social service departments, Head Start centers, and local hospitals. In recent years, the program has provided services to an ever increasing number of young children (birth through two) and their families. The Child and Family Support Program currently works with approximately two hundred families each year on an individual basis, with thirty additional families participating only in group activities. The staff schedules approximately twenty-five hundred home visits a year to families. Funds for this program, which began in March 1978, are provided through the State of Maryland, Children's Medical Services, with supplemental funding through participation in other department grants. The program also provides consultation and training on a fee for service basis through insurance and medical assistance reimbursement and on a contractual basis to Specialized Foster Care families and families enrolled in various Family Support Services Programs.

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Community Programs and Training  
Kennedy Krieger Institute  
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Baltimore, MD 21213  
(410) 550-9700

UAP Category: Early Intervention

**TRAINING AND DISSEMINATION PROGRAM  
Rehabilitation Research and Training Center  
Consortium on Aging and Developmental Disabilities**

Areas of Concentration: Training/Older Adults

University Affiliated Cincinnati Center  
for Developmental Disorders

The training and dissemination program of the RRTC Consortium on Aging and DD seeks to close the gap between research and practice through the development of empirically based consumable products and strategic dissemination of these products to selected target populations. Over a two year period, the Consortium will develop five *educational packages* on aging and DD that are specific to four different audiences: older persons with DD; family members, administrators, professionals, and legislators. Each of these educational packages will contain information on multiple topics in aging and DD as generated from previous research by the Consortium and other centers and which would be of particular interest to the specific target population. Additionally, these packages will be presented in a "user friendly" format specific to that group.

To insure the content relevance and format utility of the packages, the training and dissemination program developed *translation teams* comprised of project staff and "consumer consultants" from the respective user groups. The tasks of these translation teams are to determine content priorities, identify appropriate formats, "translate" the relevant research findings, and recommend specific dissemination strategies.

The *cultural sensitivity* of the educational packages will be evaluated through a series of focus groups to be held across the country with representatives of five different ethnic groups. These groups will also provide the opportunity to determine culturally specific aging/DD priorities for families and service providers.

Additional national dissemination strategies include the publication of an aging/DD newsletter, the operation of a national clearinghouse, and the publication of a book on Consortium research in aging and DD.

Additional information regarding the project can be obtained from:

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Principal Investigator  
Rehabilitation Research and Training Center  
Consortium on Aging and Developmental Disabilities  
3300 Elland Avenue  
Cincinnati, OH 45229  
(513) 559-4958

## **NEW VISION: Maryland Parents as Early Intervention Coordinators**

This project is funded by the Maryland State Planning Council on Developmental Disabilities. It is a collaborative effort of the Department for Family Support Services and the Maryland Infants and Toddlers Program.

**New Vision:** Maryland Parents as Early Intervention Coordinators is a demonstration project designed to prepare "veteran" parents of children with developmental delays to serve as early intervention coordinators for families of children eligible for services under Part H of Public Law 99-457. Qualified and interested parents will be recruited to complete a training program. Following the training, the parents will be employed by early intervention programs.

This project began in October, 1990 and is being piloted in Baltimore City and Washington County during the first year. Below are outlined the Project's activities:

**Recruitment:** Five qualified and interested parents will be recruited from Baltimore City and five from Washington County.

**Training:** Training will be provided to the parents in family-centered early intervention coordination and related skills through instruction and practical experiences.

**Coordination Services:** The trained early intervention coordinators will receive support, supervision, technical assistance, and reimbursement for providing services through the project and early intervention programs.

**Dissemination of Model:** The Project will produce a package of the training curriculum and guidance materials that describe how to replicate this program.

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Baltimore, MD 21213  
(410) 550-9700



VIRGINIA  
INSTITUTE FOR  
DEVELOPMENTAL  
DISABILITIES

## **PARTNERS II: IMPROVING SERVICES TO OLDER PERSONS WITH DEVELOPMENTAL DISABILITIES - POLICY, TRAINING, AND SERVICE**

### **Area of Concentration: Older Adults**

#### **Virginia Institute for Developmental Disabilities**

The Virginia Institute for Developmental Disabilities and its "partners," the Virginia Department for the Aging, the Virginia Center on Aging and the Board for Rights of Virginians with Disabilities, are conducting outreach training for service personnel in each of Virginia's health services regions. This effort is part of a larger project, which is funded by the U.S. Administration on Aging and also includes public policy analysis and development and service demonstration projects. The model for the training project is drawn from an earlier collaborative project in the state of Maryland, which was nationally known as the Partners Project.

The purpose of the training component of Partners II is to cross-train community service providers from the aging and disabilities service networks, with the ultimate goal being improved service delivery to older adults with developmental disabilities. To assist in bringing the two networks together, Regional Planning Committees were convened in six localities across the Commonwealth of Virginia to identify local/regional training needs and local/regional resources for implementing a training program. Training sessions, based on the topics identified by the Regional Planning Committees, are currently being conducted in each of these six regions. To the extent possible, local/regional trainers identified by the Regional Planning Committees are being utilized to conduct the training. Pre=post tests of knowledge acquired in the training sessions are specific to content which is being presented in each region.

Results will include heightened awareness of the needs/concerns of older adults with developmental disabilities among 250 planners, managers, and service providers from both the aging and disabilities networks. When the funding period is terminated, a cadre of trainers and planners (i.e., the Regional Planning Committees) will remain in each region to maintain linkages between the aging and disability services networks.

Contact:

Joan B. Wood, Ph.D.  
Partners II Project Co-Director  
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FAX: (804) 371-7905



**BEST START**  
**Area of Concentration: Early Intervention**  
**Wayne State University**  
**Developmental Disabilities Institute**  
*The University Affiliated Program of Michigan*

**Contact:** Carol Kent, Ph.D.

**Title:** Family and Community Early Intervention Specialist

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Detroit, Michigan 48202

**Phone Number:** 313-577-2654

**Program Description**

Project BEST-Start builds on what has been developed and learned through project BRIDGE and, in concert with the components of P.L. 99-457, the Early Intervention Legislation, expands the training model. Project BRIDGE (Building Relationships for Infants with Disabilities Through Group Education) was the first national education program designed specifically to help teams improve their functioning and decision-making skills in the context of exemplary early services for children with disabilities, age birth to three and their families. It was a three-year contract that was funded by the United States Department of Education, Office of Special Education and Rehabilitative Services and sponsored by the American Academy of Pediatrics from 1984-1987. The Developmental Disabilities Institute (DDI) applied for and received funding from the Administration on Developmental Disabilities (ADD) to build on the work that had been done with Project BRIDGE. This new Project is called BEST-Start.

The BEST-Start training program provides a one-day workshop to help interdisciplinary teams improve their functioning and decision-making strategies. The purpose of the program is to illustrate exemplary early services to children with, or at-risk for, developmental disabilities and their families while presenting a systematic decision-making structure. The training is a practical, action-oriented approach to applying essential components of team decision-making and team dynamics. An emphasis is placed on strengthening the role of the families and parent-professional relationships while developing strategies for improving each team's functioning. At the completion of the training program, participants will be able to use a systematic decision-making process, identify common behaviors typically inhibiting team functioning, and identify techniques that enhance communication and information gathering. In addition, participants will be able to assess a member's role on the team, assess a team's decision-making "health", develop strategies that will improve the team's overall effectiveness, and understand exemplary services.

TRAINING ON AGING FOR PROVIDERS  
Area of Concentration: Older Adults  
Waisman Center on Mental Retardation and Human Development

Direct care staff and program managers from both the aging network and the developmental disabilities service system have expressed a need to know more about the effects of aging on their clients. Staff of the Aging and Developmental Disabilities Clinic frequently provide this information informally to families and service providers in conjunction with clinic evaluations. "Training on Aging for Providers" (TAP) is a more formal outreach approach to this request.

Clinic staff and advanced trainees travel to Wisconsin counties to provide workshops on a variety of health-related topics. Sample topics include depression, dementia, Down syndrome and aging, preventive health care, and long-term planning. Target audiences are case managers, health care personnel, and residential and vocational staff. These providers may be working in the generic aging service system or in the developmental disabilities network. Staff providing the training are from the following disciplines: audiology, geriatric medicine, law, nursing, psychology, and social work.

The content of the workshops is targeted to meet the needs of the providers requesting training. Two forms of training are provided: 1) client-centered, and 2) general. Client-centered training is scheduled subsequent to a client's evaluation at the clinic. Trainers provide information and facilitate problem-solving to assist providers in working with a particular client who is experiencing a dilemma resulting from effects of aging. Training is based on clients who present concerns that are representative of those faced by many people with developmental disabilities. Discussion is guided to encourage generalization of recommendations.

The more general form of training occurs without an identified client. Participants are encouraged to share their questions, concerns, and challenges in working with their older clients who have developmental disabilities prior to the training. A focus for the training is then selected based on the needs of participants.

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[Char]AAUAP.TAP

## INTERAGENCY COORDINATING COUNCILS TEAM TRAINING

Area of Concentration: Early Intervention

Mississippi University Affiliated Program

The Mississippi University Affiliated Program (MS-UAP) at the University of Southern Mississippi is conducting a model training/technical assistance project designed to assist in the development of new, and the expansion of existing, district and county (local) Interagency Coordinating Councils (ICCs) focusing on prevention and early intervention. This project, which began 7/1/90, is operating in conjunction with the Mississippi Governor's Interagency Coordinating Council established under P.L. 99-457. Project personnel are in the process of developing and refining a team training/technical assistance model of inservice training which will include the development and dissemination of training strategies and materials that will assist in the development of effective local ICCs.

To date, the project staff have collected and reviewed information reflecting state-of-the-art practices in facilitating ICC functioning; identified and surveyed existing ICCs at the national, state, and local levels; selected Sites I, II, and III; assisted the ICC in developing a philosophy and purpose statement, and in determining community and council member needs; collaborated with the Governor's ICC and lead agencies to develop community awareness materials; and presented project information to agencies and service providers and at a state conference. Current and upcoming activities for Year II include continuing development and refinement of training procedures and materials, conducting and evaluating community awareness and team training activities, and providing on-site technical assistance.

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Mississippi University Affiliated Program

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## TRAINING METHODS

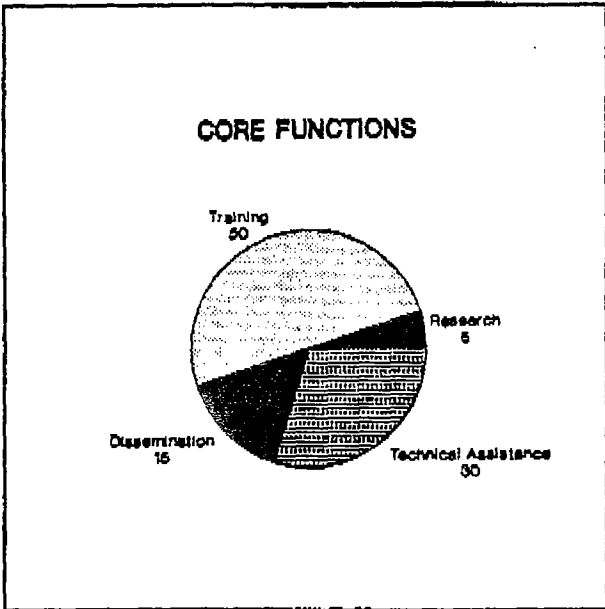
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**Missouri First Steps Early Intervention Training**  
 UAP PRIORITY AREA: EARLY CHILDHOOD / EARLY INTERVENTION

**PROJECT DIRECTOR:** Jean Ann Summers **FUNDING LEVEL:** \$287,600  
**FUNDING SOURCE:** Missouri Department of Elementary and Secondary Education, Part H funds  
**PROJECT PERIOD:** July, 1990 - June, 1991 (project continues)

*This project provides training to prepare professionals and family members to implement Missouri's Part H services to infants and toddlers with special needs, called First Steps. Training includes inservice provision of both core interdisciplinary concepts needed to provide early intervention services, and discipline-specific training in assessment and service implementation. The project will also provide training to families to facilitate their involvement in early intervention, and will develop plans to implement preservice training in early intervention.*



**CORE FUNCTIONS:**

**Interdisciplinary Training:** Six regional teams of trainers were trained by UAP. These teams conducted field-based training for professionals in 10 disciplines related to providing services in early intervention. UAP trainee work on project.

**Technical Assistance:** Developed curriculum and program plans for preservice training in early intervention. Participating in process to develop the state's Comprehensive Personnel Development System by serving on the Interagency Coordinating Council and participating with state agencies.

**Information Dissemination:** Developed and disseminated participant manuals and instructor's manuals for both interdisciplinary and discipline-specific materials; presented outlines of First Steps training at national and state conferences.

**Research:** Conducted evaluation of First Steps pilot training statewide; evaluated curricular materials; ongoing assessment of effectiveness of training program.

**NEED:**

- National need reflected by legislation (PL 99-457); literature reviews and national manpower needs assessments related to specific personnel gaps in concepts required to deliver state-of-art early intervention services.
- Local/state need seen from Part H state plan.

**PROCESS:**

- Fit into priorities of both early childhood and family support theme areas.
- UAP staff on State Interagency Coordinating Council.
- UAP priority to assist state in capacity building in early intervention.

**UAP ROLE:**

- Participated in planning and developed training project proposal for comprehensive personnel development in Missouri.
- Utilized advisory groups (1 interdisciplinary committee and 10 discipline-specific, each committee having a parent representative) of statewide professionals to assist in conceptualizing, designing curriculum, and developing materials.
- Developing, implementing, and evaluating project.

**IMPACT**

**Systems Change:** Project assisting Missouri in developing a Comprehensive Personnel Development System for early intervention service providers and families.

**Manpower:** 286 professionals trained on specific competencies related to state-of-art practices in early intervention.

**Leveraging of Resources:** \$125,000/yr. three-year OSERS grant to conduct individualized training of staff of early intervention agencies.

**OUTCOMES:**

- To date,
- State Resource Team trained and providing input to UAP and DESE
  - 40 professionals and parents trained as Regional trainers
  - 286 Missouri professionals trained in 6 regional workshops

**PRODUCTS:**

- Participant and instructor's manuals for interdisciplinary unit and for 10 specific disciplines on assessment and intervention.

Area of Concentration: Training Methods

**DIRECT CARE TRAINING PROJECTS**

**Project Name:** Training Direct Care Service Providers in  
Community-Based Programs

**Project Directors:** Orv C. Karan, Ph.D. and Eileen M. Furey, Ph.D.

**Address & Telephone Number:**

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FAX: (203) 282-1508

**Major Goal(s) of Project:**

Because of a significant fiscal crisis being experienced in Connecticut, the project's first goal has been modified. As the community college system deals with faculty and staff layoffs and declining enrollments, no new programs or options are being approved. Consequently, this project has shifted emphasis from developing programs, options, certificates or associate degrees in the area of disabilities to encouraging and assisting community colleges in providing community-based training to agencies serving people with disabilities. To that end, the project's major goals are:

1. At least one C/T college in each of the Department of Mental Retardation's six regions will offer training in the area of disabilities to private or public providers of service.
2. Useful career ladder opportunities and incentives will be initiated or strengthened.
3. The impact of this project on the higher education system, graduates, minority group members, consumers, and employers will be evaluated.
4. Information, strategies, and best practices discovered during the implementation of the project will be shared with interested people within and outside of Connecticut.

**Dynamic Communication Process Model**  
**Area of Concentration: Early Intervention**  
**Montana University Affiliated Rural Institute on Disabilities**

Communication is often an activity we take for granted. In fact, talking, listening, sharing information, understanding messages, conducting meeting and other communication processes are very complex activities. Many of us have been involved in conversation where what was said was not understood by the other person. Thus effective communication is even complicated and difficult to achieve. However, there are ways to communicate more effectively. Unfortunately, most of us have not been taught how to use effective communication techniques.

The Dynamic Communication Process Model is designed to improve communication between parents and professionals in order to provide early intervention supports and services to infants and toddlers with disabilities as well as their families. The Individualized Family Service Plan (IFSP) serves as the cornerstone for each family's support and services, and the IFSP team is the means for developing and implementing the IFSP. In order to construct and achieve IFSPs which respond to the individual needs of young children with disabilities and their families, parents and professionals need to clearly and effectively communicate with one another. Additionally, effective communication is the foundation for the development of parent-professional partnerships which are essential in providing useful supports and services.

The Dynamic Communication Process Model incorporates six communication techniques into three family-focused IFSP components: planning for the IFSP, conducting IFSP meetings, and implementing supports and services identified in the IFSP. The communication techniques include effective listening, using clear messages, developing a positive communication environment, communicating nonverbally, resolving conflict, and accounting for environmental influences on effective communication. The model is designed to improve communication interactions between parents and professionals and professionals with one another.

The Dynamic Communication Process Model is being developed by the Montana University Affiliated Rural Institute on Disabilities at the University of Montana in conjunction with Montana's Department of Social and Rehabilitative Services, Developmental Disabilities Division and seven Child and Family Service Provider agencies across Montana. The model will be implemented and evaluated at the Western Montana Comprehensive Developmental Center in Missoula and Family Outreach Incorporated in Helena. During the third year of the project, the model will be disseminated to the other five Child and Family Service Provider agencies in Montana.

For more information contact Sandy Davis, Dynamic Communication Process Model Project Coordinator, Montana University Affiliated Rural Institute on Disabilities, 52 Corbin Hall, The University of Montana, Missoula, MT 59812, (406) 243-5467.

The Georgia LIFE, Leisure is for Everyone, Project.  
Area of Concentration: Training Methods  
University Affiliated Program for Persons with Developmental Disabilities  
The University of Georgia

The Georgia LIFE Project is a training program intended to help community recreation and leisure professionals and agencies find ways to make themselves and their programs accessible to all. Training is based on Project LIFE: Leisure is for Everyone, developed by the Center for Recreation and Disability Studies, of the University of North Carolina at Chapel Hill.

Georgia LIFE training emphasizes the provision of recreation services for people who have disabilities on a personal level. We believe that personal interaction between the recreation professional and the individual participant will result in more non-stereotypical thinking and more creative problem solving regarding specific access issues discussed in training include attitudes, interests, skills and capabilities, adaptations, human resources, architectural access, participant fees, communication, transportation, legal liability, etc.

Georgia LIFE training presents a simple system that recreation professionals can use to help insure that the interaction between themselves and their consumers who have disabilities results in satisfying recreation participation for the individual. We believe that knowledge of this system will be valuable for anyone associated with the provision of recreation and leisure services, from directors of agencies to part-time volunteer coaches and instructors.

In the past, Georgians who have disabilities have found limited access to community resources, including opportunities to participate in recreation services and programs designed for the general public. Recreation and leisure opportunities, where available, were more apt to be separate "special" services, for people with disabilities only.

Increasingly, individuals with disabilities are seeking full community access and involvement. Recreation and leisure service providers are being challenged to expand the concept of special programs and provide a broader range of options, including participation in all programs and activities.

The development and implementation of Georgia LIFE training is a cooperative statewide effort. The participants and their roles are highlighted below:

The Governor's Council on Developmental Disabilities for Georgia conceptualized the project and provided necessary funding. In addition, the Council assumed responsibility for conducting the initial training sessions.

The University Affiliated Program for Persons with Developmental Disabilities, The University of Georgia developed and duplicated video training tapes and produced Georgia LIFE written materials.

The Department of Recreation and Leisure Studies, The University of Georgia consulted on the development of the project and designed a research component to accompany training efforts.

The Georgia Recreation and Park Association, Inc. accepted responsibility for coordinating ongoing training after initial training was completed in each of its seven districts.

The Center for Recreation and Disability Studies of the University of North Carolina-Chapel Hill consulted on the development of materials to be used in conjunction with their Project LIFE materials and programs.

**CONTACT:** For additional information regarding the Georgia LIFE Project, you may call the Project Coordinator, Barbara Wilhite, at 404-542-5064, or write her at the Department of Recreation and Leisure Studies, 229 Hardman Hall, The University of Georgia, Athens, Georgia, 30602.

Information on training opportunities may also be obtained from the Georgia Recreation and Park Association, Inc., 1285 Parker Road, Conyers, Georgia, 30207-5957, telephone 404-760-1403, and/or the recreation district in which you or you agency reside.

Videotape and print training package available for preview-\$25.00 or purchase information from STARS, 850 College Station Rd., Athens, GA., 30610, 542-6629/3951.





# EDUCATIONAL HOME MODEL OUTREACH PROJECT

Area of Concentration: Early Intervention  
Montana University Affiliated Rural Institute on Disabilities

The Educational Home Model (EHM) Outreach Project provides training and technical assistance to child care providers who are willing to include young children with physical, developmental, or medical disabilities. A primary goal is to increase child care options for families of children with disabilities. In collaboration with local and state agencies, project staff help recruit, train, and maintain a network of integrated child care programs--family day care homes as well as child care centers. Developed in rural and remote areas, the model includes specific adaptations for young children with multiple and severe disabilities and/or chronic illnesses.

Training and/or technical assistance is available to child care providers and administrators, early intervention specialists, families, paraprofessionals (including respite care providers), and other individuals or agencies interested in integrated child care. Resources are available to those interested in replicating the model (including all of the project components) as well as those interested in exploring individual components of integrated child care. A newsletter--*Child Care plus+*, written materials, annotated resource lists, videotape exchanges, workshops, training sessions, on-site demonstrations, and consultation via toll-free # have been developed to address the following model components.

**DEVELOPING INTEGRATED PROGRAMS FOR YOUNG CHILDREN** Developing an individual program philosophy that addresses the unique characteristics of an integrated child care program includes learning to balance the needs of children with disabilities with other child care responsibilities, communicating program goals to families, responding to questions/concerns about integration, and assessing staff strengths and needs.

**MEETING THE INDIVIDUAL NEEDS OF CHILDREN** Understanding how to incorporate learning themes into caregiving routines is an important element of the training and technical assistance provided by the EHM Outreach Project staff. Hands-on practice, videotapes, on-site demonstrations, training sessions, and written materials help child care providers make important modifications in their caregiving routines.

**ARRANGING THE PHYSICAL ENVIRONMENT** Carefully planned modifications to the physical environment, both indoors and outdoors, can assist the care provider in managing the challenges of adaptive equipment and promote accessibility for children with motor impairments. More importantly, project staff assist child care providers in making environmental changes that promote developmentally appropriate play for all children.

**MANAGING HEALTH AND SAFETY** Because many children with disabilities also have greater health risks, attention to health and safety is critically important in integrated child care. Best practices for maintaining the "well child" in child care combine with special considerations to address the individual health care needs of children who are chronically ill and/or medically fragile. Care providers coordinate with medical professionals and community health agencies, utilize parents' expertise to develop health care routines, and involve children in health and safety activities.

**INVOLVING PARENTS AND FAMILIES** Family participation in selecting and maintaining a child care placement adds to the success of the child's (and the child care provider's) experience. Family involvement includes selecting a child care program, forming partnerships between parents and care providers, utilizing intake procedures to include the family's opinions, concerns, and goals; and finding ways to share equipment, information, and expertise.

**ENCOURAGING COMMUNITY COORDINATION** Child care is a vital services offered to young children with disabilities and their families; efforts to coordinate services are essential to making integrated child care work within the community. Opportunities are designed to help the child care provider collaborate with other early intervention professionals, prepare for transition from child care to preschool/school settings, and participate with community service agencies in planning for children's individual developmental needs.

**MANAGING AN INTEGRATED PROGRAM** A good integrated program is essentially a well-run child care program with important modifications. Child care providers learn to manage the ongoing demands of providing integrated child care which include developing and modifying child care policies and procedures, maintaining licensing and registration standards, maintaining confidentiality, and developing a plan of continued professional development.

For further information about project materials and activities, contact Sarah Mulligan, Project Director, EHM Outreach Project, Montana University Affiliated Rural Institute on Disabilities, The University of Montana, 52 Corbin, Missoula, MT 59812 (406) 243-5467.

**Interdisciplinary Human Development Institute  
University Affiliated Program  
University of Kentucky**

**PROJECT: KENTUCKY DISABILITIES TRAINING NETWORK**

**Principal Investigator: Karen L. Middendorf      Project Director: Carrie Stith**  
**Funding Agency: KY Division of Mental Retardation; Kentucky Developmental  
Disabilities Planning Council (ongoing)**

**Project Description:** The IHDI-UAP serves as the coordinating unit for the Kentucky Disabilities Training Network which is a consortium of some 120 state, regional, and community programs serving individuals with disabilities and their families. IHDI-UAP staffs the Network Policy Committee, conducts an annual statewide training needs assessment, edits the network newsletter and coordinates state-wide training events through funding by the Kentucky Division of Mental Retardation and the Kentucky Developmental Disabilities Planning Council.

**Goals and Objectives:**

- To provide an array of quality, interdisciplinary, value-based inservice training opportunities for parents, individuals with disabilities, policy makers, and agency personnel who provide services to persons with developmental disabilities.
- To disseminate information on state-of-the-art training resources and to facilitate sharing of information related to training issues/resources among Network members.
- To facilitate a coordinated approach to state-wide training, thus leveraging limited training dollars and eliminating duplication of effort.

**Collaboration:** The Network's 120 plus member agencies represent all of the state agencies and most of the community agencies responsible for providing services to individuals with disabilities and their families.

**Products:** *Ten Self Study Orientation Training Modules for Staff of Community Agencies, 1987.*

*Directory of Training Resources (Kentucky-specific), 1986*

*Forty Hour Training Series for Staff of Community Agencies Serving Persons With Developmental Disabilities: Thirteen Curriculum Guides, 1988.*

**Contact Person:** Karen L. Middendorf  
IHDI/UAP  
114 Mineral Industries Building  
University of Kentucky  
Lexington, KY 40506-0051  
(606) 257-3465

**THE INDIVIDUALIZED TRAINING AND TECHNICAL ASSISTANCE PROJECT**  
**Area of Concentration: Early Intervention**  
**Montana University Affiliated Rural Institute on Disabilities**

The Individualized Training and Technical Assistance Project (ITTAP) is a one year project (Jan. 1 - Dec. 31, 1991) providing training and technical assistance to the Child and Family Service agencies in Montana. These agencies, funded by the Developmental Disabilities Division, have primary responsibility for implementing PL 99-457, Part H, in the state. Part H of PL 99-457 is a federal program that provides incentives to states to implement a comprehensive system of services for families whose children (birth through two) are experiencing developmental delays or who have a diagnosed condition with a high probability of associated delay.

The ITTAP is designed to assist Montana's Child and Family Service agencies to develop the policies and procedures which they need for compliance with PL 99-457, Part H, requirements. The components which are a focus of the project's training and technical assistance activities include:

- ◆ eligibility determination for infants and toddlers
- ◆ evaluation and assessment for infants and toddlers and information gathering with parents
- ◆ Individualized Family Service Plans for identifying which services children and families will receive
- ◆ support coordination (case management) for entry into services and implementation of Individualized Family Service plans
- ◆ provisional certification of Family Support Specialists (early intervention professionals in the Child and Family Service agencies)

Project activities are individualized to meet the specific needs of each agency. A combination of statewide training and individualized training opportunities is used to accomplish project objectives.

The ITTAP is part of the Montana University Affiliated Rural Institute on Disabilities (Rural Institute) at the University of Montana. The Project is supported by a grant from the Developmental Disabilities Division, lead agency for Part H of PL 99-457.

For more information contact Kathleen Gallacher, ITTAP Project Director, Montana University Affiliated Rural Institute on Disabilities, 52 Corbin, The University of Montana, Missoula, MT 59812, (406) 243-5467.

## **PROVIDER AGENCY DEVELOPMENT PROJECT**

The Provider Agency Development Project provides the training, technical assistance and support needed to establish and operate new agencies which will provide residential services for people with developmental disabilities.

Specifically, the project:

- Supports two Executive Directors who opened private non-profit agencies. This support is provided for approximately one year from the phases of incorporation through independent corporate functioning.
- Contracts with the two agencies to serve 38 individuals in thirteen, three bedroom ALU's.
- Provides training, technical assistance, and support to Executive Directors to fulfill all requirements of new provider agency development, licensure standards, and compliance with state and federal mandates.
- Provides hands-on technical assistance for approximately one year to assure quality program development.
- Documents the process of training and support to assist in developing other small agencies.

A product of this project will be a detailed systematic outline for other agencies to use when starting their own private non-profit organization. The outline will include a planning time-line from inception to opening the first ALU, recommended and required training programs, accessing community resources when starting a small agency, developing internal quality assurance and agency evaluation.

UAP Contact: Michael Chapman, Director  
Community Programs and Training  
Kennedy Krieger Institute  
2911 East Biddle Street  
Baltimore, MD 21213  
(410) 550-9700

UAP Category: Training

**Practical Strategies for Treatment of  
Feeding and Swallowing Problems in Children**

**Area of Concentration: Early Intervention  
Meyer Rehabilitation Institute  
University of Nebraska Medical Center**

Practical information and management strategies are presented in this workshop for parents, educators, therapists, and health care providers of children with feeding and swallowing problems. Following workshop sessions, participants are able to recognize health issues related to feeding and swallowing disorders, recognize indications for radiographic assessment of swallowing, identify and monitor mealtime behaviors, identify principles which influence behavior, and describe procedures used to alter behavior.

Other skills taught to participants involve methods to increase calorie/nutrient density of diets, assess lip mobility, jaw function, tongue movement and control, and swallow function; the impact of positioning on feeding, strategies for transitioning feeding from bottle to cup to semi-solids, and therapeutic techniques and equipment to address specific feeding and swallowing problems.

Topics addressed include:

- Health/medical issues associated with feeding and swallowing problems
- Techniques for promoting oral feeding
- Behavioral management techniques
- Practical suggestions for food preparation and meal planning

Contact Person: Paul Laikko, M.A.  
Speech Therapy Department  
Meyer Rehabilitation Institute  
University of Nebraska Medical Center  
402/559-6460

**A REPLICABLE COACHING MODEL**  
Area of Concentration: Training Methods  
Mississippi University Affiliated Program

The purpose of this project is to develop and implement a flexible inservice training model to enhance the ability of Daycare, Nursery, and Preschool programs to serve young children with disabilities. The three major goals of the project are: (1) To increase the probability that selected community-based early childhood programs will service children with disabilities in mainstreamed environments; (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.

This model is providing on-site training using an individualized coaching model to increase the skills of professionals and paraprofessional day-care, nursery, and preschool teachers in selected Hattiesburg area programs, (including Head Start) in working effectively with young children with disabilities. The trainees are primarily direct staff and administrators.

Project activities emphasize on-site training using an individualized coaching model that can be implemented across different programs and different levels of staff training and experience. Since target children require different intervention objectives and teaching strategies, depending on the type and severity of their disability, an individualized training plan is developed for each staff trainee, with family input. The training activities are developed from the needs of specific children with consideration for the experience and knowledge base of the staff. Three levels of training are provided. Level I, Awareness Training, involves all center delivery options, and provides an overview of the characteristics of children with disabilities. Level II, Knowledge-Based Training, involves staff likely to encounter the child, and addresses child-specific developmental and behavioral characteristics, intervention techniques, and support needs. Training is usually provided in small groups. Level III, Skill-Based Training, is usually one-to-one and involves staff who work directly with the child. This level of training requires actual classroom implementation using demonstration, trial and feedback sessions, and coaching. Intensity of training is determined by the needs of the child and staff.

Inservice training modules that are essentially short workshops that can be completed in one to three hours. Training materials have been developed for competencies related to serving a wide variety of children with special needs, including social, movement and motor, cognitive, speech/language, fine motor/perception, self-help and health. Topics include: Overview of Legislation, Basic Assessment and the DDST, Selecting Functional Goals, IEP/IFSP Development, Writing Behavioral Objectives, Positive Teaching for Challenging Behaviors, Indirect Language Stimulation, Language in the Mainstream, Error Free Learning, Incidental Teaching, and a series of longer workshops addressing typical vs. atypical development with intervention implications for all developmental domains. In addition there are five mini-workshops on characteristics of various developmental disabilities including autism, seizure disorders, cerebral palsy, spina bifida, and asthma. A training procedures manual describing the coaching model is in production.

Contact person:

Stella Fair

Mississippi University Affiliated Program

S.S. Box 5163

Hattiesburg, MS 39406

ph: (601) 266-5163

NET New Mexico  
(Network for Effective Training and Technical Assistance)  
Area of Concentration: Early Intervention  
New Mexico University Affiliated Program

NET NM provides training and technical assistance to community programs in New Mexico serving families with children with special needs birth through two. Although the project is housed at the UAP, NET's mission is to establish a statewide network which will provide assistance and training to all the community programs. This network, made up of expert consultants residing in rural areas as well as the larger cities, will provide more accessible assistance to programs throughout the state.

NET offers various options for providing individualized assistance to programs. The process begins with a strengths and needs assessment with those persons having optimal and meaningful input into the process (either on site or over the telephone). Once needs are identified, a number of assistance methods are available for programs to choose from including: location and retrieval of information, topical information packets, telephone consultation, on site consultation, mini-workshops and workgroups, and/or statewide workshops.

NET makes a distinction between training and technical assistance. Training is formal and structured in order to distribute new information and/or build skills. It is often generic and involves working with a group of people for several hours. Technical assistance is more informal and tailored to an agency's or individual's needs. It can be either short or long term and delivered by phone, mail, or face-to-face.

NET NM also serves as a clearinghouse for community providers, parents and consumers in order to distribute information on national resources, meetings, news of interest, and other noteworthy information.

Contact: Holly Harrison  
Early Childhood Coordinator  
NET New Mexico  
New Mexico University Affiliated Program  
UNM School of Medicine  
Albuquerque, NM 87131  
(505) 843-0156

**Individualized Development for Early Education Agencies**

**UAP PRIORITY AREA: EARLY CHILDHOOD / TRAINING METHODS**

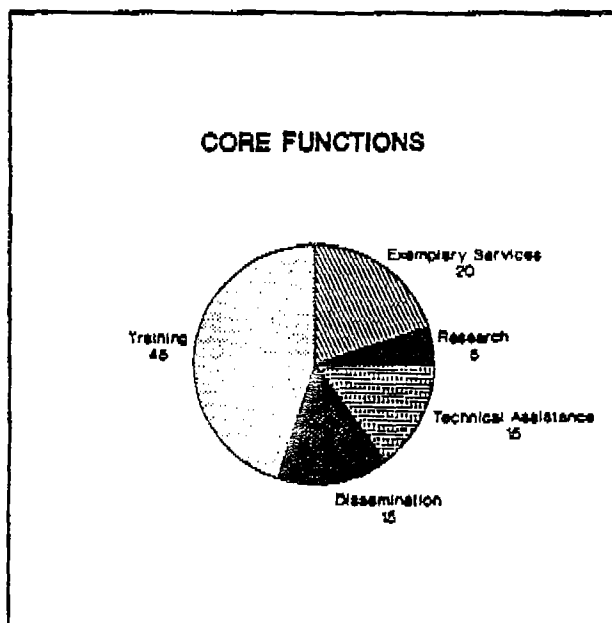
**PROJECT DIRECTOR:** Jean Ann Summers

**FUNDING LEVEL:** \$125,514/1st yr.  
 (Total: \$407,890)

**FUNDING SOURCES:** Office of Special Education Programs

**PROJECT PERIOD:** October 1, 1991 - September 30, 1994

*This is an inservice training model intended to adapt the concepts of individualized planning for children and families to develop individual agency capacity to identify and meet their own inservice training needs. The project will assist agencies in developing an Individualized Agency Training and Development Plan, networking with training resources in the area, and utilizing state-of-art, practice-based training to enhance the agencies' capacity to provide early intervention services to infants and toddlers with special needs and their families.*



**CORE FUNCTIONS:**

**Exemplary Services:** Demonstrates administrative/management model for effective and relevant personnel development in early intervention agencies.

**Interdisciplinary Training:** Field-based training in early intervention.

**Technical Assistance:** Assistance to local community interagency coordination efforts; state Comprehensive Personnel Development Plan for Part H.

**Information Dissemination:** Presentations at national conferences of results of model implementation; dissemination of developed curricula and materials statewide and nationally.

**Applied Research:** Evaluation of effectiveness of models for personnel development; evaluation of curricula.

**NEED:**

National need reflected by requirements in PL 99-457 for a Comprehensive Personnel Development Plan.  
 State level need to move beyond First Steps training to address training needs and barriers encountered in attempts to implement basic training received.  
 Local agency needs to access training with severe resource limitations.

**PROCESS:**

- Fit into priorities of the early intervention theme area.
- UAP staff on Missouri Interagency Coordinating Council and on local boards of agencies with needs for inservice training.

**UAP ROLE:** Conceptualized and wrote proposal. Will utilize local agencies as advisory body and will implement all objectives of the grant.

**OUTCOMES:** (Project activities begin October 1, 1991)

**PRODUCTS:** (Project activities begin October 1, 1991)

**IMPACT**

**Systems Change:** Project will assist Missouri in developing a Comprehensive Personnel Development System for early intervention service providers and families.

**Manpower:** Professionals will be trained on specific competencies related to state-of-art practices in early intervention.

**Leveraging of Resources:** Agencies will learn to network to expand and maximize resources available for staff training.



## **PROJECT NEW-TeamS**

The Training and Technical Assistance Unit at the University Affiliated Program/University of New Mexico, is developing a model for transdisciplinary observational assessment of infants and toddlers. This model will have positive benefits for young children with special needs and their families through a) valid and reliable process oriented assessment information that is immediately applicable to programming, b) enhancement of transdisciplinary team functioning, and c) methodology that promotes the strengths of the child and all team members (families and professionals). **Project NEW-TeamS** (Neurobehavioral, Ecological, Wholistic Team System) will develop, implement, evaluate and replicate the following three major model components:

- 1) **The development and evaluation of an observation process and instrument for use in the assessment of and programming for infants and toddlers.** This approach will address critical processes underlying developmental outcomes.
- 2). **The identification of a core discipline for early interventionists.** We will work with multiple disciplines to A) identify a common set of competencies needed by all early interventionists and B) identify methods of evaluation each competency.
- 3) **Production and delivery of training modules, videotape and manual to train personnel** in A) the competencies of the core discipline, B) implementation of the transdisciplinary observation process and C) the use of the observation instrument.

The early development and field test of the model is taking place within New Mexico's statewide Preschool and Infant Evaluation Program (PIE). The PIE Program evaluates approximately 800 children each year (birth through two). In addition, the Training Unit has the state contract for providing training and technical assistance to personnel in community based programs serving birth through two population under P.L. 99-457, Part H, in New Mexico. Currently these programs are serving more than 700 children and their families. Field tests and training will also be provided to specific infant/toddler programs in New Mexico and statewide workshops will be conducted for all personnel.

Extensive evaluation of the model will involve a variety of measures to examine reliability, validity instructional utility, positive family outcomes and the effects of training. The workscope also calls for rigorous dissemination and training at the national level and should provide direct benefit to many more infants and toddlers and their families.

Contact: Patti Oetter, Director  
NEW TeamS  
New Mexico University Affiliated Program  
UNM School of Medicine  
Albuquerque, NM 87131-5020  
(505) 272-3000

**Training and Respite Care: Serving Families  
With Children With Special Needs**

**Area of Concentration: Training Methods  
Meyer Rehabilitation Institute  
University of Nebraska Medical Center**

To address the need for respite care providers, training sessions are offered to train selected participants in the skills necessary for handling the short-term needs of individuals with disabilities. Instruction is provided by the Meyer Rehabilitation Institute of the University of Nebraska Medical Center in conjunction with the Eastern Nebraska Community Office on Retardation. Topics included in the workshops are as follows:

- An Overview of Developmental Disabilities
- Care and Feeding Issues
- Positioning and Handling Techniques
- Seizures and Medications
- First Aid
- Emergency Procedures
- Communication Systems
- Parent's Panel

Upon completion, certificates of attendance are awarded for courses. Trainees names are then entered into the Nebraska Department of Social Services Data Bank which is accessible for doctors, mental retardation offices, and for others seeking services of trained respite care workers.

Contact Person: Charles Lowitzer, Ph.D.  
Director of Special Education  
Meyer Rehabilitation Institute  
University of Nebraska Medical Center  
402/559-5766

Project Name: Birth to Three Community Integration  
Area of Concentration: Early Intervention  
UAP: Mental Retardation Institute  
Contact Person: Mary Beth Bruder, Ph.D., Director of Family Support/Early Intervention  
Room 423, Cedarwood Hall, Valhalla, NY  
10595  
Telephone Number: (914) 285-7052

The project is demonstrating the feasibility of using existing early childhood programs (day care and nursery schools) as early intervention placements for infants and toddlers with developmental delays or disabilities. Currently, children with developmental delays who are eligible for early intervention programs receive services through a variety of intervention programs. In some instances children have been removed from placements within typical early childhood settings (day care centers) to be placed in segregated special education programs to receive the services stipulated on their IEP or IFSP. The proposed project is assisting early intervention programs to utilize community-based early childhood programs for service delivery purposes. The specific procedures of the project revolve around four program components: 1) training for early childhood staff, the special education staff, families of children within the early childhood setting, and families of children qualifying for early childhood special education; 2) child and family assessments; 3) environmental analysis; 4) and policy development. Demonstrations of the model are occurring within day care and preschool programs throughout Connecticut and New York.

Project TIE: Teams in Early Intervention  
Area of Concentration: Training Methods  
New Mexico University Affiliated Program

Project TIE is focused on teams of early interventionists -- professionals and family members -- working together to ensure high quality services for infants and toddlers with special needs. TIE was funded as one of several projects whose mission is to train ancillary service providers; the project addresses this "discipline specific" training using a team approach. Four disciplines will be targeted for training, including: speech/language pathologists, motor therapists, health care professionals and family members.

Specifically, the goal of Project TIE is to develop and implement an inservice training model that increases the competencies of individual disciplines and early intervention teams in order to promote high quality, family centered services. Components of the project include training in team building at early intervention community programs, consultation with early intervention programs to support implementation of P.L. 99-457 and a two day discipline-specific training for each of the four targeted disciplines. Products will include a guide to team building for early intervention programs and specific inservice training modules for each discipline.

The discipline specific training is designed to enhance the exchange of information among team members from the four targeted groups by providing each participant with a common conceptual framework out of which to share her/his information. All four groups will be trained simultaneously, and training format will include lecture, discussion, and activities within the whole group, discipline specific groups and small team groups formed by participants.

In addition, an optional third day will be provided to give participants the opportunity to apply new skills and knowledge through a case study approach. For more information please contact:

Gail Beam, Ph.D.  
Project Director  
New Mexico University Affiliated Program  
UNM School of Medicine  
Albuquerque, NM 87131-5020  
(505)843-2928.

Project CAPABLE  
Area of Concentration: Early Intervention  
University Affiliated Cincinnati Center  
for Developmental Disorders

**Project CAPABLE (Communities Assisting Parents to be ABLE)**

Director: Marilyn Espe-Sherwindt                      Phone: (513) 559-4321  
Address: University Affiliated  
Cincinnati Center for  
Developmental Disorders  
3300 Elland Ave.  
Cincinnati, OH 45229

**Purpose:** 1) To replicate a model for intervention with parents with special needs/mental retardation through training and technical assistance to agencies and communities; and 2) to develop a statewide network of resource teams who will use the model in their home settings, promote collaboration, and provide support for one another.

**Target:** Professionals, agencies, and communities serving parents with special needs/mental retardation and their young children (birth to age 3 years).

**Approach:** The training model for professionals focuses on examining attitudes, expectations, and appropriate intervention and evaluation techniques for working effectively with parents who are mentally retarded. The project provides awareness and skills training, ongoing technical assistance, and information regarding existing resources. Other activities include development of videotapes, manuals, and other materials to address unmet training needs.

**Practices:** The service model provides comprehensive early intervention services for children, birth to age 3 years, who are at risk for developmental delay and who have parents with special needs/mental retardation. The model emphasizes building partnerships with the families, identifying realistic expectations, promoting competence and independence, and collaboration and service coordination.

Project Name: Positive Strategies to Support Behavior Change: A  
Community-Based Training Initiative

Area of Concentration: Training Methods

UAP: Mental Retardation Institute

Contact Person: Daniel Crimmins, Ph.D., Director of Psychology  
Cedarwood Hall  
Valhalla, NY 10595-1689  
(914) 285-8209

The Mental Retardation Institute is conducting a training initiative in positive behavior management to assist programs in establishing or improving their capacity to serve individuals with developmental disabilities who exhibit challenging behaviors (aggression, tantrums, self-injury, and property destruction). There are two major objectives of the project: 1) that participants as members of agency training teams demonstrate competencies in a variety of best practices that reflect a commitment to nonaversive intervention; and 2) that the training teams form self-sustaining local or regional networks to ensure that the effects of this program endure beyond the project period.

The training methods that will be used are applicable to a range of projects with adult learners. Specific topics and schedule of training will be planned with participating agencies. The general format includes an initial period of intensive training (eight to ten, half-day sessions held bi-weekly during which groups focus on the development of intervention plans for specific individuals), follow-up training (four to six, half-day sessions held bi-monthly to assist groups in developing local networks), and on-site technical assistance for a one year period.

Training groups will include twelve to fifteen persons representing three agencies or programs serving persons of similar ages. Each agency will be represented by four to six people including a parent or consumer, instructional staff (e.g., teacher, teaching assistant, residential direct care provider), clinical staff (e.g., psychologist, speech and language therapist, social worker), and administrative staff. It is anticipated that participating agencies will include, for example, pre-schools, Head Start programs, public school districts, and adult service programs. All training activities will be governed by contracts negotiated between participant agencies and MRI. These contracts will include a specification of how the focus of this training will be incorporated into their policies, procedures and inservice training.



## University Affiliated Program

Center on Human Development, College of Education  
University of Oregon, Eugene, Oregon 97403-1211  
(503) 346-3591

**EARLY INTERVENTION PROGRAM**  
Area of Concentration: Early Intervention  
University of Oregon  
University Affiliated Program

Contact Person: Diane Bricker, Ph.D., Professor  
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The Evaluation and Programming System (EPS) is an assessment tool, designed to link assessment with intervention goals and evaluation. A long history of development and extensive psychometric research render the EPS an exceptionally high quality instrument. The educational gains showed by delayed and at-risk children in demonstration classrooms attest to the value of the linked system approach to assessment-intervention-evaluation. Personnel at the Center on Human Development, University of Oregon, have demonstrated consistent success in conducting and evaluating inservice and outreach training for early intervention professionals.

To date, 38 sites in 16 different states have been successfully trained to implement the EPS linked system, using it to assess children, develop IEPs/IFSPs and home-based interventions, and monitor progress. In each state, an initial two-day training workshop and a subsequent follow-up training session were provided.

Just over 400 early interventionists, administrators and allied health professionals participated in the initial two-day workshops. These trainees serve at-risk and handicapped, birth to six year old children who are enrolled in home, center-based and integrated programs.

The follow-up training data indicate that ninety-four percent of the participants found the information and assistance useful and ninety percent were satisfied with the training. Participants indicated additional program or agency needs in: data collection management, team approaches to assessment and intervention, more staff inservice time, and additional EPS materials (e.g., skills checklist, family survey curriculum).

The information and feedback from the Outreach training workshops and follow-up training sessions have prompted further development of the EPS program and materials. The Assessment and Progress Record, a skills checklist chart for families to track their child's progress, a curriculum to accompany the EPS-I, a survey for determining family strengths and needs (FIS) and suggested assessment activities for group assessment with the EPS are newly developed materials. A process for family-guided intervention has been added to the Outreach training agenda.

## DIRECT SERVICE STAFF TRAINING PROJECT

*Area of Concentration: Staff Training* (Training Methods)

### North Dakota Center for Disabilities

Demetrios Vassiliou, Ed.D.  
Director, Staff Training  
North Dakota Center for Disabilities  
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The North Dakota Center for Disabilities UAP (Minot State University) has developed a competency-based statewide training system for direct service staff with a 7-level career ladder approach leading ultimately to a Master of Science degree in Special Education. Levels 1 - 5 (Orientation, Position-based Competency, Certificate of Completion, Advanced Certificate, and Associate of Arts Degree in Developmental Disabilities) are taught by certified trainers using a variety of delivery options (monitored self-instruction, workshops, lecture discussion, on-site instruction). This system is based on a "circuit rider train the trainer to train the staff model." The training utilizes modules from the Kellogg Model Curriculum (University of Nebraska Medical Center UAP), additional modules developed by the University, and a set of additional competencies identified for direct service staff. Regional trainers are available within the agencies to conduct the training and train-the-trainer programs are conducted regularly. While the Associate of Arts in Developmental Disabilities can be acquired on the job, the Baccalaureate and Master degrees options are offered only on the Minot State University campus.

The Associate of Arts degree in Developmental Disabilities is awarded upon the satisfactory completion of the designated 40 QHs of developmental disabilities coursework and the 59 QHs of general education requirements. Listed below is the developmental disabilities coursework.

Sp. Ed. 101	Introduction to Developmental Disabilities	4 QH
Sp. Ed. 110	Health Care in Developmental Disabilities I	4 QH
Sp. Ed. 111	Health Care in Developmental Disabilities II	4 QH
Sp. Ed. 120	Introduction to Behavior Management	4 QH
Sp. Ed. 130	Organization of Leisure Time Education	1 QH
Sp. Ed. 140	Human Development	4 QH
Sp. Ed. 221	Techniques of Behavior Management	4 QH
Sp. Ed. 250	Developing Communicative Interactions	4 QH
Sp. Ed. 255	Aging and Developmental Disabilities	3 QH
Sp. Ed. 222	Supervised Field Experience in D.D.	<u>8 QH</u>
		40 QH



Families First  
Area of Concentration: Early Intervention  
University Affiliated Program  
Child Development and Rehabilitation Center  
Oregon Health Sciences University

CURRICULUM: The Families First Project has developed and disseminated a training curriculum with accompanying video and resource manual. The curriculum, which has been adopted in toto (e.g. Louisiana uses it as their curriculum for early intervention training) or in part by various training entities. In essence the curriculum covers the law, the experience of having a child with problems, infant behavior, community resources and issues. The curriculum when used as a whole provides information didactically as well as experientially.

SYSTEMS CHANGE: Families First is committed to systems change and has promoted it in several ways. One major activity was planning and conducting a retreat for preservice trainers in areas that impact on early intervention for infants and toddlers in Oregon. As a result of the meeting Family First has become involved in the development of long term personnel preparation plan for EI providers in Oregon. Networking has been done nationally with a resulting renewed impetus in moving toward identification of standards for training.

RESOURCE CENTER: Families First has been engaged in the process of developing a state/regional recourse center for training material on infancy. Material continues to be collected, evaluated and catalogued. Coordination meetings are held with other repositories of information in the state to standardize and unify access to the collected information.

DISSEMINATION: Families First has disseminated information from our project nationally through presentations at early intervention oriented conferences and regionally not only through conferences, seminars and workshops but also by contributions to other curricula such as the Infant and Toddler Training Manual (Foltz and Todd). Two subjects emerge as very popular and perceived as needed; provider issues, e.g. burnout, and parent and professional communication. Family First staff is available to do such workshops, provide consultation and or information.

For more information contact project coordinator Gloria Krahn, Phd or project training coordinator B. John Hale, DSW, MPH  
at:

UAP Families First Project  
P.O. Box 574  
Portland, Oregon 97207  
(503) 494-4219

**COMMUNITY-BASED PARAPROFESSIONAL TRAINING SYSTEM**  
**Area of Concentration: Training Methods**  
**The University Affiliated Cincinnati Center for Developmental Disorders**

The Community-Based Paraprofessional Training System is a unique, value-based program developed for residential direct service staff who work with individuals with developmental disabilities. The program uses a comprehensive, competency-based inservice training model which ensures the consistency of quality training.

The training system is unique in that it is driven by the training needs of individual staff persons. Training coordinators work closely with the local residential providers to assure that appropriate training is offered to meet individual staff needs. Through the use of the **Individual Needs Assessment Instrument** and through standardized training evaluation, the system is capable of analyzing performance indicators to assure that the right training reaches the right people and that training is of the highest quality.

The Community-Based Paraprofessional Training System includes three key components:

**I. A System to Assess Individual Staff Training Needs**

Residential supervisors and individual staff use the Individual Training Needs Assessment to identify job responsibilities in which the staff member needs additional knowledge and skill. The instrument contains a comprehensive listing of the basic/core knowledge and skills necessary for residential paraprofessional staff to perform their jobs. These competencies and skills are linked directly to specific content areas addressed in the Residential Provider Training Curriculum. The needs assessment information can be gathered on either a regional or a statewide basis so that appropriate training can be planned.

**II. Standardized Curriculum to Address the Competencies Identified in the Training Needs Assessment**

- 101 Philosophical Basis for Community Based Residential Services
- 102 Introduction to Mental Retardation and Developmental Disabilities
- 103 Individual Habilitation Planning
- 104 Systematic Instruction: Principles of Learning & Behavior Management
- 105 Teaching Skills for Living and Working in the Community
- 106 Recreation and Leisure
- 107 Human Sexuality
- 108 Prevention and Intervention with Residents Displaying Challenging Behaviors
- 109 Health and Medical Issues
- 110 First Aid
- 111 Basic Fire Safety

The curriculum modules address all identified competencies and include resource materials and detailed trainer instructions for lecture presentations, groups activities, and discussions.

**III. A Computerized Data System for Planning, Monitoring, and Evaluating Training**

The Community-Based Paraprofessional Training System includes *Train Track*, a computerized data system for the administration and monitoring of training programs. This system provides comprehensive and correlated data regarding trainers, trainees, and training events; and other administrative functions such as fiscal reports. Information available includes:

- Reports of Workshops Presented
- Listing of Training Participants
- Workshop Evaluation Data
- Composite Training Needs by Region or Agency
- Individual Trainee Records
- Trainer Evaluation Data

**For further information, please contact:**

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**LIAISON EDUCATOR PROJECT**  
**Area of Concentration: Early Intervention**  
**CDRC-OHSU-UAP**  
**Portland, Oregon**

The Liaison Educator Project is a collaborative effort between the Oregon Department of Education and Oregon Health Sciences University's Child Development and Rehabilitation Center (CDRC), providing educational consultation to school districts statewide. With offices in Portland at CDRC, the Liaison Educator (LE) Project assists teachers, therapists, nurses, administrators, parents, and community service providers by gathering and interpreting interdisciplinary assessment information about children served at CDRC.

Since 1978, LE project staff have worked within CDRC's interdisciplinary team format providing the following services to school personnel and service providers:

- 1) Conveying educational and therapy concerns to CDRC clinicians.
- 2) Conducting educational assessments (early development, achievement and cognitive).
- 3) Accessing and interpreting CDRC reports.
- 4) Accessing other CDRC/OHSU services and evaluations.
- 5) Making referrals to community-based programs and schools.
- 6) Recognizing and addressing educational implications of specific diagnoses and handicapping conditions.
- 7) Consulting with the school/parent team, leading to the development and implementation of appropriate educational goals and programs.

Staff from the LE project are available to all school personnel and service providers, statewide, for consultation regarding specific issues with specific students or for general consultation concerning assessment, program options, handicapping conditions, referrals, and accessing and utilizing the services of OHSU and CDRC.

LE staff members can not routinely see all children served at CDRC. If parents, school districts, or other referral sources desire an educational consultation, or other services listed above for a student, they may request such services through CDRC's intake office by calling (503) 494-8095 or 1-800-452-3563, or through direct contact with LE staff member Pat Haley at (503) 494-7522.

For additional information contact: Pat Haley  
Liaison Educator Project  
CDRC-OHSU  
PO Box 574  
Portland, OR 97207-0574  
(503) 494-7522

Supported Employment Training Simulations  
Area of Concentration: Training Methods  
University Affiliated Child Development and Rehabilitation Center  
The Oregon Health Sciences University

During the past five years supported employment has become the preferred method of providing vocational services to individuals with severe disabilities. The approach not only employs new technology and procedures but is imbedded in an ideological perspective which differs considerably from "preparation-oriented" programs. For these reasons there is a growing national need to adequately train line staff to deliver S.E. services and management staff to coordinate the process of implementation within traditional vocational services agencies.

In response to this need, two Simulation Trainings have been developed. Each is designed to provide a full week of comprehensive experiential training for participants. One is intended primarily for use with staff who will be delivering services (Job Coaches); the other is designed for managers who will be coordinating S.E. implementation.

The Job Coach Simulation creates teams of participants functioning as one job coach and: 1) analyzing a real community job; 2) matching that job with a worker; and 3) completing a Support Plan which covers the range of supports needed to insure success. While participants work to accomplish these tasks they are constantly receiving memos which simulate real-life experiences in S.E. settings and test both their values-base and problem solving abilities.

The Management Simulation presents a scenario in which a team of participants function together as an S.E. manager with the goal of placing 20 workers into community jobs in one year's time. The team encounters issues involving staff deployment, funding, workshop contracts, values, parental concerns and public relations. Outcome and financial data are tabulated quarterly and these computerized reports guide the teams toward their goal. As above, memos create realistic problems to be solved during the process.

Both simulations also include brief didactic sessions on key S.E. points plus supplementary readings and exercises.

For additional information contact:

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Medically Fragile Inservice  
for Related Services Teams  
M-FIRST

Area of Concentration: Early Intervention  
CDRC-OHSU UAP Portland, Or.

The M-FIRST project is a federally grant funded activity from the US Dept. of Education, OSERS. The OHSU UAP at CDRC is the grantee and is collaborating with the University of Washington UAP at CDMRC, and the SEAs of Oregon and Washington State.

M-FIRST focuses on the development of training for related services personnel (Nurses, OTs, PTs, teacher assistants, Speech Pathologists), other school personnel (teachers, administrators, psychologists) and parents who are involved with service provision to young medically fragile children. Training centers on issues of technical expertise, ethical issues, program development and program evaluation.

Six field sites have been identified in the Pacific Northwest. Teams of six to seven participants have formed in each site and take part in project training activities. Several formats are being utilized including large, interactive, multi-day training institutes involving all teams; smaller site specific training sessions which focus on the differing needs of the local field sites; individual training and support for team members as they improve their skills in chosen areas of service, and inservice training to other related services personnel throughout the region.

Each field site team and each team member has identified goals to work toward throughout the school year in addition to taking part in the other training activities of the project.

Project staff work closely with local schools, early intervention providers, Headstart programs, and the project advisory committee in the development of curricula and training materials.

Dissemination and replication activities are planned in order to allow other programs and providers to share the information and practices developed the M-FIRST project.

For further information contact: Pat Haley  
M-FIRST  
OHSU CDRC  
PO Box 574  
Portland, Oregon 97207  
(503) 494-7522

**Assistive Technology Career Development Project**  
**Area of Concentration: Training Methods**  
**Utah State University Affiliated**  
**Center for Persons with Disabilities**

Project staff are developing, field-testing and disseminating video-based training modules designed to motivate and prepare university students to use assistive technology in their career development. The Training Modules address two separate levels of learner mastery. Level I Training Modules focus on the familiarity and knowledge needed by human service professionals in both preservice and inservice settings (professionals that serve as the first contact for individuals with disabilities seeking services). Level I Modules (1) increase the trainees awareness and familiarity with the benefits of assistive technology, its rapid evolution and development, and source of information about assistive technology, (2) stimulate participants to pursue further specialization in assistive technology careers, and (3) provide general awareness and familiarity about assistive technology for consumers and staff members in advocacy organizations. Level II Training Modules focus on skill acquisition through clinical application in home and community settings. Level II Modules provide specific assistive technology skills training to Vocational Rehabilitation Counselors and Speech Therapists (modules for other essential disciplines will be developed at a later time). Level II Modules contain material in simulated and real problem-solving situations focusing on in-home and community settings.

Each module includes a participant's manual containing print materials, readings, home and community application exercises, pre- and post- tests. Videodisc vignettes filmed in home and community settings demonstrate assistive technology being used to facilitate independence and employment.

The videodisc format is selected because of its flexibility and adaptability for preservice, inservice, and utilization. Videodisc format also facilitates utilization for individual and group instruction and to be delivered by telecommunications distance learning. Taken together, the modules provide an introductory course at the university level in assistive technology appropriate for a number of disciplines including Vocational Rehabilitation, Communicative Disorders, Special Education, Physical Therapy and Nursing.

A ten-step research and development process is being used to guide the development of the modules. The ten steps include three field tests: preliminary, main, and operational. Modules are being developed, reviewed and revised to meet the recommendations of experts in the field and consumers participating on the Training Advisory Committee as part of the preliminary field test. They will be field tested, revised and reviewed again before proceeding to the main field testing. Operational field testing of the modules will include their independent utilization in preservice and inservice settings. Following final revision, the modules will be disseminated to service agencies, universities, assistive technology state programs, and consumer organizations.

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VIRGINIA  
INSTITUTE FOR  
DEVELOPMENTAL  
DISABILITIES

**Inservice Training for Health Care Providers  
in the Early Identification and Referral of Infants/Families  
at Risk for Developmental Disabilities**

**Area of Concentration: Early Intervention**

**Virginia Institute for Developmental Disabilities**

The project, which is a cooperative effort between Virginia Commonwealth University School of Nursing, the Virginia Institute for Developmental Disabilities, and the Virginia Department of Health, provided statewide training for public health nurses and social workers in selected, valid developmental, environmental, and psychosocial screening and assessment techniques to foster early identification. The goals of this training were to:

1. increase the competency of health providers within the public health care system throughout Virginia to identify infants with or at high risk for developmental disabilities.
2. enhance the collaboration and linkages between the public health professionals and other systems serving the infant/family population.
3. ensure that continued training, consultation and updating is available through an established network.

Since the award was made in 1989, 637 individuals received training in Program I content - screening, monitoring, and referral and 250 individuals completed Program II - Nursing Child Assessment Training (NCAST). A trainer of trainers model was adopted with individuals receiving training from trainers within their own region. Thus, trainers are in place throughout the public health care system in the state to provide consultation during and after the initial training. This network of trainers is linked through a technical assistance team approach coordinated from VIDD.

Several unanticipated outcomes of this project include the adoption of the Denver II as the required developmental screening instrument for use by health departments statewide. In addition, the use of the NCAST instruments are recommended by the health department. Finally, the involvement of several of the members of the grant steering committee spearheaded a redesign of the Pediatric Health History. This is being pilot tested at the present time.

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WISCONSIN FAMILY-CENTERED INSERVICE PROJECT  
Area of Concentration: Training Methods  
Waisman Center on Mental Retardation and Human Development

The Wisconsin Family-Centered Inservice Project (WFCIP) is funded by the U. S. Office of Special Education and Rehabilitation Services (OSERS) to develop, implement and evaluate a for-credit inservice course. The targeted participants are parents of children with special needs and professionals from social services, education and allied health disciplines who are presently providing services to infants and toddlers with special needs and their families.

The inservice course focuses on attitudes, knowledge and skills in four principal topic areas, family-centered care, interdisciplinary and interagency teaming, service coordination, and problem solving. Innovative aspects of the course include participant self-assessment of perceived level of competency in content areas, participant selection of goals and activities relevant to their life or job situation, development of an Individualized Learning Plan based on the self-assessment that is analogous to the Individualized Family Service Plan (IFSP) described in PL 99-457, and interdisciplinary team teaching including parents of children with disabilities as faculty.

Course participants have a variety of options and resources for achieving their self-selected outcomes. Each participant selects a course facilitator from the faculty team who is available to lend support (e.g. resources, contacts within the community) according to need. Also, each participant is involved in field-based activities within the community designed to meet the priorities selected in the self assessment. Course sessions include lectures by parents, faculty, and local providers, discussions, panels, videos, small and large group activities.

The WFCIP project is currently field testing the course on two state University of Wisconsin campuses. Qualitative and quantitative pre-test and post test measures will help measure participants' change in attitude, knowledge and skills in the content areas. Follow-up information will be collected to obtain indicator of impact on subsequent practice. Participants will also provide formative information for course modification before procedures and materials are finalized.

Project implementation builds Wisconsin's overall capacity to provide high quality services to infants and toddlers with special needs and their families and provides a model for parents and professionals working together in higher education course development and implementation. Project materials will include a resource manual that parallels the four content areas, a video and observation scale related to parent and professional partnerships.

Contact Persons: George Jesien, Project Director, or Peg Rosin, Project Coordinator, Waisman Center Room 231, 1500 Highland Avenue, Madison, WI 53705 (608) 263-5022



Neonatal Intensive Care Unit Transition Project  
Child Development and Mental Retardation Center  
University of Washington  
Area of Concern: Early Intervention

Contact: Rodd Hedlund, Project Coordinator  
University of Washington  
CDMRC, WJ-10  
Seattle, WA 98195  
(206) 543-4011

The Neonatal Intensive Care Unit Transition Project (NTP) provides training and follow-up technical assistance to hospital NICUs and community-based health care providers in developing comprehensive transition plans for infants who are medically fragile or who have developmental disabilities. Outreach training takes place during four workshops with instruction in administration of the Infant Behavior Assessment (IBA), an instrument that assesses neurobehavioral organization of infants in NICUs, and administration of the Neonatal Individualized Developmental Care and Assessment Program (NIDCAP), a program that examines caregiving provided to infants in NICUs. A key aspect of the project is facilitating team building and promoting the development of family-centered, collaborative, and community-based transition models.

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**OTHER**

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Wisconsin Personnel Development Project  
Area of Concentration: Early Intervention  
Waisman Center on Mental Retardation and Human Development

The Wisconsin Personnel Development Project (WPDP) has been funded since 1989 by the Wisconsin lead agency for early intervention, the Department of Health and Social Services (DHSS), to provide statewide coordination and leadership in the area of personnel development for early intervention. The project's primary purpose is to address Wisconsin's need for appropriately trained personnel to provide family-centered, community-based, and coordinated early intervention services to the state's infants and toddlers with disabilities and their families. All project activities embody a family-centered and state-wide focus, are interdisciplinary in nature, and incorporate short and long term strategies for meeting the training needs of early intervention personnel in the state.

The project's principle activities include:

- 1) development of the state comprehensive plan for personnel development (CSPD) for part H of PL 99-457;
- 2) the development of a wide range of in-service, and continuing education training programs for parents, early intervention service providers, local planners, and others in content related to the implementation of family-focused, community based, comprehensive, multidisciplinary early intervention services;
- 3) the development of a faculty institute for faculty at institutions of higher education in Wisconsin and the promotion of new pre-service training opportunities;
- 4) the development of technical assistance and information dissemination to parents, service providers, and personnel educators in the state.

The project is coordinated through the Waisman Center UAP in Madison with subcontracts with faculty at the Milwaukee and Eau Claire campuses of the University of Wisconsin. Additionally over 100 service providers, parents, faculty, and representatives of professional associations, state agencies, and county personnel are involved in the project through various task forces and advisory panels which help to carry out project activities or review materials and procedures. A series of parent directed efforts provide leadership development opportunities, training in parent professional partnerships, and facilitation of presenting the parent perspective to students in higher education.

The project is in its third year now. Major accomplishments to date include: Development of the state CSPD; identification of statewide training needs of interdisciplinary professionals and parents, conducting a series of regional inservice workshops to over 1200 participants on various aspects of Part H of P.L.99-457, and holding a Faculty Institute on Personnel Preparation which was co-sponsored by the Johnson Foundation. Disseminable materials include a Curriculum Resource Manual; a bi-monthly training bulletin, and topical resource guides.

Contact Persons: George Jesien, Project Director or Linda Tuchman, Project Associate, Waisman Center Room 231, 1500 Highland Avenue, Madison, WI 53705 (608) 263-5022

THE FUTURES PROJECT  
Area Of Concentration: Other  
A.J. Pappanikou Center on Rehabilitation and  
Special Education: A University Affiliated Program  
991 Main St.  
East Hartford, CT 06108

Project Director: Pam DonAroma

The Futures Project provides individualized community-based vocational assessments. The Futures Project emphasizes a person-centered approach which encourages individual choice, personal preference, and individual hopes and dreams for a meaningful and productive future. During the past two years, Futures has pioneered a process that brings together the person with a disability, members of his or her family and professionals to work toward developing a personal profile of the individual's future. This profile focuses on indentifying possible employment and evaluation sites. Potential barriers to employment are recognized and problem solving strategies and supports necessary to minimize these barriers are generated. A community employment site is identified and customized to match the preferences, needs and desires of the individual.

Typically, assessments are conducted over a two week period (40 hours), and Futures pays individuals a minimum hourly rate to participate in the assessment. While checklists and vocational inventories are used to a limited extent, Futures staff rely more on direct observation and "natural" job expectations to complete their assessment. A written assessment is completed on each individual specifying that person's preferences and identifying the supports, services and accommodations necessary for employment. Strategies for making that job a successful one, both for the individual and the employer are also included.

Futures provides training to schools and adult service providers in the development and implementation of person-centered employment assessments.

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## SCHOOL AGE

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**DEVELOPMENTAL DISABILITIES COLLOQUIA SERIES:**  
**A Teaching Series Featuring National Scholars**  
**Area of Concentration: Other**  
**University Affiliated Program for Persons with Developmental Disabilities**  
**The University of Georgia**

Initiated in 1985 and held annually, the purpose of the Developmental Disabilities Colloquia Series is to bring scholars of note in the fields of human services and education to campus, to give students, professionals, parents and consumers the benefit of the latest knowledge gained from research, and the newest techniques in services for persons who have developmental disabilities. Topics and presenters are chosen from the evaluations of the series, solicitations, and yearly state needs assessments. Requests have been made for longer conferences, thus the UAP holds wrap-a-round conferences surrounding an annual national teleconference. In response to requests, future Colloquia will also be held at varied sites in GA.

The 1992 Colloquia Series features a major national teleconference and will host a showing of artworks and a performance by persons with disabilities. Featured speakers include Mary Beth Bruder, Ph.D., Director of Family Support and Early Intervention, and Associate Professor in the Graduate School of Health Science at New York Medical College in Valhalla, NY, speaking on "Implementation of Family Directed Early Intervention: Challenges For the 90's." "Treatment Classification and Selection for Self Injury and Related Behavior Disorders" will be presented by Brian A. Iwata, Ph.D., Professor of Psychology and Director at the Center on Self Injury, the Univ. of Florida. Noel Gregg, Ph.D., Director of the Learning Disabilities Adult Clinic, GA UAP Faculty Fellow, Univ. of GA., will present "Adults with Learning Disabilities: Issues and Future Directions." "Bridging the Networks II," the second in a series of national teleconferences focusing on Aging and Developmental Disabilities, features presentations, workshops, roundtable discussions and poster sessions, with a keynote & Colloquia by Philip Wittekiend, M.S., Director of ADD Projects at the University of Montana UAP.

Supported living for persons who have developmental disabilities was the first topic in the 1991 Colloquia Series, featuring Gail Jacob, Executive Director of Options in Community Living, Inc. of Madison WI. Nationally recognized scholar in the field of self-injurious behavior, Bruce Thyer, Ph.D. UAP Faculty Fellow, presented "Social Work Practice in the Field of Self Injury." Director of the Division of Mental Health, Mental Retardation & Substance Abuse, the Georgia Dept. of Human Resources, David L. Evans, M.A.T., delivered an address titled "Ideas and Vision for Human Services in the State of Georgia." The Georgia UAP was a host site for the national teleconference "Bridging the Networks: Dignified Options for Later Life." A two day wrap around conference was developed with Colloquia Speaker, Barbara Hawkins, Re.D. of the Indiana UAP delivering the keynote. Hamilton McCubbin, Ph.D., Dean of Family Studies at the University of Wisconsin presented "Sensitivity to Family Styles."

The new decade led off with Dr. Patricia Hartlage, M.D., Professor and Chief of Pediatric Neurology at the Medical College of Georgia, and Faculty Fellow in Medicine for the UAP, who gave a medical perspective on epilepsy and developmental disabilities. Other nationally known speakers in the series included: Michael Guralnick, Ph.D., Director of the Child Development and Mental Retardation Center of the University of Washington, Seattle, Washington, who spoke on perspectives in preschool Mainstreaming in February; Matthew Janicki, Ph.D., Director of Aging Services for the Office of Mental Retardation and Developmental Disabilities for the State of New York, on aging and developmental disabilities, and Jon Bailey, Ph.D., Professor of Psychology at Florida State University, whose topic was behavior modification. Orv Karan, Ph. D., Director, Univ. of Connecticut UAP closed the series with an address on the concept of supported living for persons with disabilities.

Prior to 1990 featured speakers were: Cordelia Robinson, Ph. D., "Early intervention and P.L. 99-457: Parent Mediated Intervention Strategies," Allen C. Crocker, M.D. "Developmental Services for Children with HIV Infection: Policy Considerations," Marsha Seltzer, Ph.D. "Aging Families with Mentally Retarded Children: Impact on Lifelong Care Giving," and William E. Jones, Ph.D. "Leveraging Resources in Human Services." Presentations were also made by Robert Schilling, Ph.D. Columbia School of Social Work, N.Y., David Braddock, Ph.D., Illinois Institute for DD, Gail Bernstein, Ph.D. Colorado UAP, and Paul Wehman, Ph.D., Virginia Commonwealth University UAP.

Flyers, electronic networks, radio, TV, and news releases contribute to the success of the series which is documented by steadily increasing attendance and consistently high evaluations.

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**Family Resource Library**  
**Area of Concentration: School Age**  
**University Affiliated Program for Persons with**  
**Developmental Disabilities, The University of Georgia**

The Georgia UAP has consolidated and cross-referenced its collection of approximately 700 resource items to create a library that is available to professionals and consumers interested in the area of developmental disabilities. The resource collection spans a wide array of topics, from areas as diverse as family interaction, creative activities, legal issues, parenting strategies, teaching aids and in-depth discussions of specific developmental disabilities. Areas of special interest to professionals include ethical concerns, genetics, and designing adult education programs and workshops. The collection is continuously expanded to include new resources.

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**The Georgia Multiple Disabilities Screening Strategy**  
**Area of Concentration: Other**  
**University Affiliated Program for Persons with**  
**Developmental Disabilities, The University of Georgia**

The Division of Mental Health, Mental Retardation, and Substance Abuse of the Georgia Department of Human Resources contracted with the Georgia UAP to develop a strategy for screening all persons who request services at state agencies for mental health, mental retardation, and substance abuse. Cognizant of the under-reporting and under-treatment of persons with dual and multiple disabilities, the aim of the Division was to ensure that all clients with dual or multiple disabilities would be thus identified and treated appropriately.

The screening strategy we developed consists in three parts, corresponding with the three major disability areas as defined by the Division: Mental Health, Mental Retardation, and Substance Abuse. We reviewed the relevant literature in the three areas thoroughly and extracted the major ("hard") indicators for each of the disability areas. The latter comprise the screening criteria, which can be assessed either through putting questions directly to the person or garnered from intake forms, observation, referral files, etc.

Knowing the wide divergence among state agencies (including hospitals, county mental health facilities, service centers for persons with developmental disabilities, residential and outpatient substance abuse clinics, etc.) and their intake personnel in their current efforts at identifying persons with multiple disabilities, we gave several options for each agency to adapt the screening strategy to meet their particular needs. The screening strategy is currently in the second stage of revision based on the reviews and comments of personnel across the state.

The second stage of the project consisted of developing a curriculum for training state personnel in the use of the screening strategy and actually conducting training sessions as part of the Division's orientation to dual and multiple disabilities in several area-wide "train the trainer" sessions during the Spring of 1992.

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INDIANA UNIVERSITY

INSTITUTE FOR THE STUDY OF  
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Area of Concentration: School Age

**OUTREACH FOR SCHOOL LIBRARIANS**  
*Improving Library Services to People with Disabilities*

A recent survey of the training needs of school library media specialists in Indiana (Irwin & Fitzgibbons, unpublished) indicates that few have specialized knowledge to work with students with disabilities. Because the media specialist is one of the educators in each school who works with all children and because library skills are often included in individualized educational plans, the provision of training was seen as important to facilitate full and appropriate inclusion within the educational opportunities of the school.

Fifteen school library media specialists in Indianapolis, Indiana participated in three days of inservice training about library services for students with disabilities. The first two days involved several sessions with the librarians: a parent panel, a library program for students with disabilities, a disability awareness program for nondisabled students, knowledge of learning styles, and the concepts of disability-related legislation. A resource collection of over 150 items from the Institute's Library was also available for the media specialists to preview.

This was followed by a third day when self-selected special educators or general educators involved in teaching students from special education participated in a planning process to develop projects for the next year. The projects that were planned included: co-sponsored disability awareness programs for students and/or regular educators, an elementary school performance of a children's story (including props, costumes, etc.) by a high school class of students with mild mental retardation, and various computer-related projects.

Outcomes of the project include increased awareness of the needs of students with disabilities, improved communication between special educators and the media specialists, an understanding of ways the media specialist can work with students with disabilities and their teachers, and knowledge and utilization of the resources of the Institute for the Study of Developmental Disabilities and its Library.

Project staff is available to train other school, public, and academic librarians to better serve people with disabilities. An article about the Indianapolis training has been submitted for publication in the spring 1992 issue of Indiana Media Journal. For further information, please contact:

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# University of Idaho

Idaho Center on  
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## Creating Visions Direct Care Training Project Area of Concentration: Direct Service Providers (Other) Idaho Center on Developmental Disabilities

The Idaho Center on Developmental Disabilities (ICDD) conducts an outreach training program for Idaho's direct care service providers to persons with developmental disabilities. The ICDD staff provides a forty hour training program, titled "Creating Visions," to job coaches, special education classroom aides, ICF-MR staff, personal care attendants and other interested professionals in the field of developmental disabilities. The Creating Visions training curriculum is based on the philosophy that attending to the needs of persons with disabilities means focusing on the entire family as a system, and therefore the family unit is at the center of the service system and the community. In order to promote this philosophy, the Creating Visions Direct Care training curriculum incorporates the principles of normalization, independence and dignity in the following five modules:

- 1) Ethical treatment of persons with disabilities
- 2) Overview of Developmental Disabilities and Family Needs
- 3) Programming for the Entire Person (PEP)
- 4) Building Positive Behaviors
- 5) Developing a Program Plan

The training program has been approved by Medicaid and is required training for personal care attendants who provide in-home assistance and 24 hour care to people with developmental disabilities.

In FY91, the ICDD offered the training in pilot form to approximately 75 providers. In FY92, over 450 providers will have completed the program. The trainers for the project were ICDD staff Sally Burton, Russell Gee and Ron Seiler. Extensive evaluation both during and after the training program assures participants that the content of the curriculum reflects their ongoing needs and concerns and will continue to enhance their skills in working with persons with disabilities. Regional directories have been published and disseminated to the class participants in an effort to encourage further networking among service providers, which will in turn benefit their clients.

This project seeks to improve the quality of life for people with developmental disabilities by training their providers to value them as individuals first! ICDD staff are currently working with the State Department of Vocational Education to place the training program within the state community college system in order to continue this training systematically and indefinitely across the state.

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KANSAS PROJECT FOR UTILIZATION OF FULL INCLUSION  
BEST PRACTICES FOR STUDENTS WITH SEVERE DISABILITIES

*Area of Concentration: School Age*

Kansas University Affiliated Program

This new project utilizes current full inclusion innovative models and best practices to improve and expand opportunities for placement of students with severe disabilities including those with dual sensory impairments in neighborhood regular education classrooms. Target participants include inservice professionals in regular and special education, parents, and related service personnel who are engaged in or planning for the full inclusion into the regular education classroom, in a neighborhood school, students with severe disabilities, including those with dual sensory impairments. Specifically, the goals of the proposed project include the development, implementation, validation, and dissemination of an inservice training approach and a set of multi-media training materials that support professionals engaged in developing full inclusion efforts. The training modules will focus on development of the knowledge and skills necessary to implement educational programs which have the following full inclusion process elements: 1) support for a student placement in neighborhood school regular classroom; 2) dual ownership (regular and special education) of students regardless of academic and adaptive functioning; 3) increased opportunities for integration and social interactions with nondisabled peers; 4) collaboration and cooperation among parents, regular, special, and related service personnel; 5) infusion of regular and special education methodologies; and 6) increased independent functioning and greater acceptance and appreciation of the individual within the community.

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**Indiana Technology-Related Assistance Coordinated Training**  
**Area of Concentration: Life Span (Other)**  
**Indiana University Affiliated Program**

**Project Description:** INTRACT is a one day training course in technology-related assistance for care coordination across agencies serving individuals with disabilities and chronic handicapping conditions in Indiana. The training curriculum focuses on technology-related assistance for persons with disabilities of all ages with emphasis on care coordination as a primary method for service delivery of assistive technology.

Utilizing a "train the trainer" model, the curriculum includes a comprehensive participant workbook and leader's manual. The step by step approach provides a comprehensive yet flexible course utilizing a variety of media such as video, and overhead transparencies, as well as individual and group activity. The curriculum also includes a pre and post test to measure learning.

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Area of Concentration: School Age

**Interdisciplinary Human Development Institute  
University Affiliated Program  
University of Kentucky**

**PROJECT: STATEWIDE TRAINING AND FACILITATION PROJECT (STAF)**

**Principal Investigator: Preston Lewis                      Project Director: Beth McGuire**  
**Funding Agency: U.S. Department of Education (8/90 - 7/93)**

**Project Description:** The purpose of this project is to provide a collaborative interagency approach toward improving school-to-work transition services for secondary level special education students during and after existing schooling. The project provides extensive inservice training/technical assistance related to the Community-Based Work Transition Model.

**Goals and Objectives:**

- To facilitate existing Community-Based Work Transition Program participants' implementation of the model and to expand the number of school districts participating statewide.
- To facilitate the development of state and local interagency panning for ongoing support of existing students placed in integrated community-based employment, including natural supports in the workplace, and development of a model for the use of adult education services as an ongoing support program.
- To facilitate the inclusion of students with the most severe disabilities entering the Community-Based Work Transition program.
- To develop and implement mechanisms and strategies for: employer marketing, student job performance evaluation, student/employer satisfaction survey, and a longitudinal outcome evaluation system.

**Collaboration:** The project represents a cooperative effort between the Office of Vocational Education, Office of Adult and Community Education, Department of Mental Health/Mental Retardation Services, Department of Vocational Rehabilitation Services, Department of Manpower Services, Office of Education of Exceptional Children, Department of the Blind, Kentucky Commission on the Deaf/Hearing Impaired, and employers within the Commonwealth.

**Products:** *Community Based Work Transition Program Manual, 1990*

**Contact Person:** Beth McGuire  
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**Seminar for the Community-Based Physician  
on the Care of Children with Special Needs  
Area of Concentration: Community Medical Care--All Ages (Other)  
Iowa University Affiliated Program**

**Training Project Director:** Alfred Healy, M.D.  
Director, Iowa University Affiliated Program  
Division of Developmental Disabilities  
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A one-day seminar for community-based physicians on the care of children with special needs was held in September 1991 at the Iowa University Affiliated Program. Based on the success of the seminar, it is planned that this will be at least an annual event and perhaps will be held in other locations in Iowa.

Over 250 physicians who refer persons with disabilities to the Division of Developmental Disabilities, Iowa's University Affiliated Program, were contacted to assess their needs for information about the care of children with special needs, and to invite them to a one-day seminar. Enrollment was limited to 25 to allow participation and discussion and the seminar filled quickly. Physician statements of interests were used to shape the seminar content.

Presenters from the Division of Developmental Disabilities and the University of Iowa Department of Pediatrics addressed all of the following topics of concern to the attending physicians: anticonvulsants--dosage, blood levels, and monitoring, traumatic brain injury--assisting the child's re-entry into school and social life, forensic evidence for child sexual abuse, care of children with Down syndrome, cerebral palsy--diagnosis and early intervention, attention deficit disorder, learning disabilities, day care of infants and children with contagious diseases, and clean intermittent catheterization of the urinary bladder in children with myelodysplasia. Teaching tools used included discussion of case studies, slides, lecture, videotape, and introduction to new technology. A tour of the Division was also made available. Evaluations were exceedingly positive prompting IUAP staff to plan continuing seminars.

## Transition from School to Work using a Natural Support Model

Area of Concentration: School Age  
Training and Research Institute for People with Disabilities  
Developmental Evaluation Center/UAP BOSTON, MA

The movement from school into work and adult life for students with disabilities has been particularly difficult. Students who have exited school have more than 50% unemployment, experience limited wages and hours of work, and experience social isolation and a restricted range of social relationships and activities. More recently, the importance of family-friend networks and the limited social integration of individuals with disabilities into the natural support networks in the workplace have raised concerns about the predominant models used to facilitate job placement. In particular, recent research from both special education and business fields suggest that the use of job coaches to provide on site training and support may inhibit the development of lasting natural support relationships and the integration of the supported employee into the informal routines of the workplace. This project will develop and refine a comprehensive model for the transition of students with disabilities from school to employment and adult life using naturally occurring support resources in the community and workplace.

The project will establish 6 primary demonstration LEA's for the development and implementation of natural support strategies for facilitating transition to employment. The project will work with the state Departments of Education, Employment and Training, Mental Retardation, and the Massachusetts Rehabilitation Commission to concentrate the limited resources available in the area of transition in six school districts that are committed to adopting non-traditional strategies for assisting students with disabilities to become employed. Major model components include integrating a whole life planning process into the development of the IEP, implementing an ecological approach to identifying and using natural supports to access and maintain employment, developing and strengthening family-friend support networks, modifying curriculum to include community-based instruction, and developing a coordinated resource management approach to organizing human service resources using a School/Community Resource Management Team in each community.

Project goals include establishing and refining a transition planning model using demonstration sites, applied quantitative and qualitative research methodologies, and a broad dissemination plan that includes training, technical assistance, outreach through conference presentations and publications, and the development of user-friendly monographs and manuals illustrating effective model procedures. Specific project impacts will be:

- 108 students will participate in whole life planning and have an expanded network of natural supports outside of the workplace,
- 90 students will enter community-based employment using natural support strategies, and complete the transition to adult life with stable employment and a range of support resources,
- teachers, administrators, adult service provider staff, and School/Community Resource Management Team members from 6 primary demonstration LEA's will receive training and technical assistance throughout the five year project,
- teachers, administrators, adult service provider staff, and School/Community Resource Management Team members from 15 affiliated LEA's will receive training and technical assistance during years 3 to 5 of the project (300 additional students/families to benefit), and
- 25 students in Master's programs in Special Education and Rehabilitation Counseling at UMass/Boston will be trained in transition and natural support strategies.

This project has a total annual budget of \$638,338, of which \$388,338 is contributed fiscal and personnel support from the Department of Education, The Department of Mental Retardation, the Department of Employment and Training, the Massachusetts Rehabilitation Commission, and the University of Massachusetts at Boston.

# INNOVATIVE PRACTICES IN COMMUNICATION TREATMENT FOR CHILDREN AND YOUTH WITH SEVERE DISABILITIES

*Area of Concentration: Other*

## Kansas University Affiliated Program

In the past ten years, targets of communication intervention have shifted from purely linguistic forms to include a full spectrum of nonverbal communication modes, including nonsymbolic as well as symbolic forms. Treatment procedures have shifted from massed trial training in isolated therapeutic settings to integrated, distributed practice in the context of functional daily communication interactions. Further, service delivery models have shifted from a segregated, pull-out, school-based model to a collaborative, integrated and community-based model. A number of specific assessment and treatment procedures have emerged in the applied research literature of the past decade and, together with a general philosophical orientation that stresses the value and importance of all human communication (i.e., not just speech), can be said to constitute current "best practices" in communication intervention for students with severe handicaps. However, these practices are not yet reflected in the programming offered to students with severe disabilities and their families in many schools today. The purpose of this project is to promote the widespread utilization of these best practices through a combination of interdisciplinary inservice training, technical assistance and material dissemination. This project employs a pyramid training model, providing direct training and technical assistance to selected teams of leadership level education professionals and speech-language pathologists who, in turn, disseminate the procedures and materials to other professionals, paraprofessionals and parents in their own schools. Through this process, direct training will be provided to at least 60 professionals from 30 LEAs throughout the country, with an indirect impact on a much larger number of staff, parents and students in the participants' own LEAs and, later, other LEAs within their state.

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**VIETNAM VETERANS FAMILY SERVICES PROJECT**  
**AREA OF CONCENTRATION: SCHOOL AGED**  
**EUNICE KENNEDY SHRIVER CENTER UNIVERSITY AFFILIATED PROGRAMS**

The Vietnam Veterans Family Service Project sponsored a half-day workshop for families to join together and learn about interactions among brothers and sisters, including those with special needs. Traditional sibling support efforts deal primarily with the feelings of a sibling without identified special needs towards a brother or sister with a disability. This innovative model is based upon the assumption that most sibling issues, such as being embarrassed over the behavior of a brother or sister, or resenting the extra attention one sibling receives from a parent, are common to most families with more than one child.

Titled, "Living Together, Learning Together", this workshop was organized into two groups: one for parents, and another for children divided into subgroups based on age and ability level. Each group participated in two different sessions. One session covered social and emotional aspects of sibling interactions. For the parents, their social/emotional aspects session included discussions regarding having a child (or children) with special needs in the family. The children's session used role playing as a way to practice expressing their feelings to each other.

The second session used a behavioral approach to helping participants understand sibling interactions. For brothers and sisters, the need for rule systems in households was illustrated through practical examples. The children also contributed examples of prosocial behaviors which could reduce the likelihood of conflict situations. Finally, strategies were discussed for minimizing the extent of conflict when disagreements do occur.

Through this model, each family member was presented with the same vocabulary and concepts, which will enable them to use a common language when reflecting upon interactions at home. Each family member met others who shared similar concerns and feelings. The children were grouped based upon their ability to understand and participate, not upon their labels. Ability grouping, rather than disability grouping, was especially effective for those with learning disabilities and behavior disorders who could understand and participate as well as their age-matched peers. This grouping technique was also helpful for families where more than one child had an identified disability.

The Vietnam Veterans Family Services Project will be offering this same workshop in Western Massachusetts in the Fall, and plans are under way to use the same workshop model to train parents and siblings in dealing with children's issues resulting from a parent who has Post Traumatic Stress Disorder. The model appears to be adaptable to a range of program contents. For further information, please call Mary Ellen Brady, Ph.D., Project Coordinator contact person, Shriver Center UAP, 200 Trapelo Rd., Waltham, MA 02254, (617) 642-0287, or (800) 874-1021.

Area of Concentration: Other

**Interdisciplinary Human Development Institute  
University Affiliated Program  
University of Kentucky**

**PROJECT: COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT  
FOR COMMUNITY AGENCIES**

**Director & Principal Investigator: Karen L. Middendorf**  
**Funding Agency: KY Developmental Disabilities Planning Council**  
**(7/87 - 6/92)**

**Project Description:** The purpose of this project is to develop and implement a statewide comprehensive system of personnel development for the staff of community agencies serving individuals with mental retardation and other developmental disabilities, which is value and competency based, utilizes state of the art curricula and trained trainers, and is geographically accessible and cost effective.

**Goals and Objectives:**

- Identification of the functions of direct service providers and the competencies needed to fulfill those functions.
- Identification, adaptation, and/or development of curricula to teach the identified competencies.
- Development of a state-wide mechanism for the delivery of training through a generic post-secondary education system.

**Collaboration:** The project includes coordination with the Kentucky Department of Mental Health/Mental Retardation Services, the Kentucky Department of Medicaid Services, the Kentucky Department of Vocational Education, the regional Mental Health/Mental Retardation Boards, the Kentucky Disabilities Training Network, and the Kentucky Chapter of the American Association on Mental Retardation, among others.

**Products:** *A Taxonomy of Job Functions and Related Competencies for Staff of Community Agencies Serving Persons With Developmental Disabilities, 1989*

*Curriculum Guides for Six Core Courses and Four Program-specific Courses, 1991 (Still in draft form)*

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**Center for Inclusive Education**  
**Area of Concentration: School Age**  
**Wayne State University**  
**Developmental Disabilities Institute**  
*The University Affiliated Program of Michigan*

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**Program Description**

The Center for Inclusive Education is a resource for assisting schools in envisioning and making fully inclusive educational communities for all students. The center is committed to including students with disabilities in regular classrooms in neighborhood schools. The center is dedicated to the creation of classrooms and schools which welcome and value diversity, curriculum and teaching methods that foster individual growth, and learning strategies that emphasize cooperation and community growth.

Center Staff provide technical assistance to schools on an on-going basis to develop (1) integrated educational opportunities; (2) comprehensive curricular; (3) effective teaching strategies; and (4) interagency models of transition from school to adult life. Technical assistance may include: on-site consultation with administrators, teachers, and support personnel; training of trainers; work with local Integration Action Groups; consultation and support to families; and related activities. To date, 114 schools in Michigan have been selected as model sites.

Staff of the Center provides and coordinates in-service training opportunities related to integration, community-referenced curriculum, and transition. Center Staff offer a Summer Institute for Integration and Transition that provides coursework for teachers and other interested individuals. The goal is to coordinate in-service of the Center with workshops and seminars developed by local schools, the Center for Integrated Education in Canada, and related centers in other states. Center Staff also work with pre-service university programs in improving training models. Staff of the Center conduct research, engage in program development, and conduct evaluation with school district personnel. In addition, there exists a special interest in working with schools to develop effective models by simultaneously providing life activity education for students in integrated regular education classes and community-based instruction. Research is needed to identify the most effective methods of facilitating integration and life activity education. Evaluation research is needed to longitudinally monitor the impact of inclusion programs on students with and without disabilities.

## **BEHAVIORAL SUPPORT SERVICES PROJECT**

Individuals who have developmental disabilities and severe behavior problems present difficult challenges to their families and to the agencies and professionals that serve them. Caregivers and the service system experience stress and frustration as they attempt to meet the needs of these behaviorally challenging individuals. Sometimes placement in an institution or specialized treatment center is seen as the only alternative.

The Behavioral Support Services Project provides the intensity of behavioral programming, sometimes thought to exist only in private institutional settings, in the individual's natural environments.

The Behavioral Support Services Project of Kennedy Krieger Institute provides training and on-going support to assist families and community providers to meet the needs of individuals of all ages who have developmental disabilities and severe behavior problems which threaten continued placement in a community setting. The project's goal is to enable individuals with challenging behaviors to remain with their families, or in other community-based settings, by enhancing the capacity of caregivers to change or manage these behaviors. The project is dedicated to the exclusive use of non-aversive techniques in effecting positive behavior change in integrated community settings.

To meet the needs of the project's clients, staff begin by conducting an in-depth environmental and behavioral analysis of the individual in his/her natural surroundings. Prior professional evaluations along with interviews and observation are used to construct an initial understanding of the problem and those things in the environment that act to maintain difficult behaviors. Parents and/or agency staff share in the process of identifying behaviors in need of change, specifying goals, and designing behavior programs that will be effective and realistic to implement.

Funded by Maryland's Developmental Disabilities Administration, there is no cost to families or service agencies for the services of the Behavioral Support Services Project.

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UAP Category: Other

**Community Service Training Program in Developmental Disabilities**  
**Area of Concentration: School Age**  
**Institute on Community Integration (UAP)**  
**University of Minnesota**

**Abstract**

The Institute on Community Integration at the University of Minnesota has established a community services and career exploration program for students who wish to obtain experience and academic credit for working with children, youth and adults with handicaps. The program is designed to provide opportunities for undergraduate and graduate students to gain training and supervised experience in this area by: Working directly with individuals with developmental disabilities, or contributing to one of the many research projects currently being undertaken by Institute staff. Students may participate in the program on a strictly volunteer basis or may elect to enroll for academic credit in an accompanying series of seminars that will be conducted by nationally recognized faculty members from a variety of departments at the University. This program is appropriate for students whose career goals may take them into a variety of fields including: education, psychology, public health, social work, medicine, business and other areas.

All participants in the program will be required to participate in a series of training seminars. These courses will be taught by persons affiliated with the Institute on Community Integration. They will cover a variety of topics focusing broadly on the characteristics and needs of persons with developmental disabilities and the design and implementation of service plans to enhance community integration.

Students who select the community service option will, after training, be matched with an individual with developmental disabilities based upon age, gender, and common interests. They will serve as support persons/community companions for these children and adults for a limited number of hours each month. Considerable flexibility is available with this option. The number of community service hours in which a student elects to participate can be tailored to fit the individual's needs and commitment in other areas.

The second option available to students is to become involved in one of the many research projects currently being conducted by the Institute staff. Individuals selecting this alternative may become involved in a variety of aspects of ongoing research. Working closely with faculty members with a strong commitment to training, students will have the opportunity to gain valuable supervised research experience.

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**PROJECT COPERNICUS:  
Promoting the Practice of Family-Centered Care**

Project Copernicus is a special project of Maryland's Children's Medical Services. Funded by the federal Maternal and Child Health Bureau as a SPRANS (Special Project of Regional and National Significance), the Project demonstrates ways to put into practice the principles of family-centered care and service coordination. The Project develops and delivers training, technical assistance, and other products to help both families and service providers develop and use family-centered approaches.

This project is supported in part by project #MCJ-24508 from Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

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## CHILDREN'S ASSISTIVE TECHNOLOGY CENTER

Area of Concentration: School Age  
Mississippi University Affiliated Program

This project is jointly submitted by the Mississippi University Affiliated Program (MS-UAP) and the Department of Special Education at the University of Southern Mississippi (USM). The project is submitted in cooperation with the Hattiesburg Public School System and the College of Science and Technology and the Department of Speech and Hearing Sciences at the University of Southern Mississippi. The project proposes to develop an assistive technology demonstration center for children with low incidence disabilities from birth through ten years of age, their families and direct service providers residing in the southern third of Mississippi. State-wide surveys of special education program developers indicate lack of knowledge, expertise and resources in the area of assistive technology for children with developmental disabilities. The goals of this project are to:

- 1) Expand upon existing resources in assistive technology currently available through the Mississippi University Affiliated Program (MS-UAP) and the Department of Special Education at the University of Southern Mississippi by developing, implementing and evaluating a demonstration center for children with low incidence disabilities;
- 2) Utilize the expertise of faculty and students from the College of Science and Technology, the Departments of Special Education, Speech and Hearing Sciences, the Automation and Robotics Application Center and private consultants in designing, developing and evaluating appropriate assistive devices for individual children with special needs; and
- 3) Provide awareness and knowledge-based training/technical assistance as well as hands-on demonstration to families, service providers, community agency personnel and pre-service students.

To implement project goals, a community-based demonstration center will be developed at a local school district. This center will house the assistive technology, which will be a compilation of both low technology and high technology equipment as well as other resources to meet the needs of the low incidence population. An interdisciplinary team composed of a special educator, communication specialist, human design engineer, occupational therapist and physical therapist will be available to assess a child's need for assistive technology, demonstrate available technology, assist in obtaining needed adaptations, materials, and/or equipment, and make recommendations for the use of the technology across natural settings. The professional staff will be supported through the Mississippi University Affiliated Program at the University of Southern Mississippi. Support services will also be available through an advisory council consisting of faculty from the USM College of Science and Technology, the School of Engineering Technology, and the Departments of Special Education, and Speech and Hearing Sciences, community representatives, families, and an outside consultant in special education technology and augmentative communication. Faculty from the College of Science and Technology will provide project access to the Automation and Robotics Application Center. Supplemental resources will be available through the MS-UAP, the Department of Special Education and the Hattiesburg Public School System.

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## **VIETNAM VETERANS FAMILY SUPPORT PROGRAM**

The Vietnam Veterans Family Support Project is a home and community-based support program for families of veterans living in the Baltimore Metropolitan area who served in or near Vietnam between 1961 and 1972 who have children between the ages of birth and 21, with disabilities such as learning problems, autism, mental retardation, physical disabilities such as spina bifida or cerebral palsy, or chronic health problems such as liver or kidney disease.

The project provides individualized support services for veterans's families who have children with disabilities. Our services include:

- \* Coordination of services - to help families find and coordinate community resources to meet their special needs.
- \* Home based professional services - provided by an occupational therapist, physical therapist, social worker, speech-language pathologist, nurse educator and special educator, who work with the children and families in their homes.
- \* Financial assistance - to help qualified families purchase items or services not otherwise affordable or available to them. This may include assistance to build ramps, obtain respite care, see a medical specialist, or buy special equipment for the child with disabilities.
- \* Support groups for parents - to help families make contact with other families who have children with disabilities.
- \* Educational workshops for parents - on a variety of topics including self-advocacy and behavior management skills, planning for the child's future, and understanding educational placements.
- \* Book, toy and equipment lending library - so families can learn about the variety of these resources.

Project staff meet with families in the home to provide service coordination and professional services. Support groups and educational workshops meet at our offices.

Services of the Vietnam Veterans Family Support Project are free of charge to the family. The Project is funded by the Agent Orange Class Assistance Program.

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UAP Category: Other



**Understanding, Identifying, and Treating  
Attention Deficit Hyperactivity Disorder in the Classroom  
Area of Concentration: School Aged  
Meyer Rehabilitation Institute  
University of Nebraska Medical Center**

This training workshop series is intended for a variety of professionals who teach, evaluate, treat, or work with youngsters who display symptoms or who have been identified as having Attention Deficit Hyperactivity Disorder (ADHD). Information is presented in a workshop format and is targeted specifically to school psychologists, teachers, physicians, school nurses, and parents.

Information is provided in this outreach training activity regarding the appropriate assessment of ADHD, treatment alternatives available that emphasize pharmacological intervention, classroom management and parent/home treatment.

Specific topics covered in the workshop include the following:

- The Acquisition of Applied Knowledge and Skills in understanding ADHD.
- Multi-disciplinary Assessment of Attention Deficit Hyperactivity Disorder.
- Medical Management Issues in ADHD
- Parenting Issues
- Classroom Management of ADHD

Contact Person:                      Joseph H. Evans, Ph.D.  
    Director, Department of Psychology  
    Meyer Rehabilitation Institute  
    University of Nebraska Medical Center  
    402/559-6408

OUTREACH PROJECTS FOR MENTAL HEALTH, CONSUMER-DRIVEN  
SERVICE DELIVERY, & EMPLOYMENT ISSUES

AREA OF CONCENTRATION: OTHER

TRAINING & RESEARCH INSTITUTE FOR PEOPLE WITH DISABILITIES:

Joe Marrone, Coordinator of Technical Assistance Services, at the Training & Research Institute for People with Disabilities, provides outreach training to people in the community (both primary & secondary consumers), public and private agencies, employers, and government officials. The primary topics he focuses on are:

- 1] Developing consumer-driven mental health service delivery at a community level;
- 2] Marketing/Job Placement strategies on behalf of people with significant disabilities, especially those with serious mental illness;
- 3] Effective collaboration and Teamwork among adult community-based service delivery organizations, without sacrificing client interests;
- 4] Creating successful employment models, that produce positive vocational outcomes for people with serious mental illness;
- 5] Developing and marketing effective, consumer-focused supported employment systems;
- 6] Helping agencies to "convert" to a community-based employment model from a more segregated one;
- 7] Implementing effective community-based rehabilitation practices vis a vis people coming from treatment systems based on a medical model.
- 8] Developing mission/vision statements which drive system/individual actions.

The various modalities used to deliver this array of training services include didactic presentations, large & small group work, staff/organizational retreats, conference presentations & small workshops. As well as work done solely by TRIPD, the outreach training involves joint collaborative endeavors with the New England Psychiatric Rehabilitation Program (Boston, Mass.), the Michigan State University Long-Term Training Program in Psychiatric Rehabilitation, University of Oregon Training/Technical Assistance Project in Supported Employment, and Supported Employment Projects in Washington, Oregon, Alaska, Minnesota, Utah, Michigan, Vermont, and Massachusetts.

Project Name: Committees on Special Education Training Project  
Area of Concentration: School Age  
UAP: Mental Retardation Institute  
Contact Person: Linda Backus, Ph.D., Director of Special Education  
Cedarwood Hall  
Valhalla, NY 10595-1689  
(914) 285-8194

This project trained members of Committees on Special Education (CSEs) in New York State on the most current methods of evaluation and planning for the education of children with severe disabilities. A major focus of the training was on the implementation throughout the state of best educational practices -- e.g., full inclusion, functional assessment and goals, therapies integrated into natural routines and environments, and nonaversive behavior management.

Eleven regional workshops were offered to CSE members over the course of 6 months. Over 600 CSE members participated in these two-day workshops which included didactic presentations and experiential learning.

CSE members who were unable to participate in the workshop during the final year of the project can request it from SETRCs, who were provided with the Trainer's Guide, Videotapes, and two days of training on how to conduct the workshops. Products of this project include:

A **Resource Manual**, consisting of five chapters that discuss characteristics and educational needs of students with severe disabilities; a review of educational trends for students with severe disabilities; assessment of students with severe disabilities; planning, implementing and monitoring the IEP; and transitions to the future; six 15 minute **Videotapes** paralleling the resource manual; and a **Trainer's Guide** for use in conducting the workshops.

This project was funded by the New York State Education Department, Office for Special Education Services.

**Parent Support & Advocacy Project**  
**Area of Concentration: Other**  
**Wayne State University**  
**Developmental Disabilities Institute**  
*The University Affiliated Program of Michigan*

**Contact:** Margaret Rozman  
**Title:** Project Director  
**Address:** Wayne State University  
6001 Cass Avenue  
326 Justice Building  
Detroit, Michigan 48202  
**Phone Number:** 313-577-2654

**Program Description**

The Parent Support & Advocacy Project assists parents of children with developmental disabilities to become articulate and assertive consumers of the mental health system. The knowledge and skills parents gain in the program gives them the impetus to be more self-assured and self-empowered advocates for their own child as well as for other parents. The core curriculum has been designed to train Volunteer Parent Advocates who will be of service in their communities. The services rendered by the Volunteer Parent Advocates can be in hospitals, schools, or other family centered programs.

When a family is referred with an identified need, the Parent Support & Advocacy Project Director and/or a Volunteer Parent Advocate is available to provide individual consultation. The project links Volunteer Parent Advocates who will facilitate peer support groups with other parents.

The Parent Support & Advocacy is based on the philosophy of family centered care. A desired outcome of the project is to achieve wholeness of families, realizing that a child who is nurtured with consistency can grow and develop best within a functional family unit.

The role of the UAP includes needs assessment, curriculum development and field testing, implementation of the curriculum through a 12 week seminar, marketing, and evaluation. Modules from the core curriculum are also available for individual presentations.

**Parent Case Management Project**  
**Area of Concentration: Other**  
**Institute on Community Integration (UAP)**  
**University of Minnesota**

**Abstract**

In the past, the management of services for persons with developmental disabilities was largely left to professionals. Individuals with disabilities and their families followed the lead of "experts." Today, more and more consumers want to be involved in determining their own needs, desires, goals, and supports. There is a growing recognition that each person with disabilities and the person's family are the true experts on their own situation.

The Parent Case Management Project is providing tools to assist persons with developmental disabilities and their families in taking that active role in determining the services they need and the way those services are delivered.

The Parent Case Management Project seeks to empower parents and guardians of persons with developmental disabilities, as well as individuals with disabilities, to participate more fully in the case management of services being delivered to their sons or daughters or to themselves. The project is committed to creating flexible family support that builds on the unique capacities of each family and enhances their active participation in determining their own needs and directions.

Through offering training, support, and post-training followup the project enables participants to develop knowledge in the following areas:

- Case management procedures, responsibilities, and strategies.
- Civil rights of persons with developmental disabilities.
- Data privacy.
- State-of-the-art service delivery and philosophy.
- Quality indicators in health care and other services.
- Transition planning and implementation.
- The importance of integration.
- Technology supports.
- Case management rules and regulations.

In addition, project participants develop the skills needed to be effective case managers, including skills in the following:

- Effective use of resources.
- Maintenance of appropriate records.
- Proper procedures for effective meetings.
- Identification of needs, functional goals, services, and resources.

The project conducts numerous training sessions throughout Minnesota during the year, provides monthly information packets, offers technical assistance, and make available information and referrals.

Marijo McBride  
Institute on Community Integration  
University of Minnesota  
6 Pattee Hall, 150 Pillsbury Drive SE  
Minneapolis, MN 55455  
(612) 624-4848

**FAMILY SUPPORT PROJECT**  
Area of Concentration: Other (Parents)  
Mississippi University Affiliated Program

The purpose of the Family Support Project is to develop information and support systems for families to further enhance their individual strengths and abilities.

This project targets families of children with special needs who live in a five county area surrounding Hattiesburg, Mississippi. The family support extends to the entire family to insure that the needs of each family member are met. The project provides: a library of readings and materials; a parent's group for support and information exchange; and statewide linkage to other parent groups.

The product is the development of a model which can be used in other communities and through other agencies interested in the enhancement of children with special needs and their families.

Contact persons:                    Margie Cox and Tammy Ryals  
   Mississippi University Affiliated Program  
   S.S. Box 5163  
   Hattiesburg, MS 39406  
   ph: (601) 266-5163

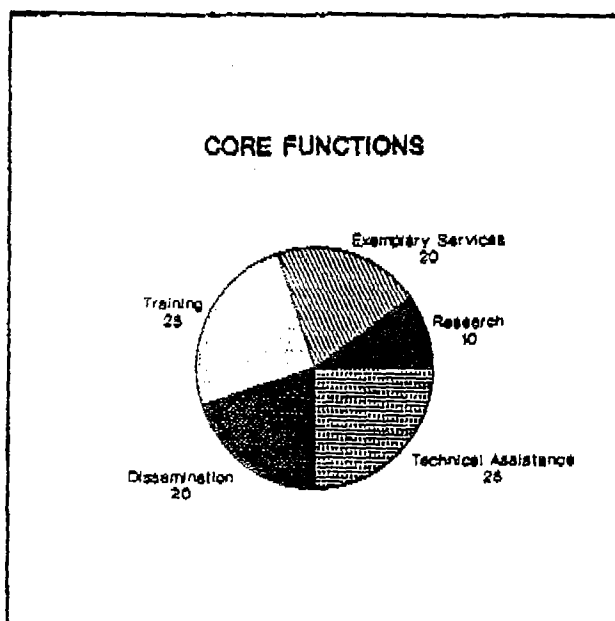
**Missouri Assistive Technology Project**  
UAP PRIORITY AREA: POLICY, PLANNING AND PROGRAM DEVELOPMENT / *Other*

**PROJECT DIRECTOR:** Carl F. Calkins / Diane Golden

**FUNDING LEVEL:** \$539,488 (Yr. One)  
(Total: \$1,637,578)

**FUNDING SOURCE:** U.S. Dept. of Education, National Institute on Disability and Rehabilitation Research.  
**PROJECT PERIOD:** September 1, 1991 - August 31, 1994

*This project addresses the need for the development and implementation of a statewide effort in technology-related assistance for persons with disabilities in Missouri. The effort is intended to enhance local and statewide capacities. As a focal point, the proposal emphasizes the role of consumers of technology assistance in planning, development, implementation and evaluation.*



**CORE FUNCTIONS:**

**Exemplary Service:** The project will implement three urban mini technology centers and five rural capacity building projects throughout the state.

**Interdisciplinary Training:** The project will provide field-based training on assistive technology to consumers, families, and providers and will develop and implement an interdisciplinary preservice assistive technology course. UAP student trainees will be placed on the project.

**Technical Assistance:** UAP will establish a project office, an information resource center, and will provide TA to consumers, families, state agencies and providers on accessing a consumer-responsive statewide assistive technology service system.

**Information Dissemination:** A statewide assistive technology resource information dissemination system will distribute best practice information, products developed by the project, and an assistive technology newsletter.

**Applied Research:** Consumers and families surveyed re needs. Outcome evaluations will be conducted of effectiveness of various program components.

**NEED:**

- Identified national need as reflected by the NIDRR priority.
- Needs assessment by UAP of consumers, key informants, and agencies has indicated a need for assistive technology for the State of Missouri

**UAP ROLE:**

- Collaborated with UMKC School of Education on grant development activities
- Wrote the grant application.
- Oversees the implementation of grant.

**OUTCOMES:**

- None at this time. (Project starts 10/1/91.)

**PRODUCTS:**

- None at this time. (Project starts 10/1/91.)

**IMPACT**

**Systems Change:** The project will provide the needed components and mechanisms in the state to facilitate the development of a consumer responsive, statewide program of technology-related assistance.

Consumers and families will be provided a variety of services to assist them with identifying their assistive technology needs and accessing available resources.

**Manpower:** Consumers, providers, and students will be trained in the area of assistive technology from an interdisciplinary perspective.

Self-Advocacy & Consumer Empowerment: Consumers on Boards  
Area of Concentration: Other  
University of Missouri-Kansas City Institute for Human Development  
2220 Holmes  
Kansas City, MO 64108 (816) 235-1770 FAX: (816) 235-1762

**Self-Advocacy and Consumer Empowerment**  
**UAP PRIORITY AREA: PRIMARY CONSUMER EMPOWERMENT / OTHER**

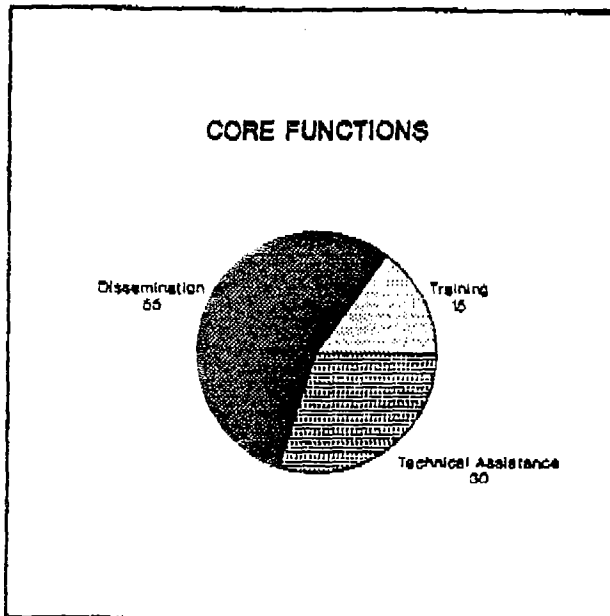
**PROJECT DIRECTOR:** Bruce Eddy / Gerald Cohen

**FUNDING LEVEL:** \$1,00

**FUNDING SOURCE:** Core contributed (Administration on Developmental Disabilities)

**PROJECT PERIOD:** July 1, 1990 - June 30, 1991 (project continues)

*Activities include training, technical assistance, and dissemination of "People First" and "Consumers on Boards" information. "Consumers on Boards" was a project funded originally by the Missouri Planning Council that trained and facilitated the participation of consumers on boards. This information has been presented at regional and national conferences over the past several years by UAP staff and members of People First of Kansas City.*



**CORE FUNCTIONS:**

**Interdisciplinary Training:** Conference presentations and course infusion at UMKC. Training and technical assistance provided on request to primary consumers.  
**Technical Assistance:** St. Louis contract - 1989-90 is an example. Helped initiate their group.  
**Information Dissemination:** Materials disseminated through Technical Assistance Clearinghouse.

**NEED:**

- National need reflected in the literature and as ADD priority.
- Technical assistance and training requested by MPCDD, and local DD Regional Planning Council.

**PROCESS:**

- Materials and activities developed in-house at UAP through external/internal grants and contracts in response to specific presentation requests, or training and technical assistance requests.

**UAP ROLE:**

- Technical Assistance Clearinghouse provides additional training material (i.e., videotapes)
- Dissemination of training material.
- Provision of training and technical assistance on national, state, and local levels.

**OUTCOMES:**

- Three People First members on local boards.
- Reported use of consumer information by Oklahoma, Colorado, and others.
- A number of self-advocacy groups have started in Missouri in past three years as a result of People First self-advocacy activities - St. Louis, Fayette, Sedalia, Bowling Green, Columbia.
- People First members have attended/presented at conferences in Missouri, Kansas, Illinois, and Nebraska.

**PRODUCTS:**

- How To Be An Effective Board Member
- How To Be An Effective Board Member - Facilitator Manual
- Consumer Roles In Society
- Consumer Participation on Public Boards: Final Report

**IMPACT**

**Systems Change:** Increased representation of consumers on boards, increased number of People First groups in Missouri.  
**Manpower:** Consumers empowered by training.  
**Leveraging of Resources:** This can be seen indirectly in groups/areas served.



**The Human Development Center  
Area of Concentration: Other  
Montana University Affiliated Rural Institute on Disabilities**

The Human Development Center is a cooperative venture of the Montana University Affiliated Rural Institute on Disabilities and Community Rehabilitation Center of Missoula's Community Medical Center, Inc. for the purpose of jointly developing and operating interdisciplinary clinical services. The primary function of the Human Development Center is to provide a teaching setting for health and human service departments of The University of Montana. Unique and complementary services are provided to populations of persons with disabilities, including persons who are developmentally disabled, learning disabled or elderly. Special contracts and projects are also operated through the Human Development Center. Continuing education programs are developed and offered through the Human Development Center for professional and paraprofessionals in allied health professions.

**Current Programs and Projects**

The Human Development Center currently houses the following projects:

**The Vietnam Veterans' Children's Assistance Program** (funded through the Agent Orange Class Assistance Program) which provides case management services to Vietnam veteran's children. VVCAP assists families in locating and purchasing (if needed) services and equipment previously unavailable to them.

**Montana's Hearing Conservation Program.** This program (funded jointly by Montana's Office of Public Instruction and a grant from the US WEST Foundation) provides regional speech and hearing services and follow-up diagnostic services to children and adults in Montana.

In addition to these projects, the Human Development Center offers interdisciplinary assessment and ongoing treatment to individuals with disabilities. Current emphasis is on the following programs:

**Augmentative Communication Assessment Team and Lending Library.** The Assessment Team provides comprehensive interdisciplinary assessment of communication abilities and follow-up services for individuals with limited or absent vocal communication abilities and determination of appropriate non-vocal systems. The Lending Library provides professionals with access to a variety of non-vocal communication devices purchased through the local Lions Club.

**School District Second Opinion Evaluations.** This program offers comprehensive interdisciplinary psycho-educational assessment, consultation and follow-up services for school age children.

**Services for Dual-Diagnosed Adolescents.** These dually-diagnosed adolescents have typically exhausted the service opportunities within the State of Montana due to their intensive needs. The services offered allow these individuals to remain as close to their families as possible and stress successful integration in community settings. Interdisciplinary assessment and consultation to families and private non-profit corporations serving families of adolescents with dual-diagnosis are provided.

For further information contact Steve Dalin, Director, Human Development Center, Montana University Affiliated Rural Institute on Disabilities, 52 Corbin, The University of Montana, Missoula, MT 59812, (406) 243-5467.

**Vietnam Veterans' Children's Assistance Program**  
**Area of Concentration: Other**  
**Montana University Affiliated Rural Institute on Disabilities**

The plaintiffs in the Agent Orange class action suit are the recipients of the benefits of the Vietnam Veterans' Children's Assistance Program (VVCAP). As an outcome of the Agent Orange class action litigation, one of the central issues to be addressed with funds available as a result of the out-of-court settlement between the plaintiffs and the chemical companies is the provision of special medical, educational, social, and/or psychological services for the plaintiff's children. Such assistance formed the basis for developing Montana's VVCAP. The VVCAP model, funded by the Agent Orange Class Assistance Program (AOCAP) in 1990, is a specialized case management program designed to ensure that Vietnam veteran's children who have disabilities or health problems receive needed services and assistance. This is accomplished through an approach that is designed to:

- (1) identify children with disabilities or health problems in families with at least one parent who served in Vietnam and determine their needs for services or assistance;
- (2) develop a service plan that includes strategies for meeting unmet needs;
- (3) assist families in obtaining appropriate services (e.g., therapies, counseling, advocacy, evaluations, personal assistance services, respite care services), adapted equipment, or other special materials or care that are identified in the service plan; and
- (4) when all other possibilities have been exhausted, provide eligible families with some funding to purchase needed services or assistance that they would otherwise be unable to obtain.

At the beginning of June, 1991, case management assistance, and services and/or equipment were being provided for 60 families with a total of 93 children having disabilities or health problems. Many of the children experience multiple difficulties. Three of the most commonly identified and closely associated problems among those 93 children include learning disabilities (22%), behavioral and emotional problems (13%), and attention deficit disorders/hyperactivity (9%).

Other frequently identified problems include digestive system disorders (12%), hand and feet deformities (9%), dental problems involving inadequate tooth bud development requiring extensive reconstructive procedures (8%), hearing and audiological problems (8%), respiratory difficulties (8%), and seizure disorders (8%). Items purchased include hearing aids, computers, glasses, hydrotherapy equipment and medications. Reconstructive orthodontia has been initiated for additional children. Other children receive allergy shots, diagnostic work and treatment for attention deficit disorder and emotional problems, evaluations for learning difficulties, and respite funding.

The first year of funding for the VVCAP was used to address client needs in 18 western Montana counties. Beginning November 1, 1991, the second year of funding will be utilized to address client needs throughout the entire state of Montana. As during the first year, the total number of clients to be served in the second year will be 50 for which more concentrated case management assistance will be available as described above. Additional clients will be able to receive less involved case management and information and referral assistance.

For more information contact Gordon Hollingshead, VVCAP Project Director, Montana University Affiliated Rural Institute on Disabilities, The University of Montana, Missoula, MT 59812, (406) 243-5467.

# **EMPOWERING CONSUMERS TO PREVENT HIV INFECTION**

## **Area of Concentration: Other**

### **The University Affiliated Program of New Jersey**

The goal of this Outreach Training project is to assist The New Jersey Training Network and other individuals in developing expertise in training direct service staff and professionals to conduct training in the effective use of the SAFE Curriculum. The SAFE Curriculum is a comprehensive program designed for adolescents and adults who have mild or moderate mental retardation. SAFE was developed for both individual and group instruction to be conducted by professionals or para-professionals who work in all types of settings.

The project model is a train the trainer approach: training participants will learn about HIV infection, as well as gain experience in teaching other professionals and direct service staff in the use of the SAFE Curriculum. In addition, participants will also receive state of the art training in concepts related to sexuality education in the context of a comprehensive sexuality education program.

The UAPNJ will train and disseminate the SAFE Curriculum through a three tier approach. The project will train 25 primary trainers who will each be required to train 15 direct service staff. Each direct service staff person who receives the training will be expected to use the curriculum with at least two individuals who receive services from their agency. This individualized, person centered method of instruction will ensure greater comprehension of the material and increase the likelihood of retention and follow through by individuals with disabilities. The outcome of this three tier training approach will be that New Jersey will have 25 trainers who are qualified to instruct direct service staff in the utilization of the SAFE Curriculum and sexuality concepts, more than 350 trained direct service staff and more than 700 adults with disabilities will be instructed in the prevention of HIV infection using the SAFE Curriculum.

Funding for this Outreach Training project is from The Arc of the United States.

contact person:Gitta Acton, M.A.

**Project Coordinator**

**The UAP of New Jersey**

**UMDNJ Robert Wood Johnson Medical School**

**675 Hoes Lane**

**Piscataway, NJ 08854-5635**

**908 - 463-4447**

**CROSS TRAINING OF STAFF IN A DEVELOPMENTAL EVALUATION SITE  
AND A SUBSTANCE ABUSE TREATMENT PROGRAM**

**Developmental Disabilities/HIV Training Project**

**Rose F. Kennedy Center UAP, Bronx, New York**

**Area of Concentration: Other**

**Contact Person:**

**Jenny Grosz, C.S.W.**

**Co-Director, DFSU**

**Children's Evaluation & Rehabilitation Center**

**Rose F. Kennedy Center, UAP**

**1410 Pelham Parkway South**

**Bronx, New York 10461**

**(212) 430-2427**

The Albert Einstein College of Medicine (AECOM) - Division of Substance Abuse (DoSA) and the Rose F. Kennedy UAP Children's Evaluation and Rehabilitation Center (CERC) Developmental Family Services Unit (DFSU) have established a cooperative relationship between the respective programs in order to effectively serve developmentally disabled and/or HIV infected children whose parents are in treatment for substance abuse.

The DoSA/DFSU project provides comprehensive multi-disciplinary evaluations, referral and treatment services, parent training and support. Continual cross-training of staff on substance abuse issues and drug treatment modalities, parenting, developmental screenings and case management of HIV infected children, enhance interventions with the parents involved in this project and facilitate referrals.

The project began with "Developmental Assessment and Pediatric HIV Infection" workshops presented to staff of the eight DoSA clinics. Each workshop group consisted of staff from different DoSA clinics and disciplines, including nursing staff, HIV coordinators and caseworkers. The workshop consisted of three sections: children's development, pediatric HIV infection, psychosocial issues of the HIV infected family. The goals of the training included recognition of normal biological, psychological, and social development; identification of developmental delays and informal interviewing of the parent to assess developmental status, as well as, directing the parents/children for evaluation and referral services. An understanding of pediatric HIV infection encompassing identification of the modes of transmission, recognition of the symptoms of pediatric AIDS and an appreciation of the evaluation process at the CERC-DFSU. The final section of the workshop consisted of a discussion of psychosocial stressors for the HIV infected family, coping behaviors and the impact of staff's own attitudes and values on their clinical efforts.

A workshop for the DFSU staff on "Clinical Issues of the Substance Abuser's Family" was presented to the inter-disciplinary team members who were familiarized with different modalities of substance abuse treatment with a focus on methadone maintenance treatment, the services provided by DoSA and, in particular, children and family services. The psychosocial issues that often interfere with a substance abusing parent seeking services were also discussed.

As follow-up to the initial workshop, inservice training on parenting, children's development, and case management of the family is available. DoSA clinic staff members and patients utilize project staff as a resource on psychosocial and developmental issues of children. DFSU staff utilize the project staff as a resource on the issues of patients in treatment for substance abuse.

## OPPORTUNITY CENTER

### Opportunity Center Outreach Training Efforts

Rose F. Kennedy Center, UAP, Bronx, New York

Area of Concentration: Other

#### Contact Person:

Norman Brier, Ph.D.

Director, Opportunity Center

Children's Evaluation & Rehabilitation Center

Rose F. Kennedy Center, UAP

1410 Pelham Parkway South

Bronx, New York 10461

The Opportunity Center, a collaborative project of the Rose F. Kennedy Center, UAP of Albert Einstein College of Medicine and The Bronx District Attorney's Office, was established in the summer of 1987. The project is designed to identify defendants who are learning disabled so as to decrease the probability of their rearrest through educational, psychosocial, and vocational community-based interventions. Defendants are referred to the Opportunity Center by staff of the District Attorney's Office. Defendants who agree to enter the program "serve" 200 hours, at which time their charges are dismissed. During the 200 hours, defendants receive psychoeducational, psychosocial, and vocational treatment.

As part of the project, efforts have been made to educate criminal justice personnel as to the nature of learning disability, ways of recognizing its presence and manifestations, and management considerations. Towards these ends, a screening tool to identify defendants at risk of developmental disabilities has been developed, and a series of seminars and consultations given. Criminal court judges, legal aid lawyers, and assistant district attorneys in Bronx County meet regularly with project staff to discuss potential candidates for the project. The Suffolk County Youth Bureau, The N.Y.C. Department of Juvenile Justice, The New York State Division for Youth, The Nassau County Family Court, The San Francisco Department of Probation, and The N.Y.C. Department of Probation have used or are in the process of setting up programs to identify learning disabled individuals with the assistance of project staff. Consultations to facilitate programs for the learning disabled defendant have also been carried out with the Morristown, N.J. police department, the New City, N.Y. Sheriff's Department and the Victims Services Agency, Bronx Division of N.Y.C. Training has also been provided to graduate students in psychology, in social work, and in criminal justice to increase their familiarity and skills with learning disabled defendants. To date, trainees from New York University, Yeshiva University, and John Jay College of Criminal Justice have participated.

**Promoting Consumer Role in Training & Dissemination**  
**Area of Concentration: Other**  
**University Affiliated Cincinnati Center for Developmental Disorders (UACCDD)**

**Mission Statement:** Through the Rehabilitation Research and Training Center (RRTC) Consortium on Aging and Developmental Disabilities, UACCDD and six other university training programs are developing and implementing a program of research and training directed at the community integration of older persons with MR/DD. The RRTC is committed to insuring that research and its application improves the quality of life for these citizens.

**Policy Statement:** Persons with MR/DD and their families (consumers) are involved in all phases and at all levels of the research and training program. A minimum of 30% of all advisory groups' membership is persons with MR/DD and/or their families. Of that 30%, at least two members are persons with MR.

Consumer involvement closes the gap between applied research and results through active and on-going participation with the research and dissemination programs' planning, implementation and evaluation activities. This involvement also perpetuates the RRTC's mission by making Consortium research findings and other advances in the field of aging and DD available, accessible, and meaningful to those in the best position to effect improved community integration of older persons with MR/DD.

**REAL REPRESENTATION . . .** Consumers are involved from planning to product development and dissemination by: serving in leadership roles - *State Advisory Groups*; developing policy - *Consortium Coordinating Council*; planning research and dissemination - *Planning Committees*; developing products - *Translation Teams*; implementing dissemination - *Editorial Review Committee*; providing training and technical assistance - *Representative Participation Committee*.

**RELEVANT RESEARCH . . .** Consumers assist with: (1) curriculum and survey development by identifying specific content and questions to be asked and reviewing products prior to dissemination; (2) developing format and content of products by serving as members of translation teams; (3) new product development by promoting strategies for inclusion of people with MR/DD; (4) testing products by being part of focus groups; and, (5) implementing dissemination plans by mobilizing advocacy groups.

**REAL-LIFE RESULTS . . .** Meaningful participation and involvement of consumers is a process requiring a real investment of resources, time and commitment through a variety of approaches such as: consumers authoring publications; consumers presenting at national, state and local conferences; consumers providing consultation to advocacy and professional organizations; consumers experiencing personal growth; consumers gaining empowerment; and, professionals developing sensitivity to consumer and family needs.

**FOR MORE INFORMATION:** Please contact Esther Lee Pederson, Consortium Coordinator, University Affiliated Cincinnati Center for Developmental Disorders, 3300 Elland Avenue, Cincinnati, Ohio 45229. Telephone: (513) 559-4958. Fax: (513) 559-9669.

## **Intensive Training Program for Nutritionists in DD/MCH**

Outreach Training Concentration: Other

Initiated: 1984

Schedule: Yearly, two week session in July

Coordinator: Dianne Brooks, MS, RD, Chief of Nutrition (901-528-6511)

Funding: None (registration fee of \$200.00 was initiated in 1991 to cover the cost of materials)

Continuing Education Approval: 60-65 CEUs from the American Dietetic Association are approved each year for registered dietitians.0

Enrollment: Limited to six nutritionists who have clinical, administrative, or training responsibility in MCH/DD/HCS/CCS/CSHCN or other such programs. Although no restrictions apply, preference is given to nutritionists in Regions IV and VI.

Application: A completed application form, transcripts, letters of reference, and a letter from the nutritionist with goals for training are required.

Abstract: The Intensive Nutrition Training Program was initiated to meet a need for short term, clinical training for practicing nutritionists who have responsibilities in the areas of MCH/DD. Topics of study include the interdisciplinary approach to nutrition assessment of children at risk for or manifesting developmental disabilities; feeding skill development; craniofacial anomalies; early intervention; Part H of the Individuals with Disabilities Education Act (IDEA); and inborn errors of metabolism. Participants develop skills by working directly with assigned children and their families, and develop linkages with other health care professionals.

The primary training facility is the Boling Center for Developmental Disabilities which offers a comprehensive array of interdisciplinary programs and clinical services. Other training sites include a community based early intervention program, chronic illness clinics (eg. cystic fibrosis and juvenile diabetes mellitus) at a local children's hospital, NICU and other nurseries, University child care program, a preschool program for children with mental retardation, and a group home and residential center.

Although clinical training is the focus, seminars, conferences, videotapes, lectures, observation, readings, site visits, hospital rounds, and other learning activities are utilized. Training experiences are individualized to meet the needs of the participants.



VIRGINIA  
INSTITUTE FOR  
DEVELOPMENTAL  
DISABILITIES

## **RESPIRE RESOURCE PROJECT**

**Area of Concentration: Family Support (Other)**

### **Virginia Institute for Developmental Disabilities**

The Respite Resource Project at the Virginia Institute for Developmental Disabilities is funded by the U.S. Department of Health and Human Services through the Temporary Child Care for Children with Disabilities and Crisis Nurseries Act of 1986. The Respite Resource Project enhances the development and implementation of quality respite services for families of children with developmental disabilities and chronic illnesses from birth through age 21.

Model programs developed under the Respite Resource Project include the EveryBuddy Program and the PARTners Project. The EveryBuddy Program integrates children with developmental disabilities into community-based after-school programs. Developmental specialists are available to facilitate each child's participation in recreation and leisure activities. The Parents As Respite Trainers Project (PARTners) is a system for expanding respite care options through parent designed and implemented training. Both models have been successfully replicated at multiple sites throughout the Commonwealth of Virginia.

Project goals include provision of respite care to families, technical support for respite programs, dissemination of information, and state and local systems change. The approach features the development of innovative, cost-effective service models through a competitive process; outreach training and technical assistance to enhance or expand existing respite services; systematic information dissemination; development of a state level coordinating committee; and provision of information to policymakers.

Contact: Patricia Johnson Brown, Ed.D.  
Project Director

Monica Uhl  
Project Coordinator  
Phone: (804) 225-3876  
FAX: (804) 371-0042



**Leadership Training Institute  
Child Development and Mental Retardation Center  
University of Washington  
Area of Concentration: Other**

Contact: Cecile Lindquist, Project Director  
University of Washington  
CDMRC, WJ-10  
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The Leadership Institute seeks to develop leadership potential among future leaders in the field of developmental disabilities by providing information, training and skill-building experiences. This training project furthers the goals of the state Disabilities Research and Information Coalition by teaching self-advocacy to people with disabilities and their families. Training is provided to 24 participants from throughout the state during five two-day workshops each year. Workshops focus on emerging national, state and local issues concerning people with disabilities. Participants receive practical experience and didactic training in the history of disability systems and social welfare, community support systems, integration of service delivery systems, and the legislative process.

**UACDD'S  
MINORITY AWARENESS AND PARTICIPATION PROJECT  
MAPP**

**AREA OF CONCENTRATION: (OTHER)  
MINORITY AWARENESS  
UNIVERSITY AFFILIATED CENTER FOR DEVELOPMENTAL DISABILITIES  
WEST VIRGINIA UNIVERSITY**

**The goal of the Minority Awareness and Participation Project is:**

- to guarantee, through Cultural Competency Training, that all persons (regardless of physical, educable or ethnic differences) receive equal services
- to actively recruit ethnic minority trainees to the field of developmental disabilities as potential personnel.

**Through MAPP, we offer:**

- **Information Dissemination** - to the community in general and state national agencies/programs;
- **Inservice Training** - to service providers through consultation, presentations to agencies/programs and state-wide regional Cultural Sensitivity Training Workshop(s). Training will involve the use of specialized culturally related materials in the areas of health care, education, and human services;
- **Networking** - of target groups, agencies, and committees concerned with or involved with developmental disabilities and services provided to ethnic minorities; and,
- **Recruitment** - of ethnic minorities to the field of developmental disabilities as potential personnel, role models and resource persons.

**Our Cultural Competency Training Offers:**

**Awareness**

- creating self awareness of cultural bias
- acceptance of those persons who are different;

**Knowledge;**

- Culture specific information as it relates to ethnic minority groups; and,

**Skill Development;**

- Successful interactions for providing services to persons who are different.

**The training information within this program is broad based, practical and can be applied within situations such as:**

- \* personal relationships
- \* employment
- \* education
- \* and when interacting with people representing a variety of backgrounds.

**For additional information, contact:**

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# **LISTING OF 1990 OUTREACH TRAINING PROJECT SUBMISSIONS**

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**AAUAP**  
**National Outreach Training Directors' Council**

**LISTING OF 1990 OUTREACH TRAINING PROJECT SUBMISSIONS**

**PREVENTION**

Ohio Prevention Training Project - *Columbus, Ohio*

**EARLY INTERVENTION**

Strengthening Nutrition Services for Children with Special Health Care needs in Region IX - *Children's Hospital, Los Angeles, California*

Partnership Building Through the Individualized Family Service Plan - *Bloomington, Indiana*

Training Child Care Personnel to Serve Young Children with Handicaps in Integrated Settings - *Lexington, Kentucky*

The Massachusetts Model for Personnel Development: Implementing a Component of P.L. 99-457 - *Waltham, Massachusetts*

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

Personnel Preparation in Early Intervention Services for At-Risk & Disabled Infants & Toddlers & Their Families: Enhancing Capacity at the Community Level - *Bronx, New York*

The Toll Control Project: A Service System & Training Model for the Developmental Surveillance & Care of Preschool Children with Chronic Illness - *Chapel Hill, North Carolina*

Training in Early Intervention - *Memphis, Tennessee*

Project MAPS: A Model for Augmenting Professional Skills - *Dallas, Texas*

The Integrated Outreach for Utah Project - *Logan, Utah*

The Development, Implementation & Evaluation of O-3 Inservice Training of Professionals - *Seattle, Washington*

**SCHOOL-AGE**

Pear Tutor Training Program - *Bloomington, Indiana*

Indiana Least Restrictive Environment Project - *Bloomington, Indiana*

Nonaversive Behavior Management Outreach Training Project - *Valhalla, New York*

**ADULTS**

Understanding and Working With Challenging Behaviors Training Project - *Iowa City, Iowa*

Supported Employment Developmental Processes - *Kansas City, Missouri*

Institute on Augmentative Communication - *Philadelphia, Pennsylvania*

Supported Employment Telecourse Training - *Richmond, Virginia*

**OLDER ADULTS**

A Quality of Life / Expressive Arts / Physical Fitness Innovative Training Service Program for Developmentally Disabled & Non-Developmentally Disabled Elder Persons in Senior Sites - *Athens, Georgia*

**TRAINING METHODS**

The Community Training Center of the Kennedy Institute - *Baltimore, Maryland*

Ohio Interagency Training Network for Developmental Disabilities - *Cincinnati, Ohio*

**OTHER**

Florida's Nurse Specialist Program: Case Management for Chronically Ill Children - *Miami, Florida*

Indian Resource Center for Autism Outreach Model - *Bloomington, Indiana*

Very Special Arts Montana - *Missoula, Montana*

Outreach Training Programs: Children with Feeding & Swallowing Difficulties - *Omaha, Nebraska*

Seizure Identification & Management - *Staten Island, New York*

Nutrition Outreach Training Projects - *Morgantown, West Virginia*

Community TIES (Training, Intervention, & Evaluation Services) - *Madison, Wisconsin*

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# **NATIONAL OUTREACH TRAINING DIRECTORS' COUNCIL MEMBERSHIP**

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# AMERICAN ASSOCIATION OF UNIVERSITY AFFILIATED PROGRAMS

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