INTERDISCIPLINARY TRAINING GUIDE

4th Edition, 2010

Association of University Centers on Disabilities
National Training Directors Council

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Foreword

The original edition of this guide was a compilation of ideas gained from the early experiences of Training Directors working throughout a new network of programs. Consensus on what Interdisciplinary Training Programs should include emerged from the Santa Fe (1976) and Salt Lake City (1978 and 1980) meetings of the National Training Directors Council (NTDC). The foundation for what we now do in each of our programs came from those early days and was supported by the Maternal and Child Health Bureau. Now, over 30 years later and after multiple revisions (1989 and 2001), the time has come for a refurbished and updated version and thus we present this 4th Edition of the Interdisciplinary Training Guide.

While the concept of Interdisciplinary Training may appear reasonably straightforward, the operational mechanics of developing and running an Interdisciplinary Training Program can be quite challenging. This Guide, like those before it, provides a framework from which flexible and variable programs can operate to train future leaders in the field of developmental disabilities.

This Interdisciplinary Training Guide is designed to assist the new Training Director as well as the veteran. It can help a new Director consider the Training Program(s) offered at his/her LEND and/or UCEDD. Likewise, the experienced Training Director can use the Guide to review ideas, re-think potential topics, or expand already existing offerings. We hope the Guide will also assist Training Directors preparing for site visits and writing grant applications.

We would like to acknowledge those many Training Directors who came before us as well as a host of current Training Directors whose ideas, efforts, and wisdom have contributed to the views expressed in this Guide. The coordination of an Interdisciplinary Training Program in the field of developmental disabilities continues to evolve and adapt to new ideas, legislation, and opportunities with the goal to continue to provide well-trained, dedicated, creative, and compassionate professionals.

David T. Helm, PhD
Judith Holt, PhD

A special recognition to the many authors/editors from Edition 3 whose work laid the foundation for this edition: Karen Applequist, Ann Cox, Ann Grady, Carol Greenwald, Rita Hohlstein, Paula Lalinde, Mary McCarthy, Vicki Pappas, Carolyn Richardson, Lisa Steffian, Stephen Sulkes, and Tokesha Warner.

Section I:
INTERDISCIPLINARY TRAINING INTRODUCTION

David T. Helm, Crystal Pariseau, Suzanne Pearson, Kay Conklin,
Roz Parrish, Judith Holt, Toby Long, David Deere

History of Interdisciplinary Training

Interdisciplinary clinical teams began in the 1920s and gained momentum after World War II in rehabilitation centers, but remained somewhat isolated until the 1960s and the UCEDD initiatives. The development and refinement of Interdisciplinary Teams to provide services for individuals with intellectual and/or developmental disabilities came out of the recommendations of President Kennedy's 1962 President's Panel on Mental Retardation. These recommendations proclaimed the need for a "continuum of care" that "describes the selection, blending and use, in proper sequence and relationship, of the medical, educational, and social services required by a retarded person to minimize his disability at every point in his lifespan.[1]"

The Panel's report set forth two fundamental needs: systematic training for professionals, paraprofessionals, parents, and volunteers in how to convey their individual contributions; and professional training conducted in model programs. The identification of these needs helped shape the basic function of the programs as Interdisciplinary Training Centers.

Interdisciplinary Training at LENDs and UCEDDs

University Centers for Excellence in Developmental Disabilities (UCEDDs[2]) and Leadership Education in Neurodevelopmental and related Disabilities Programs (LENDs) are rooted in the Developmental Disabilities Services and Facilities Construction Amendments of 1970, P.L. 517, which amended the Mental Retardation Facilities and Community Health Centers Construction Act of 1963. P.L. 517 authorized grants to help support Interdisciplinary Training in institutions of higher education to help meet shortages of personnel to provide services to people with developmental disabilities. LENDs and UCEDDs have worked towards a shared vision that foresees a nation in which all Americans, including those with disabilities and their families, participate fully in their communities.

The definition and development of Interdisciplinary Training in the fields of children with special health care needs and developmental disabilities and their families emerged primarily from the LEND and UCEDD initiatives[3]. The preparation of personnel has been at the heart of the LEND and UCEDD missions since their

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1   Knobloch, C. (1989). A guide to Interdisciplinary Training (2nd Ed). Silver Spring, MD: American Association of University Affiliated Programs.
2   The original legislation (P.L. 88-164) referred to University Affiliated Facilities, thus the acronym UAF. In the 1987 re-authorization of the Developmental Disabilities Assistance and Bill of Rights Amendment, "The DD Act" (P.L. 100-146), the nomenclature was changed to University Affiliated Programs (UAP). In the 1999 DD Act, (P.L. 106-402) programs are known as University Centers of Excellence in Developmental Disabilities, Education, Research and Service, now referred to as University Centers of Excellence, or UCEDDs. The original Association serving UCEDDs and LENDs was called the American Association of University Affiliated Facilities, or AAUAF. When UAFs became UAPs, the Association changed its name to AAUAP. Now, the Association is the Association of University Centers on Disabilities, or AUCD. "AUCD" will be used to refer to the Association's name throughout this document.
3   Many of these initiatives were developed and evolved from the 1960's MCHB training model and their predecessors, and have their roots in clinical services. For more information on MCHB history, see the www.mchb.hrsa.gov/timeline. For a definition of Interdisciplinary Clinical Services, see the appendix document "CIS Definition of Interdisciplinary Practice".

inception. The Interdisciplinary Training mission of these Centers has remained constant even as the roles and responsibilities of trainees have broadened. An Interdisciplinary Training curriculum addresses the complex needs of individuals with developmental disabilities and/or special health care needs and their families, and often serves as a unifying focal point.

All UCEDDs subscribe to a set of priorities outlined by the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402), the "DD Act." All LENDs follow the guidelines set forth by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). The network celebrates its diversity as a system in addressing training needs[4]. The Administration on Developmental Disabilities (ADD) and MCHB are the common funding sources for this training, although both programs receive additional funding for various training programs from many sources.

AUTHOR's NOTE: There are many variations of UCEDD/LEND Program structures. For the remainder of this document, the authors will use the term "Center" to reference UCEDD and/or LEND Programs.

Earlier versions of the Interdisciplinary Training Guide evolved from the National Training Directors Council (NTDC) meetings that addressed the evolution of new training concepts and how to operationalize them. The original material was derived from the combined experiences of the early Training Directors, which culminated in a conference held in Santa Fe in 1976. The concepts that came from these programs were refined and articulated in subsequent conferences held in Salt Lake City in 1978 and 1980. Those initial concepts not only defined Interdisciplinary Training, but also enumerated some of its objectives. The 1980 meeting resulted in the identification of general outcomes expected from this training. These included the acknowledgement of roles and skills of the participating disciplines, interaction among disciplines, and interdisciplinary knowledge. The 2001 edition included more specific objectives regarding interdisciplinary core competencies based in recently enacted legislation. For this 2010 edition, we include information on Interdisciplinary Training in the emerging field of Disability Studies, examples of outcome evaluation used by Centers, and general updates that reflect current legislation.

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4   Helm, D., Cox, A., & McCarthy, M. (2000). Personnel Preparation. In: Guidelines for the Development and Maintenance of Quality UAPs. Silver Spring, MD: American Association of University Affiliated Programs.

Interdisciplinary Training

Interdisciplinary Training is an integrated education program that relies upon the interdependent contributions of the collaborating team members. These team members may include people with disabilities and their families, health and allied health professionals, and community providers.

The training goals of long-term trainees are based on a combination of local, regional, and national priorities as well as the requirements of the trainee's discipline and the individual trainee's needs. Each Center's identified objectives are reflected in the design and implementation of their Interdisciplinary Training Program and reflect a common mission.

The interdisciplinary approach is based on the belief that the contribution and collaboration of all team members is essential to appropriately address the complex issues of people with developmental disabilities or special health care needs and their families.

The introduction to an Interdisciplinary Training environment allows trainees to see the potential of fully staffed and broadly-defined teams. Students learn what other disciplines can contribute and how to access crucial information even if there is no team with which to work. Broader skills that trainees learn from working in this model include how to collaborate effectively with others, communication strategies, and small group processing skills. Students learn the core value of self-advocate and family contributions guide the team's activities. Thus, even though there might not be a comprehensive team in the community where trainees will do their future work, successful trainees recognize when there is a need for a "team-approach." Today, Interdisciplinary Training has expanded to include community-based experiences including research, advocacy, administration, and policy analysis, and is part of leadership training curricula.

With the understanding of how Interdisciplinary Teams can work, graduates of Interdisciplinary Training Programs will be more likely to seek advice from colleagues and effectively collaborate with other professionals, self-advocates, families, and policy makers.

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Section II: CORE CURRICULUM

Roz Parrish, Crystal Pariseau, Kay Conklin, David T. Helm, Mary T. Urbano, Judith Holt

Introduction

All Centers create a core curriculum that encompasses topics identified by federal funding agencies. This curriculum is not defined by either ADD or MCHB, though the components are. In practice, these topics are commonly referred to as the "core curriculum." Centers expand upon these core elements by including topics of local and state priority.

The original work by AUCD's National Training Director's Council (NTDC) in the 1970's and 80's, regarding the identification of a "core curriculum," was sponsored in part by MCHB and is now utilized as part of the LEND guidance references.

This section presents elements, practices, and models of core curricula used across the UCEDD and LEND Training Programs. These examples are not intended to be prescriptive but rather to serve as a guide for programs wishing to develop or revise their own Interdisciplinary Training curricula.

The core curriculum for UCEDD or LEND Interdisciplinary Training Programs can include *didactic, clinical, community-based,* and *research and scholarly* components. Each of these components offers carefully-designed opportunities for Interdisciplinary Trainees to enhance and strengthen their leadership knowledge and skills. The core curriculum is designed to provide multiple opportunities for trainees to engage in learning activities that mirror the issues they will face in practice, such as accountability, outcome-based approaches, family/person-centered models, collaboration, and interdisciplinary decision-making. The leadership component of a Training Program is woven throughout the didactic, clinical, community-based, and scholarly activities.

Competency-Based Curriculum

Most Centers use a competency-based curriculum for training. This model incorporates a mechanism to monitor and evaluate the effectiveness of the Training Program. Each program develops specific competencies based on the goals of their Training Program, recognizing that the competencies may be attained at different levels. The degree to which the trainees have met the competencies can then be measured throughout the trainee's education. In order to ensure that the curriculum incorporates the best practices of family-centered care, cultural competency, and self-determination, individuals with disabilities and their families must be an integral part of the planning, development, implementation, and evaluation phases of the training curriculum.

Within the DD Act's Four Core Functions[5], UCEDDs structure their Interdisciplinary Training Programs around the following areas of emphasis:
- ▸ quality assurance
- ▸ education and early intervention

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5   The Four Core Functions of a UCEDD, as defined by the DD Act, are interdisciplinary pre-service preparation and continuing education, community services, research, and information dissemination.

- ▶ child care
- ▶ health
- ▶ employment
- ▶ housing
- ▶ transportation
- ▶ recreation
- ▶ and other services available or offered to individuals in a community, including formal and informal community supports, that affect their quality of life

LENDs structure their Interdisciplinary Leadership Training Programs around the following MCHB priorities:

- ▶ family-centered care
- ▶ cultural competence
- ▶ clinical and community-based services and supports
- ▶ policy and advocacy

In addition to the MCHB priorities, LEND Programs are expected to fully integrate the MCHB Leadership Competencies[6] into their Training Program.

Trainees will achieve different levels of competence in each of the above areas based on their experience, discipline, and training. Levels of competency[7] are:

- ▶ Awareness: demonstrated familiarity with content
- ▶ Knowledge: mastery of relevant information that makes it useful in clinical practice, teaching, technical assistance, leadership activities, and/or research
- ▶ Skill: mastery of procedures and techniques permitting the trainee to function within an interdisciplinary model

Interdisciplinary Content Areas

Training programs build an interdisciplinary curriculum using the core areas mentioned above as well as topics of local importance. The following bullets illustrate select curricular areas and provide ideas and activities for how they might be included in a Training Program. For additional examples of curriculum from some Centers, see Appendix B.

- ▶ Family-Centered Care
  - • Elements of family-centered care
  - • Communicating with families
  - • Models of instituting medical home
  - • Models of family involvement in program planning, development, implementation, and evaluation

- ▶ Interdisciplinary Teams
  - • Elements of Interdisciplinary Teams
  - • Interdisciplinary assessments
  - • Interdisciplinary report writing

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6   MCHB Leadership Competencies version 3.0: http://leadership.mchtraining.net/
7   MCHB Leadership Competencies version 3.0: http://leadership.mchtraining.net/

- ▶ Systems of Supports and Services
  - • Health care financing
  - • Educational system
  - • Supports across the lifespan
  - • Systems change theories
  - • Employment services

- ▶ Self-Determination
  - • Person-centered planning and supports
  - • Self-advocacy

- ▶ Cultural and Linguistic Competence
  - • Establishing rapport and effective communication in diverse settings
  - • Self-assessment
  - • Organizational assessment

- ▶ Leadership Development
  - • Leadership theory and methods
  - • Oral and written communication

- ▶ Health Care Administration
  - • Budgeting and business plan development
  - • Community capacity building
  - • Agency collaboration
  - • Grant writing

- ▶ Public Policy and Legislation
  - • Social justice and human rights issues
  - • Disability laws and regulations
  - • Policy formation
  - • Federal and state legislation

- ▶ Developmental and Related Disabilities
  - • Etiology
  - • Diagnosis and assessment
  - • Evidence-based intervention planning
  - • Prevention of secondary conditions

- ▶ Clinical and Community-Based Best Practices
  - • Intervention and follow-up
  - • Assistive technology
  - • Inclusion
  - • Transition to adult systems
  - • Postsecondary education

- ▶ Ethical Issues
  - • Genetic testing and counseling
  - • Biomedical and care/treatment issues
  - • Evidence-based interventions

▶ Research
- Tools and methods (quantitative and qualitative)
- Participatory action research
- Institutional Review Boards compliance

Components of a Training Program

Competency in the core curricular areas is obtained through a wide variety of structured didactic and experiential learning experiences. It is the complementary nature of these two learning components that helps trainees integrate the content into their community or clinical experiences. Individuals with disabilities and/or special health care needs and their families are critical partners in the planning, development, delivery, and evaluation of both the didactic and experiential training components.

A trainee's experiential and didactic requirements will vary according to the length of time trainees are with the program, their academic achievement level, and their prior experience in the field.

▶ Didactic opportunities may include:
- Interdisciplinary lecture series, seminars, or courses
- Web-based series, seminars, or courses
- Journal clubs
- Research article reviews
- Group projects
- University courses for credit

▶ Experiential opportunities may include:
- Interdisciplinary collaboration activities in:
  o Clinics (e.g., hospital, center-based, or community)
  o Schools or workplaces
  o Independent Living Centers
  o Volunteer settings

▶ Leadership project opportunities such as:
  o Participation in technical assistance/consultant activities
  o Participation in community capacity-building activities
  o Systems-level team leadership projects
  o Local, state, and national committee participation
  o Grant review or writing
  o Needs assessment in collaboration with agency or consumer groups
  o Public policy and advocacy projects
  o Editorial or dissemination activities

- ▶ Experiences with individuals with disabilities and their families:
    - • Attend a lecture or panel discussion where a family member or individual shares their perspectives on disability and service systems
    - • Participate in clinical or community training sites with a family member
    - • Attend an IEP or other planning meeting with a family
    - • Attend a clinical appointment with a family
    - • Shadow a self-advocate who is a member of a committee, such as a UCEDD Consumer Advisory Council
    - • Participate in a family mentorship program[8]
    - • Visit families in their home and/or community
    - • Participate with family/consumer organizations in their projects

- ▶ Research:
    - • Participate on research projects with faculty or as a team
    - • Conduct original research
    - • Conduct a literature review
    - • Prepare a research-based presentation

- ▶ Special project:
    - • Assist in development of web-based training materials
    - • Conduct a policy analysis of proposed legislation
    - • Mentor a youth with disabilities

Core Curriculum: Models in Practice

Several programs agreed to share their core curriculum as part of this training guide. In order to provide a context for the curriculum, each program briefly described its history, trainee funding, disciplines involved, and its content and process of Interdisciplinary Training. These programs represent diverse approaches to conceptualizing the core curriculum. Clearly, there is no one "correct" approach to Interdisciplinary Training and the strength of these programs is their ability to develop and implement creative and innovative approaches to suit their unique needs. These examples can be found in Appendix B.

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8   http://www.aucd.org/template/news.cfm?news_id=115&parent=119&parent_title=Family&url=/template/page.cfm?id%3D119

Section III:
TRAINING DIRECTOR ROLES AND MENTORSHIP
David Deere, Crystal Pariseau

THE ROLE OF THE TRAINING DIRECTOR

Introduction

Since the first President's Commission on Mental Retardation in the early 1960's, Interdisciplinary Training has been a common denominator of the programs that are now known as UCEDDs and LENDs (Center). Indeed, it is required that all Centers conduct their training in an interdisciplinary manner. Yet the heterogeneity of the Centers is nowhere more clearly shown than in the spectrum of definitions as to what constitutes the role of the Interdisciplinary Training Director (TD). The role may entail a full-time effort involving responsibility for all training, including both preservice and community education activities. On the other hand, the person in this position may be an individual who has acquired a rotating part-time responsibility as chairperson of a training committee. In between are an abundance of "job descriptions" that reflect varying organization, structures, degrees of effort, duration, and responsibilities. The university or program will determine the individual's title specific to the program structure; for the purposes of this document, that individual is called the Interdisciplinary Training Director.

This section of the Guide identifies and structures some of the decision points and issues that are involved in reviewing, understanding, and/or refining the role of the Interdisciplinary Training Director in a Center. It is not intended to be prescriptive; the actual roles and responsibilities will vary according to the needs and structure of your Center and in accordance with your university or hospital policy. Centers might use the ideas and questions contained herein to determine the kind of individual and position requirements that will best fit their Interdisciplinary Training needs.

In carrying out his/her role within the Interdisciplinary Training Program, the Training Director needs to conceptualize, plan, and carry out responsibilities across several areas. Among the most important and commonly accepted areas are the following:

▸ Administration and planning
▸ Conceptual model for Interdisciplinary Training
▸ Development, implementation, and evaluation of the core curriculum
▸ Relationships with academic departments
▸ Program evaluation, data collection, and reporting
▸ Involvement of individuals with disabilities and family members
▸ Cultural and linguistic diversity

On the following pages are questions to consider in this process.

Administration and Planning

▶ How is the role of the Training Director structured in your UCEDD/LEND? Is it a dual role? Does the Training Director have responsibility for preservice or community education, or both? What are the expectations for collaboration between staff assigned to these roles?

▶ How much FTE is assigned to your Training Director position? Is your position full-time or part-time? How much funding is assigned to your position and from where are the funds generated? If your position is not full-time, how are priorities identified?

▶ What areas of authority does the Training Director have in planning, coordinating programs, direct instruction, program evaluation, and seeking external funding?

Collaboration

▶ What collaborative opportunities for training exist within the Center, with the community service director, clinical services staff, project directors, or other units or discipline coordinators?

▶ What collaborative opportunities for training exist within the university and with other universities?

▶ What collaborative opportunities for training exist with other training programs (UCEDDs, LENDs, or other) within your region and/or across the country?

▶ What is the Training Director's role on the Center's management team, leadership group, or other groups relative to who makes decisions about the Center and its Training Program(s)?

▶ Is there an Interdisciplinary Training Committee or Advisory Group responsible for Interdisciplinary Training and the curriculum? If so, what is its membership and function? What other committees and/or units deal with Interdisciplinary Training Programs?

▶ How does the Interdisciplinary Training Program relate to the Center's mission and goals?

▶ What are the desired outcomes for your trainees?

▶ What training needs assessments have been or are being undertaken by your Center (e.g., university, state, or federal)? If undertaken, where are they housed or collected and how do you access this information? How is this data used to evaluate, refine, and/or establish your priorities and outcomes?

▶ Is there a plan for addressing cultural diversity and cultural competence in the Training Program for trainee recruitment, for faculty recruitment and retention, for curriculum, and for field-based experiences?

▶ Is there a plan for the involvement of consumers and families in the Interdisciplinary Training Program - as trainees, faculty, advisors, co-curriculum developers, co-instructors, program evaluators?

▶ Is there a marketing and public relations plan for the Interdisciplinary Training Program?

▶ What are the Center's expectations for your involvement in grant writing and securing funding for the Interdisciplinary Training Program? Who are potential collaborators within the network, your Center, the university or hospital, and the community for this type of activity? What funding currently exists for Interdisciplinary Training? Who are potential funders in the public and private sectors?

Conceptual Model for Interdisciplinary Training

▸ Is there a written model for your program? (It may include elements such as those listed in this section.)

▸ Definition of trainees: who do you call Interdisciplinary Trainees? Where do other students fit into your program?
   - Are your trainees university-based students and/or practicing professionals?
   - Are the trainees part of MCHB, ADD, OSEP or other federally funded training programs?
   - How do you identify your short-term, intermediate-term, and long-term trainees? Are there different training requirements for each group?

▸ What are your Center's desired outcomes for trainees at the various durations of commitment, as related to ADD and MCHB Program criteria, as well as your own Center's unique focus and criteria for other training programs (OSEP, state funding)?

▸ Is there clear identification of core competencies that all your Interdisciplinary Trainees must achieve? Are these competencies delineated by funding agency, trainee preparation, trainee skill level, and duration of commitment, and are there competencies for interdisciplinary versus disciplinary outcomes?

▸ Is there a clear identification of the various learning settings and experiences offered by your Center?

▸ What is your supervision model - who supervises the trainees? If someone other than the Training Director fulfills this function, how is collaboration monitored?

▸ How are trainee progress and achievements evaluated, and by whom? Are there identified methods to gather formative data, perform exit reviews and interviews, and conduct long-term trainee follow-up?

Development of a Core Curriculum

▸ How is your core curriculum defined in terms of needing to include didactic and experiential learning activities that are interdisciplinary in nature?

▸ What is the format, content, and function of your Interdisciplinary Training Plan(s) or core curriculum?

▸ How do you develop and gain consensus around core and other competencies for your trainees?

▸ What learning settings does the Center offer (e.g., classroom, community-based, and/or clinical)?

▸ What core course(s) are offered at your Center? How many are offered and what is the content and schedule? Do these or will these lead to any type of endorsement, certification, or recognition within the university or beyond?

▸ How will you incorporate required components from your federal funding requirements into the curriculum (e.g., cultural competency, advocacy, research, and dissemination) and how will it enhance leadership development?

▸ What other types of learning experiences might your trainees engage in (e.g., courses, field experiences, readings, family mentorship, leadership development opportunities)?

▸ How are your trainees involved with people with disabilities and family members?

- ▶ What trainee evaluations are in place (e.g., pretest, post-test, portfolios, exit interviews, interviews with faculty from other disciplines, 360-degree evaluations)?

Relationships with Academic Departments

- ▶ How are trainees recruited, including those from diverse cultural groups, people with disabilities, and family members?

- ▶ How are trainees supervised and evaluated?

- ▶ How do different departments relate to the development and teaching of core course(s), seminars, and other courses?

- ▶ Who is responsible for planning and reviewing the core curriculum?

- ▶ What opportunities are available for course infusion and guest lecturers?

- ▶ What is the role of the Center's affiliated faculty?

- ▶ Who is responsible for developing additional avenues for financial support of trainees?

Data Collection and Evaluation

Trainees

- ▶ What trainee data is needed for federal reporting? How is it collected? Do you use the National Information Reporting System (NIRS) for collection and reporting (see Section IV for more information).

- ▶ How is trainee progress tracked through the core curriculum?

- ▶ Are exit evaluations/interviews conducted, and if so, on whom and by whom?

- ▶ Who is responsible for long-term trainee follow-up 1, 5, and 10 years after completion of the Training Program?
    - How does the program maintain contact with former trainees?

    - How is short-term and intermediate-term trainee participation tracked for federal reporting (via NIRS)?

Faculty

- ▶ How are the activities of your faculty (e.g., guest lectures, technical assistance, publications, continuing education) tracked for federal reporting?

- ▶ How do faculty receive additional and ongoing training specific to LEND or UCEDD? (e.g., cultural competency training)

- ▶ How are faculty evaluated (e.g., by trainees, by UCEDD/LEND Director)?

Data: Internal and External Planning and Feedback

▸ How are data used for internal development and refinement of your Interdisciplinary Training Program?

▸ How is feedback given to UCEDD/LEND staff or other university departments?

▸ How are programs and projects reviewed?

▸ How are data used for site reviews?

▸ How are data used during grant development?

Involvement of Individuals with Disabilities and Family Members

▸ How does your Center maximize involvement of individuals with disabilities and family members in the Training Program?

▸ How do individuals with disabilities participate in planning, implementing, and evaluating the Training Program and curriculum?

▸ How do individuals with disabilities and family members participate as trainees, faculty, and mentors?

▸ How are individuals with disabilities recruited as program participants (trainees, faculty, other) and provided with appropriate accommodations and support?

Cultural and Linguistic Diversity

▸ How are trainees and faculty from diverse backgrounds recruited and supported?

▸ How are individuals from diverse backgrounds involved in planning, implementing, and evaluating training programs and curriculum?

▸ How do individuals from diverse cultures participate as instructors, lecturers, mentors, and peer tutors?

Mentorship Program For New Training Directors

As a new Training Director, it is helpful to create a relationship with a Training Director at another Center. This relationship can provide guidance and insight into the intricacies of UCEDD and LEND Training Programs. New Training Directors wishing to be paired with an experienced Training Director for mentorship should contact the Chair of the National Training Directors Council (NTDC)[9].

Experienced Training Directors in the mentor role will:

- ▶ listen to the new TD's description of needs, concerns, aspirations, ideas, etc., and offer information, ideas, opinions, and encouragement

- ▶ describe and help interpret the organization and operation of Interdisciplinary Training Programs in various Centers

- ▶ review this guide and share information about AUCD's NTDC, including the NTDC website and listserv

- ▶ ensure that the new Training Director is aware of opportunities for trainees to engage in the AUCD network (e.g. the AUCD Virtual Trainee, trainee listservs and virtual groups, fellowship opportunities, conference travel scholarships for trainees, etc.)

- ▶ meet with and include the new TD in activities at the AUCD Annual Meeting and other meetings, as appropriate

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9   To find the current Chair of NTDC, view the right-hand column of http://www.aucd.org/template/page.cfm?id=107.

Section IV:
OUTCOME EVALUATION
Suzanne Pearson, Roz Parrish, Judith Holt

Introduction

Although UCEDDs and LENDs have traditionally measured program outcomes, evaluation of the effectiveness of training programs has received increased emphasis with public demands for accountability and documentation of the return for dollars spent. The expectation that publicly funded programs document their results is found at all levels of government. At the national level, the 1993 Government Performance and Results Act (GPRA) required that all government programs develop a process by which to measure their performance and consumer satisfaction. To meet the requirements of GPRA and other mandates, each Center must identify outcomes, develop methods with which to measure those outcomes, and adopt a process by which the program will periodically report and review the data. Outcome data not only provides information for program guidance and refinement, but also provides valuable information to funders regarding the impact of training on community systems, curricula, individuals with disabilities and their families, and trainee knowledge, behavior, and attitudes.

Outcome evaluation is measured on a federal and programmatic level. The following list provides resources to help Training Directors address both MCHB and ADD federal reporting requirements as well as individual program goals.

Federal Reporting Resources

Information on ADD requirements for UCEDDs can be found at the UCEDD Resource Center (www.aucd.org/urc):

- ▶ UCEDD Grants (recent guidance)
- ▶ Annual Reports (Developmental Disability Act Requirements)
- ▶ The Monitoring and Technical Assistance Review System (MTARS), including Self Assessment and Notebook

Information on MCHB requirements for LENDs can be found on the MCHB website (http://mchb.hrsa.gov/training/):

- ▶ HRSA Electronic Handbook (MCHB requirements, utilizing NIRS data)
  - MCHB performance measures and data collection forms
  - Trainee Follow-Up Surveys: Administering these surveys to trainees at 1, 5, and 10 years post-training is instrumental to completing your performance measures and annual reports.
  - The **National Information Reporting System (NIRS)** is the national, web-based data reporting and retrieval system for the AUCD Network. NIRS enables Network members to manage data on their training programs, projects, activities, and products, and helps them comply with federal reporting requirements. The data gathered in NIRS also enables AUCD to develop composite snapshots of the UCEDD and LEND Programs.

NIRS is a useful tool for accessing and promoting the important work of university-based Centers and programs on disabilities and special health care needs (SHCN) to a wide array of constituents, including people with

disabilities and/or SHCN and their families, local communities, states, service providers, funding agencies, policy makers, and other partners. Finally, NIRS supports the data management, program evaluation, long-range planning, and information sharing efforts of individual UCEDD and LEND Programs.

For more information on NIRS, visit *www.aucd.org/projects/nirs/index.cfm.*

Resources for Individual Program Evaluation

Faculty/staff, trainees, and family members are routinely involved in the design and implementation of Training Program evaluations in order to continuously improve the quality and function of the Training Program. The evaluation process provides a valuable opportunity to address emerging issues, and refine and strengthen various aspects of the Training Program, while engaging various constituents in the process. Site reviews by MCHB and ADD, which often include peers, provide technical assistance and additional insights for training programs.

Federally developed organizational self-evaluations for program components can be found on these websites:

▸ National Center for Cultural Competency (NCCC) Organizational Self-Assessment
  www11.georgetown.edu/research/gucchd/NCCC/foundations/assessment.html

▸ MCHB Leadership Competencies
  http://leadership.mchtraining.net/

▸ Family Voices: Family Centered Care Self-Assessment Tool
  www.familyvoices.org/catalog.php

▸ UCEDD Self-Assessment Checklist
  www.aucd.org/template/page.cfm?id=520

▸ LEND Self-Assessment and Evaluation
  www.aucd.org/template/news.cfm?news_id=125&parent=500&parent_title=Self-Assessment

Program Evaluation Components

In designing the evaluation plan for your Training Program, the following components should be addressed by various constituents including families, faculty/staff, trainees, and other university and community partners:

▸ Training curriculum
▸ Clinical activities
▸ Community activities
▸ Research
▸ Faculty
▸ Trainees
▸ Family and self-advocate involvement

Program evaluation strategies might include:

▸ Federally developed self-evaluations (listed above)
▸ Continuous improvement process such as the Kaizen model
▸ External consultants
▸ Electronic surveys to participants, stakeholders, and partners

Section V:
DISABILITY STUDIES
Toby Long, Judith Holt

Introduction

Disability Studies Programs serve to improve understanding of disability; promote greater awareness of the experiences of individuals with disabilities, their families, and support systems; and contribute to social change. Disability Studies Programs use an interdisciplinary non-medical, non-clinical approach to learning about the socio-political construct of disability. Disability Studies Programs or courses are available to a broad range of students, including UCEDD and LEND trainees.

At some universities, the Disability Studies Program is offered through the UCEDD/LEND and the Training Director will be intimately involved in managing the curriculum and recruiting trainees, while at others the role of the Training Director is to enhance collaborations with the Disability Studies Program that could be in its own department or part of another department.

Many training programs housed within the AUCD Network blend the principles of Disability Studies with those of the rehabilitation sciences by recognizing disability as a complex phenomenon existing at the intersection of human differences and social values. The programs within the AUCD Network not only promote an awareness of disability that supports individuals in shaping their own identities and lives, but also examine how services that support persons with disabilities can reduce sources of disempowerment if aligned with social and political change.

Definition of Disability Studies

Disability Studies considers the social, cultural, historical, experiential, and symbolic meaning of physical and intellectual disabilities. Disability Studies Programs draw information from a variety of sources and fields including the humanities, social sciences, and rehabilitation.

Guidelines for Disability Studies from the Society for Disability Studies

The Society for Disability Studies (SDS) (www.disstudies.org/) offers the following guidelines for any program that describes itself as "Disability Studies."

▶ It should be interdisciplinary/multidisciplinary. Disability sits at the center of many overlapping disciplines in the humanities, sciences, and social sciences. Programs in Disability Studies should design a curriculum that allows students, activists, teachers, artists, practitioners, and researchers to collaborate bringing together various disciplinary perspectives.

▶ It should challenge the view of disability as an individual deficit or defect that can be remedied solely through medical intervention or rehabilitation by "experts" and other service providers. A program in Disability Studies should explore models and theories that examine social, political, cultural, and

economic factors that define disability and help determine personal and collective responses to difference. Disability Studies Programs should work to de-stigmatize disease, illness, and impairment, including those that cannot be measured or explained by biological science.

▶ It should study national and international perspectives, policies, literature, culture, and history with an aim of placing current ideas of disability within their broadest possible context. Since attitudes toward disability have not been the same across times and places, much can be gained by learning from these other experiences.

▶ It should actively encourage participation by students and faculty with disabilities, and should ensure physical and intellectual access.

▶ It should make it a priority to have leadership positions held by people with disabilities; at the same time it is important to create an environment where contributions from anyone who shares the above goals are welcome.

When Creating the Curriculum be Aware of:

▶ The role of individuals with disabilities and their interests: Active participation of individuals with disabilities is essential in creating a curriculum. An authentic Disability Studies curriculum must represent the lived experiences of those with disabilities and their families and caregivers.

▶ The role of activism in the Academy: Disability Studies is grounded in the social activism movement thus a Disability Studies Program will promote an activist agenda which may or may not be consistent with the university.

▶ Recognition of Disability Studies as an academic field: As a field, Disability Studies is only about 30 years old; thus, it is not widely accepted as a professional discipline.

▶ Academic level: undergraduate, graduate, certificate: Choosing the level of degree granted and the intensity of the program components must be aligned with the expectations of the university and the governance of program courses within the university.

▶ The role of rehabilitation and the medical model of service delivery: Because of the role of rehabilitation service providers, the challenge for Disability Studies faculty and advocates is to maintain a recognition of the importance of rehabilitation without focusing on the treatment/prevention/remediation paradigm.

The Following Factors Should be Considered as the Disability Studies Program is Implemented and Maintained:

▶ Recruitment and retention of faculty
▶ Funding
▶ Student population
▶ Maintaining the interdisciplinary focus
▶ Conflicts between medical and social models
▶ Conflicts between academicians and Disability Studies field

Resources

Society for Disability Studies

▸ Society for Disability Studies (www.disstudies.org)

▸ Society for Disability Studies (SDS) Guidelines for Disability Studies Programs
Guidelines for emerging programs in Disability Studies established by SDS Board in 2004

Books

▸ Albrecht, Gary L., Seelman, Katherine D., & Bury, Michael (Eds.) (2001). *Handbook of Disability Studies*. Thousand Oaks: Sage.

▸ Albrecht, Gary L. (Ed.) (2005). *The Encyclopedia of Disability*. Thousand Oaks: Sage.

Web-Based Resources

▸ Academic Programs in Disability Studies in North America
http://disabilitystudies.syr.edu/resources/programsinds.aspx

▸ Information and Resources on Disability Studies (various listings of articles, chapters, books, films, and other resources)
http://thechp.syr.edu

▸ Disability Studies Archive UK
Archive of writings of Disability Studies scholars from the UK
www.leeds.ac.uk/disability-studies/publish.htm

Listservs/Blogs

▸ Society for Disability Studies (SDS) Listserv (Listserv maintained by University of Leeds)
www.leeds.ac.uk/disability-studies/

▸ Disability Studies, Temple University Blog
http://disstud.blogspot.com

▸ Disability Studies in the Humanities Listserv
https://listserv.umd.edu/archives/ds-hum.html

Journals

▸ Disability & Society
www.informaworld.com

▸ Disability Studies Quarterly
www.dsq-sds.org

▸ The Review of Disability Studies: An International Journal
www.rds.hawaii.edu

Section VI:
LESSONS LEARNED

David T. Helm, David Deere

In preparation for this 4th Interdisciplinary Training Guide, the authors implemented a network-wide survey of Training Directors. This process was performed for previous editions of the Guide, and previous responses are archived with the editions on www.aucd.org.

This survey set out to collect information from Training Directors about implementing an Interdisciplinary Training Program. To gather the widest range of responses, one open-ended question was circulated throughout the AUCD Training Director Network:

> *What lessons have you learned about implementing Interdisciplinary Training in your UCEDD and/or LEND Program? That is, what advice would you give to new Training Directors?*

Responses were received from 37 Training Directors in the summer of 2009. The experience of respondents ranges from 8 months in the position to over 24 years as a Training Director. Comments were submitted from Training Directors working in LENDs, UCEDDs, and LEND/UCEDDs.

Analysis of the data revealed that responses naturally fit into four categories: Trainees, Program Development, Faculty and University Involvement, and Interdisciplinary Training.

Each category of response begins with a brief summary of the comments received. Statements from Training Directors are then presented in a mostly unedited form. These comments provide practical advice for new Training Directors implementing an Interdisciplinary Training Program and remind veteran Training Directors that many of their problems and experiences running such programs are shared.

Trainees

QUESTION: What lessons have you learned about implementing Interdisciplinary Training in your UCEDD and/or LEND Program? That is, what advice would you give to new Training Directors?

SUMMARY: In Interdisciplinary Programs, it is especially important for trainees to learn the big picture of service delivery and policy, develop advocacy skills, and be introduced to families throughout training. Insights are provided for developing a cohort of trainees, focusing LEND curriculum on leadership competencies, meeting trainees at their level to help them advance in their own leadership skill sets, and the importance of choosing fellows carefully.

- Require trainees to work on products, presentations in interdisciplinary teams.

- Remain flexible to meet students where they are, to bring them to the next level. Help students understand the "big picture" and the policy implications. Keep thinking about ways to innovate to meet the changing experiences and needs of your students.

- We have an IDD psychology program and initially we tried to merge the LEND/UCEDD/and IDD psychology curricula. This resulted in many unsatisfied trainees. So we have learned that we need unique curricula for different tracks with a few common shared courses and experiences for all.

- I have learned that trainees from different disciplinary programs come to the table with different experiences and training opportunities. It is essential that supervisors meet trainees at their level and work with them directly to support skill attainment. Trainees very much appreciate a collaborative working atmosphere that begins from the top down--good faculty models for interdisciplinary work likely yield trainees who work well within an interdisciplinary context. The most successful trainees are the ones who are motivated to work with the clinical population to which they are assigned--so a good match with skills and interests is critical.

- Encourage trainees to attend legislative and policy sessions and participate in activities in which the family serves as the mentor to students. These are life changing experiences.

- Provide an extensive trainee orientation at the beginning of the year to assure everyone is on the same page regarding expectations. Provide a trainee celebration at the end of the year to recognize accomplishments.

- Home visits to families of individuals with disabilities are highly valued by our trainees. We have partnered with a hospital-sponsored program to provide mentored visits. Trainees have also valued opportunities to develop formal presentations for audiences of faculty, clinicians, and other trainees as preparation for future conference presentations.

- Requiring trainees to complete reflective journals is a good way to obtain qualitative information about program efficacy. We ask stipended LEND trainees to reflect on their leadership experiences. (Evaluation of clinical experiences is done through face-to-face supervision and questionnaires.)

- Trainees have gained a sense of "the bigger picture" by becoming familiar with AUCD.

- Pay attention to linking the didactic and clinical experiences of trainees.Make expectations of trainees explicit. Take proactive stance towards diversity recruitment.

- The students that I interfaced with really needed one-on-one time to help them integrate the information. Classrooms are good for dissemination but mentoring about how to use it in their setting was required for optimal cross-training.

- Many trainees come to the program thinking it is a clinical Training Program in their discipline and the interdisciplinary and leadership features are secondary. It is important to define this up front even before trainees decide to apply. Don't try to cover what trainees are expected to do in their orientation session the first day and not revisit this material. This information needs to be spread out though their stay in your program.

- Even though the trainees you are teaching are usually well into their academic program, they will vary tremendously in what they know about developmental disabilities. Give trainees who are advanced in an area a chance to take a leadership position.

- Trainees are very good at recruiting other trainees to your program. Have them help you particularly in difficult to recruit areas such as racial/ethnic diversity.

- Have a yearly review process for all trainees. Make it clear that continued funding is based on their performance in the program and have a clear end date for funding.

- Carefully screen potential trainees. Those who are truly interested in disabilities will be more invested in the training process.

- Expose students to many points of view but especially disability advocacy.

- Try to strike a balance for trainees between the demands of the LEND Program and the demands of their disciplinary training.

- Expose trainees to the Core Curriculum: Models in Practice-based surrounding interdisciplinary assessment and treatment approaches.

- Individualized mentorship of trainees by interdisciplinary faculty is important to the success of the program.

- Enhance trainee competencies by exposing them to leadership tools and skills that they can then leverage to enhance organization/systems of care for individuals with DD.

- We have been fortunate to have students from all over the university in our programs and the curriculum and reputation of faculty are important in obtaining all types of students.

- In addition to LEND classes and interdisciplinary clinical experiences, all of our trainees conduct interdisciplinary projects to build their skills in interdisciplinary collaboration, program development, and program evaluation. This builds esprit de corps within the fellowship cohort across disciplines, as they develop leadership skills.

- It is important to have a regular standard time that most if not all the trainees get together. We had tried a number of different structures including an evening seminar for 2.5 hours, a full day and a half day, as well as a late afternoon seminar. Each worked because of group needs in different years. Each group seemed

to have its own challenges regarding time commitments and the times that would be available. What worked one year did not necessarily work the next but the consistent outcome was a commitment to meet regularly (weekly) and at the same time.

▸ Utilize group projects in which two to four trainees worked to conduct a research effort, analyze an issue, or produce a product. Provide opportunities to be interdisciplinary, teach team process, and provide group mentoring. The experiences provided rich sources for discussion for the entire group.

▸ It is important to develop a parent mentoring program where trainees were paired up with a parent/family for the year or at least a semester. There were numerous challenges and questions but at the time of evaluation this always came up as the most highly rated aspect of the program by trainees.

▸ Recruit the most advanced trainees possible with the budget/stipend support available. Advanced trainees are more likely to be committed to a career in MCH and/or working with people with disabilities, have experienced some leadership challenges in their school or work experience, and are often more excited and inspired by the opportunity to participate in an Interdisciplinary Training Program. Family trainees are also a huge asset to any Training Program. Offering family trainees the opportunity to build their competency in areas as outlined by the "Family Discipline Competencies" (AUCD document, 2006) provides them with a framework that validates both the experience they bring to the Training Program, as well as their "discipline role" and training objectives.

▸ Develop among trainees, especially long-term trainees, an identity with the program which results in them feeling "special". This may include: having a special session/function at the beginning of the year that involves the trainees, their immediate faculty/supervisors, and other faculty/staff from the program to "meet" the new trainees; posting their pictures and/or items of special interest on intranets or extranets; and having a function at the end of the year to which all faculty/staff within the program are invited to recognize their successful completion of the Training Program.

▸ Develop trainee recruitment protocols for long-term trainees that will increase the chances for what the desired outcomes of the training (e.g., leadership in the future, continued involvement with the DD/MCH population) are. My experience has been that if one or more faculty/staff (e.g., Training Director/Coordinator, faculty/staff from another discipline) from outside the applying trainee's discipline is not involved in the recruitment process, the disciplinary interviews may focus more on the trainee's past experience and potential within their discipline rather than also on their past experiences related to future leadership in the field and commitment to the field of DD/MCH. Since we have required that all long-term funded trainees be interviewed by their potential disciplinary faculty member, the Training Director, and a faculty member from another discipline, I have seen a definite positive difference in terms of outcome when we conduct the follow-up surveys.

Program Development

QUESTION: What lessons have you learned about implementing Interdisciplinary Training in your UCEDD and/or LEND Program? That is, what advice would you give to new Training Directors?

SUMMARY: Training Directors need to be flexible and creative. It is important to collaborate, build funding sources, disseminate information widely, and make use of technology. Use your full team to build the program. Always think about your performance measures (reporting) as you implement the program.

▸ It is not easy starting from scratch. Make sure you have $ for stipends. I would go to each department likely to deal with developmental disabilities and find out about flexibility of their students, their interest and interdisciplinary activities. Create or utilize a disabilities course that students might use as an elective. Create activities or experiences where they have to work together around some aspect of disabilities. Try to think outside of the box. I am still struggling so lessons learned are still being learned. It has been a challenge. Programs tend to act like silos and they don't like to step outside of their zone. I have a monthly seminar that is taught by a different person each time in the realm of developmental disabilities research. Students come from several different disciplines. We are working on a certificate program and then a course that will be the hub for interdisciplinary activities.

▸ The training curriculum must be as flexible as possible in order to meet the diverse needs of an interdisciplinary group of trainees who all bring to our programs different requirements, interests, and learning styles.

▸ Provide as much content to the total group as possible.

▸ Disseminate your activities so others can know what you do.

▸ Use technology to provide asynchronous training options...it is hard to get everyone in the same place at the same time.

▸ Have sufficient time and money to hire an excellent coordinator. There are lots of details to keep up with.

▸ Build training, service, and research components into all programmatic activities whenever possible.

▸ Stay focused....UCEDDs and LENDs have broad goals. If you don't focus you will be spread too thin to do anything well.

▸ I am a Training Director of a center that does not have LEND funding. We have worked diligently to establish courses and academic programs (certificates thus far), but our biggest challenge has been obtaining the fiscal support needed to sustain quality training. Much like other centers we actively seek external funding and have been very successful at doing so. However, those funds are short-term and we cannot sustain a program with current levels of support from our university. Several strategies have been helpful in this regard, but the need to continuously address this issue is ever present. First, when my position (Training Director) was created it was a tenure-track position for the College of Education

with my load divided between the COE and the UCEDD center. If you go this route, don't make it a "split appointment" because that complicates many things, most notably promotion and tenure reviews. The position should remain in one college with the load split (not the position). This has worked well to get a faculty person for the UCEDD. Personally, it is sometimes difficult being in this type of position because the workload exceeds that of the standard tenure-track position, but it addresses the issue of faculty support for your UCEDD. Secondly, another strategy that has been extremely effective for us is offering training online. Our university funds instructors out of a different pot of money, so neither our college nor our center has to fund these positions. The third strategy I would consider is cross-listing courses so that faculty from related disciplines could teach the course for your center as part of their load. The fourth strategy is seeking recognition as an "academic unit" if you are not already one. This will give you leverage that can be very important when negotiating for fiscal resources. Lastly, and perhaps most importantly, take the time and effort to respond to the RFP for LEND proposals. In the end, having that funding eases the situation you have without it.

▶ I was fortunate to come into this position right after some major work had been done on our curriculum. This first year, I pretty much followed the protocol that had been set out before me. That made it pretty easy. This year I am making some changes. What I have learned is that having a team to work with is invaluable. I have an amazing curriculum committee that assists me in planning the entire year. I could not do it without them. We have varied backgrounds and work well together. So my advice would be not to do it alone. Gather a group of people you can work with and delegate duties to. Ask for help from the people who have been part of the program (or other programs) in the past. Don't do it alone.

▶ I would recommend setting up a tentative time line for the entire year in your planner to stay organized and to be sure everything runs smoothly and as stress free as possible.

▶ The most important things I've learned are: the importance of encouraging and modeling role release; supporting interdisciplinary problem-solving in regular team meetings; facilitating intramural and extramural professional development.

▶ The LEND Program truly is interdisciplinary, and I have been the recipient of a truly mixed bag of professionals. In teaching leadership, the interdisciplinary nature of the group has been a joy. The fellows incidentally increase the knowledge of their classmates about their various fields. I feel that their respect for one another has deepened with their deeper understanding of each other's work. In teaching leadership, I have also found that a class size of 15-20 is more ideal than smaller class sizes. It is harder to conduct experiential exercises with smaller numbers. With very small numbers (say, below 10) it is better to conduct a seminar, and have the students determine the leadership topics that would serve them best. With larger numbers, the instructor can facilitate a curriculum more classically.

▶ Replenish the human resources of your program to sustain it.

▶ Don't assume anything.

▶ Be familiar with the performance measures to ensure that you are including topics and conversations about the very areas being measured. Know that if you've seen one LEND, you've seen one LEND… It is very difficult to schedule interdisciplinary courses at the same time every year and expect everyone to be there. Create a variety of options for trainees to get the material you are teaching.

▶ It is important to connect with other LEND Training Directors as early as possible to learn about the unique character of each LEND Program and to become oriented to LEND.

▸ The resources available through AUCD are incredibly helpful - be sure to review them as you develop materials for your LEND Program.

▸ Racial and ethnic diversity is possible even in a non-diverse region. Reliance on nontraditional community partners, governors ethnic councils, and practicing professionals from diverse communities has been instrumental in enrolling 15% to 25% of long-term trainees who are racially diverse.

▸ Weekly use of videoconferencing (6 sites) is possible, but needs ongoing attention both technological and instructional. Moving from PowerPoint based seminars to interactive discussions is a challenge, but strengthens the learning process.

▸ Use technology and social networking to connect trainees from multiple sites and enhance interdisciplinary experiences.

▸ Be open to change. The interdisciplinary world is dynamic and energizing, and as Training Director you must cultivate the ability to take in diverse perspectives and learn when and how to make programmatic changes. We usually make changes at the end of the year for the next year. However, sometimes the need for change is compelling and as a faculty we will consensually agree to make a change mid-stream. We also use a Management Team, shared leadership model. Our Management Team consists of the program director, Training Director, clinical director and program assistant. We meet weekly. We have established a decision-making process and conflict resolution process. Be transparent in decisions. Most of all, have fun.

▸ Be flexible when considering new ways to do things.

▸ Make sure the training materials and instruction you provide are of high quality.

▸ Training is not a static process. Training requires meeting multiple, often conflicting, priorities. Successful training programs depend on the ability of the Training Directors to enlist others in the mission.

▸ Be creative in your approach to teaching/training.

▸ Progressive thinking and teaching in disability studies is dependent on keeping current with reading in many fields as well as developing a scholarly agenda. Without the scholarship, disability studies is not taken seriously.

▸ Distance education should be considered.

▸ Communication among Interdisciplinary Training Program staff/faculty is key. Using a variety of communication strategies - electronic, face-to-face, and paper (e.g. printed schedules) - helps to keep the group informed of action items and decisions. The larger a program staff/faculty is, the more complicated and critical it gets to make sure that everyone is involved and informed on a continual basis.

▸ As funding gets more focused, and expected training outcomes more specific and measurable, it has become more important to make sure that program staff are spending their time on activities that are unique to their discipline expertise, e.g. clinicians are conducting clinical training, outreach and evaluation experts are responsible for their respective activities. Assuring that appropriate personnel are in place to provide Training Program support functions is also challenging, but critical, in a time when "secretarial" type positions are being reduced. The training budget should be carefully allocated to provide support for trainees, discipline/training coordinators, and administrative support.

▸ To be in the position of a Training Director/Coordinator, one has to be able to tolerate stress and juggle

demands. Most all of us are in the position of not having the role of Training Director as our only responsibility. I have to admit, though, that this role has given me some of the most personal gratification (compared with my other roles) in the past few years. It is so wonderful to work with the future professionals who will carry on and better advance all we have strived for in the field of DD/MCH.

▶ Seek out other Training Directors for mentoring.

▶ When in doubt, check in with your project officer.

▶ Tailor the LEND training to meet the needs of the individuals and to fit their respective disciplines; flexibility and ongoing feedback from faculty and trainees are key.

▶ Collaborate with other agencies/UCEDD/LEND Programs. This promotes learning, may lessen costs, and is fun!

Faculty and University Involvement

QUESTION: What lessons have you learned about implementing Interdisciplinary Training in your UCEDD and/or LEND Program? That is, what advice would you give to new Training Directors?

SUMMARY: A Center's faculty should model interdisciplinary work for trainees. Build time into your schedule for faculty to meet. Administrative support is crucial to a successful program. Create a reciprocal relationship between your Training Program and collaborating departments or divisions. Former LEND fellows will make great LEND faculty.

▸ The faculty should model interdisciplinary work.

▸ It is a continuous negotiation to keep faculty and staff engaged so that all departments and staff see it as a win-win situation. Students appreciate the interdisciplinary focus of the program; it is the administration that needs to be reminded of the advantages and assets of an ID Training Program.

▸ Implementation of Interdisciplinary Training requires spending time to establish and support group faculty processes. That is, it is important to be sure that all faculty meet as a group and buy into a shared vision. They need to understand their individual contributions and the knowledge and skills that we all share. Group processes should model an environment of mutual respect and exemplary communication. Be sure to give them lots of reinforcement and let them know how valuable their time and efforts are!

▸ Sufficient time should be provided for faculty to have time to commit to the Interdisciplinary Training. This is particularly important due to their many conflicting time commitments. In my experience, it is ideal to use faculty who have already attained tenure or are in non-tenure tracks, so you are not asking faculty to choose between tenure track necessities and Interdisciplinary Training.

▸ We have found that faculty who have been former LEND trainees during their early training are much better role models and advocates for Interdisciplinary Training than faculty who have been exposed to the LEND philosophy later in their career.

▸ Spending time in ongoing orientation for faculty to MCHB and LEND Programs. Have had faculty visit other programs, serve on national MCHB workgroups, attend AUCD, assist with grant development, etc. Understanding LEND and finding a functional and reinforcing role for faculty members is challenging and takes time. The same concept applies to finding the appropriate roles and responsibilities for faculty in the LEND Program. Professional interests, research agendas, and personal characteristics are part of the considerations that Training Directors need to consider as they introduce faculty to a variety of roles.

▸ I would suggest that we rename our programs from training to education and note that students, not trainees, are in our courses. Doing so would be an important step to align our centers within university priorities and language.

▸ It is a gift to be able to institute progressive thinking and studies in disability, and our Center director has set the context at our Center in which that can be done. The efficient selection and use of a university wide interdisciplinary curriculum committee not only legitimates the program within university oversight, but also publicizes it while promoting enthusiasm. Our classes are over-enrolled each year.

- Assuring that our courses meet university general education requirements has been a good technique for not creating a credit burden for students. Since we have a concentration of 24 credits, students who take our courses do not have to take more credits than they need to graduate in order to obtain a concentration in disability studies.

- Hiring and holding doctorally prepared faculty to tenure and promotion standards is essential for the university to support disability studies.

- Get the commitment for the necessary support to carry out your role as Training Director/Coordinator. This largely means having the administrative support for providing someone who will (either as part of the grant(s) or through other funding), assist in overseeing necessary data collection, entry, etc. This will be a major time consuming activity for you. Many programs have gone to having faculty/staff to enter the necessary data regarding trainees individually. This has many advantages as a means of data collection. However, it is completely dependent on faculty/staff entering the data, and reality is everyone is busy and does not remember to enter it.

- For our program, the selection, orientation, and training of faculty have been the key ingredients to any success we have experienced. When the faculty is able to model mutual respect and collegial relationships, the trainees will follow suit. After selecting faculty members who value interdisciplinary practice, the next step has been finding common time where the faculty can spend significant time together in clinics, in classes, and in monthly faculty meetings, thereby developing a close working relationship. The attention to faculty development has resulted in the members demonstrating the leadership competencies identified by the Bureau of Maternal and Child Health. Demonstrated leadership can be just as contagious as the cold or flu!

Interdisciplinary Training

QUESTION: What lessons have you learned about implementing Interdisciplinary Training in your UCEDD and/or LEND Program? That is, what advice would you give to new Training Directors?

SUMMARY: Programs need to be clear on how Interdisciplinary Training is defined. The development of an Interdisciplinary Training curriculum is an ongoing process. It is helpful to maintain a consistent staff/faculty year after year. Build into your curriculum time for trainee discussion and group work so they can work on cross-discipline projects, present ideas from all disciplines, and build teams. Time is scarce--use it wisely.

▸ It seems to me that we had to meld the UCEDD interdisciplinary curriculum with our local resources and faculty interests to develop our own curriculum. I have also learned that we end up with a more robust Training Program if as Training Director I follow faculty interests and stretch them to meet ID training goals rather than trying to get faculty to teach to a new topic area. Also it takes 3-5 years to develop a curriculum that is solid–and we still change and adapt every year based on feedback from trainees and our advisory council.

▸ Interdisciplinary Training requires some creativity to connect the disciplines and to give them information and training that they can actually implement or take action upon, even though it may not be their primary discipline. That wasn't exactly a surprise but the magnitude caught me a bit off guard.

▸ Interdisciplinary Training is defined differently by different disciplines. Even though many disciplines indicate that they work on interdisciplinary teams, more than likely, they are multidisciplinary teams. This distinction often only becomes apparent when team members are in the same clinic and experience whether all team members truly have equal standing or if there is a covert hierarchy (e.g., physician-nurse in leadership positions). It is crucial to operationalize the key components of Interdisciplinary Training from the outset and continually evaluate whether the training activity is truly interdisciplinary or multidisciplinary.

▸ LEND trainees have consistently given feedback that the training activities that they deemed most valuable were the interdisciplinary dialogues that occurred whether in a clinical setting, research setting, or policy setting. The key is to have faculty who foster such a dialogue and to schedule ample time to do so. Faculty and trainees modeling their decision making process from their respective disciplines for the other disciplines (e.g. the "that's what they're looking for" insight) is highly valued by our trainees. Whenever possible, we expose the trainees to each other's screening/assessment tools to illuminate this process further and to help the trainees be familiar with these tools when they read about them in reports. For many, this is the first time they have more than a cursory understanding of other disciplines' assessments.

▸ We have found that having the same (vs. rotating) interdisciplinary team members helps expedite the team process. It takes awhile for trainees to feel comfortable in their own discipline, let alone branching out and trying to integrate other disciplines' perspectives. Also, by keeping the group intact, other factors such as constant re-adjustment to new personalities, communication styles, etc., are minimized so the focus can really be on the interdisciplinary issues.

- We made our training interdisciplinary in reality. We were able to do that by creating an interdisciplinary committee made up from the different Divisions at our University. As a result, we were able to implement an inclusive early childhood education program with the Division of Education; an "Educational Specialist" degree in School Psychology in collaboration with the Division of Education and Social Sciences; and an Associate degree in Speech and Hearing is in progress with the Division of Humanities. The key issue in having a successful Interdisciplinary Training is to involve as many divisions or colleges as possible.

- All disciplines involved verbally acknowledge the high importance of interdisciplinary skills and then verbalize the difficulty of building or maintaining the training in their curriculum because of other requirements. The university, including the medical school, have committed to one half day event that includes 2nd year med students and most other disciplines totaling around 300 students to "team" a case. The elderly patients are faculty role playing from a script.

- There are a few disciplines that build into their curricula presentations on team building. SD LEND's arena style evaluations are the only example of an interdisciplinary evaluation for faculty. There are other examples, but they are at a collaborating hospital system utilized by LEND. Summary - Health Science faculty express strong interest, but find many barriers. SD LEND provides opportunities, but mostly to LEND faculty and LEND trainees.

- Look for interdisciplinary learning opportunities in the clinic and beyond. Trainees learn so much from each other on car trips to community providers, sharing ideas and discussing cases in seminars, and while working on group projects with a common theme. Put some "space" in between all the assignments and activities and provide some informal time so that trainees can truly get to know and feel comfortable with each other. Not only will this help their interactions during the course of the year, but will also point out to them the importance of having good relationships in the workplace. Last, follow the FISH! principle and encourage them to "make someone's day" and have fun in the workplace.

- Not everybody has the same definition for interdisciplinary and often confuse it with multidisciplinary or even transdisciplinary. It has been my experience that the definition needs to be stated several times in several different settings throughout each training period. Most of our Interdisciplinary Training occurs in our clinic that has been in existence since the beginning of our program with some of the same clinicians who are committed to the interdisciplinary process. Each time a new cohort of trainees begin their training or a clinician who has not previously worked in an interdisciplinary setting joins our staff, we go through the stages of forming an interdisciplinary team.

- I would let new Training Directors know that implementing Interdisciplinary Training is not an easy task, it takes time, commitment, and modeling in several different settings. I believe the revised Interdisciplinary Guidebook will be extremely helpful.

- Interdisciplinary Training time together is the most valuable asset to the program - use it wisely. Try to offer didactic information, as much as possible, through different modalities (reading, coursework, videos, many on-line resources) and save the scheduled time together for interactive small and large group work, panels, and cutting-edge updates on research and clinical practice, where trainees process information through discussion and synthesis to achieve a broader and more in-depth understanding.

APPENDIX A: INTERDISCIPLINARY PRACTICE

Interdisciplinary practice is a team approach for providing services and supports to people with disabilities:

- That supports shared decision-making by valuing and respecting the contributions of each individual, family, and professional discipline;

- That demonstrates shared leadership, accountability, and responsibility for individualized planning of services and supports to improve the quality of life for everyone; and

- That is comprehensive, holistic, and inclusive across communities and which generates synergistic problem-solving to meet the individual's needs.

Interdisciplinary practice creates an integrated effort that exceeds the abilities and resources of any single professional discipline, provider agency, family, or individual. Successful application of interdisciplinary practice in UCEDD/LEND Programs is grounded in the principles of inclusion with team collaboration among professionals, state and community partners, individuals, and their families for the delivery of health and human services, training, policy analysis, and research that addresses the complex lifespan needs of people with disabilities.

Partners for Inclusive Communities and Department of Pediatrics, University of Arkansas for Medical Sciences

I. History

Partners for Inclusive Communities, the Arkansas UCEDD, was established in 1989 and recruited its first long-term trainee in 1993. In 1994, the Arkansas Program was awarded a LEND grant from MCHB and a Rural Interdisciplinary Training grant from the Bureau of Health Professions. Funding for Rural Interdisciplinary Training Programs was discontinued by Congress in 2006. After losing LEND funding, Partners operated without any funds for training programs during the 2007-08 year. During that year, both faculty and trainees participated in the program with no financial support. That dedication was rewarded when a new LEND grant, funded through the Combating Autism Act, was awarded to the UCEDD and the Department of Pediatrics to begin in fall 2008. That same year, a Leadership Education in Developmental and Behavioral Pediatrics (LEDBP) grant was awarded to the Department of Pediatrics. The LEDBP and LEND Programs are highly integrated. Beginning in the fall of 2010, an extension of the Arkansas LEND Program is beginning in Louisiana in collaboration with the UCEDD there. The UCEDD in Mississippi is also working with the Arkansas Program to begin a site there.

II. How Trainees are Funded

Most trainees are funded through LEND funding. Trainees in developmental and behavioral pediatrics are funded through the LEDBP grant, but receive the interdisciplinary component of that training through the LEND Program. Additional funding for trainees comes from other grants to the UCEDD, on which trainees work in addition to participating in Interdisciplinary Training activities. Some trainees, both long-term and intermediate, participate in the program for course credit but receive no stipends.

III. Disciplines Involved-Both Faculty and Trainees

The LEND Training Program includes faculty and trainees from audiology, developmental and behavioral pediatrics, genetics, genetic counseling, family advocacy, health administration, nursing, nutrition, occupational therapy, physical therapy, psychology, special education, speech language pathology, and social work. The program also includes a dentist as a faculty member, but since there is no dental school in the state, there are no dental trainees. The addition of the family advocacy discipline in 2008 brought the greatest change of any new discipline. The family discipline coordinator and trainee have ensured the centrality of family-centered practice within the program.

IV. Content and Process of Interdisciplinary Training

Trainees are recruited and selected by discipline coordinators and the process varies somewhat by discipline. However, all disciplines use a common application form for all trainees, including a transcript, references, a statement of career goals, and a writing sample. Most trainees are long-term trainees (300 plus hours), although some trainees are involved in short-term and intermediate experiences. All long-term trainees develop their required competencies through didactic, clinical, research, and leadership activities. Other trainees participate in selected activities. All trainees develop an individualized training plan, which serves as both their educational plan and a document for tracking their activities. For each activity, trainees identify the competencies that were addressed. Most trainees complete their traineeship during one academic year. A couple of disciplines begin in the spring semester and finish at the end of the fall semester. A few trainees are with LEND for multiple years, with developmental and behavioral pediatrics fellows enrolled in the program for three years. They perform as typical trainees in the first year, serve in a role similar to the discipline coordinators in the second year, and take a leadership position among the faculty in the third year.

The following course content is presented through didactic, clinical, research, and leadership activities.

Course Content

I. Guiding Principles and Values

    A. Collaboration between families and professionals
    B. Coordination of services
    C. Cultural competence
    D. Developmentally appropriate practice
    E. Family-centered practice
    F. Inclusive care
    G. Comprehensive care
    H. Community-based services

II. Interdisciplinary Practice

    A. Delivery of services in the context of family and community systems
    B. Service delivery models
    C. Neurodevelopmental and related disabilities and chronic conditions
    D. Interdisciplinary interventions in care of children with neurodevelopmental and related disabilities

III. System Development

    A. Current and emerging state and national legislation
    B. Barriers to health care
    C. Financing health care
    D. Public policy formation
    E. Development, implementation, and administration of systems of health care

IV. Research

A. Research utilization
B. Critiquing research literature
C. Evaluating research methods and analysis
D. Qualitative research methods
E. Integrative research review
F. Program evaluation

Core Competencies and Objectives

I. Guiding Principles and Values

Competency 1. The trainee will exhibit the core values of practice endorsed by the Bureau of Maternal and Child Health.

Objective 1.1   The trainee will demonstrate willingness and skill to collaborate with other health professionals.

Objective 1.2   The trainee will analyze the importance of coordinated care of children with neurodevelopmental and related disabilities and their families.

Objective 1.3   The trainee will display cultural competence in interactions with families and professionals.

Objective 1.4   The trainee will engage in practices that are developmentally appropriate.

Objective 1.5   The trainee will support provision of care that is family-centered.

Objective 1.6   The trainee will advocate for children with neurodevelopmental and related disabilities to receive all services in inclusive settings.

Objective 1.7   The trainee will develop a comprehensive approach to service delivery.

Objective 1.8   The trainee will compare and contrast the essential features of community-based services with other service delivery approaches.

II. Interdisciplinary Practice

Competency 2. The trainee will demonstrate advanced skills as a member of an Interdisciplinary Team.

Objective 2.1   The trainee will exhibit advanced skills in evaluation, intervention, and development of a plan of care for each disability studied.

Objective 2.2   The trainee will assess the efficacy and effectiveness of various models of health care teams.

Objective 2.3   The trainee will demonstrate sensitivity to the impact of disability on family members and family functioning.

Objective 2.4   The trainee will review historical and current cultural issues regarding neurodevelopmental and related disabilities.

Objective 2.5   The trainee will effectively interpret the results of assessments to families and members of the Interdisciplinary Team.

Objective 2.6   The trainee will understand the contributions of other disciplines to the team assessment.

Objective 2.7   The trainee will value the inclusion of family members on the assessment team.

Objective 2.8   The trainee will assess the impact of social and cultural factors on health care practices and service utilization.

Objective 2.9   The trainee will identify environmental, ethical, legal, and financial issues that impact service delivery.

Objective 2.10 The trainee will examine the components of comprehensive service delivery to a child with neurodevelopmental and related disabilities.

III. System Development

Competency 3. The trainee will demonstrate skill in practice at the macro level.

Objective 3.1   The trainee will analyze the impact of recent legislation, policies, and programs on the practice of health care of children with neurodevelopmental and related disabilities.

Objective 3.2   The trainee will examine various barriers to health care.

Objective 3.3   The trainee will identify options for financing health care of children with neurodevelopmental and related disabilities.

Objective 3.4   The trainee will explain the process of policy formation, including the importance of political milieu and the distinction between legislation and regulation.

Objective 3.5   The trainee will evaluate the impact of policies and legislation on a specific individual with neurodevelopmental or related disabilities.

Objective 3.6   The trainee will critique the implementation of a specific policy at a given agency.

IV. Research

Competency 4. The trainee will apply research methods and principles to guide practice, program and policy development, program evaluation, needs assessments, and assessment of health outcomes for children with neurodevelopmental and related disabilities and their families.

Objective 4.1 The trainee will apply research findings in assessing health outcomes.

Objective 4.2 The trainee will utilize existing computerized databases to retrieve and evaluate literature that establishes an evidence base for practice.

Objective 4.3 The trainee will evaluate the effectiveness of his or her own practice.

Objective 4.4 The trainee will utilize a variety of existing computerized databases and library systems to retrieve and evaluate literature for a research project.

Objective 4.5   The trainee will participate in a research project with a faculty mentor.

Objective 4.6   The trainee will disseminate research findings at regional or national meetings or through publication in a peer-reviewed journal (required of post-doctoral trainees).

V. Didactic

The foundation for the didactic training is based on an adaptation of problem-based learning, which the program renamed solution-focused learning. Over the course of the year, four teaching families meet with trainees. The family describes an issue they are facing, followed by a group interview that allows the trainees to become better acquainted with the family. As the interview unfolds, the trainees develop two lists: facts and learning issues. At the conclusion of each class session, each trainee selects one or more learning issues to research through self-directed learning. At the next session, each trainee becomes the teacher for their small group of six to eight trainees and instructs the other trainees on their issue. At the conclusion of three sessions with the family, the class gives the family a set of recommendations related to their issue. During this process, faculty tutors serve as guides in the process and monitor discussion of the components of the course content to make sure all aspects of the course are adequately covered. Through use of questions, tutors guide trainees to explore aspects of the course that are being neglected. Trainees begin with issues related to the specific case, such as diagnosis, therapies, accessing services, and special education. Through the inquiry process, trainees also explore macro-level issues such as how public policy impacts this family, how one would go about changing policies to make them more beneficial to families, and how culture impacts the services received by this family. Care is taken to ensure that the families represent a variety of conditions, races, ages, and family groupings. Students participating in solution-focused learning become actively engaged in the learning process, develop ownership of the process, integrate previous knowledge and experiences with new problems, apply theory to practical issues, enhance their problem solving skills, and learn approaches they will use throughout a process of life-long learning. The process models the way a professional might actually solve a problem that arises in practice.

Solution-focused learning is supplemented by traditional classes on selected topics. Using a variety of approaches, such as lecture, discussion, and educational activities, the faculty members are able to address portions of the course content that might not be otherwise covered. These classes are made available to professionals as continuing education, with many of the state's Title V staff attending these sessions.

VI. Clinical Experiences

Trainees choose from 20 clinical activities and become part of Interdisciplinary Teams. Clinics are set in both rural communities and at the universities in which the faculty teach. The clinics are evaluated annually by both faculty and trainees, with clinics that do not embody the principles of interdisciplinary practice being revised or replaced. Trainees choose from a menu of clinics that includes five developmental assessment clinics serving various age children in locations around the state, as well as assessment clinics for specific conditions: end-stage renal disease, fetal alcohol spectrum disorders (FASD), behavioral disorders, children in foster care, and three clinics for autism. There are also clinics for genetics, dentistry, and high-risk newborn follow-up. There are also several intervention options, including a pragmatic language clinic, a pre-school language enrichment program, a mentoring program for young, teenage mothers in an underserved community, and a Training Program for persons working with children with FASD. Trainees also help

develop parent/support groups for families with children with sickle cell disease and for families with FASD.

In addition to arena assessment and treatment clinics, the trainees are offered a distinctive opportunity. In this clinical experience, a trainee is assigned to a family of a child with a traumatic brain injury. The trainee meets with the family and clinical team while the child is in the hospital. When the child is discharged from the hospital, the trainee will accompany the family to school conferences, physician/therapy appointments, and recreational activities. At the conclusion of the experience, the trainee writes a reflection paper and presents it to the other trainees. Through these activities, the trainee will gain an appreciation for some of the issues faced by families outside of clinical settings.

VII. Research

Trainees participate in research or an evaluation project. Trainees either conduct their own research or they are paired with a faculty member or UCEDD researcher and perform designated tasks related to an ongoing project. Trainees may be involved in data collection, data entry and cleaning, data analysis, project management, writing reports, preparing poster presentations, or writing an article for publication. Several trainees have worked with the researchers at the Autism Treatment Network for their research experience. Trainees present the results of their research and their individual learning to the other trainees and faculty members at the conclusion of the spring semester.

In 2009-10, a group of trainees conducted the required needs assessment for the state's Title V program. They also brought in the Protection and Advocacy agency, the Developmental Disabilities Council, and the UCEDD, so the assessment could serve all four agencies. They conducted focus groups, interviews with key personnel, 20 community forums, and a survey to determine the needs within the state.

VIII. Leadership

Trainees are expected to integrate their leadership development experiences through a self-designed leadership project. The project allows trainees to apply their leadership training to a national, state, or local public health issue, often in collaboration with a state or local agency. Each trainee selects an area of emphasis and utilizes this opportunity to contribute to one or more ongoing processes including advocacy, public policy formulation, legislation, rule making, financing, community needs assessment, program planning and evaluation, standards of care, budgeting, program administration or consultation. Trainees present the results of their projects and their individual learning to the other trainees and faculty members at the conclusion of the spring semester.

The Center for Leadership in Disability at Georgia State University

I. Program Overview

The Center for Leadership in Disability (CLD) at Georgia State University (GSU) is a University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) funded by the Administration on Developmental Disabilities (ADD). CLD is administratively located in the Institute of Public Health (IPH) of the GSU College of Health and Human Sciences (CHHS). It is housed within the Center for Healthy Development (CHD), where it partners with the National SafeCare Training and Research Center (NSTRC). CLD has the mission to translate research into sustainable community practices that improve the lives of Georgians with disabilities and their families. Among the priorities for CLD are Interdisciplinary Training related to disability and health, parent education interventions to prevent child maltreatment (SafeCare), family empowerment, positive behavior supports, autism awareness, person-centered planning, advocacy, and research on disability and disparity.

CLD became a GSU program in August 2008 and is located on the GSU campus in downtown Atlanta. It was originally funded as the Marcus Institute UCEDD in the fall of 2006, and operated in its first year at GSU under a sub-contract with the Marcus Institute. CLD competed successfully for the UCEDD Program in the spring of 2009, and completed the first year of its five-year plan on June 30, 2010. In 2010, CLD was also awarded funding from ADD to pursue a partnership with Morehouse School of Medicine (MSM) as a minority-serving institution.

With the move to GSU, CLD re-focused its efforts to improve systems of care through training, technical assistance, and support of critical partnerships. We have had continued growth in external funding and staff over the past two years, and have deepened our commitment to addressing issues related to disparities in health access and outcomes. CLD currently has more than $1M annually in external funding, with five full-time staff, six shared staff with CHD, and portions (10% to 30% FTE) of an additional five faculty or staff in other departments. CLD operates under a MOA signed by the CLD and CHD Directors, the CHHS Dean, and the GSU Provost. The MOA establishes CLD as an independent identity within GSU with specific responsibilities to the University and the citizens of Georgia, and explicitly allows CLD to enter into joint programs with other universities.

II. Training Program Overview

Interdisciplinary Training is provided through two mechanisms. The first is graduate-level coursework offered within IPH. Courses offered include Disability and Health, Disability Policy, and Disability Epidemiology. A fourth course is in development that will examine Global Perspectives on Disability and Chronic Conditions. While these courses are taught within the discipline of public health, their content is intended to be of interest to students from a wide range of disciplines.

The second approach, and the one of most relevance to the members of the National Training Director's Council, is the CLD Fellowship. This program provides students with practicum or internship opportunities, mentorship on culminating experiences (thesis/dissertation), access to faculty research projects, and enrollment in an Interdisciplinary Leadership Seminar. The latter is a two-semester seminar that meets once per week for two hours. The program is designed to provide fellows with an opportunity to access key decision makers and experts in advocacy, academia, and the public and private sector; begin leadership and research projects of significance; determine areas of personal or professional growth and support in meeting these goals; access to the UCEDD Network of 67 national training centers, as well as the recognition and distinction as a UCEDD Fellow.

The CLD Leadership Seminar aims to bring together top graduate students from across Georgia State University, as well as Morehouse School of Medicine, with whom CLD has a grant-supported partnership, to participate in a weekly leadership and learning series. The program is also offered to individuals with disabilities, their family members, and students interning with our partners in the Georgia Developmental Disabilities Network. One day per month is dedicated to an extended session, to include group field experiences or dinners with influential leaders working in developmental disability careers. Through a variety of self-guided, didactic, and group learning activities, fellows gain skills and competencies related to: disability knowledge base, policy, advocacy, cultural competency, Interdisciplinary Team building, family-centered care, values, ethics, professionalism, leadership, self-reflection, and working with communities and systems.

For consideration, individuals must submit an application and meet at least one of the following criteria: be enrolled in Georgia State University or Morehouse School of Medicine, be a person with a developmental disability, be a family member of a person with a disability, or be a supervised intern within the Georgia Developmental Disabilities Network (the protection and advocacy office, another UCEDD, or the developmental disability council), and be able to fully participate in the curriculum. Selection of fellows is then based on the following criteria: career goals compatible with the competencies to be achieved through the program; commitment of participation (two 15-week semesters; two hours Friday mornings); and evidence of personal achievements relative to discipline and/or dedication to people with disabilities and their families.

III. Faculty and Students

Presenters for the seminar are selected from a diverse group of faculty affiliates and community affiliates that volunteer their time and expertise to speak on a topic or host students on field experiences. Faculty affiliates are housed at GSU or MSM; they represent a wide range of disciplines including: public policy, law, public health, medicine, education, social work, and physical therapy. Community affiliates are self-advocates, family members, or other professionals working in the field of disability; these include members of our Community Advisory Council, members of People First of Georgia, as well as partners in the Georgia DD Network. Most sessions are held at GSU; several day trips have been arranged for students to gain field experience at various locations around the state. For example, the 2009 cohort took a tour of the state Capitol and met legislators, lobbyists, and advocates. The group also visited Central State Hospital and met individuals who were living in this facility, one of the country's oldest and largest state institutions in the country. This was a disturbing and eye-opening experience for our students who had spent a semester meeting self-advocates and individuals with disabilities in valued roles.

The cohort, to begin in the fall of 2010, includes students from public health, statistics, sociology, communications, and rehabilitation counseling. Because of our proximity and collaboration with the Centers for Disease Control and Prevention (CDC), we have also invited fellows working at CDC through the cooperative agreement with the Association of University Centers on Disabilities to attend the seminar. These individuals are trained in areas such as education and epidemiology. We look forward to the diversity of disciplines and experiences with disability of our incoming fellows, as well as the opportunity to learn from the presenters that have volunteered to teach.

Fellows participate either as volunteers or as one of the duties of their Graduate Research Assistantships (GRAs). The GRAs generally also have a range of responsibilities related to their source of funding. As such, they work on research or curriculum development in areas such as parent training for families at risk of child maltreatment, work with parents who have intellectual disabilities, or screening young children for developmental delays. Clinical competencies are not a current focus of the program.

APPENDIX B: CORE CURRICULUM

TIPS FOR KIDS
Missouri LEND, University of Missouri-Columbia

I. History

This program represents a partnership effort between the University of Missouri-Columbia School of Medicine (UM-C) and the University of Missouri-Kansas City-University Center on Excellence (UMKC-UCE), each bringing its expertise to this endeavor. Both partners have training and leadership development expertise, UM-C being the entry point for clinical services to rural Missouri and UMKC-UCE having extensive history of systems change for children with neurodevelopmental and related disabilities in Missouri. This partnership was first funded by LEND funds in 1995 and has been expanding since that time.

II. Disciplines

Currently there are faculty from 12 disciplines involved in the LEND Training Program: social work, occupational therapy, physical therapy, speech/language pathology, family, health psychology, special education, health management and informatics, nursing, and medicine. Typically there are 12 - 15 long-term trainees from all disciplines but medicine. All faculty are involved with the curriculum development and provide presentations on topics of their particular expertise during the didactic sessions. All are in attendance during the targeted clinical activities during the spring semester, modeling and mentoring all participating trainees.

III. Process of Trainee Selection

Trainees are recruited from the various graduate schools of the disciplines listed above. Respective faculty, along with current trainees, speak with classes of potential trainees to provide general information and answer questions about the program. An informational session is then held for all applicants and interviews follow soon after. Final selection notification is targeted for early June.

IV. Core Competencies

There are knowledge, skill, and mastery level core competencies in the following four areas:

I. Family-Centered Care

1. Demonstrate an awareness of the great diversity among families and the broad spectrum of issues that families face.
2. Demonstrate an awareness of the ways that community is an integral part of the life of the family and child.

3. Demonstrate an awareness of the primary importance of the family in the life of the child.

4. Demonstrate knowledge of the principles of family-centered care and community-based care.

5. Demonstrate ways to strengthen and support the family's primary role in the life of the child.

6. Demonstrate sensitivity and responsiveness to diverse families in various settings.

7. Apply strategies for engaging the community of the family in planning and intervention.

8. Apply family-centered care principles in clinical settings.

9. Demonstrate the ability (e.g., through communication and networking) to partner and collaborate with local groups involving families.

10. Enhance the system of care for children with special health care needs in the area of family support.

II. Policy/Leadership Development

11. Demonstrate knowledge of historical and current policies related to disability.

12. Demonstrate knowledge of the theoretical components of leadership: self, others, and the wider community.

13. Demonstrate knowledge and understanding of how legislation is developed, introduced, and passed.

14. Demonstrate knowledge of grant writing.

15. Demonstrate collaboration skills during group activities and clinical evaluations.

16. Demonstrate negotiation and critical thinking skills.

17. Demonstrate professional communications skills: a) public speaking and b) professional writing.

18. Demonstrate grant writing skills.

19. Demonstrate networking and advocacy skills.

20. Enhance the system of care for CSHCN through policy development and change.

III. Autism and Other Neurodevelopmental Disabiltiies

21. Demonstrate a knowledge and understanding of primary categories of neurodevelopmental disabilities including the autism spectrum.

22. Demonstrate a basic understanding of other disciplines and their evidence-based assessment tools.

23. Evaluate best practice evidence-based data around assessment and intervention.

24. Demonstrate skills and specialty treatment/alternative interventions related to your discipline.

25. Apply evidence-based data in assessment planning with team.

26. Demonstrate the ability to confirm/rule out a diagnosis of Autism Spectrum Disorders, as appropriate.

27. Enhance the system of care for CSHCN through leadership in a specific disability area.

28. Identify and describe models of team practice and implications for each in their use of providing service and care to children with special needs.

29. Identify health care disciplines that would be involved in providing diagnosis and treatment to children with special needs.

IV. Interdisciplinary Treatment

30. Identify the role your discipline takes on a team and ways to partner with other disciplines to accomplish mutual goals for a child with autism or other neurodevelopmental disabilities.

31. Demonstrate the understanding of your discipline's role in clinical team assessments and how it coordinates with other team members' disciplines.

32. Demonstrate communication skills (e.g., active listening, paraphrasing, clarification, problem solving, conflict resolution, etc.) necessary to interact with other team members.

33. Plan and conduct a collaborative Interdisciplinary Team assessment to rule in or rule out Autism Spectrum Disorders.

34. Enhance a system of care through the modification of a current team or with the introduction of an Interdisciplinary Team.

V. Content of Training

All trainees meet together all day every Friday for both fall and spring semesters. The first semester is didactic with the mornings being the introduction to autism and related topics such as Autism screening, Diagnostic Evaluation, Assessment for Intervention Planning, Assessment Instruments Used for Intervention Planning, Assessment of Associated Medical Conditions and What to Expect from a Genetics Evaluation, Parent/ Professional Partnerships, Developing Social Competence for Children and Youth with ASD, Current Research on Autism, Utilizing Behavior Analysis to Develop Contextually Relevant Intervention Plans, An Autism Case Study, and IDEA.

The afternoon sessions are just for LEND trainees and fellows and include team building exercises, the history of Title V, Developing an EcoMap, Health Ethics, Overviews of Cerebral Palsy and ADHD, Principles of Grant Writing, four sessions of Problem Based Learning, trainee presentations on Cultural Competency. There are also four journal club sessions, various home work assignments (shadowing a family with a child with a disability, team observations, and policy observations) and the semester is wrapped up with a two day ADOS training. Each trainee must complete a leadership project, either individually or with others from the class, over the course of the academic year.

In the second semester, the trainees and faculty conduct a targeted clinic to evaluate a small number of children. This is a training clinic that allows time for all trainees to work with the parents of the child being evaluated to determine their question and how to assess for the answer. Trainees learn the value and overlapping areas of all disciplines and how to work on a team. Faculty mentor the trainees individually and as a group.

VI. Evaluation

In addition to collecting and reviewing NIRS data related to the various performance measures, a variety of additional process and outcome evaluations are conducted and data collected. These include:

▸ pre and post competency tests to evaluate impact on trainee learning,

▸ the quality of training sessions to promote program improvements,

- ▸ Kaizen to assess the strengths and challenges of the various aspects of the program, and

- ▸ clinic evaluations to obtain feedback from the perspective of involved family members.

VII. Family/Self-Advocate Involvement

There is a variety of levels of involvement of consumers and family members. We have a paid family faculty whose time commitment and responsibilities are the same as other disciplines, a long-term family trainee, trainees shadow a family with a child with a disability during the fall semester, parents of children seen in our targeted clinical activities participate in the planning of the child's visit and provide feedback about their experience with us, and members of our local chapter of People First present to the class. In addition, there are parents and self-advocates on the advisory committee.

Center for Persons with Disabilities
Interdisciplinary Training Program, Utah State University

I. History

The Center for Persons with Disabilities (CPD) was established as a University Affiliated Facility (UAF) in 1972 with funds from the Mental Retardation Facilities and Community Mental Health Construction Act (1963). Originally called the Exceptional Child Center, the name of the facility has changed several times over the years, as the number and variety of projects have expanded and the national focus has shifted to providing person-centered, community-based services. CPD efforts now address people with disabilities of all ages and those who are at risk for the development of disabilities.

The CPD has always housed an Interdisciplinary Training Division and program. However, early in 2000, the program was substantially revised to provide a broader curriculum and more opportunities for students to engage with professionals, consumers, and family members in Interdisciplinary Teams. The Interdisciplinary Training Committee reviewed and updated the core curriculum, developed a new Student Handbook, and has been active in recruiting new students.

Twenty-four faculty and professional staff from the CPD and other campus departments and three adults with disabilities served on the Interdisciplinary Training Committee. The inclusion of consumers with disabilities was considered essential to ensuring that proposed seminars and clinical activities were appropriate in terms of both content and format. In 2008 the name of the course was changed to better identify its format and focus. The course is now the Interdisciplinary Disability Awareness and Service Learning (IDASL) Program.

II. How Students are Funded

IDASL students receive stipends that are currently provided from CPD state funds as well as funding from the Core grant from the Administration on Developmental Disabilities. The Interdisciplinary Training Division also provides travel and incidental expenses from its operating costs budget.

III. Disciplines Involved – Both Faculty and Students

The CPD IDASL Program enrolls approximately 16 students each year with the following disciplines generally represented: accounting, audiology, community health, computer science, elementary education, English, family and marriage therapy, landscape architecture, music therapy, nutrition, parks and recreation, physics, psychology, social work, special education, and speech and language pathology. The students are largely graduate students at the masters or doctorate level. A small number of highly motivated and qualified undergraduate seniors have also been admitted to the program.

CPD Divisions (representing the disciplines of special education, psychology, speech and language pathology, audiology, gerontology, instructional technology, family and human development, physical therapy, medicine, nutrition, and nursing) assist with the IDASL Program as well as faculty from the departments of Communicative Disorders and Psychology.

IV. Content and Process of Interdisciplinary Training

A. How Students are Selected, Duration of Training

Student applications are solicited through word of mouth and more formal notices to Utah State University (USU) departments, service providers, and the CPD's Consumer Advisory Council. The IDT Committee screens applications. Students may participate at one of three levels:

- ▶ long-term: 300 clock hours
- ▶ intermediate: 91-150 clock hours
- ▶ short-term: 90 clock hours or less

The majority of IDASL students (including consumers) participate at the long-term level and are provided with a stipend based on educational level. Greater flexibility in the number of hours required is allowed for family and self-advocate trainees, in recognition of their already extensive 'community and clinical' experience.

Each long-term student is assigned a faculty/professional staff advisor from among the IDASL Committee members. Together they develop an Individualized Training Plan (ITP) that specifies the student's participation in didactic, service learning, and research experiences needed to achieve the IDASL core competencies. Students are required to sample a broad range of services and programs, and encouraged to become involved with community sites and programs which are outside their prior experience. Approximately one-third of students' hours are completed through participation in the didactic portion of the program. For most students the majority of the remaining hours are completed in service learning activities at selected sites. Those students who are unable to complete their hours during the two semesters, due to scheduling or family demands, continue to attend service learning sites (which run year-round) and complete other relevant projects during the summer.

B. Competencies

The CPD's IDASL Program is designed to provide students with the knowledge and skills to assume leadership roles in improving services provided to adults and children with disabilities and their families. In preparation for these leadership roles, the program is structured around a core curriculum with three broadly intertwined areas: (1) Societal and Legislative Perspectives, (2) Interdisciplinary Practice, and (3) Research. In order to provide effective leadership in service systems over the coming decades, these areas of knowledge and skills must be addressed.

C. Components

1. Didactic

The didactic component consists of weekly three-hour seminars during fall and spring semesters. Faculty from all of the CPD Divisions and several Academic Departments at USU present the seminars, in

collaboration with parents, service providers and adults with disabilities or group presentations during a number of the seminars. Seminar topics include:

- ▸ Mission of the CPD and the IDASL Program
- ▸ Disability legislation and funding
- ▸ Advocacy for people with disabilities
- ▸ Interdisciplinary Teaming
- ▸ Service agencies for individuals with disabilities
- ▸ Research methodologies
- ▸ History of disability
- ▸ Molecular research and disabilities (autism)
- ▸ How to be an informed consumer of research
- ▸ Cultural and diversity issues
- ▸ Impact of disability—societal and personal
- ▸ Universal Design
- ▸ Disability Policy Framework
- ▸ Disability and the elderly
- ▸ Domestic violence against people with disabilities
- ▸ Presentations on a variety of disabilities

2. Service Learning

The service learning component consists of participation at a variety of community-based sites associated with the CPD: Bear River Activity Skills Center (BRASC - which provides services for adults with disabilities including supported employment and respite care for families and children); Up-to-Three Program (early intervention) that provides transition pre-school classes and home visits to over 300 families in northern Utah; Child Care Nutrition Program; the Utah Assistive Technology Program; Common Ground that provides outdoor recreation activities for people with disabilities; OPTIONS for Independence, which is the local Independent Living Center; Project PEER, which supports students with cognitive disabilities, aged 18-21, and facilitates transition from the public school system; and TOP Sports, which provides sporting activities to children with disabilities and their families. Students participate in a range of service learning activities that provide examples of interdisciplinary community-based and family-centered services. Students select sites according to their time commitment to the program, the requirements of their discipline, and their own personal interests. Some examples of service learning activities are building AT devices for people with disabilities; home visits with Up-to-Three staff; interacting with BRASC participants and helping them complete their individual goals; and going out in the community with people with disabilities to a variety of recreational and entertainment events.

3. Research

Research activities include participation in program evaluation using a Participatory Action Research (PAR) model. The use of the PAR model with IDASL students is an innovative addition to Interdisciplinary Training that is unique to the CPD. PAR teams consist of students, service provider staff, and individuals with disabilities and/or family members. The PAR process is initiated midway through the first semester, and teams meet on a regular basis from that time until the end of the academic year. Each team discusses issues

of interest relating to the program represented by the service providers, and selects a focus for more in-depth consideration. Past examples include: development of an emergency preparedness manual and training for people with disabilities that has become a national curriculum; how to make best use of the short time which many children spend in the transition pre-school; and, enhancing communication between family and service providers for adults with severe developmental disabilities. Where appropriate, and with the support of the program director, a PAR team may elect to survey other parents, family members, or self-advocates; the development of a data collection mechanism and method of analysis is also the responsibility of the PAR team, with assistance provided by faculty as needed. Each team makes recommendations to the program based on the discussion and findings, and makes a presentation to the other students towards the end of the second semester.

4. Leadership

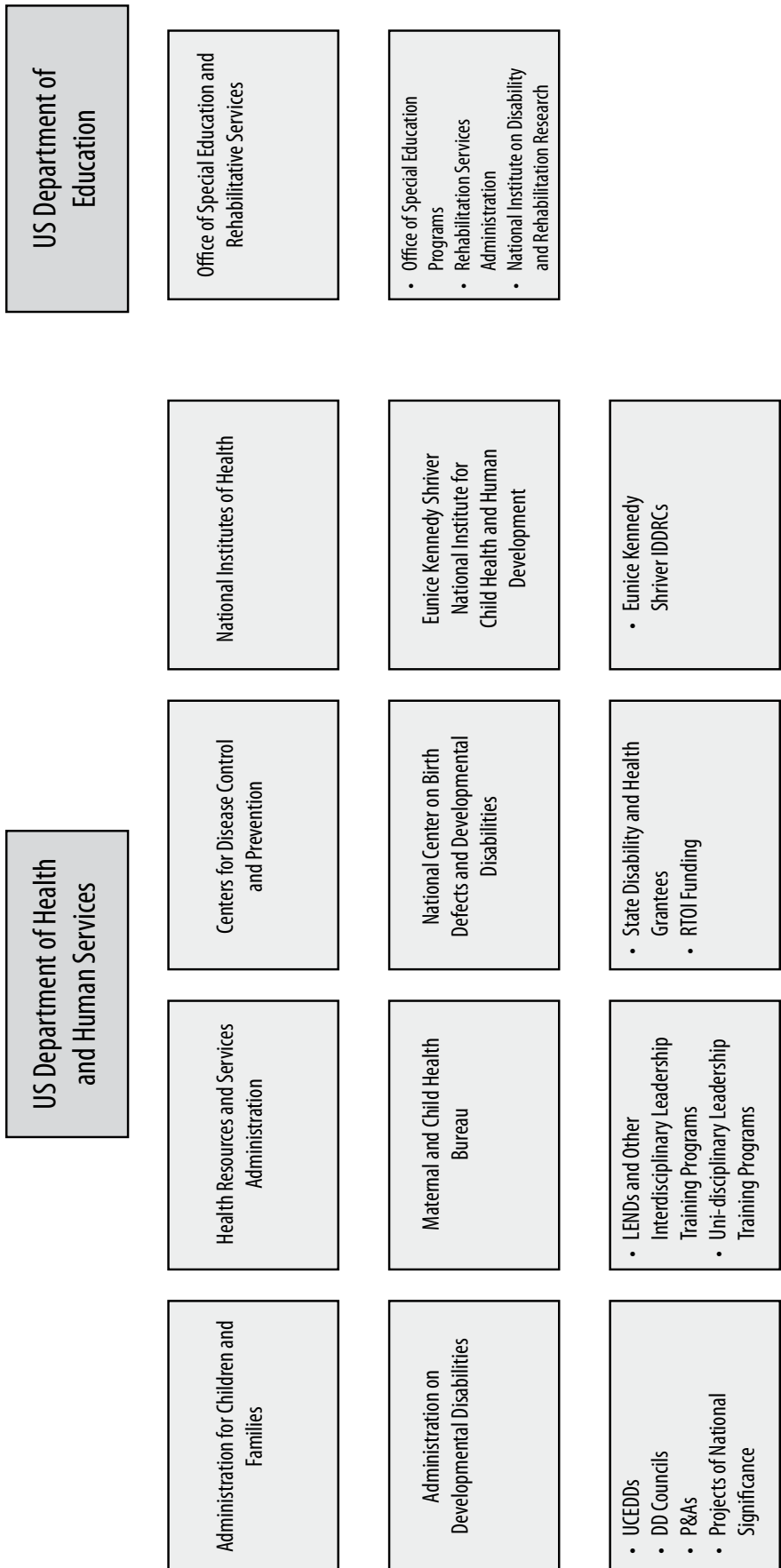Leadership expectations and activities are embedded in the didactic, service learning, and research components.

D. Family/Individual with a Disability (Self-Advocate) Involvement

Family members and self-advocates are involved in the CPD's IDASL Program at several levels:

▶ As presenters or panel members during the didactic portion of the program. All of the faculty presenters are encouraged to include self-advocates and family members in weekly seminars, so that students are provided with insights into the practical realities of living with a disability. Individuals with a disability and/or family members are paid a stipend for each presentation.

▶ As mentioned above, individuals with a disability may apply to be full-time students, and parents or other family members are also encouraged to participate in the training. Stipends are paid to individuals with a disability and family members.

▶ As members of the PAR teams that investigate the effectiveness of services provided. Parents who have participated on PAR teams have expressed satisfaction with their involvement as full team members; many indeed have expressed surprise and relief at finally having a voice and having their expertise recognized by professionals. Students have consistently rated participation with parents and self-advocates in the PAR teams as a primary source of understanding and insight.

APPENDIX C: COMMON FUNDING SOURCES FOR TRAINING

* These charts include only the offices and departments of each Federal agency most relevant to AUCD network training initiatives.

US Department of Education

Office of Special Education and Rehabilitative Services

- Office of Special Education Programs
- Rehabilitation Services Administration
- National Institute on Disability and Rehabilitation Research

US Department of Health and Human Services

National Institutes of Health

Eunice Kennedy Shriver National Institute for Child Health and Human Development

- Eunice Kennedy Shriver IDDRCs

Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities

- State Disability and Health Grantees
- RTOI Funding

Health Resources and Services Administration

Maternal and Child Health Bureau

- LENDs and Other Interdisciplinary Leadership Training Programs
- Uni-disciplinary Leadership Training Programs

Administration for Children and Families

Administration on Developmental Disabilities

- UCEDDs
- DD Councils
- P&As
- Projects of National Significance

Association of University Centers on Disabilities
www.aucd.org