

AUCD Webinar: Strengthening Family Involvement in LEND Training Programs  
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>> Sarah DeMaio: Hello and welcome to Strengthening Family Involvement in LEND Training Programs, a presentation by the Family Discipline Network. My name is Sarah DeMaio, and I am the MCH manager at AUCD.

Before we begin I would like to address a few logistical details. First, I will be providing a brief introduction of our speakers. Then we will have four presenters and following these four speakers' presentations there will be time for questions.

Because of the number of participants, your telephone lines will be muted throughout the webinar. However, we will unmute your phones one at a time during the Q&A session at the end of the webinar. To request to be unmuted simply press \* and then # on your phone. If you are using the microphone on your computer instead of your phone, you can raise your hand by clicking the icon at the top of your screen that looks like a person raising their hand.

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We will compile your questions throughout the webinar and address them at the end. Please note that we may not be able to address every question and may need to combine some questions.

There is also a short evaluation survey at the end of the webinar. We invite you to provide feedback on the webinar and suggestions for future topics.

Today our presenters are Fran Goldfarb one of the first family faculty directors of USC/CHLA UCEDD and the parent faculty in the LEND program for over 20 years. She is also the chair of the LEND Family Discipline Work Group.

Barbara Levitz is the Director of Family Partnership Training at the Westchester Institute for Human Development and has faculty appointments in the schools of Health Practices, Science, and the Department of Pediatrics at the New York Medical College.

Linda Rousseau is a member of the UAB LEND faculty and serves as Family Leader for the Pediatric Pulmonary Center in Birmingham, Alabama.

And Phyllis Shingle represents the family discipline the team and facilitates opportunities for the family professional collaboration within the LEND curriculum.

Please join me in welcoming today's first speaker, Fran Goldfarb.

>> Fran Goldfarb: Good afternoon. It is a pleasure to be here. And I am going to kick things

off by talking about the LEND, the family discipline in our program, the California LEND which is at USC in Los Angeles.

To give you a little bit of background about our program, we started with a pilot having family support trainees in 1995. Based on the success of that pilot we brought family faculty on. We have had family faculty for the last 20 years. Each year we our target is that we will have two long-term family support trainees. We have been pretty successful with doing that. And our family support program, our trainees participate in all of the LEND activities and are expected to do exactly the same work as trainees from other disciplines.

However, because there are some differences and challenges experienced by family support trainees, we instituted some innovations and resources that I would like to talk about.

The first one is related to eligibility. Eligibility for our program is really based on experience either providing family support or being involved in systems change leadership. What we found was when we asked people to fill out a standard LEND application, we might find information about their work history that wasn't really relevant to what we were looking for. So we have a unique application in addition to the general LEND application. In that, we use something called the parent portfolio, which is a tool that was developed to help parent leaders really capture those relevant experiences. So all of our trainees fill out the parent portfolio in addition to other materials that are needed as part of the general LEND application.

We also have just a little worksheet for folks that goes over both the qualifications, but also what we consider to be equivalent experience. So we tell our trainee that we are looking for the equivalent of a graduate degree and experience. We give them information on how to demonstrate that equivalency.

The secondary that we do things just a little bit differently is through orientation. Every year in about February I hold an information meeting to give people who are interested in applying to LEND a good idea of what they can expect, both from the program but also the work and what's expected for them to put into being a successful LEND trainee.

This becomes a self screener. Some folks get very excited at the information meeting. Some folks say this is not the year for me to do LEND. I'm not quite ready for it yet.

Once we have selected our trainee, during the -- trainees, during the summer we hold a two-day orientation that we do called pathways to LEND. Since many of our trainees do not have the same background as those from other disciplines, we like to give the trainees an opportunity to pre-learn some of the activities that they will be expected to do. And as part of that pathways to LEND, we have something that we call the flare plan. We know that all of our trainees come to LEND with very full plates. We -- plates. We know that when you are the parent of a child or adult with a disabilities, it is not unusual to have some type of crisis. So we ask our trainees to think about the things that might impact their ability to get to LEND, to do the work, to participate in any of the activities. And we ask them to think about backup plans that they might put into place so that if there is a problem, they already know what to do. We treat this as a living document so that they can constantly update it as needed.

The third area that we provide innovations and hours, is support during training. We have moved to doing a two-year program for family support trainees. We find that doing LEND over a two-year period reduces some of the pressure and reduces the workload for them. We also provide extra supervision so while we have a prescribed supervision schedule, we may be doing both group and individual supervision on a much more frequent basis with our family support trainees. Then we also have what we call curated leadership projects. All of our trainees participate in leadership projects, but we may make some recommendations for our

family support trainees as to which might be the most appropriate projects for them to participate in or again may give them extra support with their projects.

Moving to our LEND program in general, when we look at the eight different types of involvement that have been identified in LEND programs, we actually have family participation in all eight of those areas. So obviously, we have family faculty. We have also had LEND family support trainees participate in clinical trainings, in our RET clinic. We have an access to care clinic. We involved them in doing apparent IEP coaching.

We have a family mentorship program or what we call day in the life. We do it a little bit differently, however. Instead of recruiting family mentors and having a stable of mentors, we ask all of our fellows to go out and identify their own families. In some cases they may need help, but we want people to know that disability exists in their community and they shouldn't have to have someone to give them access to families with disabilities.

LEND program advisors, we use our community Advisory Committee to give input into our LEND program. Participating in program planning, implementation, and evaluation is the job of all the faculty and family faculty included.

We have LEND trainees, as I mentioned. As far as training curricula, I have responsibility for modules just the same as many of our other faculty. And all faculty carry the same responsibilities.

Then we have families participating as presenters and panelists in all of our modules. So we have seven modules over the course of our LEND year and we have family or self-advocates presenting in all of the modules.

We have had, or we have family members in other MCHB training programs right now. We have a developmental behavioral pediatrics program and I am faculty in that as well. We recently received a LEAH and also a Zika project. We stay tuned for family involvement in those programs as well.

Here is my contact information. I would be happy to share more in depth information with anyone who is interested.

>> Barbara Levitz: Hi, this is Barbara Levitz. I'm going to be giving you an overview of family involvement in LEND programs in New York, in Valhalla at the Westchester Institute for Human Development.

As in the California program that Fran was talking about, WIHD has been involved with having families participate in all levels since the 1990s, both as faculty staff and in leadership roles. Everything from our CEO president down to our Medicaid service coordinator, early intervention coordinators who are family members. They are program directors as well. So the Institute is well steeped in the value of involving and including families.

We have had family discipline trainees, we call them family specialists here. We all have our own special names for them. Since 2001. And just like Fran described they do follow the same program as all the other trainees with similar expectations. And the last few years we typically have two to four trainees. In the last few years we have had at least four trainees even year. We include both parents and siblings and would be certainly open to grandparents as well if we receive those applications.

One of the important things in terms of family involvement is that our LEND trainees who are family members continue to be involved in the program in a lot of different ways, whether it is again guest presenters or Advisory Committee members, and so forth. And we have a list serve that we continually provide and share resources, both with our current LEND trainees as well as our former LEND trainees and self-advocate trainees.

The role in terms of being faculty is that like most faculty, we have a mentorship role as well as we do brown bag monthly meetings and get together and brainstorm and assist again with individual training plans and other activities that our trainees are involved with.

So The Family Partnerships Curriculum Module serves as a centerpiece. It sets up a structure for family involvement. And there's two ways we look at family involvement in our program.

One way is related to involving families directly in many of those different roles. And Fran described those quite well. We have similar roles. The other idea is that the curriculum module really provides as well a way for trainees, all trainees to really begin to understand the importance of family involvement in their program planning and implementation, evaluation, and mostly again in their practices.

So our family faculty has the role of curriculum development, coordination. They are teaching and again evaluating and making revisions to curriculum. The kinds of topics we talk about are related to family centered practices and professional collaboration. Of course, family quality of life and advocacy and you can see family supports, family involvement and so forth.

We do also include a session on partnerships, family-professional partnerships around ethical issues and healthcare decision making. I want to talk for a minute about two of our assignments. One assignment is the family-focused disability organization interview. And in this assignment, the trainees identify a family focused organization. You know, such as a family support group or a group that might be a parent training and information center, parent to parent program, those kinds of programs. And they do individual interviews that are structured. One of the key items that we want them to reflect about when they do this is to identify in that organization the important roles that families have. How families are involved. Whether the families are staff or board members or provide peer support.

So this is one aspect, but they look over, have an overall look at the family-focused types of disability organizations. Of course, the family mentorship which again is provided through our faculty, linking our trainees up with a pretty large network of community volunteer families.

This is for home visits and community outings.

So in terms of resources and strategies that we use, I think other programs might look into doing as well is that you always don't need families to be right there at the session. One thing that you can be doing is using videos and articles by families that are really identifying families, and families are sharing their stories and their unique experiences. This is to really show that there is a uniqueness and family experiences vary, as well as their perceptions of disability.

In the secondary we have our LEND family trainees do presentations on family quality of life and advocacy. That includes a little bit of family dynamics as well as them providing suggestions and recommendations based on their own life experiences. A sort of day in the life, as well. How professionals from other disciplines can be most supportive of families. So they do presentations like our other trainees are doing disciplinary presentations.

Parents, of course, are invited as guest panelists and we give our LEND trainees an opportunity to identify topics and issues that they would like our parent panel to address.

Those are families usually from the community or families who are on the staff of our UCEDD.

Another type of strategy that we use that has been very effective is that trainees review a sort of family-friendly type of self assessment tool. And they then reflect upon and share strategies, how they can increase family involvement both in their individual practices and their advocacy work as well as within their organizations.

We do sessions related to siblings and we have sibling panelists. In addition to that, when there are trainees who are from other disciplines who are siblings, they are also very eager to

participate and share their perspectives and views. Many, many LEND trainees across the country also have siblings. Again I mentioned we have a network of mentor families for home visits and community outings. Two other modules. One on transition where we actively involve families. That is that our UCEDD parent staff in our community support network provide a mock person-centered transition planning meeting and all trainees participate, but it is an opportunity to delve into things in a firsthand way.

We also have self-advocates meet with groups of our trainees and in our policy advocacy module there is an assignment where, that is called a community advocacy leaders interview and what they do, they do a group interview with someone who has been very successful in advocating and this also includes what we would consider family leaders. People who have really made a difference. Either they formed a coalition or grassroots network or gotten legislation passed. These are different strategies that really could be used. In terms of promoting MCH values and training, in addition to my role with New York medical college as a faculty member and some of our programs such as the school of public health. We also make sure that families are involved in training for medical students and our family faculty help coordinate that. So that there are groups of first year medical students in there caring for patients with disabilities sessions or have an opportunity to have a structured dialogue with parents of individuals with intellectual or developmental disabilities or individuals and a team of an individual with their parent and/or sibling. We also again work with having family and self advocacy faculty give presentations for developmental medicine as well. There's a lot of different strategies there that I hope you will be able to use.

Turn it over to Linda.

>> Linda Russo: Hello, I'm Linda Rousseau and I would like to share with you information about our family involvement programs in Alabama, concentrating on the Sparks clinics home to the LEND program. There are several new LEND programs out there last year and this year. I hope you know it's okay to start developing your program wherever you are in the process. I feel like I'm new at this and I know that everyone here will give you great advice. In addition to the LEND program I'm also involved with the pediatric pulmonary center as the family leader and the UCEDD on our campus.

So our location at the University of Alabama at Birmingham is in the middle of the State. It's our largest city. We have had family faculty at LEND since 2009. And I was the first family trainee in 2015. So I kind of feel like we are just getting started with this. Then I became the family faculty after I was a trainee for two months. So I didn't have long trainee session. I was also at the same time building the family faculty position at the PPC. So I looked on the Internet and I asked different LEND family faculty for a lot of information and took all of that and looked at what I found online too. I made some, a version of it for our LEND, the requirements, the curriculum and the application. I smiled a lot after the one that Fran was talking about, the UCEDD portfolio, I thought it gave a great look into what the family, the parent or the advocate, whatever, had done all their years and took a good picture of that. If they had not had schooling to fill out the application.

So our family trainees receive a stipend and they follow the same curriculum as our LEND other trainees, but we did modify it a little bit. Typically they follow a graduate concentration. So we added some of the requirements for that so it would allow greater flexibility with their time management and to fulfill a few other leadership activities while still allowing for family time commitments that our family trainees all have.

I am currently on my second family LEND trainee. The length of time varied with each specific

candidate. My first one stayed with me about six months. This next one will be about an 18 months. So we are developing that and both of them have already been parents but I'm also looking hopefully to have self-advocates involved as a trainee also in the future.

So with the reduced load of specific school requirements, we've included some additional mentoring areas. I specifically would like to focus on leadership and advocacy. So we are trying to develop that. And one of the projects that I wanted to start was including visits to our state representatives while they are in session here in our state of Alabama. Just to provide education to them so they know about our programs.

We also went to the annual AUCD disability policy seminar. That's a great way to encourage leadership skill building. My last year, my family trainee was able to attend with me. While we were in D.C. we joined one of our local ARC chapters which participated in several Hill visits with our legislators. We were able to share important information concerning the effects of Medicaid's essential programs for the population of children that we serve. And as family mentors, we've got two examples of that. We include our family trainees in their core lectures, providing one of them is providing their own stories. And giving their family perspective on managing life with a developmental disability. It creates a space for the trainees to learn how to empathize with the family during clinic visits and different testing procedures.

We also have the day in the life program. It utilizes families from programs in our area that have developmental disability in their life and allows our trainees to spend a day with them. We don't just do a day in their home but also take them out to a community in -- activity in their community or IEP session in their school or different visits.

I know everyone has been talking a lot about the UCEDD. That's the University Center for Excellence in Developmental Disabilities, in case some of you don't know that. The DD Act was established in 1953. It was reauthorized in 2000. And that kind of structured the university centers for developmental disabilities and created the state councils on developmental disabilities and protection and advocacy programs.

So I am also the consumer coordinator for the UCEDD. We have the consumer Advisory Committee and the DD Act specifies who should be on that. That includes individuals with developmental disabilities and their family members. This is another area that isn't just a maternal and child health program but also includes family members in our communities to put them in leadership roles and to have an opportunity to know what is going on.

With the UCEDD with developmental disabilities, I'm sitting on that as a council member and on the board in the regular coins. And the protection and advocacy for Alabama is ADAP. I'm on their PADD committee. I'm including all the DD network because our LEND and UCEDD services, they are meshed together. I enjoy being part of all of this and I have been taking trainees with me and it's exciting to see the development of their personal leadership. When they are attending the state meetings, to see how other programs and groups are advocating for the needs of our children and incorporating the family perspective.

The family perspective in areas within the UAB system that I represent too is the maternal and child health network. We sponsor three meetings a year. And we have collaborating partners from around the State. And in addition to our MCH programs on our campus. Some of those are the family voices of Alabama, Alabama Medicaid, Alabama's early intervention program. Another area is our children's hospital. It began the transition to embrace family centered rounds. I have been on the task force to implement that. Sitting there with the physicians and we developed a survey. I went out with the survey to the families to see if what we were doing was really working, if they knew what was going on.

I'm also on the continuing medical education committee in the children's pressure injury safety team. And the last three are unique. It they show the determination of our university system and the children's hospital to incorporate families that they serve in the day-to-day operations. Like I said before, we have a lot of maternal and child health programs on campus. I represent the LEND and the PPC. Some of the programs that we have are the LEA, pediatric nutrition, center of excellence in MCH education which is housed in our school of public health. And we also have about an hour away from us we have the pipeline training program. That promotes the development of the verse, healthcare workforce by recruiting students from under represented minorities and to maternal and child health populations.

So as a network, we all work together. We have monthly meetings and group trainings and joint seminars. Even though we are not available, maybe some of you don't have all of these programs just on your campus. It is still possible to collaborate with them through your state. Most of them are developing family disciplines or they should. And then it is easy to feel isolated with our trainees, but a lot of these other programs have them too.

That's about all. Thank you.

>> Phyllis Shingle: Good afternoon, I'm Phyllis Shingle, I'm with the New Mexico LEND at the center for developmental disability and I'm family faculty with the PPC that Linda spoke about earlier, the Pediatric Pulmonary Centers. Our family just in describing our family involvement, one part of how we start, we have a seminar on family centered care, patient and family centered care with all of our trainees. I'm going to talk about each one of these in depth a little bit later. We have our family and community as faculty. We have our discipline trainees, family directed activity. One of the things that our trainees enjoy is our panels, we have a youth panel that has self-advocates that are teenagers or young adults. That has been one of the highlights of our LEND curriculum. We also have a sibling panel that the trainees have enjoyed as well.

We also participate, family members participate on the maternal child health Advisory Committee. One of the unique opportunities that our families have been able to participate in is to review procedures or documents within our center that we might be looking at, how it might be looking at the family perspective. And we recently had an opportunity to review our clinic template, the template for our clinic for the reports sent out to families. I think it was an eye opening experience for the family members as well as for our clinical programs.

So for our family and community as faculty, some of the programs call them family mentors. Basically our trainees are matched with our family and community as faculty. And they have been matched and I was erroneous here. They have been matched since 1998, not 2005. So I have been corrected on that. But yes, our trainees have had matches with families and or self-advocates since 1998.

All the trainees are matched with a family or self-advocate. They spend 20 hours over two semesters with that matched family or self-advocate. They can do home visits, go to appointments, do community activities. It depends on what they decide to do. It's up to the individual matched trainee and family member.

We also invite our pool of families to apply as their situation allows for them to be a family trainee. As you might imagine, some of them there's a good time and there's a not so good time in their family's life.

We do recruit for our family and community faculty. We recruit from local advocacy groups, DD council support groups. They have actually been very helpful in helping us to identify families who could participate in this way. We have pediatric residents who do a rotation here

at our center. And our families participate in that program so that they do a one time, the residents do a one time visit to our family's home.

Are in supporting our community and family as faculty members we have a summer workshop we put on, a great opportunity for training and support. What they enjoy the most is the networking opportunities. We try to do some fun activities for them to get a chance to network. We also do a meet and greet at the beginning of the year for families and the trainees to come together and have the first meeting. It helps to avoid the first visit awkwardness that tends to happen. That has been helpful for everyone.

We also have a factually faculty coordinator who has been helpful in touching base with the families. She checks regularly with the self-advocates and families and asks if there's any concerns and make sure that the matches are going well.

He also helps with recruiting families and making the matches. We have found that if we can get matches where they are geographically close where the trainee lives and where the family lives, that has really helped for our matches to be successful. And as I stated earlier, our families do participate in our annual MCHB Advisory Committee meeting.

Our families receive stipends. They receive at the end of each semester, they receive \$200 as a stipend. And they also do an evaluation at the end of each semester. They tell us what went well, what didn't go well, any ideas they have for helping us to do a better job.

Our family trainees, our family discipline trainees, of course, is more. We tend to offer when we talk to families, we will talk to them about here are the different options that are available within LEND. So family faculty, I was corrected on this, it is not 2005. We actually had family faculty as staff since 1998 when Tanya Baker McCue started as our family faculty within LEND. We had family trainees since 2011.

Our family trainees go through the same application process. We do not require a degree or that they be in a graduate program. There is like an online application, it's mostly demographics. They do submit an essay and we ask for references, but the transcripts and resumes we ask for is optional. Sometimes they submit that and sometimes they don't, that's okay. There is a paper application for family. We aim for two trainees each semester. We found that they can support each other in that way and that's been really helpful. Family discipline trainees receive the same stipends that other discipline trainees would receive. So our family trainees participation, they participate in all of the same activities as other trainees. We do have accommodations as needed. So sometimes we have had families that have needed to take a break and maybe take a break for a semester and then come back another semester. So we've accommodated. We provide that type of accommodation for other disciplines as well, but it has been something that we've adjusted for family trainees certainly.

One of the things is that initially family trainees were not matched. They did not have a family match initially, thinking that they already had a family experience. What we found over the years is that the families, for one thing they enjoyed having a family match with another family or self-advocate who has a different experience other than their own. We do have them be matched. The other thing when they don't have the same experience as the rest of the cohort that are separates them as well.

We have mentoring of the family faculty which provides mentoring for the family faculty discipline trainee. Sometimes there's additional time that is needed for that, debriefing and processing. A lot of our family discipline trainees do not have the same academic background, if can, as many of our trainees do.

Family directed activity is something that we've developed over the years. We have small teams of trainees and then we have a family member that comes in for each team of trainees. And then the trainees interview the family member. They identify what their concerns might be. And then our trainees go back and do the research, divide up the topics, finds out about different things. Then they come back a week or would later and share the information with the family member. And then they are given the opportunity to debrief and also for the families to provide them with feedback on that worked well, you did a good job on this. Or you know what? That wasn't the best way, perhaps, to provide that information.

It has been a learning for our families as well as for our trainees.

In collaboration with MCH programs we do participate in an MCH collaborative that has been very helpful for us. We also have a close partnership with the UNM Pediatric Pulmonary Centers, our PPCs. And our PPC trainees join us for selected seminars, I would say most of our seminars. We have a PPC faculty liaison that comes to sessions at LEND and helps to design curriculum. We have the shared family faculty, which is myself. They have a family trainee at times as well.

We also participate with our Title V children's medical services. They do seminar presentations for us and our trainees go visit the public health office and family voices is our, they help us with recruitment as well as other ways through our Parents Reaching Out.

>> Fran Goldfarb: So this is Fran again. I wanted to just share a few of the resources that are available to LEND programs that are looking for ways to increase or start involvement with family. So the first one, Sarah mentioned earlier the LEND family discipline network. We are a network that has been meeting for quite some time. For about 11 years. It is a national network of LEND family discipline directors, but all are women come. We have had training directors. We have had family trainees participating. We have conference calls as well as work on national projects. We have had a number of them. But I think one of the most important things that we do is provide mentorship to other LEND family faculty or to other LEND programs. I love to do match making, but anyone who is on the network can just do a shout-out and say I need some information in this area. Is anybody else doing something along these lines?

If you are not a member of the list serve, you can contact either me or Sarah and we can tell you how to get yourself signed up.

I also wanted to mention a couple of products that were developed by the network. The first one is the LEND family discipline competencies, where we looked at what are the competencies that we are expecting for LEND trainees. The other one is a terrific book called promising practices in family mentorship that looks at a number of different models for doing family mentorship programs. And lastly, I wanted to mention the ITAC toolbox on family-centered care. This is the place to both get things that have been developed but also a place to put things that you have developed so that we can all share some of the resources, innovations, tools that we've developed over time.

At this point I'm going to turn it back over to Sarah.

>> Sarah DeMaio: Thanks, Fran. It looks like we've got a lot of good information and a lot of experience amongst our presenters for those who have questions about rolling out the family discipline at a new program or expanding the family discipline in an existing program. We will open up the lines for anyone who has questions. Again, you can request to be unmuted by selecting online the raise your hand icon at the top of your screen; or by pressing \* and #. You can also type a question into the chat box.

And we have one currently there. I'm going to read that out and then I will ask if any of the presenters have insights.

Susan Adelman says: Accommodations for family fellows has anyone provided an interpreter for a fellow? We like many of you serve a very diverse area and lots of the families that we need to reach are non-English speakers. Does anyone have any experience or ideas about how to address that issue?

>> FRAN: We have not provided an interpreter, but we have had several trainees where English was very much their second language. And we have addressed it primarily by providing extra supervision and mentorship time. I ended up doing a lot of editing of written documents. And in some cases I have spent time with trainees just reviewing materials and checking for understanding. But we have not used an interpreter.

>> Sarah DeMaio: Thanks, Fran. Do any other presenters have questions? Or experience? Do any attendees have questions?

(There is no response.)

>> Sarah DeMaio: I have a question. Looks like someone else is typing in a question. While they are typing I'm going to ask, I have noticed in my interactions with trainees from around the network, with family trainees from around the network, a key piece of development over the course of the year is this transition from being able to share their individual experience within the advocacy framework and a representation of the needs of the disability community to having a broader perspective on being able to share the experiences of families in general. Do you have specific resources or strategies that you use to help facilitate that transition? Pause.

>> Fran Goldfarb: Well, this is Fran again. That is actually one of the things that we look for in a trainee's background. Our expectation is that they come to LEND having an understanding that their experience isn't the universal experience. And so that is one of the things that we actually look for in their application and in their interview. But we also see that as a skill and perspective that really broadens and develops just through their experience in LEND. They often go listening for information that would be useful for their child and sharing information about their particular family. And we see them start to deepen and broaden and start talking about family perspective in general as opposed to just on their behalf.

>> Barbara Levitz: I just want to add to that that family disability leadership and advocacy is such an important goal for family trainees. And we take a look at when their applications come in in terms of what experiences they have had. Whether they have done parent-to-parent support or been on a committee of special education in their school district, things like that, to build upon. Then they do kind of a little bit of a personal essay in terms of what their goals are and what they have to do. I think as faculty one of the things we try to do within the year in terms of especially when they graduate is to identify opportunities for them to get more involved beyond their own personal experiences into being able to broaden that out a little bit. Maybe opportunities to serve on a family support council or in another kind of activity. I think that's one of our goals and roles for everybody.

>> Phyllis Shingle: This is Phyllis. I would agree that a lot of that comes over time. I think there's a lot of support for that within the mentoring time, in the mentoring that we provide for the families. That has been very helpful to flesh that out and talk to the families about that universal, looking at more of a world view as opposed to their own personal view.

>> Sarah DeMaio: Thank you all for sharing those perspectives and experiences. I am going to wait just a minute to see if there are any additional questions that come in. I certainly have

more questions, if not.

(There is no response.)

>> Sarah DeMaio: Not seeing any hands raised, I'm going to ask, since we've got a deep bench here as far as the experiences that you have all had. I'm wondering whether there are any kind of taking on what Fran said, any key components that you are looking for in a quality mentor trainee panelist from the community or any red flags that you have come across where you said oh, that person or that quality or that kind of statement that they may have made, has helped you shape recruiting more high quality candidates in the future?

>> Barbara Levitz: One of the things that we do at the end of the training year, because situations change for families from year-to-year in terms of if it's a good time for them to have a trainee visit with them, is that we have the trainees themselves do a little bit of a feedback and which faculty take a look at in terms of how the visit was, how responsive the family was. Was it a safe place. In other words, it gives us another layer of information in terms of identifying families going forward, whether it was a good time, whether the visit was a successful one and very beneficial to the trainee.

Again, it is another way of trying to assess that.

>> Fran Goldfarb: As I mentioned our parent mentor program or day in the life program is a little bit different in that we do not recruit and interview the families that our fellows meet with. My preference is for a somewhat more organic experience. So we ask our fellows to identify a family that they neither have a personal or professional relationship with, which means that a lot of times our fellows are trading contacts with each other.

But this way it is really an opportunity for our fellows to really listen and learn from families, sort of grappling and dealing with or just doing beautifully with different situations. We hope that the range of day in the life covers everything from parents who are really struggling to those who have got the system somewhat figured out and are happy to share that information as well.

>> Phyllis Shingle: I think one of the things we look at too is are they available, how much is their availability for those family mentors? Or family faculty as we call them. Are they available to meet with the trainees? At the end of each semester those trainees who are going to be finishing give just a little presentation about how it went, what were the challenges, what did they learn? And we take notes on that based on how it went. If it was a family too difficult to get a hold of and hopefully they talked to us before hand, but we look at that when we start the next year and are those families going to be part of our pool of families that we draw upon.

>> Barbara Levitz: The other thing I wanted to point out, our former family trainees often take on the role of being a mentor family, which works out really well. They have a good understanding of the program. So again, it is another way for them to stay involved.

>> Sarah DeMaio: Thanks. One last comment. I think this is the last comment that we have time for. Brittany Wright writes: Fran mentioned holding an informational meeting in February during the orientation period which I think is a great idea. In your experience are you holding separate meetings or going into the community during "naturally occurring" meetings? For example, at a family support organization meeting?

>> Fran Goldfarb: No, we do one information meeting, but that is after casting a very wide net. We send information out to most if not all of the local family support organizations. We send it out to CACs. We send it out to our partner organizations. And so we cast a very wide net about the LEND program. Then those who have expressed interest are invited to come to the information meeting.

If somebody is not able to make that meeting, then I'm also available to talk with folks on the phone or through email to answer any questions they might have about LEND.

>> Sarah DeMaio: Well, thank you, Fran. I have one last question and this is a question that actually is going out to all of the participants. So as a question from the family discipline network to all of the attendees of this webinar, I really encourage you to reach out to Fran, myself, or any member of the network to share any resources that the family discipline network could provide to help you in the process of strengthening of role of families within your MCH program. I also want to give a big thank you as we wrap up this webinar to each of our presenters. The experience and information you have shared has been truly invaluable. I'm sure it will be a resource for many, not just today but going forward because as a reminder for all, this webinar is being recorded and it will be archived in AUCD's webinar library which is at [AUCD.org](http://AUCD.org).

If you would like any more information about this webinar or additional information about the work of the family discipline network, feel free to contact us. I strongly encourage everyone to take a few moments to complete the survey at the end of this webinar so we can continue to provide high quality technical assistance to all the members of our network. Thank you and have a good evening or good afternoon.

(The webinar concluded at 5:00 o'clock p.m. EDT.)