

INTERDISCIPLINARY TRAINING GUIDE

NATIONAL TRAINING DIRECTORS COUNCIL

DAVID T. HELM, PH.D., EDITOR

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ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES
RESEARCH. EDUCATION. SERVICE

INTERDISCIPLINARY TRAINING GUIDE

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Acknowledgements

The intellectual debt to those who came before us, and in some cases worked on this edition, is large.

Robert Johnston, Phyllis Magrab, the inaugural forces behind the establishment of the National Training Directors Council (NTDC), along with James Papai, formerly of the Maternal and Child Health Bureau (MCHB), provided the initial support and counsel for the creation of this guide. The original contributing authors Gene Handley, Bob Johnston, Cal Knobloch, Roz Parrish, and John Spaulding set the standard for the guide and the stage for UAF/UAP/UCE training programs.

The second edition, edited by Cal Knobloch, with assistance from Tim Gawron, Rita Hohlstein, Frank Neff, Vicki Pappas, Roz Parrish, Judy Powell, and Jane Rues, fine-tuned the first guide, and has provided guidance and information to training directors for over a decade.

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As we move into the new millennium and work to implement a newly reauthorized DD Act, we have a new program identification (University Centers of Excellence, UCEs) as well as a new Association name (Association of University Centers on Disabilities, AUCD), the time is ripe for a new Interdisciplinary Training Guide.

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Foreword

The original edition of this guide is about 20 years old, and set a high standard. The second edition was dubbed a “touch up” of the first and was published in 1989. Now, over a decade later, the third edition’s time has come.

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 UCE. 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.

David T. Helm, Ph.D.

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Section I

INTERDISCIPLINARY TRAINING

David T. Helm, Patrick Redinius, Stephen Sulkes

History of interdisciplinary training in the UCE network

The definition and development of interdisciplinary training in the fields of mental retardation and developmental disabilities emerged primarily from the UCE movement¹. 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 UCE initiatives. The development and refinement of interdisciplinary teams to provide services for individuals with mental retardation or other developmental disabilities came out of the recommendations of President Kennedy's 1962 President's Panel on Mental Retardation, which 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." (Knobeloch, 1989)

The Panel's report set forth two fundamental needs: systematic training for professionals, paraprofessionals, parents and volunteers in how to relate their contributions; and professional training conducted in model service settings. The identification of these needs helped shape the basic function of the programs, the current UCEs, as interdisciplinary training.

The preparation of personnel has been at the heart of the UCE mission since the initial federal legislation, the 1963 Mental Health and Mental Retardation Facilities Construction Act (PL 88-164) was passed. The interdisciplinary training mission of the Centers has remained constant even as the roles and responsibilities of trainees have broadened. An interdisciplinary training curriculum addresses the complex needs of today's trainees and often serves as a unifying focal point.

Although all UCEs must now subscribe to a set of priorities outlined by the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402), the "DD Act," the network celebrates its diversity as a system in addressing training needs (Helm, Cox, & McCarthy, 2000). The Administration on Developmental Disabilities (ADD) and the Maternal and Child Health Bureau (MCHB) are the chief funding sources for this training, although many UCEs receive funding for various training programs from the U.S. Department of Education as well.

¹ 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 2000 DD Act, (PL 106-402) programs are known as University Centers of Excellence in Developmental Disabilities, Education, Research and Service (UCEDDERS), now referred to as University Centers of Excellence, or UCEs. For simplicity's sake this guide will refer to "UCEs" no matter which nomenclature was in use at the time. Similarly AUCD will be used to refer to the Association's name where ever possible.

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 and objectives that came from these programs were refined and articulated in subsequent conferences held in Salt Lake City in 1978 and 1980. Those initial guidelines not only defined the concept of interdisciplinary training, but also enumerated some of its objectives. The last 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 increased intra and interdisciplinary knowledge. More specific objectives now have been identified in most programs, which vary between Centers depending on local needs and requirements.

Interdisciplinary training

Interdisciplinary training: an integrated education program involving the interdependent contributions of the knowledge, skills, attitudes, values, and methods of the collaborating disciplines.

The fundamental objectives of interdisciplinary training

Trainees should be able to:

- a) Identify and describe the role of their own discipline in the context of working with other disciplines, including the common and unique knowledge base and skills of each.
- b) Understand the nature of their own role on the team and recognize the interdependence of all disciplines and team participants in any decision-making process.
- c) Understand the broader concept of interdisciplinary teams including the roles of family members, community providers, and self-advocates, in addition to discipline representatives.

The training goals of long-term trainees in UCEs 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. Thus, some programs will be more community-based, others more Center-based; but all should demonstrate state-of-the-art practices and reflect a common mission.

The interdisciplinary approach is based on the belief that the interrelated contribution and collaboration of representatives from many disciplines is required to address the complex issues of people with developmental disabilities and their families. This concept refers to both the teaching of a particular process, for instance, service delivery, and the method of instruction, multiple disciplines that make up the trainee group and provide the instruction. Thus trainees often participate in structured didactic and experiential activities that embody the same fundamental principles as those of the interdisciplinary service delivery models they are learning to practice. (Helm, Cox, & McCarthy, 2000)

Interdisciplinary teams can be composed of many discipline representatives or, in some instances, as few as three. The list of disciplines included in the MCHB Leadership Education in Neurodevelopmental Disabilities (LEND) programs are audiology, dentistry, health administration, nutrition, nursing, occupational therapy, pediatrics, physical therapy, psychology, social work, speech/language pathology, and parents or family members. Many programs also have psychiatry, neurology, rehabilitation counseling, education, or other disciplines (law, religion, engineering) represented on teams. Although full team membership with representatives from all the disciplines is relatively rare, and must reflect the needs and sensitivities of the family, when it does occur trainees appreciate the experience and what they learn from it. Team membership now also extends beyond discipline representation to include the individuals with disabilities, their family members, community providers, or others chosen by the consumer.

In addition to team identity, shared goals and leadership skills, trainees learn how systems work, how change occurs, and how skills of advocacy, research, and dissemination influence change. The development of this knowledge base is accomplished within the framework of cultural competency, which is an inherent part of leadership curricula.

Most UCEs have a core curriculum within which trainees participate. It is this structure that forms the basis of the interdisciplinary training programs. The core curriculum is described further in Chapter 2.

Rationale for training model

The interdisciplinary training model that was developed and evolved from UCEs, and their predecessors over the years, has its roots in clinical services. Today, interdisciplinary training has expanded to community-based experiences including research, advocacy, administration, and policy analysis, and is part of leadership training curricula. Although trainees may not encounter comprehensive interdisciplinary teams in their work after leaving the UCE, there is a value-based belief that this training model is vital, valid, and essential in the development of fully prepared trainees.

The introduction to an interdisciplinary training environment allows trainees to see the potential of fully staffed and broadly-defined teams. It affords students the opportunity to participate in more ideal and effective formats, which will guide and inform them when faced with lesser or truncated teams in their future work. 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 family and consumer contributions to and guidance of 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."

As graduates of interdisciplinary training programs assume leadership positions they have the ability to advocate, based on both experience and evidence, for team models that maximize collaboration. With the understanding of how interdisciplinary teams can work, trainees will be more likely to seek advice from colleagues when needed. In addition, trainees will be more likely to effectively collaborate with other professionals, families, and policy makers, when it is essential that they do so.

Section II

CORE CURRICULUM

Ann Cox, Paula Lalinde, Judith Holt, Lisa Steffian, David T. Helm

Introduction

Although the 2000 reauthorization of the DD Act does not state implicitly that each UCE must prepare personnel using a core curriculum, this is implied as a regulatory mandate. For instance, the Administration on Developmental Disabilities (ADD) 1997 program criteria uses the term “core curriculum” throughout and goes on to describe elements that are required. The ADD site review guidance provides even more specificity regarding the kinds and types of documentation to obtain when reviewing UCE Interdisciplinary Training asking whether there is the “presence of a **core interdisciplinary training curriculum** with stated or optional experiences and activities.” The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 6000, et seq.) has not yet released updated regulations and/or criteria, however, the term “core curriculum” is likely to be used in a fashion similar to that of the 1997 regulations.

While the Maternal Child Health Bureau (MCHB) does not specifically use the term “core curriculum,” it does require that there be a curriculum that is inclusive of many topics and elements. Actually, the original work by the National Training Director’s Council (NTDC) in the 1970’s and 80’s regarding a “core curriculum” was sponsored by the MCHB and is now utilized by the Bureau as part of the Leadership Education in Neurodevelopmental Disabilities (LEND) guidance references.

Evolution of a Concept

At the First National Conference of UAF Training Directors in 1973, the term “core curriculum” was used interchangeably with the term “core course”. By definition, a curriculum would contain more than a course or a teaching conference. In usage, core curriculum in an interdisciplinary training program should include more than the didactic aspect of the program. Although elements of a core curriculum were discussed, nowhere were they compiled in a unified form.

The second National Conference of Training Directors (1975) continued the discussion and quest for a core curriculum. Information was shared regarding the variety of interdisciplinary courses, seminars, clinical and community training activities across the then 22 programs. What emerged was a recognition that there were probably core content areas that were similar across different programs and concomitant clinical learning experiences. Further recognized was that programs hosted trainees of varied preparation and level of achievement. It was

suggested that there had to be training tracks of differing levels of difficulty, or a series of progressively more complex training experiences through which the trainee progressed, depending on their current preparation and the nature of the training practicum. Thus, a further discussion led to the formation of a Core Curriculum Task Force in 1977.

This task force developed a framework from which UCEs could develop their own specific programs. The purpose of the task force was “to delineate a basic core of topics and teaching modalities that would lead to sufficient knowledge and competency in the effective intervention with the developmentally disabled population” (Knobeloch, 1989). This group presented a conceptual model, identified basic content, and provided some learning alternatives at the 1978 Salt Lake City meeting. In addition, at the Fourth NTDC meeting a format was developed to identify the necessary activities for accomplishing specific interdisciplinary objectives. Essentially the recommendation was made to support a basic core content for all programs, but with enough flexibility in implementation for programs to address local needs.

So where are we now? In 2000, the NTDC posed this question, among others, to Training Directors throughout the UCE network, of the 63 programs, 35 (56%) responded. For this national survey the definition of “core curriculum” was as follows: curriculum required of most, if not all, of your UAP trainees. Twenty nine (83%) of the respondents indicated that their UCE did provide a core curriculum for interdisciplinary training. Of the six (17%) that did not, five identified structured learning experiences that were specific to specialty programs (i.e., focus on early intervention, direct care providers). Further, 18 (62%) programs offering a core curriculum, offered either all or part of the curriculum for university credit; 11 did not award university credit.

The remainder of this section presents elements, practices, and models of core curricula used across the UCE network. 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.

Core Curriculum

The core curriculum for UCE interdisciplinary training programs is composed of didactic, clinical, leadership, and research components. Each of these components offers carefully-designed opportunities for interdisciplinary trainees to enhance and strengthen their 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 various training components reinforce the trainees’ learning and experiences. The leadership component may form a separate strand of activities or be embedded in the didactic, clinical, and research components.

Competency-Based Curriculum

A competency-based curriculum is one of the preferable models for an interdisciplinary training program for professionals working with individuals with disabilities and their families. A strength of this model is that it 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 at different intervals during the trainee's education. In order to ensure that the curriculum incorporates the best practices of family-centered care, cultural competency, and self-determination, consumers and families must be an integral part of the planning, development, implementation, and evaluation phases of the training curriculum.

Examples of competencies for an interdisciplinary training curriculum for professionals working with individuals with disabilities could include some of the following elements:

- Knowledge about housing and employment services and supports within the framework of self-determination.
- Knowledge of differing aspects of neurodevelopmental and related disabilities including characteristics, environmental and genetic etiologies, and demographic issues.
- Development of advanced interdisciplinary competencies in prevention, diagnosis, early detection, assessment, treatment, and follow-up with children/adults with disabilities.
- Application of principles of family-centered, culturally-competent, person-centered service and supports to individuals with developmental and related disabilities in a variety of settings, e.g., home, community, and clinic.

The competencies listed above each include an expected level of attainment. Levels of competency are often thought of as:

- **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

The following are the critical content areas within the UCE and LEND preservice interdisciplinary training programs. Particular aspects that help shape the content of the curriculum follow each identified broad domain. Although most of the UCE and LEND training programs contain some if not all of the content domains listed below, the specific aspects of the domain addressed at each site varies. Within these content domains, there is an emphasis on addressing the curriculum throughout the lifespan.

Family-Centered Care

Elements of family-centered care

Communicating with families

Models of instituting family-centered care

Models of family involvement in program planning, development, implementation, and evaluation

Interdisciplinary Teams

- Elements of interdisciplinary teams
- Interdisciplinary assessments
- Collaborative strategies for teams
- Interdisciplinary report writing

Systems of Service and Supports, Provision, and Analysis

- Health care financing
- Educational system
- Supports across the lifespan
- Systems change theories
- Employment services

Self-Determination

- Person-centered planning and supports
- Self-advocacy

Cultural Diversity

- Establishing rapport and effective communication in multicultural settings
- Cultural awareness and attainment of competency

Leadership Development

- Elements of leadership
- Leadership theory and methods
- Community needs assessment
- Administration
- Budgeting
- Community capacity building
- Agency collaboration activities
- Grant writing

Public Policy and Legislation

- Social justice issues
- Human dignity
- Disability laws and regulations
- Policy formation
- Legislation

Developmental and related disabilities

- Prevention
- Etiology
- Assessment
- Intervention

Clinical and Community-Based Best Practices

- Intervention and follow-up
- Assistive technology
- Inclusion

Ethical Issues

Genetic testing
Biomedical and care/treatment issues

Research

Research tools and methods (quantitative and qualitative)
Participatory action research methods

Additionally, several programs have incorporated a cooperative learning approach and creative problem-solving process throughout their curriculum.

Components

Competencies are obtained through a wide variety of structured learning experiences that are both didactic and experiential. It is the complementary nature of these two learning components that helps trainees integrate the content into their clinical practice. Families and consumers are critical partners in the planning, development, delivery, and evaluation of both the didactic and experiential training components.

Clinical training and didactic requirements will vary according to the length of time trainees are with the program, their academic achievement level, and their prior clinical experience.

A. Didactic opportunities may include:

- Interdisciplinary weekly lecture series or courses
- Web-based course/seminar
- Monthly seminars
- Journal clubs
- Research article reviews
- Group projects
- University courses for credit

B. Experiential opportunities may include:

Interdisciplinary clinical experiences in:

- Clinics (e.g., center-based or community)
- Developmental centers
- Schools or workplaces
- Independent Living Centers
- Residential sites

Leadership project opportunities such as:

- Participation in technical assistance/consultant activities
- Participation in community capacity-building activities
- System level team leadership projects
- Local, state and national committee participation
- Grant review or writing
- Needs assessment in collaboration with agency or consumer groups
- Public policy project
- Editorial or dissemination activities

Experiences with families and consumers:

Families and consumers may:

- ◆ Share their perspectives on disability and service systems in classroom setting
- ◆ Participate in clinical or community training sites
- ◆ Serve as members of interdisciplinary training committee
- ◆ Participate as instructors and co-instructors
- ◆ Evaluate training components

Trainees may:

- ◆ Visit families in their home or community
- ◆ Participate with family/consumer organizations in their projects

Research:

- Participate on research projects with faculty
- Conduct original research

Special projects:

- Develop a Social Security Plan to Achieving Self Support (PASS) with a consumer
- Assist in development of web-based training materials
- Conduct a policy analysis of proposed legislation
- Mentor a family or consumer

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 C.

Section III

TRAINING DIRECTORS: ROLES AND MENTORSHIP

Vicki Pappas, Ann Grady, Rita Hohlstein, Tokesha Warner

THE ROLE OF THE TRAINING DIRECTOR

Introduction

Since the First President's Commission on Mental Retardation in the early 60's and later, the first DD Act, interdisciplinary training has been a common denominator of the programs that are now known as University Centers for Excellence (UCE). By definition, training in an interdisciplinary milieu must occur at all UCEs. 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 training director. For instance, 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 position may merely be an individual who has acquired a rotating part-time position of 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.

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 University Center for Excellence. It is not intended to be prescriptive; the actual roles and responsibilities need to be worked out by each Center. UCEs can ask the following questions to determine the kind of individual and position that will best fit their interdisciplinary training needs.

In developing his/her role with the interdisciplinary training program at a UCE, the training director needs to conceptualize, plan, and carry out responsibilities across several areas. Among the most important and generalizable areas across all UCEs are the following:

- Governance and Planning
- Development of a Conceptual Model
- Development of the Core Curriculum
- Relations with University Faculty and Departments
- Data Collection and Evaluation
- Involvement of Individuals with Disabilities and Family Members
- Cultural Diversity

Governance and Planning

1. Governance: Understanding the parameters of the position and how to identify and set up priorities

- How is the role of the TD structured in your UCE? Is it a dual role? Does the TD 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 TD 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?
- What collaborative opportunities for training exist within the Center with the university, community service director, clinical services staff, project directors, or other unit coordinators?
- What is the training director's role on the UCE's management team, leadership group, or other groups relative to who makes decisions about the UCE and its training program?
- Is there an Interdisciplinary Training Committee or Advisory Group responsible for interdisciplinary training and the curriculum, and if so, what is its membership and function? What other UCE committees and/or units deal with interdisciplinary training programs?

2. Planning and Philosophical Beliefs

- How does the interdisciplinary training program relate to the Center's mission and goals?
- What are the desired outcomes for your UCE's trainees?
- What training needs assessments have been or are being undertaken by your UCE (e.g., University, State, or Federal)? Where are they housed or collected and how do you access this information? How are these 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 curriculum, or for field-based experiences?
- Is there a marketing and public relations plan for the interdisciplinary training program?
- What are the UCE's expectations for your involvement in grant writing and securing funding for the interdisciplinary training program? Who are potential collaborators within the UCE, the university, and the community for this type of activity?

- Is there a plan for the involvement of consumers and families in the interdisciplinary training program - as advisors, co-curriculum developers, co-instructors, program evaluators?

Conceptual Model for Interdisciplinary Training

- Is there a written model for your program? (It might include elements such as those listed in this section.)
- Definition of trainees: who do you call UCE interdisciplinary trainees? Where do other students fit into the UCE program?
 - Are your trainees University-based students and/or practicing professionals?
 - Are the trainees part of LEND, ADD, and/or OSEP or other training programs?
 - How many hours of training are necessary for students to qualify as a UCE interdisciplinary trainee? How do you identify and handle short-term, intermediate-term, and long-term trainees?
- What are your UCE's desired outcomes for trainees, as related to ADD and LEND 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 trainee preparation, skill, and duration of commitment, and are there competencies for interdisciplinary versus disciplinary outcomes?
- Is there identification of the various learning settings and experiences offered by the Center?
- What is your supervision model - who supervises the trainees? If someone different from the TD 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, 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 didactic and experiential learning activities that are interdisciplinary in nature?
- What is the format, content, and function of your Interdisciplinary Training Plan(s)?
- How do you develop and gain consensus around core and other competencies for your trainees?
- What learning settings does the Center offer (e.g., field-based, clinical, leadership)?

- 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 ADD and/or LEND funding requirements into the curriculum (e.g., cultural competency, advocacy, research, and dissemination) and how will it enhance leadership development?
- What other learning experiences might your trainees engage in (e.g., courses, field experiences, readings, 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)?

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, other courses?
- Who is responsible for planning and reviewing the core curriculum?
- What opportunities are available for course infusion and guest lectures?
- What is the role of the Center's reference or affiliated faculty?
- Who is responsible for developing additional avenues for financial support of trainees?

Data Collection and Evaluation

The National Information Reporting System (NIRS) for UCEs is the primary instrument used to collect and report data across the network. The latest edition of the NIRS database is updated and posted on the AUCD website.

Interdisciplinary Trainees

- What trainee registration data is needed for NIRS? How is it collected?
- How are trainees' progress tracked through the core curriculum?
- Are exit evaluation/interviews conducted, and if so, by whom?
- Who is responsible for long-term trainee follow-up 1,5,10, and 15 years after completion of the training program?

Other trainees

- How is class lectures attendance tracked for NIRS?
- How is student advisement tracked for NIRS?
- How are Center-taught courses tracked for NIRS?

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 UCE 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 are trainees with disabilities recruited and provided with appropriate accommodations and support?
- How does the UCE maximize involvement of individuals with disabilities and family members in planning the training program and curriculum?
- How are individuals with disabilities and family members involved in identifying appropriate learning settings and field experiences?
- Do individuals with disabilities and family members participate as instructors and peer tutors?
- Are individuals with disabilities and family members involved in program evaluation, design, and review?

Cultural Diversity

- How are trainees from diverse cultural backgrounds recruited and supported?
- Are individuals from diverse cultural backgrounds involved in planning training programs and curriculum?
- How are people from diverse cultures involved in identifying appropriate learning settings and field experiences?
- How do individuals from diverse cultures participate as instructors, lecturers, mentors, and peer tutors?
- How do people from diverse cultures participate in program evaluation, design, and review activities?

MENTORSHIP PROGRAM for NEW TRAINING DIRECTORS

The purpose of the Mentorship Program of the National Training Directors Council is to facilitate the processes by which new Training Directors (TD) in University Centers for Excellence acquire the knowledge and skills needed for effective performance. Training Directors who wish to participate in this learning opportunity should contact the NTDC Chair.

Functions

Mentors must be available to:

- listen to the new TD's description of needs, concerns, aspirations, ideas, etc., and to offer information, ideas, opinions, and encouragement.
- describe and help interpret the organization and operation of Interdisciplinary Training Programs in various Centers.
- review this guide with the new TD, and share information about the National Training Directors Council (NTDC) and its membership.
- insure that the new training director is aware of the NTDC pages on the AUCD web site, and is included on the training directors listserv.
- meet with and include the new TD in activities at the AUCD Annual Meeting and other meetings, as appropriate.
- inform the new TD about the NTDC resource pool and help him/her make needed connections.
- involve the new TD in other training development and growth activities as desired and available.
- initiate other actions that reflect concern for the development and success of the new TD.

Mentors are not responsible for determining the specifics of the role of the Training Director in a particular UCE.

Procedures

The NTDC Chair or designee establishes and coordinates the Mentorship Program. Among other responsibilities, the Chair or designee:

- identifies current training directors who are willing to be mentors.
- identifies new training directors who would like to have a mentor.
- identifies other persons willing to provide short-term assistance on specific matters (e.g., the resource pool)
- makes matches between interested partners.
- publishes the existence of the Mentorship Program to UCE directors, training directors, and other relevant UCE faculty and staff.
- institutes periodic reviews of the operation of the Mentorship program.

Section IV

OUTCOMES AND FOLLOW-UP FOR TRAINING

Carol Greenwald, Karen Applequist, Carolyn Richardson

Although UCEs have traditionally measured program outcomes, the evaluation of the effectiveness of UCE training programs is receiving increasing emphasis with public demands for accountability and documentation of the returns for dollars spent. The expectation that publicly funded programs document their results is found at all levels of government. At the national level the Government Performance and Results Act (GPRA) was passed in 1993 requiring 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 UCE program must identify outcomes that it will measure, develop methods with which to measure those outcomes, and adopt a process by which the program will periodically report and review the data. This section discusses the purposes of measuring outcomes, some of the sources of training standards, and several frequently used methods for evaluating outcomes

Purposes of Measuring Training Outcomes: What Outcomes Do We Measure?

UCEs identify various performance indicators related to training and collect different kinds of training data depending on how the information will be used. Some of the most common reasons for measuring training outcomes include:

- To measure the impact of training on community systems, faculty and university curricula, individuals with disabilities and their families, and trainee knowledge, behavior and attitudes.
- To report to funding sources.
- To evaluate and further develop the training program.

Standards for UCE Training Outcomes

Guidelines for identifying the outcomes that UCE programs measure for training are found in the legislation defining UCEs, the guidance for LEND grants, mission statements for individual programs, and the requirements of other funding sources. Historically, the AUCD has addressed the need to describe program outcomes and conceptualize how these outcomes will be addressed and evaluated. For example, in 1993 the AUCD formed an Outcome Measures

Workgroup that met over a period of several years to develop a model for understanding outcomes at various levels (e.g., intermediate, long-term). More recently a workgroup has also addressed LEND performance measures. Listed below are some of the major sources of standards for measuring outcomes of training programs along with some of the areas that each source requires to be measured.

A. Administration on Developmental Disabilities (ADD)

All ADD programs target the goals of increasing the independence, productivity, integration, and inclusion of individuals with developmental disabilities into their communities. These goals provide guidance for what to measure related to UCE training outcomes. Information about performance measures, ADD goals, and outcomes may be found on the ADD web site at www.acf.dhhs.gov/programs/add.

Developmental Disability Assistance and Bill of Rights Act of 2000 (DD Act) and Program Criteria for UCEs

The rules and regulations for the DD Act outline program criteria for UCE preservice and community education training. Rules and regulations for the DD Act of 2000 were not yet approved at the time of this guide. The most recent program criteria are found in the Federal Register, Vol. 61, No. 190 / Monday, September 30, 1996 / Rules and Regulations. Final Rule. Pages 51163-51166.

ADD Roadmap to the Future

The Roadmap to the Future was developed in 1996 and 1997 by representatives of the "DD Network," i.e., Councils on Developmental Disabilities, Protection and Advocacy Systems, and University Centers of Excellence. The Roadmap identifies common goals of the network (e.g., employment, self-determination) and performance measures. For example, performance measures related to UCE training included the number of trainees in interdisciplinary preservice training, the number of community training events, and the number of hours of training. ADD plans to modify the Roadmap periodically as needed. The Roadmap may be reviewed at the ADD web site (www.acf.dhhs.gov/programs/add/outroadm.htm).

ADD Site Visit and Self-Assessment Guide

ADD has established a quality enhancement process using UCE program criteria that calls for periodic comprehensive site review of UCEs by peers, consumers and ADD staff. The site review team uses the Handbook for Conducting University Affiliated Program Site Reviews and Self-Assessments, which includes standards for training program components and outcomes. See the website for a copy of the manual: www.aucd.org/Site_Review/cover.html.

1999 UAP Program Performance Measures

A 1999 document, A Suggested Approach to Defining UAP Program Performance Measures, is available for the UCE network to use. The document presents a model for understanding and identifying UCE performance measures related to the ADD Roadmap goals and objectives and gives specific examples of training outcomes. It is available on line at www.aauap.org/outcomes.

B. Maternal and Child Health Bureau (MCHB)

Many UCEs also have training programs funded by MCHB. In response to GPRA, MCHB has 18 national “core” performance measures and six outcome measures that each state must address in its yearly application for funding. MCHB also requires seven to ten state “negotiated” performance measures and one optional state outcome measure. The following measures may be used by the training program as additional guides for planning.

LEND Performance Measures

A workgroup of representatives from LEND programs, MCHB and AUCD convened in June of 2000 to draft performance measures specific to LEND programs. At the time of this update, the performance measures were still under review. These measures will include data collection procedures for the performance measures.

LEND Self-Assessment

A self-assessment survey for LEND programs has been developed and piloted. It is expected that LEND programs will complete the self-assessment process periodically as an evaluation tool of program components and outcomes. A copy of this instrument can be downloaded from the AUCD web site. www.aauap.org/Projects/Final%20LENDsApdf.pdf

C. Internal UCE Standards For Measuring Training Outcomes

In addition to training outcomes identified by MCHB and ADD, each UCE program develops its own specific goals and objectives as part of its core grant proposals based on the needs of its state and community. These internal standards for outcomes measures may be reflected in program specific tools such as pre-post assessments, supervisors’ reports, self-ratings completed by trainees, or reviews of individual training plans.

D. Other Training Grant Guidelines

Many UCE programs have a variety of training programs, either for preservice or for community education. These funded programs may be on the federal, state, or local level and may require that the program measure specific training outcomes.

II. Data Collection

Every UCE program collects data to document its performance in meeting its mission and fulfilling government requirements. Some of the data collection tools and strategies are discussed below.

A. National Data Collection

National Information Reporting System (NIRS) Training Data

Each UCE collects training data using an electronic system designed by the AUCD network. The data is compiled at the national level from the reports submitted by individual programs. A revision of the system is being completed at the time of the training guide update and will be posted on the AUCD web site.

Long-Term Trainee Follow-Up

UCEs periodically survey former trainees and fellows to gather information about their careers, leadership activities, and views of the training program's effectiveness. The trainees are surveyed on their first, fifth, tenth and fifteenth anniversary of their completing the training program. The survey is currently being revised by the ACUD and will also be available on the AUCD web site.

B. Internal Data Collection

Each training program develops individual forms and processes to collect data. Some of the most common types of data collected by UCEs are listed below.

Core Curriculum Competencies

If a UCE follows a prescribed core, they typically develop a tool to measure trainees' progress. This evaluation measures the skills, knowledge, and attitudes that trainees acquire from the core curriculum.

Individual Training Plans

UCEs trainees may develop individual training plans that document their progress during the training period. This plan may delineate when activities will occur and how competencies will be developed. It may also be used to document when trainees complete various segments of their program.

Other Data Collection Methods

Additional data collection systems are often developed for a variety of specific purposes, including the following:

- to fulfill funding source requirements for reporting
- to answer research questions related to training
- to assess needs for further training
- to evaluate a specific program's effectiveness
- to report to professional accrediting bodies

Section V

LESSONS LEARNED

David T. Helm, Vicki Pappas, Ann Cox, Rita Hohlstein, Mary McCarthy

In preparation for our Annual Meeting held in Seattle, August 1, 2000, the NTDC Steering Committee implemented a network-wide survey of UCE training directors. We were interested in finding out how “core curriculum” was defined and operationalized across the country. Parts of those survey results informed the writing of this guide. One question in that survey focused on “lessons learned” by training directors over the years. It allowed each respondent the opportunity to give a brief comment or advice to others doing similar work in like organizations. We have included those comments in this section of the guide. These are unedited and presented as they were received. A preliminary analysis indicates that the comments fall roughly into four categories (*Trainee Focus, Program Development, Faculty/University, Interdisciplinary Training*). They offer considerable practical insight into creating and supervising an interdisciplinary training program.

2000 NTDC Survey

Question: What “lessons” have you learned about implementing interdisciplinary training in your UAP? (e.g., advice you’d give to new training directors!)

1. Trainee Focus

- Do NOT try to accommodate all training programs into one class. Work with the discipline folks to make sure students have the time to meet the requirements on the program. Plan research projects early (have the end in mind). Include current and past
- It is extremely difficult to have a traditional interdisciplinary training program at a university that does not have courses of study in a disability-related field. Most of our students probably will not work in the field, but they will have understanding and awareness about the contributions of people with disabilities and family support needs, hopefully making them community members who embrace diversity. We have tried to be creative with our student assistants without a formal core curriculum. We document their attendance and maybe someday can provide some sort of certificatetrainees in your planning.
- Need to build in flexibility and adult learning practices especially for those trainees who are not at entry level program.
- Keep the educational experiences flexible so that the learning needs of each individual student, regardless of discipline or level of skill can be met. Respect students and work together with them as partners in UAP activities (e.g., outreach, technical assistance, research). Focus on those skills that students don’t learn in their academic departments - this is different for students from different disciplines.

- Unless there is external funding through MCH or similar training fellowships, it is extremely hard to get students to participate in the core curriculum.
- In our UAP, the experiences each trainee receives are so different because each of them work in different Centers or on different projects. It's a very decentralized program. Thus, I felt it was important that there was buy-in from all the Center members of the UAP about the core outcomes we wish for all our trainees, regardless of placement. What was most effective was to engage representatives from each center in a process to identify and commit to common learning goals/outcomes for our trainees. We also jointly discussed the kinds of activities we wanted our trainees to engage in (research, training, community outreach, etc.) Then as follow-up, I felt it was important to share the different ways the trainees are accomplishing them.
- It's difficult to collect information about the accomplishments and learning of each trainee, and how the outcomes of your program are manifest as the students continue in their career, but it's a must. Besides conducting Trainee Follow-up studies, you have to keep an ear out through their supervisors and/or faculty sponsors about their career paths.
- Build on trainees' experiences. Focus on good principles of innovation and change when presenting new information or modeling new service delivery approaches. Practice adult learning approaches
- Be open and flexible in working with students...listen to them.

2. Program Development

- Flexibility is key to everything, such as scheduling, trainee participation.
- Clearly, "hands on," "real life" activities promote the best leaning experiences. Our higher level, long-term trainees have already had many standard didactic classroom experiences. They seem to respond much better to actual contact with people who have disabilities and their families.
- Pace yourself. In our UAP the title 'training director' is not a position, but more the role for the person with the best grasp of all training activities affiliated in the UAP. So interdisciplinary training director is in addition to directing three other University or statewide projects. Our UAP is small and somewhat diversified and our state is very large, with the two urban areas separated by almost 10 hours of car travel, and the rest mostly rural, so we are never quite sure if we are meeting the needs of everyone. We are more successful with targeting groups and working with them. They get what they want and need, we feel like there is an audience.
- PLAN, PLAN, PLAN. Visit other programs. You can't do it all! (I keep trying but after 6 years it still isn't working!)
- I'd say that to be truly dynamic and vital, a training program must be open to listening to consumers (people with disabilities, family members, and students), and local, state, and national shareholders and must be able to make changes as they are needed. Being too locked into a certain way of doing things will block innovation.
- Give broad exposure to a variety of clinical disciplines and a variety of developmental problems.

- Involve as many UAP faculty and project staff as possible in courses and practica with trainees. Involve individuals with disabilities and family members as co-instructors; help students from a variety of disciplines see the relevance of disability studies to their own primary disciplines...and to society at large. Use the core curriculum as a basis for other curriculum initiatives such as certificate programs to meet special training needs of the community. Use distance and outreach methods to reach busy and distant students. This information reflects only our core curriculum and none of our other training initiatives.
- The importance of flexibility, responsiveness to emerging issues, ongoing evaluation, inclusion of consumers in all aspects of developing and implementing the IDT program, and participation of other divisions of the UAP.
- I have had to learn everything on my own. I contacted other programs and got samples of their curriculums. This really helped me get a better picture of how a program should look.
- It takes time to develop a strong program—! Also, we are experiencing a ‘systems change’ from a strong clinical model to a ‘community/public health model’—This is always difficult for some faculty. Also, I think it is important to train fellows in ‘theory’ as well as the pragmatic skills to implement their vision.
- Learn to work through others. Establish policy and procedures that are efficient, and effective. Promote flexible and individualized study plans. Trust your colleagues! Use a key person to coordinate the logistics (details) that is reliable and dependable, and completes the paperwork required for all the various entities...work at simplifying.

3. Faculty/University

- There is a need for developing strong relationships with faculty across disciplines.
- Make sure that the faculty members believe in the interdisciplinary process and are family centered in their approach!
- Be enthusiastic and never give up! Many schools have embraced the term interdisciplinary but generally have a limited view related to varying functional roles within their own school. As departmentally-driven units, schools are suspect of giving up FTEs to other schools courses. Even though you will initially be told “no.” it is possible to set up interdisciplinary courses so that sections for students from a variety of sending schools can gain FTE credits for the sending school. Be cautious and clear (in writing) however, that faculty who teach these courses cannot do it for nothing. This is your negotiating point. Find out what you really need beforehand and negotiate for it. Whatever you do, understand the workings of the university and determine what will motivate faculty and administrators in schools so that you can, if possible, give them what they need to support your training program (students, faculty, etc.) Try to make everyone look good within the university.
- The partnership of two universities, while challenging, provides opportunities for cross-fertilization. The blend of clinical and community-based aspects of service delivery is important.
- Keep the faith. Getting buy in from other departments takes time and effort and a certain amount of luck.
- Very difficult to implement and maintain comprehensive program with limited budget and personnel. Course infusion lectures have been successful and building over the last 3 years.

Professors are beginning to rely on UAP as providing expert information in variety of disability related issues. A series of Professional Development workshops featuring best practice lecturers from across the US has been very successful. Coordinating interdisciplinary courses and practica within the overall University setting continues to be difficult. University structure is focused exclusively on department nature of instruction and requires strong creativity to coordinate course listings across departments. Maintain person to person links across departments (incl. secretarial staff) is vital to success.

- A comprehensive program requires .50 FTE of each core faculty devoted to the training component.
- Faculty conversations are important. Someone needs to constantly monitor the implementation details. Money for stipends, faculty time is important
- Regular meetings and correspondence with the faculty is a must. We use e-mail extensively and meet face-to-face 3-4 times a year. Regular meetings of the administrative staff is also important. As training director, I meet weekly with our program director and clinic coordinator. I also attend monthly staff meetings of the Institute on Disability/UAP to assure that the activities of the MCH-LEND Program are aligned with the activities and mission of the UAP overall. I also meet bimonthly with the director of the Institute on Disability/UAP. It is important for the trainees to understand how they are being evaluated within the program and for this evaluation to happen at several points during the year. If a trainee is not fulfilling his or her responsibilities completely, then this trainee should be let go from the program. Efforts of the program faculty and the trainees need to be well spent. Maintaining high expectations for all participants in the program, faculty and trainees alike, leads to good outcomes.

4. Interdisciplinary Training

- Keep working on interdisciplinary focus, the trainees keep getting pulled to discipline-specific experiences. Help them understand the importance of “big picture” and policy implications.
- Logistics play an important role in facilitating interdisciplinary experiences. Carefully examine schedules, location of offices, opportunities for informal discussions to support interdisciplinary training. Whenever possible give the trainees responsibilities in planning and implementing training. They are much more willing to make a meeting they have planned!
- Change takes a long time in an interdisciplinary environment;
- It is challenging to provide meaningful didactic training because some students have heavy academic loads in their own discipline. If you want to have a truly interdisciplinary program, you must be sensitive to the varying needs of the students.
- Need for a commitment from academic faculty across the discipline areas to integrate their knowledge and skills as a collaborative, interdisciplinary team. Develop a core team of the project director, training director, and clinical coordinator to maintain a cohesive training project guided by the competencies that ground the practice. Meet frequently as an interdisciplinary faculty to work through refining our methodologies and recognizing that our work to improve training and services through that training requires a dynamic process of self assessment and change.
- Utilize an interdisciplinary training committee to set and implement policies and procedures. Group consensus increases the likelihood of full participation in the training curriculum.

Appendix A

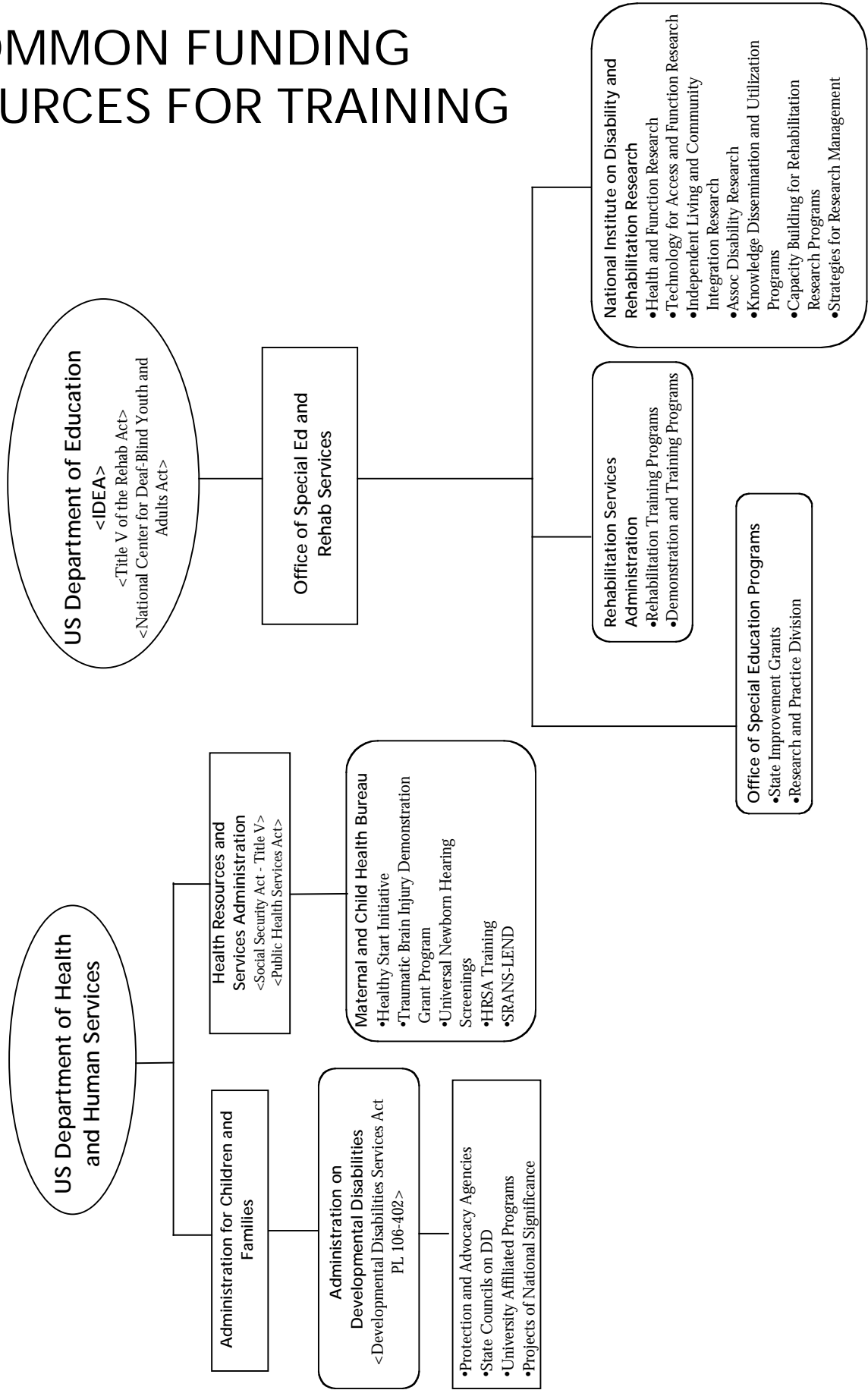
TERMINOLOGY

- 1) Because of the various terms and models related to documenting performance, it is very helpful for a measurement plan to include an operational definition of each term. Many of the following definitions are adapted from documents prepared by the AUCD.
 - **Outcomes** - The impact of a program, intervention, or process on individuals, institutions, or systems.
 - **Process outcomes** -The direct results of a program's activities and products to achieve the intermediate outcomes
 - **Intermediate outcomes** -Results that need to be achieved to reach long-term outcomes
- 2) **Long-term outcomes** - Change or lack of change in a defined population related to the program - For example, ADD's long-term outcomes are the six goals in ADD's Roadmap to the Future.
- 3) **Performance measures** - Various ways in which outcomes may be measured and reported.
- 4) **Capacity measures** - Measurable indicators that demonstrate that the process outcomes have been achieved, i.e., that the UCE is performing the core functions.
- 5) **MTARS - Monitoring Technical Assistance and Review System.** MTARS is an administrative process to help ADD complete reviews of the State Council, P&A, and UCEs as a network. For more information and helpful discussions of performance measures for UCEs, visit <http://www.acf.dhhs.gov/programs/add/MTAR.htm>
- 6) **MIS - Management Information System** - A common term used to refer to a database. For example, the system being developed by ADD to document collaboration among the DD Network and outcomes of the collaborations.
- 7) **GPRA - Government Performance and Results Act (P.L. 103-62).** GPRA was passed in 1993 to help reduce waste and inefficiency in Federal programs and agencies. GPRA mandates established and measurable performance indicators for every program. The legislation is available online at: www.nst.gov/od/gpra/law.htm. A 2001 report of the progress of government agencies in measuring outcomes is found at www.gao.gov/new.items/gpra/gpra.htm.

- 8) **NIRS - National Information Reporting System** for UCEs. The data collection system that UCEs have been using since 1987, last revised in 1996. Another revision based on the DD Act of 2000 is under development. For more information, see www.aucd.org/nirs/projsumm2.htm.
- 9) **Goals** - What a program or a trainee targets to accomplish. It may be used interchangeably with outcome.
- 10) **Objectives** - Necessary steps that must be taken in order to accomplish goals.
- 11) **Activities** - Steps taken by a program, or the actions it takes to accomplish objectives.

Appendix B

COMMON FUNDING SOURCES FOR TRAINING



Appendix C

CORE CURRICULA

PARTNERS FOR INCLUSIVE COMMUNITIES UCE for University of Arkansas for Medical Sciences

I. History

The UAP of Arkansas 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.

II. How trainees are funded

Most trainees are funded through training grants. Additional funding comes from other grants to the UAP, on which trainees work, in addition to participating in interdisciplinary training activities.

III. Disciplines involved-both faculty and trainees

The UAP of Arkansas training program includes faculty and trainees from audiology, health services administration, nursing, nutrition, occupational therapy, pediatrics, physical therapy, psychology, 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.

IV. Content and Process of Interdisciplinary Training

A. How trainees are selected and duration of training

Trainees are recruited and selected by discipline coordinators. 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 other trainees are involved in short-term and intermediate experiences.

B. Competencies

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.

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.

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.

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 discuss methods and use of research.

Objective 4.2 The trainee will critique relevant research articles.

Objective 4.3 The trainee will apply research findings in assessing health outcomes.

Objective 4.4 The trainee will utilize existing computerized databases to retrieve and evaluate literature that establishes an evidence base for practice.

Objective 4.5 The trainee will evaluate the effectiveness of his or her own practice.

Objective 4.6 The trainee will answer a research utilization question based on appropriate methodology.

Objective 4.7 The trainee will recommend practice decisions that are based on strength of research evidence.

Competency 5. Post-doctoral trainees will conduct and/or participate in a research project.

Objective 5.1 The post-doctoral trainee will utilize a variety of existing computerized databases and library systems to retrieve and evaluate literature for a research project.

Objective 5.2 The post-doctoral trainee will develop a research question, apply the appropriate methodology to answer it, collect data, and complete the analysis — OR — will participate in an interdisciplinary research project with a faculty mentor.

Objective 5.3 The post-doctoral trainee will disseminate research findings at regional or national meetings or through publication in a peer-reviewed journal.

C. Components

1. Didactic

The didactic portion of the training is based on an adaptation of problem-based learning, which the program renamed solution-focused learning. Over the course of the year, three 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 four lists: facts, potential learning issues, possible recommendations, and actions to be taken. 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 or four 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 this 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 insure 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.

2. Clinical (experiential)

Trainees choose from thirteen clinical activities and become part of interdisciplinary clinical teams. Most of these clinics are outreach clinics that are set in rural areas of the state and are conducted collaboratively with community agencies. In addition to arena assessment and treatment clinics, the trainees are offered two distinctive opportunities. One is assignment 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. Through these activities, the trainee will gain an appreciation for some of the issues faced by families outside of clinical settings. Another clinical activity revolves around a Migrant Head Start Center that is located in a rural community. Trainees spend two weeks in the community, living in the homes of community members. The clinical work at the center introduces the trainees to multicultural practice and includes making home visits with the Head Start staff. After hours activities involve the trainees in community events and immerses them the richness of the community in a way that is not experienced through simply participating in an outreach clinic in the same community.

3. Research

The basic research component of the traineeship focuses on being an effective consumer of research. As a part of research seminars, trainees critique research articles, develop a research question and perform a literature search on their question. Fellows and other interested trainees conduct their own research or participate in research activities with faculty members.

4. 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. 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.

D. Family/Consumer Involvement

Consumers serve as the primary teachers in the didactic portion of the course through their involvement in solution-focused learning. Their role in this activity has served to raise the awareness level of the trainees relative to the multitude of issues faced by consumers and to the importance of and barriers to self-determination for people with disabilities.

MAILMAN CENTER FOR CHILD DEVELOPMENT

Leadership Education in Neurodevelopmental and Related Disabilities (LEND)

University of Miami Medical School, Florida

A. Program Overview

The Mailman Center for Child Development (MCCD) is one of the original University Affiliated Facilities and Maternal Child Health Training Programs formed over 30 years ago. Now the Center serves as the Florida University Center for Excellence in Developmental Disabilities Education, Research and Services and is a MCH funded LEND program. The Center consists of many different programs and diverse funding sources and functions as the Child Development Division of the Department of Pediatrics. It consists of 15 disciplines and 10 major programs or research projects. More than 50 faculty and 150 staff make up the MCCD.

B. Training Program Description

The over-arching goal of the training program at the Mailman Center for Child Development is to improve the health status of children with special health care needs (CSHCN), particularly those with neurodevelopmental disabilities, and their families. This goal is accomplished by providing advanced training in disciplinary and interdisciplinary clinical skills, research skills, and leadership skills necessary to utilize, modify, and improve systems of care delivery. The curriculum includes different training pathways, dependent on the entry-level knowledge and skills of trainees/fellows and the amount and duration of time committed to the training program. This approach permits full-time trainees/fellows to take full advantage of all aspects of the program. Those with interest in the area who are limited in their available time are still able to participate in the program and acquire advanced, but more limited, knowledge and skills.

C. Competency Domains Addressed by this Program

All trainees/fellows in this program are expected to attain awareness about (a) normal growth and development, (b) types and scope (cognitive, social, emotional, genetic) of neurodevelopmental disabilities, (c) risk factors associated with neurodevelopmental disabilities, (d) the impact of a neurodevelopmental disability on the family, home, school, and community, and (e) current approaches to primary prevention and health promotion. In addition, advanced knowledge and skill competencies are expected to be demonstrated in four areas:

- 1) Knowledge about neurodevelopmental disabilities and the assessment, treatment, and prevention approaches used by the trainee's/fellow's discipline, and demonstration of clinical skills consistent with those expected of someone at the trainee's/fellow's level of training.
- 2) Knowledge about interdisciplinary approaches to assessment, treatment, and prevention, and family-centered and culturally competent care, along with demonstration of the skills necessary to conceptualize clinical cases from an interdisciplinary perspective and develop evidence-based assessment and intervention approaches within an interdisciplinary context.
- 3) Knowledge about (a) the role of research in interdisciplinary care, (b) how to access research findings using current tools, (c) methodological approaches to research in the field of neurodevelopmental disabilities, and for advanced trainees (d) skills in planning and conducting research and disseminating research findings.
- 4) Knowledge about (a) systems that affect care delivery to CSHCN, (b) strategies used to evaluate, modify, and create systems of care delivery, (c) leadership skills necessary to affect systems of care, and (d) leadership skills needed to develop new and/or improved models of care delivery.

At all levels of this program, trainees are expected to acquire knowledge and skills related to working with individuals of diverse ethnicity, language, culture, socioeconomic status, and to become aware of the variety of care delivery systems and health care financing systems that affect CSHCN and their families. Training in these skills is integrated into all parts of the curriculum.

D. Mechanisms for Training

Trainees/fellows acquire knowledge and skills in an integrated program that uses structured didactics, clinical rotations involving CSHCN and their families, research activities, and participation in policy development, technical assistance, and model program development to develop leadership skills.

1. Structured Didactics

Core awareness and knowledge competencies are developed for all trainees through exposure to information in structured seminars and didactic sessions.

a. Interdisciplinary Web Course

Course Development and Coordination: The Interdisciplinary Web Course is developed by the MCCD Training Committee that has family, consumer and faculty representation. The curriculum is interactive and builds interdisciplinary awareness and knowledge skills by systematically exposing trainees/fellows to training modules built around cases illustrative of the range of neurodevelopmental and related disabilities. Each case module involves presentation of a case description of a child with a neurodevelopmental disability or other special health care need. Below is a partial list of what the modules include:

1. A diagnostic problem that is complex, requiring professional input from several disciplines and integration of this information in an interdisciplinary fashion;
2. Background information about the nature of the neurodevelopmental disability;
3. Information about parent and family functioning, and the contribution of family functioning in alleviating or exacerbating the functioning of the CSCHN;
4. Information about the resources available to the family (e.g., health insurance, child care, extended family support), and limitations that these may have on recommendations for assessment and treatment;
5. Information about the role that diversity in ethnicity, culture, or socioeconomic status may play in determining appropriate assessment strategies;
6. Information about the approach taken by each discipline in assessing the case;
7. Direct links to sections of law or policy;
8. Presentation of results of each discipline's specialized evaluation of the case;
9. Presentation of an integrated, comprehensive evaluation This may be provided in the module as a written report, an oral summary or a video demonstrating the interdisciplinary discussion of the case;
10. Information about costs associated with the different disciplinary assessment and treatment components;
11. Information about resources available to assist the family with recommendations, including eligibility and limitations of each;
12. Information about follow-up activities including strategies to remove barriers, assist with adherence to recommendations, and modifications of recommendations over time.

Evaluation: Trainees/Fellows taking the Interdisciplinary Web Course for Credit are evaluated using the following:

1. A multiple-choice exam is administered at the conclusion of each module to assess content information.
2. Each trainee/fellow is given a case module to review and discuss with a member of the interdisciplinary faculty. The trainee's/fellow's content knowledge, ability to integrate information across disciplines, awareness of the family, cultural, socioeconomic, and legal issues, and use of realistic, comprehensive recommendations are evaluated using a standardized rating scale.
3. Grades are given based on performance on the exam and module presentation.

b. Interdisciplinary Student/Faculty Friday Noon Conference

All trainees are expected to attend the weekly Interdisciplinary Student/Faculty Friday Noon Conference. This learning opportunity provides weekly presentations from our interdisciplinary faculty with opportunity for discussion on current research, ethics, interdisciplinary case studies, and leadership issues.

c. Ethics Education and Cultural Competency

Training in ethics and cultural competency is integrated into the content of the Interdisciplinary Web Course, the Student-Faculty Friday Noon Conference and the clinical training rotations. In addition, trainees/fellows are required to participate in a specified number of specific sessions devoted to these areas. These requirements are met by attending sessions in the following:

Ethics Education

- a. Dialogues in Research Ethics
- b. Florida Bioethics/University of Miami Annual Clinical Ethics Conference

Cultural Competency

- a. Cultural Awareness Seminar. This 5-session seminar is required for all trainees and fellows in psychology, and open to all other trainees. Sessions focus on presentations by professionals representing the diverse South Florida populations (Latin, African-American, Haitian-American) with an additional focus on issues related to bilingualism.
- b. Cultural Competency Seminar. This seminar focuses on training in communication skills involved in working with culturally diverse individuals. This seminar involves lectures, demonstrations, small group exercises, and discussion. It is offered once in the fall and once in the spring each year.

2. Clinical Experiences

The LEND program offers training in a variety of clinical settings, including hospital, clinic, school, mobile van, community, court, and home. In order for a clinical setting to qualify for inclusion in the training curriculum, it must meet the following criteria:

- a. It must involve the (1) provision of prevention, diagnostic, assessment, or treatment services to CSCHN and their families, particularly those with or at risk for neurodevelopmental and related disabilities, or (2) development of systems of care or public policy related to care of CSHCN and their families.
- b. It must be an interdisciplinary setting, involving professionals from at least four different disciplines in the program. These may be any of the 11 core disciplines, or may include other disciplines such as ethics, law enforcement, special education, juvenile justice, immunology, epidemiology, community advocacy, public policy administration, and theology.
- c. It must include a member of the core faculty as a primary professional involved in the rotation.

3. Research Training

All trainees/fellows are expected to demonstrate awareness of the role of research in advancing understanding about neurodevelopmental and related disabilities, and skill in being able to access research findings and integrate them into evidence-based practice. Long-term trainees and fellows are expected to acquire research skills by participating in active research programs. Long-term fellows are expected to demonstrate research skills by presenting research findings to colleagues in either oral or written form.

There are multiple research methodologies that merge in an interdisciplinary program, and trainees/fellows are expected to become aware of the various models. Research models include (a) qualitative and quantitative methods; (b) cross-sectional and longitudinal designs; (c) basic, experimental, and clinical trials approaches; (d) single subject and group designs; (e) disciplinary and interdisciplinary collaborations; and (f) local and multi-center investigations.

4. Leadership Training

All trainees are expected to obtain a minimal level of awareness of leadership opportunities and activities in the area of neurodevelopmental disabilities. For this reason, all trainees are expected to participate in at least one leadership activity during their training. A sampling of these activities includes:

1. Serving on a MCCD committee (Training, Clinical Services, Advocacy and Legislation, Research, IUAPC Committee, Consumer Advisory Committee).

Short-term trainees need to only observe a meeting.

2. Giving a community presentation on a topic related to neurodevelopmental disabilities, CSHCN, or maternal and child health;
3. Publishing an article (research, public policy, program description) on some aspect of neurodevelopmental disabilities, CSHCN, or maternal and child health;
4. Participating as a reviewer of a research manuscript or grant application;
5. Participating in a community forum; and
6. Meeting with a community, state, or federal agency or elected governmental group to address an issue of current concern.

Trainees are required to participate in leadership activities based on their length of internship and academic level. This ensures that the trainees have exposure to these critical leadership activities, and advanced trainees acquire both depth and breadth of leadership experience.

E. Evaluation

Evaluation of the program involves the following:

Trainee/Fellow Evaluation

1. Multiple-choice exam of each web module.
2. Discussion of case modules with interdisciplinary faculty.

Program Process Evaluation

1. Completion of the Individual Training Plan (ITP).
2. Trainee/Fellow Evaluation of Rotations, Supervisors.

INSTITUTE ON HUMAN DEVELOPMENT AND DISABILITY

Center for Excellence in Developmental Disabilities Education, Research, and Service
The University of Georgia

INTERDISCIPLINARY PRESERVICE EDUCATION PROGRAM

History

The Institute on Human Development and Disability (IHDD) has offered interdisciplinary education to students interested in developmental disabilities for more than thirty years. The program has evolved from its inception shifting its emphasis from a traditional service delivery model to a consumer-directed, community support orientation reflective of the changing trends in the disability field. The IHDD Interdisciplinary Preservice Education Program provides students with a unique set of competency- and value-based educational experiences designed to enhance their awareness, knowledge, and skills relative to advocating for, working with, and supporting individuals with disabilities and their families.

IHDD uses a broad conceptualization of “interdisciplinary” which focuses on interactions among people with varying social roles, rather than narrowly focusing on interactions among professionals (or students) trained in different academic disciplines. Interdisciplinary education includes learning how to work as a member of an interdisciplinary team with professionals from different disciplines. It also includes learning to work in equal partnership with people with disabilities, family members, advocates, and members of the community. Students learn to value each individual’s talents, knowledge, and experiences, rather than defining people by their disciplinary affiliation, professional status, or their level of educational attainment.

How Trainees are Funded

Implementation of the interdisciplinary core curriculum is supported by IHDD core funds. Student support is derived from graduate assistantship funded by personnel preparation grants, as well as student support included in other funded projects. As budgets for project grant/contract proposals are developed, inclusion of assistantships and other support for students is encouraged.

Disciplines Involved

IHDD educational opportunities provide a rich supplement to the course work and programs of study offered by traditional academic disciplines. Student experiences are tailored to the needs of students from different academic departments, as well as to the needs and desires of individual students. State, regional, and national personnel needs define IHDD educational

goals. Needs and programs of the university community also shape the development of educational experiences offered to students as IHDD strives to augment opportunities offered in discipline-specific programs. A focus of IHDD is the education of students in generic human service disciplines and non-disability related fields concerning issues related to individuals with disabilities and their families. Graduate students studying at IHDD for a semester or more are termed “graduate associates” in recognition of their important roles in IHDD programs and activities.

In order to ensure students receive quality comprehensive interdisciplinary education, faculty representing the disciplines of special education, health/medicine, psychology, child and family development, social work, communication sciences/audiology, motor development, housing and consumer economics, and rehabilitation counseling collaborate with the Coordinator of Interdisciplinary Preservice Education in directing the program. People with disabilities and family members are also actively involved in directing the IHDD preservice education program. Preservice education is integrated with the core functions of research, dissemination, and community education to provide students opportunities to gain competency in these areas.

Content and Process of Interdisciplinary Training

How Trainees are Selected

Students from various academic schools and departments may expand their program of study or develop an emphasis in developmental disabilities through the following options: 1) enrollment for credit in a course taught by IHDD faculty/staff; 2) enrollment for credit in practica, internship, directed readings, research hours, or independent study supervised by IHDD faculty/staff; and 3) receipt of IHDD-based financial support from sources such as assistantship, contracts, stipends, and hourly pay.

Competencies

The overall goal of the Interdisciplinary Preservice Education program is to prepare students to become leaders and advocates for systems change resulting in self-determination and meaningful community inclusion for all people. Specific goals are as follows:

- Students work with people with disabilities across the lifespan, their families, and advocates in meaningful ways.
- Students learn appropriate values and attitudes toward people with disabilities, their families, and advocates and are motivated to apply these values and attitudes to their future roles in their work and their community.
- Students participate in community education, technical assistance, dissemination, research and evaluation in support of IHDD projects and activities.
- Students learn to work in equal partnership with professionals from diverse disciplines and with para-professionals, direct service providers, people with disabilities, family members, advocates, and members of the community.

- Students meet and discuss important issues in their area of interest with a wide variety of IHDD faculty, staff, people with disabilities and self-advocates, their families, and advocates.
- Students learn about cultural diversity and cultural competence from people with disabilities, their families and advocates as well as from a diverse faculty and staff.
- Students enrich their educational experience by learning from and interacting with researchers and practitioners at the university, state and national level.
- Students learn to design, conduct, and translate research to benefit direct service providers, paraprofessionals, people with disabilities and their families and others within the community.
- Students gain a historical perspective of the disability movement and of the role of people with disabilities in society.
- Students from generic human services and other majors are informed about developmental disabilities and best practices to promote community inclusion.
- Students learn how to provide accommodations for people with different disabilities and understand the mandates of the Americans With Disabilities Act and similar legislation.

Components

The Core Curriculum is required of all IHDD students, regardless of the length of time that they are planning to spend at IHDD or their level of competency. Content areas included in the core curriculum are: individual and family supports, full inclusion of individuals with disabilities, multicultural issues, person centered planning and supports, Medicaid reform and managed care, and team process. For each content area, students are required to read a packet of written materials and then to participate in an interdisciplinary seminar in which additional information is presented and the content of the readings is discussed. Seminars are taught by IHDD faculty and project directors and by outside experts. People with disabilities and family members are included as seminar speakers. A critical on-going task is to update and change the curriculum as new state-of-the-art service/support practices and new policy issues evolve. This is done on a yearly basis. Since the Core Curriculum structure was developed, new technology and teaching avenues have opened. One such method is the web. A new initiative is to make the core readings and other supplemental student materials available on the web.

The interdisciplinary preservice education component of IHDD is designed to be flexible in order to meet the needs of a diverse student group and is, therefore, carried out through a variety of educational mediums. Both group and individualized instructional formats are incorporated into the preservice program. Instructional tools include course work (full courses, noncredit seminars, and course infusion), independent study/directed study opportunities, and practica/internships.

IHDD offers a set of classes to students that build toward a Disabilities Studies Certificate (in development). Critical issues in Disability Studies (IHDD 6000) will be the foundation course for the certificate program, and can be taken by any graduate student at the university regardless of their major or interest in working toward the Disabilities Studies Certificate. This

course has the following course description, “Contemporary issues impacting people with disabilities and their families. Self-determination, disability rights, inclusion, person-centered approaches, cultural competence, legislative/legal issues, and personal issues of people with disabilities will be addressed. The course presents a lifespan perspective.”

Three other courses offered by IHDD are currently taught in the Dept. of Child and Family Development. The first of these courses, CHFD 797, Interdisciplinary Collaboration in the Context of Disability, is a seminar focusing on “the support of individuals with disabilities and their families through team-oriented collaboration. Team models, organizational aspects of teams, individual roles and attitudes, interpersonal factors, individual and group diversity, and leadership are addressed in relation to successful collaboration.” The other courses, CHFD 795, Foundations of Early Intervention, and CHFD 796, Working with Families in Early Intervention, are designed for students interested in working with young children with disabilities and their families. An advanced doctoral seminar, Research Methods in Studying Families With a Member With a Disability, is offered by IHDD faculty as a topical seminar under the course number CHFD 895, Seminar in Child in Family Development. Specific courses are developed to meet the educational goals of certain groups of students and certain personnel preparation efforts.

Students also receive education through participation in the Medical Aspects of Disability seminar series offered each year. This series of seminars, which is not offered for course credit, is taught by the IHDD faculty member in Medicine. In addition, a yearly colloquia series addressing current topics in the field of disabilities sponsored by the IHDD provides students with the opportunity to learn from state leaders and national scholars in the field of disabilities.

In addition to formal course work and seminars, students may participate in IHDD educational experiences by enrolling for independent study/directed readings credit hours within their home departments. This enables both undergraduate and graduate-level students to pursue study on a variety of topics in the field of disabilities. These experiences can focus on research, community outreach, dissemination, or on direct interactions with people with disabilities and their families in a variety of settings. Most internships combine multiple roles, such as a student who is involved in a research project and is assisting with a statewide conference on a related topic. IHDD internships provide real-world experience for students, and students work as colleagues and partners with IHDD faculty and staff in these efforts as they develop skills and knowledge.

Research internships provide students with experience in all phases of research, including conceptualization, data collection, analysis, writing, and presentation. Students learn through mentorship. The student works with researchers actively conducting work related to his/her area of interest. The student enters a research project at his or her own level of competence. Over time, the student is given more and more responsibility, until, for graduate students, the student masters all aspects of the research process. In addition to mastering the skills of research design and implementation, students are also taught to work in collaboration with people with disabilities and their families and to interpret research findings to diverse, non-research oriented audiences. Students are challenged to think about how research findings translate into recommendations for public policy and service delivery.

Internships in community outreach involve students in a variety of activities that are designed to increase the capacity of service systems and communities to include children and adults with disabilities in all aspects of community life, to foster self-determination, and to support families

who have a member with a disability. These activities can include conferences, small agency-based educational events, technical assistance, study tours, teleconferences, distance learning (GSAMS), or regional educational events. Students learn to adapt their presentation styles and educational content to diverse audiences, including people with disabilities, families, advocates, provider agency administrators and staff, clinicians, early interventionists, therapists, paraprofessionals, state agency personnel, researchers and academicians, and the general public. Students may plan outreach activities, prepare educational materials, serve as trainers, write educational modules, read and review related literature, conduct focus groups, facilitate small group activities, serve on panels, arrange site logistics, arrange for speakers/trainers, assist in writing and administering outreach grants and contracts, and participate in program evaluation. Students learn to accommodate the needs of people with diverse disabilities in the educational environment. In many outreach activities, students learn to work as partners with people with disabilities and family members in planning and implementing the community outreach event. Students are taught to use adult learning principles and methods in community outreach activities.

Internship/practicum students may also become involved in the development of IHDD dissemination products. Students can write, or assist in writing, educational modules, curricula, brochures, newsletters, resource materials, research or other scholarly manuscripts, project descriptions, photo essays or “stories,” and similar products. Students can become involved in Web site development, development of video, or computer graphic presentations. Students learn to use people-first language, to develop culturally-sensitive materials, to develop dissemination products for diverse audiences, and to produce materials in alternate formats. Students can also become involved in evaluating the impact of dissemination materials.

Students may focus their practicum or internship on gaining direct experience with people with disabilities and their families. This can be accomplished through participation in the Georgia Personal Assistance Service Corps, an AmeriCorps project. Individual practicum or internship placements can be developed in community programs based on the student's interests. Internship sites are selected that provide high quality supports/services and that reflect the values and philosophy of IHDD. Members of the IHDD Community Advisory Council actively assist in identifying and providing service-oriented internship opportunities for students.

Since 1990, IHDD has coordinated an OSEP-funded leadership personnel preparation program: Interdisciplinary Doctoral Program: Preparing Future Leaders in Early Intervention. This doctoral degree program is designed to prepare Leadership personnel for roles as researchers, university teachers, and policy specialists in programs for infants and young children with disabilities and their families. Students can work toward the doctorate in the Department of Special Education or in the Department of Child and Family Development.

Family/Consumer Involvement

Individuals with disabilities and family members assist in the planning, development, and implementation of the interdisciplinary education program including determining instructional content and design; being co-instructors and presenters; participating in lectures, seminars, brown bags, and other educational events; and mentoring students in internship, independent study, and other classroom and community-based learning experiences.

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 trainees to engage with professionals, consumers and family members in interdisciplinary teams. The Interdisciplinary Training Committee and its three subcommittees (Core Curriculum, Clinical Services, Research and Evaluation) reviewed and updated the core curriculum, developed a new Trainee Handbook and have been active in recruiting new trainees.

Twenty-four faculty and professional staff from the CPD and three adults with disabilities served on those committees. 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 2001, the CPD (in partnership with the University of Utah) was awarded a LEND grant from MCH. As the LEND training will begin in the Fall of 2001, the remainder of this description pertains largely to the CPD's in-house IDT program.

II. How Trainees are Funded

IDT trainee stipends are currently provided from CPD discretionary (state) funds. The Interdisciplinary Training Division also provides travel and incidental expenses from its operating costs budget. However, with the additional expenses of the newly revised IDT program, the search for more permanent funding for trainee stipends is ongoing. The MCH/LEND grant (ULEND) will of course provide stipends for the additional trainees from the medical and health professions who will be participating in that program.

III. Disciplines Involved – Both Faculty and Trainees

The CPD IDT program enrolls approximately sixteen long-term trainees each year. Thus far the following disciplines have been represented: audiology, community health, computer science, elementary education, English, family and marriage therapy, psychology, social work, special education, speech and language pathology. The trainees 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. During 2000-2001 three of the trainees were adults with disabilities. Faculty and professional staff from each of the seven 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, medicine, and nursing) assist with the IDT Program as well as faculty from the departments of Communicative Disorders and Psychology. Faculty and professional staff also participate as clinical supervisors for those trainees who are required to complete internships or clinical practicum hours.

IV. Content and Process of Interdisciplinary Training

A. How trainees are selected, duration of training

Trainee 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. Trainees may participate at one of three levels:

- long-term: 300+ clock hours
- intermediate: 151-300 clock hours
- short-term: 150 clock hours or less

The majority of CPD trainees (including consumers) participates at the long-term level, and is provided with a stipend (pro-rated according to education experience). Greater flexibility in the number of hours required is allowed for parent trainees, in recognition of their already extensive 'clinical' experience.

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

B. Competencies

The CPD's IDT Program is designed to provide trainees 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. The table that follows provides details of both the competencies and the associated objectives that will be achieved by trainees within the context of didactic, clinical and research activities. In order to provide effective leadership in service systems over the coming decades, these areas of knowledge and skills must be addressed.

CORE COMPETENCIES (CC)

1. Societal and Legislative Perspectives

CC 1: The trainee will demonstrate understanding of societal attitudes from both public and consumer perspectives as they impact the lives of persons with disabilities and their families.

CC 2: The trainee will analyze emerging trends in legislative, policy and regulatory initiatives and funding streams that impact services to children/adults with disabilities and their families.

CC 3: The trainee will identify and implement strategies for advocacy that address disability-related issues of children, adults, and their families.

CC 4: The trainee will assess administrative models in the development of family/person-centered systems of services and supports for children/adults with disabilities and their families.

2. Interdisciplinary Practice

CC 5: The trainee will develop enhanced skills as a member of an interdisciplinary team in the provision of family/person-centered services and supports to children/adults with disabilities and their families

CC 6: The trainee will provide assessment and intervention supports and services for adults and/or children with disabilities and their families.

3. Research

CC 7: The trainee will understand research methods and principles and apply them to guide practice (including assessing service outcomes for children and adults with disabilities), program and policy development, program evaluation, needs assessments.

CC 8: The trainee will conduct and/or participate in a research project.

C. Components

1. Didactic

The didactic component consists of weekly 3-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. Trainees are also required to complete group assignments and make individual or group presentations during a number of the seminars. Seminars topics include: (1) Mission of the CPD and the IDT program; (2) Disability legislation and funding; (3) Advocacy for people with disabilities; (4) Interdisciplinary teaming; (5) Service agencies for individuals with disabilities; (6) Research methodologies; (7) Research databases relating to health & disabilities; (8) Molecular research and disabilities; (9) How to be an informed consumer of research (10) Cultural and diversity issues; (11) Impact of disability - societal and personal.

2. Clinical

The clinical component consists of participation at a variety of clinical 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 180 families in northern Utah; Clinical Services (psycho educational evaluations for school age children); Child Care Nutrition Program; the Utah Assistive Technology Program; and a community based Adult Day Center for the aging population. In order to strengthen trainees' skills in working with individuals with disabilities and their families, trainees are also required to accompany service providers on at least two home visits.

3. Research

Research activities, include directed experiences in the Biomedical Laboratory, and participation in program evaluation using a Participatory Action Research (PAR) model . The use of the PAR model with IDT trainees is an innovative addition to inter-disciplinary training that is unique to the CPD. PAR teams consist of 2 trainees, 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: how to make best use of the short time which many children spend in the transition pre-school; how parents perceive the usefulness of the wrap-up session conducted subsequent to a psycho-educational assessment; 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 consumers; 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 trainees towards the end of the second semester.

4. Leadership

Leadership expectations and activities are embedded in the didactic, clinical, and research components. Long- term trainees must complete a leadership project associated with one of the components.

D. Family/consumer involvement

Family members and consumers are involved in the CPD's IDT program at several levels:

- As members of the IDT committee or one of its three subcommittees. Family members and consumers who participate in this way are paid a small stipend for each meeting attended. The IDT program has benefited greatly from the inclusion of family members and consumers on the various committees, as their insights have contributed to both content and format of the training.
- As presenters or panel members during the didactic portion of the program. All of the faculty presenters are encouraged to include consumers and family members in weekly seminars, so that trainees are provided with insights into the practical realities of living with disability.
- As trainees. As mentioned above, consumers may apply to be full-time trainees, and parents or other family members are also encouraged to participate in the training. Stipends are paid to consumer and family member trainees at the same level as student trainees. Although all trainees develop and individualized training plan, in order to meet the needs of their home discipline and their personal interests, even greater flexibility is allowed to parents and family members to allow for the exacting schedules required of those who care for individuals with disabilities.
- As members of the PAR teams which 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. Student trainees have consistently rated participation with parents in the PAR teams as a primary source of understanding and insight.

WAISMAN CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES

Wisconsin MCH LEND Program

I. History

In 1961 the members of the first Presidential Panel on Mental Retardation determined that it was important to learn more about mental retardation through research and to better prepare professionals who could work together to serve individuals who have mental retardation through training programs that were connected with universities. The University of Wisconsin-Madison was designated as a site for one of the original Mental Retardation Research Centers and University Affiliated Facilities. Research, interdisciplinary training, clinical services, and outreach activities were initiated here in the late 60s. The Waisman Center was completed in 1973 and houses the Mental Retardation/ Developmental Disabilities Research Center and the Center for Excellence in Developmental Disabilities Education, Research and Service. The Wisconsin MCH LEND Program operates within the UCE. A major addition to and remodeling of parts of the the Waisman Center was completed in 2000.

II. Funding of Trainees

The MCH LEND Program has funding for trainees from the core MCH disciplines. Ten stipends of \$3,000 are available for trainees in masters degree programs and three stipends of \$4,500 are available for trainees in doctoral degree programs. Post-doctoral and/or post-residency fellowships are available if the budget allows. The amount of these awards is based upon the number of years of relevant experience prior to entry into the program. Other funding for interdisciplinary trainees is available through a Department of Education, Interdisciplinary Training Project in Early Childhood. This project requires a 2-year commitment (4 semesters + a 4-week summer experience) for approximately 13 hours per week and includes a generous stipend (\$12,000 for the two years).

III. Disciplines Involved

Audiology, Genetic Medicine, Health Administration, Nursing, Nutrition, Occupational Therapy, Pediatric Dentistry, Pediatrics, Physical Therapy, Psychology, Social Work, Speech-Language Pathology, Child Psychiatry, Family Medicine, Pediatric Neurology, and Special Education.

IV. Content and Process of Interdisciplinary Training

A. How trainees are selection, duration of training

Potential trainees submit an application (in either hard copy or electronically), plus their transcript, resume', and a reference who can speak to their leadership potential. MCH Core faculty screen the applications and conduct interdisciplinary interviews with potential trainees. Final decisions are made by faculty on the basis of consensus and submitted to the Project Director and Training Coordinator for final approval.

B. Competencies. In each of the following areas the trainee will:

CLINICAL and SCIENTIFIC UNDERSTANDING of NEURODEVELOPMENTAL DISABILITIES

1. Demonstrate knowledge of the incidence, prevalence, etiology, symptomatology, characteristics (including capabilities), and prognosis for a broad range of neurodevelopmental and related disability populations.
2. Demonstrate skill in the use of diagnostic & classification systems, e.g. ICD-9-CM & DSM IV
3. Demonstrate advanced skill in the conduct of disciplinary assessments and/or evaluations and developing interventions using accepted standards of care.
4. Demonstrate the ability to formulate career goals for the future vis a vis participating as a leader in situations requiring clinical and scientific understanding of neurodevelopmental disabilities.

INTERDISCIPLINARY TEAM FUNCTIONING

5. Demonstrate knowledge of team processes and leadership models that are used in community settings.
6. Demonstrate ID skills in the identification of the abilities, problems and service/support needs of children/ adolescents with neurodevelopmental and related disabilities.
7. Demonstrate ability to function effectively and use leadership skills as a member of a team.
8. Demonstrate skill in reporting information to professionals.
9. Demonstrate knowledge of various team processes that are used in community settings.
10. Demonstrate the ability to formulate career goals for participating as a leader with teams.

FAMILY-CENTERED CARE

11. Develop knowledge of the range of effects on families (parents, grandparents and siblings) who have a child with a disability.
12. Demonstrate respect for the confidentiality of families.
13. Demonstrate skill in listening to the concerns and priorities of the family.
14. Demonstrate ability to work with a family to identify the family's strengths and resources.

15. Apply knowledge of family systems and family processes in clinical work and other trainee experiences.
16. Develop skill in conveying information (both orally and in writing) in family-centered style, to family members and community professionals.
17. Demonstrate skill in creating parent/professional partnerships.
18. Demonstrate the ability to set career goals for the future vis a vis family centered care.

CULTURAL COMPETENCY

19. Demonstrate knowledge of the diversity of perceptions existing in different populations about a) the etiology of disabilities and attitudes toward people with disabilities, and b) styles of medicine and healing.
20. Demonstrate knowledge of dimensions of culture, e.g., family structure, values, traditions, communication styles.
21. Demonstrate knowledge of how access to services may be affected by one's racial/ethnic/cultural heritage and/or socio-economic background.
22. Demonstrate ability to: 1) value diversity, 2) understand and effectively respond to cultural differences, 3) engage in cultural assessment at the individual and organizational level, 4) make adaptations to the delivery of services and enabling supports, and 5) institutionalize cultural knowledge.
23. Demonstrate ability to formulate career goals that incorporate leadership activities to advance cultural competency with public health and maternal and child health systems.

COMMUNITY-BASED, COORDINATED CARE

24. Demonstrate skill in the identification of community resources for implementing recommended interventions and long term supportive care.
25. Demonstrate understanding of the concept of the Medical Home Model, and have skills to assist families to locate a Medical Home appropriate to their needs.
26. Demonstrate ability to develop a community plan of care in collaboration with families.
27. Demonstrate the ability to conduct environmental assessments in urban and rural communities.
28. Demonstrate knowledge of current issues related to access, availability, affordability, cultural accommodation and quality of community services and supports.
29. Demonstrate knowledge of the assessment and intervention methods used by community providers from a broad range of disciplines.
30. Demonstrate skill in the disciplinary assessment of the community service needs of children with neurodevelopmental and related disabilities.
31. Demonstrate ability to support families with systems advocacy and collaboration with health professionals.
32. Demonstrate the ability to formulate career goals for participating as a community leader.

PUBLIC HEALTH SYSTEM

33. Demonstrate understanding of core public health functions of needs assessment, policy development, and assurance.
34. Demonstrate understanding of public health service (infrastructure building, population-based, enabling & direct services).
35. Demonstrate understanding of principles of managed care organizations, and how managed care differs from fee for service structures.
36. Demonstrate knowledge of the terminology and definitions applied to client populations (e.g., children with special health care needs, developmental disabilities, chronic handicapping conditions, and neurodevelopmental and related disabilities).
37. Demonstrate understanding of principles of epidemiology.
38. Demonstrate knowledge of public health systems, processes, agencies that affect children with neurodevelopmental and related disabilities and their families, including a) federal and state legislation, b) the federal and state legislative and budgeting process, c) the administrative process whereby legislation is translated to administrative policy and practice, d) the structure and function of pertinent agencies, e) the ideology, philosophy and structure of MCH agencies.
39. Demonstrate knowledge of program planning and development.
40. Demonstrate the ability to formulate career goals for participating as a leader in public health.

PUBLIC POLICY AND SYSTEMS ADVOCACY

41. Demonstrate knowledge of advocacy groups which support children with neurodevelopmental disabilities and their families.
42. Demonstrate knowledge of the theories and principles of systems change.
43. Demonstrate skill in identifying resources and legal rights/precedents to support families.
44. Demonstrate skill in the identification of community resources for implementing recommended interventions and long term care.
45. Demonstrate the ability to present information on systems needs and issues to administrators and policymakers.
46. Demonstrate the ability to advocate for families within the service system.
47. Demonstrate skill in working with families and professionals to effect systems change.
48. Demonstrate the ability to formulate career goals for using leadership skills to advocate for children with neurodevelopmental and related disabilities and their families.

APPLIED RESEARCH

49. Demonstrate ability to critique/analyze published research.
50. Demonstrate knowledge of the ethical issues related to conducting research.
51. Demonstrate ability to communicate to families on state-of-the-art research issues.
52. Demonstrate ability to communicate to professionals on state-of-the-art research issues.

53. Demonstrate an understanding of the fundamentals of program evaluation.
54. Demonstrate the ability to formulate career goals for conducting or supporting applied research.

LEADERSHIP THEORY AND APPLICATION

55. Demonstrate understanding of different theories and models of leadership.
56. Demonstrate an understanding of his/her own strengths and weaknesses vis a vis assuming a leadership role.
57. Demonstrate the ability to assume a leadership role in a variety of situations.
58. Demonstrate leadership competencies that were identified in each of the previous competency areas.

C. Components as presented to trainees:

SUMMARY OF MCH ID LEND TRAINING REQUIREMENTS AND OPPORTUNITIES

1. **Individual Leadership Self-assessment, MAP and Training Plan (ILTP):** Each trainee will be responsible for mapping his or her leadership journey. This will involve reading and talking about leadership, completing a leadership self assessment and developing a plan for meeting leadership goals. The plan will include both a Leadership MAP which will focus on personal traits and an Individual Leadership Training Plan (ILTP) which will focus on required competency areas. (MAP in Leadership Section and ILTP in the MCH Mentoring section of your student handbook.) Your MCH mentor will provide support so that you can identify specific training opportunities within the curriculum that meet your interests and goals. You will be asked to schedule a one-hour meeting with Rita Hohlstein, the ID Training Coordinator, between 12/15/00 and 1/26/01 to review your MAP and ILTP.
2. **MCH Mentoring:** Approximately one hour weekly during September and every other week during the rest of the year is designated for trainees to meet with their MCH mentors to develop their Leadership MAP and ILTP, and review and discuss the components of the training experience. This is an important time to jointly review the trainee's log, discuss progress toward goals, and assist in planning future trainee activities. Because of the multiple components to the our MCH ID LEND program, the clinical faculty can be very helpful in tracking and planning for activities in each program area. This meeting time is also for the trainee and supervisor to discuss achievements and problem-solve questions, concerns, and challenges related to this training experience.
3. **Interdisciplinary Clinical Services:** Each trainee will participate in two interdisciplinary clinical weekends (Friday afternoon and all day on Saturday). The fall clinical experience is scheduled for November 2 and 3. Optional clinical experiences include: outreach/screening clinics (minimum 4 hour commitment), in-home assessment/intervention (minimum commitment three 3 hour visits), other clinical experiences (either observation of clinics or

discipline-specific evaluation or intervention). For all clinics at the Waisman Center, except the Developmental Disabilities Clinic, you must notify the clinic coordinator in advance to observe/participate.

4. **MCH seminar:** The seminars provide an opportunity for all MCH trainees to come together and interact with each other, with guest speakers and with MCH clinical faculty around issues related to leadership skills, coordinated care for children with special health care needs, cultural competency, public policy and systems change, and applied research. All MCH trainees (and other designated students) will participate in a weekly one and one half hour seminars on five Fridays each semester.
5. **Dialogue:** Seven one to one and a half hour blocks have been set aside each semester for MCH LEND trainees and faculty/staff to have dialogues or discussions about a variety of topics. This may involve participating in presentations or activities, sharing reactions to experiences, and bringing together personal and interdisciplinary perspectives.
6. **SW 644/DD Course:** All MCH LEND trainees will take this course, either in the summer preceding their involvement in LEND or during the fall semester. The course will include an overview of a variety of disabilities (mental retardation, cerebral palsy, epilepsy, autism, and traumatic brain injuries), philosophical discussion of the theories and current thinking of the field of developmental disabilities, and will present an in-depth look at the supports available to people from infancy to aging, including strategies to effectively work with people with disabilities, their families and service providers.
7. **Family Mentor:** The Family Mentor Experience is one of the methods used to foster understanding of (1) what it means to be a parent of a child, or children with special needs in that family, and (2) what “family-centered care” means from the family’s perspective. Each trainee will be paired with a family who has a child with a disability. Depending upon the trainee’s goals, he/she will elect to devote 9, 20, or 40 hours to the family mentor program. The family and trainee will decide on the activities and schedule for each week. Possible activities include: community outings, trips to doctor/clinic or school appointments, joining the family for meals or other family activities. The trainee will work with his or her mentor family to create specific learning experiences — so it is an opportunity to be creative! For example, if the mentor family is involved with a community service program, the trainee may consider ways to participate in these activities with the family and their child. The family facilitator coordinates the Mentor Family Program, and provides support to the trainees and mentor families over the year.
8. **Interdisciplinary Trainee Teams:** Each trainee will participate as a member of an interdisciplinary team with other ID LEND Program trainees. Trainee teams will explore interdisciplinary team functioning, plan for and conduct a family interview, and participate in developing a grant application that will be submitted to a funding agency. At the end of each semester, the trainee teams will do final polished, presentations about their interdisciplinary team experiences before audiences of faculty, staff, and students.

- 9. Community:** Either during the winter break or during the spring semester, each trainee will be required to meet with an elected official to discuss issues important to children with special health care needs and their families. In addition, trainees will also be required to participate in at least two additional community activities which may have a focus on community intervention programs, health checks and screening for children from minority and low socioeconomic backgrounds, health and social service policy, family support, and residential settings. To be able to better support the inclusion of children with disabilities in their communities, trainees may elect to observe/participate in community programs (education, recreational, living). Trainees also may join Waisman Center staff/faculty in their non-profit agency board, council, or community work. A schedule for meetings regularly attended by MCH faculty/staff will be provided for a variety of agencies and councils.
- 10. Public Health/Health Care Systems/Administration:** Trainees are expected to expand their knowledge of public health, health care systems and administration through required MCH seminars and readings, as well as by participating in local and state activities. The current political atmosphere will greatly influence health care, education, and involvement in society for children with neurodevelopmental and related disabilities and their families. Trainees are encouraged to focus on major issues that are being discussed/debated/worked on in Wisconsin and throughout the country. Trainees and clinical faculty will watch for website information (MCH Alert, AbleKids, Wisconsin Council on Children and Families listserve, etc) newspaper and journal articles, TV specials, committee meetings related to children and families and bring information to seminars, dialogues, and team meetings. As mentioned in the description of Community, trainees are asked to schedule at least one meeting with one of their elected representatives (county, state, or national) to discuss policy issues important to children with special health care needs and their families.
- 11. Research:** Trainees will be expected to attend Waisman Center Assessment Core Research Seminar Lectures presented by speakers who are nationally and internationally known for their research. These will be held on some Fridays from 12-1:30. Tentative dates for required lectures for the fall semester are 10/5 and 10/19. Spring semester dates will be available later. Debriefing of the research seminars will occur the week after the seminars. Trainees are also encouraged to talk with faculty about ongoing research projects.
- 12. Cultural Competence:** To increase their cultural competence, trainees will attend presentations by people from a variety of cultures, participate in discussions of culture and factors which contribute to cultural competence, and participate in the provision of services to children and families from a variety of ethnic groups and cultures. (Seminar/Dialogue and Community Sections). Opportunities to participate in a summer cultural immersion experience are available. For information about this contact the ID Training Coordinator.
- 13. Advocacy:** To increase their understanding of the difference between

individual and systems advocacy, trainees will attend lectures, complete readings, and participate in discussions. Trainees will have opportunities to work with county, state, or national advocacy organizations as well as with individuals who are active in self advocacy.

14. **Trainee Log/Journal:** Each trainee will keep an up-to-date log reflecting training activities and questions/comments related to the activities the trainee has participated in, the duration (hours) of the activity, and the program requirement the activity meets. The trainee and supervisor/mentor will review the trainee logs periodically.
15. **Readings:** Required and optional readings will be assigned related to specific topics. Copies of required readings will be given to you. Optional readings will be available in a binder in the Student Room (S101 H).
16. **Leadership:** The focus throughout the MCH LEND Project will be on leadership. Trainees and faculty will work to identify leadership opportunities in clinical activities, seminars, community service, interdisciplinary team activities, and other areas, depending upon the interest and motivation of the trainees. Leadership readings will be assigned during the course of the year for discussion and dialogue sessions. Trainees bring leadership skills to this program related to their individual professions and personal experiences. Throughout this year trainees, as members of interdisciplinary teams, will gain and increase their competencies related to: interdisciplinary team functioning, understanding of neurodevelopmental and related disabilities, cultural competency, family-centered care, community based coordinated services, public health system, public policy and systems advocacy, applied research and leadership theory and application. Each trainee will complete a Leadership Self-assessment and develop a Leadership Map to identify his or her own areas of competency and skill to pursue as part of the leadership component of the Individual Leadership Training Plan.

D. Family/Consumer Involvement

Parents of children with disabilities are hired on all projects. Families mentor trainees to help them gain insight as to family perspectives. People with disabilities and parent's of children with disabilities often participate in the teaching of trainees through presentations or seminars. A constituent advisory committee provides advice regarding the MCH LEND project along with all projects of the Waisman Center.

Appendix D

REFERENCES

- Garner, H. (1995). *Teamwork Models and Experience in Education*. Boston: Allyn and Bacon.
- 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.
- Knobelock, C. (1989). *A guide to interdisciplinary training*. Silver Spring, MD: American Association of University Affiliated Programs.
- Miller, K. & Calkins, C. (1999). *Handbook for conducting University Affiliated Program site reviews and self-assessments (2nd Ed.)*. Silver Spring, MD: American Association of University Affiliated Programs.
- Miller, K., Bacon, R., Robinson, C., Krahn, G., & Ferrante, R. (1999). *A suggested approach to defining UAP program performance measures*. Silver Spring, MD: American Association of University Affiliated Programs.
- Orelove, F.P., & Garner, H. G. (1998). *Teamwork: Parents and Professionals Speak for Themselves*. Washington, D.C.: Child Welfare League of America Press.
- Rainforth, B., & York-Barr, J. (1997). *Collaborative Teams for Students with Severe Disabilities (2nd Ed.)*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Snell, M.E. & Janney, R. (2000). *Collaborative Teaming*. Baltimore, MD: Paul H. Brookes Publishing Co.