

Center on Human Development and Disability
University of Washington

University Center for Excellence
in Developmental Disabilities



Program & Project Guide 2012

Center on Human Development and Disability
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TABLE OF CONTENTS

MESSAGE FROM THE DIRECTOR 1

OVERVIEW OF THE UCEDD..... 3

 UCEDD ORGANIZATIONAL CHART3

 CORE FUNCTIONS4

ADULTS AND ELDERS PROGRAM..... 5

 COMMUNITY ROUNDTABLE WORKGROUP INITIATIVE: ISSUES OF IMPORTANCE FOR ADULTS WITH I/DD6

 NWGEC PARTNERSHIP.....6

AUTISM CENTER..... 7

 AUTISM CLINICAL SERVICES 8

 AUTISM INFORMATION DISSEMINATION 8

 AUTISM PROFESSIONAL TRAINING PROGRAM 9

 EARLY CONNECTIONS STUDY 9

 EARLY DETECTION OF DEVELOPMENTAL DISORDERS 10

 EARLY STEPS STUDY 10

 PARENTS AND TODDLERS AT HOME (PATH) 11

 SOCIAL-EMOTIONAL DEVELOPMENT OF INFANTS AT RISK FOR ASD 11

 UW AUTISM CENTER – TACOMA SATELLITE CLINIC 12

CENTER ON INFANT MENTAL HEALTH AND DEVELOPMENT..... 13

 GRADUATE CERTIFICATE PROGRAM IN INFANT MENTAL HEALTH 14

 NCAST PROGRAMS 14

 PROMOTING FIRST RELATIONSHIPS 15

 PROMOTING INFANT MENTAL HEALTH IN FOSTER CARE 16

 TRAINING SOCIAL WORK PROVIDERS: MALTREATMENT INTERVENTION 17

 WHITE CENTER EARLY LEARNING INITIATIVE - EDUCARE EVALUATION 17

CENTER FOR TECHNOLOGY AND DISABILITY STUDIES..... 19

 ACCESSIBLE VOTING PROJECT 20

 ADA NETWORK – KNOWLEDGE TRANSLATION CENTER 20

 INDEPENDENT LIVING FOR OLDER BLIND PROGRAM FOR DEPARTMENT OF SERVICES FOR THE BLIND..... 21

 SPECIAL EDUCATION WEB-BASED CONTINUING EDUCATION 21

 WASHINGTON ASSISTIVE TECHNOLOGY ACT PROGRAM 22

 UNIVERSITY OF WASHINGTON EMPLOYMENT PROGRAM (UWEP)..... 23

CLINICAL TRAINING UNIT 25

 ALASKA CONSULTATION CLINICS AND TECHNICAL ASSISTANCE..... 26

 ASSURING PEDIATRIC NUTRITION IN THE HOSPITAL AND COMMUNITY 26

 BOYER CHILDREN’S CLINIC 27

 CHILD DEVELOPMENT CLINIC 28

 CHILD HEALTH NOTES 28

 COLLABORATIVE GENOMIC STUDIES OF TOURETTE DISORDER 29

 COMMUNITY ASSET MAPPING 29

 COMMUNITY FEEDING TEAMS IN WA STATE..... 30

 COMPREHENSIVE BEHAVIORAL INTERVENTION FOR TICS STUDY..... 30

 CSHCN MEDICAL HOME PARTNERSHIPS FOR CHILDREN AND THEIR FAMILIES 31

 CSHCN NUTRITION NETWORK 32

 DEVELOPMENTAL-BEHAVIORAL PEDIATRICS TRAINING PROGRAMS..... 32

 DYSMORPHOLOGY ASSESSMENT INSTRUMENT DEVELOPMENT STUDY 33

 FAMILIES AS MENTORS 33

 FAMILY PARTNERSHIP SPECIALIST TRAINING PROGRAM..... 34

 FAS DIAGNOSTIC AND PREVENTION NETWORK 34

 FIRST STEPS PROGRAM CURRICULUM 35

 HIGH RISK INFANT FOLLOW-UP CLINIC 35

 HOLLY RIDGE DEVELOPMENT CENTER..... 36

 INTERDISCIPLINARY COMPUTER-BASED EDUCATIONAL MODULES 36

LEND INTERDISCIPLINARY TRAINING PROGRAM	37
PACIFIC WEST MATERNAL & CHILD HEALTH DISTANCE LEARNING NETWORK – CSHCN NUTRITION.....	38
PACIFIC WEST MATERNAL & CHILD HEALTH DISTANCE LEARNING NETWORK–ORAL HEALTH .38	
PARENT-CHILD ASSISTANCE PROGRAM (PCAP)	39
PEDIATRIC AUDIOLOGY CLINIC	40
PEDIATRIC AUDIOLOGY TRAINEE EMPHASIS	40
COMMUNITY DISABILITY POLICY INITIATIVE	41
DD COUNCIL COLLABORATIONS	42
DISABILITY STUDIES PROGRAM	42
JUVENILE JUSTICE AND SPECIAL EDUCATION.....	43
UCEDD CONSUMER ADVISORY COUNCIL	43
GENETICS PROGRAM.....	45
AUTISM GENETICS CLINIC	46
BIOCHEMICAL GENETICS CLINIC	47
CONGENITAL HYPOTHYROIDISM FOLLOW-UP CLINIC	48
NEUROGENETICS CLINIC	48
PKU CLINICAL PROGRAM	49
HARING CENTER.....	51
CARE CLINIC	52
EVALUATION OF PROJECT DATA INTERVENTION FOR TODDLERS WITH ASD	53
EXPERIMENTAL EDUCATION CLASSES	54
IMPLEMENTING ACADEMIC AND BEHAVIOR STRATEGIES.....	54
NATIONAL CENTER ON QUALITY TEACHING AND LEARNING IN HEAD START	55
PEER NETWORKS INTERVENTION.....	56
PROJECT BUILD: BUILDING UPON INSTRUCTIONAL LEADERS’ DISCUSSIONS.....	56
PROJECT DATA (DEVELOPMENTALLY APPROPRIATE TREATMENT FOR AUTISM).....	57
TEACHERS BEYOND CLASSROOMS	58
UW SPECIAL EDUCATION RENEWAL PROJECT	58
INDEX BY FACULTY	59
INDEX BY CORE FUNCTION.....	63
CONTACT INFORMATION.....	65
UCEDD FACULTY & STAFF.....	67

Message from the Director

The University Center for Excellence in Developmental Disabilities (UCEDD) provides a comprehensive program to enhance advocacy, build capacity in the community, and create systems change in a number of high priority areas in the field of developmental disabilities. We value a strong commitment to full inclusion and integration of individuals with disabilities into community activities, one that promotes an individual's self-determination, productivity, and independence. Moreover, we extend our activities across a person's life span and across diverse disability issues. We actively involve consumers, their families, community and state agencies, and related programs. In this context, we create an integrated, interdisciplinary program.

Given such a large and comprehensive center, the goals, objectives, and activities of the UCEDD are organized within eight administrative programs: (1) Adults and Elders, (2) Autism Center, (3) Center on Infant Mental Health and Development, (4) Center for Technology and Disability Studies, (5) Clinical Training Unit, (6) Community Disability Policy Initiative, (7) Genetics Program, and (8) Haring Center. UCEDD central administration, working with all of its university and community partners, establishes a series of overarching goals to be carried out over a 5-year period. Within this framework and with UCEDD infrastructure support, each of the eight programs focuses on goals, objectives, and activities specifically relevant to its priorities established in recognition of community needs. The result is a highly integrated program that encourages innovative solutions to issues facing the community of people with developmental disabilities and their families.

Each of the eight programs is responsible for carrying out a number of projects to meet goals and objectives. This guide presents a summary of each of these projects organized within each program. In addition, consistent with the Administration on Developmental Disabilities' organizational framework, the primary core functions of each project (Professional Training, Technical Assistance and Outreach Training, Clinical Services, Research and Evaluation, and Information Dissemination) can be identified as well.

I hope this guide serves as a useful resource for students, professionals, consumers, advocates, and others involved in the activities of the CHDD.

Michael J. Guralnick, Ph.D.
Director, Center on Human Development and Disability
Professor of Psychology and Pediatrics

Overview of the UCEDD

The Center on Human Development and Disability (CHDD) is one of the nation's largest and most comprehensive interdisciplinary service, research, and training centers focusing on children and adults who are at risk for or who have established developmental disabilities. Each year, hundreds of University of Washington faculty and staff members as well as numerous doctoral and post-doctoral students make important contributions to the lives of people with developmental disabilities and their families. This is accomplished through a comprehensive array of interdisciplinary training, clinical services, applied research, community outreach and dissemination activities. In this context, we create an integrated, interdisciplinary program involving the following academic disciplines: audiology, developmental pediatrics, epidemiology, family, genetic counseling, law, medical genetics, neurology, nursing, nutrition, occupational therapy, physical therapy, psychiatry, public health, psychology, social work, speech-language pathology, and special education.

The University Center for Excellence in Developmental Disabilities (UCEDD) is a part of the CHDD and has been in existence since 1963. Our UCEDD is organized within eight administrative programs identified in the organizational chart below.

UCEDD Organizational Chart



Each of the eight programs has identified priorities in recognition of community needs and carries out a number of projects to meet the program's goals and objectives within the framework of the broader UCEDD agenda. These projects are listed under each program in this guide. It is also possible to locate projects by UCEDD Faculty & Staff and by Core Function in the indexes. For the most up-to-date information, please visit us on the web at www.chdd.washington.edu.

Core Functions

Core functions include: (1) Professional Training, (2) Technical Assistance and Outreach Training, (3) Clinical Services (CHDD clinics, community-based clinics), (4) Research and Evaluation, and (5) Information Development and Dissemination. Each project can have multiple core functions although most tend to have only one. These core functions are consistent with the organizational framework of the Administration on Developmental Disabilities (our core federal funding agency for the UCEDD).

Descriptions of these five core functions follow:

Professional Training: Providing interdisciplinary clinical and didactic training to students (primarily graduate and post-graduate) enrolled in an academic program at the UW and other academic institutions. Training experiences prepare students to provide interdisciplinary and comprehensive services and supports to individuals with developmental disabilities in the community, and often serve to meet the requirements for their degree program.

Technical Assistance and Outreach Training: Technical assistance takes the form of direct problem-solving services provided by UCEDD faculty and staff to assist individuals, programs, and agencies in improving their services, management, and/or policies. Outreach training increases awareness and builds capacity of paraprofessionals and professionals through training opportunities (e.g., workshops, continuing education programs) so they are better able to serve individuals with developmental disabilities in the community.

Clinical Services: Includes a variety of clinical services provided to individuals with disabilities or those at risk for disabilities and their families.

CHDD Clinics: CHDD operates a range of on-site clinical service programs that serve individuals, primarily children, with or at risk for developmental, learning, and behavioral problems.

Community-Based Clinics: UCEDD faculty and staff extend their clinical services by serving clients at community-based clinics and programs.

Research and Evaluation: Includes applied research and evaluation, as well as the analysis of public policy in areas relevant to the field of developmental disabilities.

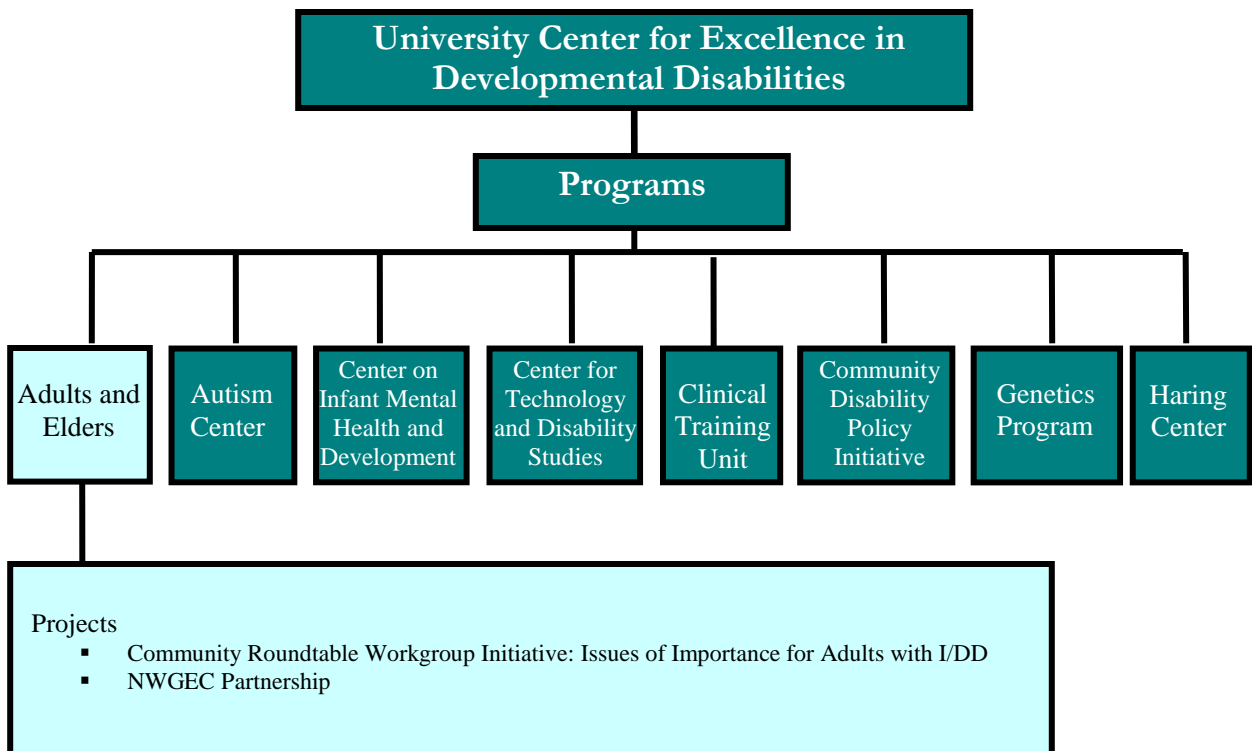
Information Development and Dissemination: Involves the development, organization, and dissemination of information, including professional publications and products for increasing public awareness, building capacity, and expanding research and practice knowledge within the field of developmental disabilities.

Adults and Elders Program

Kathy Watson, Director, watsonkc@uw.edu

The Adults and Elders Program works to improve health services for adults and elders with developmental disabilities through developing training materials for health care professionals, community-based residential providers, and family members; conducting research to assess the status of service delivery; and advocating for systems change. General goals of this program are to increase the awareness of the needs of adults with developmental disabilities, develop health promotion and intervention programs, and build the capacity of health professionals to meet the needs of this population.

The Adults and Elders Program collaborates closely with numerous community offices and organizations including The Arc of Washington, the Washington State Developmental Disabilities Council, and Disability Rights Washington.



Community Roundtable Workgroup Initiative: Issues of Importance for Adults with I/DD

Contact: Kathy Watson, watsonkc@uw.edu

Core Function: Technical Assistance and Outreach Training

The Adults and Elders Program works to improve health and quality of life for adults and elders with developmental disabilities through developing training materials, conducting research and advocating for systems change. A new vehicle for this work is the Community Roundtable Workgroup Initiative (CRWI). The CRWI involves the planning and implementation of a series of workgroups designed to address specific issues affecting health and well-being of adults with intellectual/developmental disabilities in Washington State. The workgroups are targeted at issues that have come to the forefront as significant problems and include relevant stakeholders from across Washington as participants. The goal of each series is to examine the issue from a variety of perspectives over a period of several months, develop and implement an action plan and produce a report. Participants are drawn from key stakeholders related to the issue at hand and may include persons with disabilities and their family members; health care providers; legal professionals; representatives from State agencies such as Developmental Disabilities or Vocational Rehabilitation; representatives from advocacy groups or professional organizations; or others who can contribute expertise or experience. Participation may be face-to-face or by teleconference, depending on the location of the participant relative to that of the meeting. The group identifies the key issues, collects and shares information on the topic and develops an action goal and implementation plan. The CRWI group officially ends with a final report, though action of individual members may be on-going, or continuation groups may be formed by the participants for related or further work. In addition to the written report, disseminated by the UCEDD, CRWI outcomes may include development of educational materials, policy initiatives or further information-gathering through research. The first of these groups addressed the topic of Informed Consent for adults who have no guardian and are unable to provide consent for needed health care. This group has been continued by members of the community and is currently working on proposing legislation to address the problem. Possible topics for future workgroups include: Health Literacy, and Excess Mortality Due to Aspiration.

NWGEC Partnership

Contact: Kathy Watson, watsonkc@uw.edu

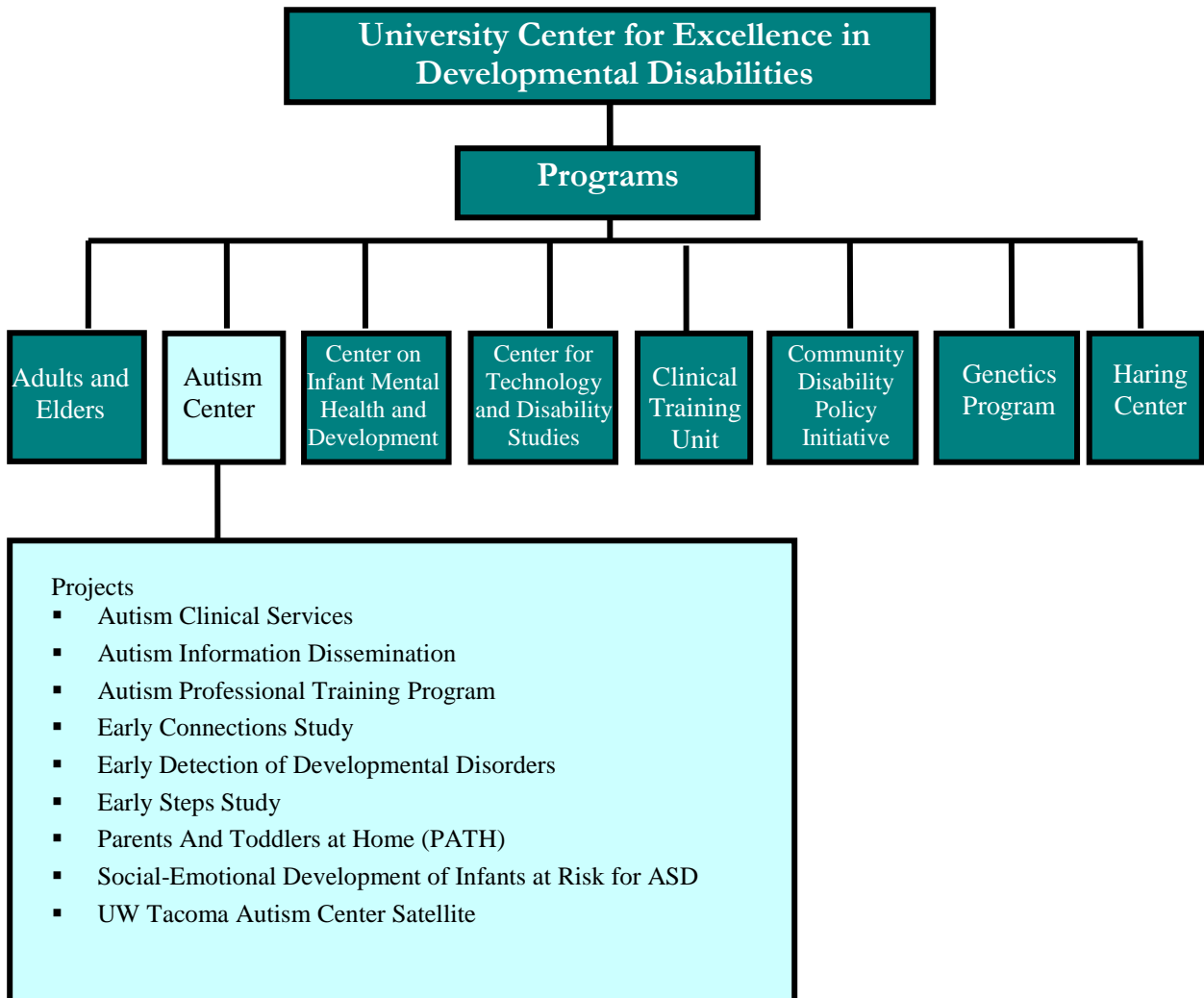
Core Function: Technical Assistance and Outreach Training

The Adults and Elders Program is partnering with the Northwest Geriatric Education Center (NWGEC) to improve understanding of health issues related to aging with a developmental disability. NWGEC is an interdisciplinary center dedicated to improving health outcomes and quality of life for older adults. NWGEC conducts health promotion training programs and develops education resources for health sciences students, health care and social service professionals working with older adults. A key component is the annual NWGEC Geriatric Telehealth series that focuses on physical and mental health conditions common in older adults. The series is telecast to regional hospitals throughout Washington, Wyoming and Alaska. As part of our partnership NWGEC, the Adults and Elders faculty provides lectures on Aging with Developmental Disabilities for this series. Partnership between our groups thereby promotes dissemination of information on healthy aging to the developmental disabilities community and information on the unique needs of the growing population of adults aging with a developmental disability to health care and social service students and professionals.

Autism Center

Wendy Stone, Director, stonew@uw.edu

The Autism Center provides intervention services, diagnostic evaluation, and program consultation for children from birth through adolescence with autism and autism spectrum disorders. Services are provided by multi-disciplinary teams that include educators, psychologists, behavior analysts, speech language pathologists, occupational therapists and physicians. A Professional Training Program prepares masters- and doctoral-level community professionals to provide consultation and direct service to children with autism spectrum disorders, and to train and supervise other professionals and paraprofessionals in schools, early childhood centers, hospitals and other community agencies. Training is also provided to University of Washington undergraduate and graduate students and post-doctoral fellows. The Autism Center also conducts workshops for community agencies and school districts.



Autism Clinical Services

Contact: Wendy Stone, stonew@uw.edu

Core Function: Clinical Services

The Autism Center's Clinical Services provide state-of-the-art comprehensive and coordinated services to children from birth through early adulthood at risk for or with autism spectrum disorders (ASD) and/or Asperger syndrome, and their families. Clinical services fall into five distinct categories:

- (1) Autism Behavioral Intervention involves working with the child, family, and/or school staff to promote a child's ability to function successfully and adaptively at home, in the community, and/or at school.
- (2) Autism Diagnostic Services use an interdisciplinary approach to diagnose individuals from infancy to adulthood who have or are suspected to have ASD. Disciplines include education, psychology, speech and language, and pediatrics.
- (3) Autism Early Intervention Services are provided by master's level consultants who develop intensive programs for children with ASD using applied behavioral analysis (ABA).
- (4) Autism Social Skills Groups are used to teach children pivotal social skills, increase their sense of affiliation with others and improve self-esteem.
- (5) Autism Speech/Language Services support verbal and nonverbal communication, social interaction, sensory and motor development of clients.

Autism Information Dissemination

Contact: Wendy Stone, stonew@uw.edu

Core Function: Information Development and Dissemination

Information Dissemination by the Autism Center works to increase knowledge and awareness about autism spectrum disorders (ASD) and related developmental disabilities among professionals and the general public. Project activities aim to promote early detection of autism and inform the community of resources available for individuals of all ages with autism. Early detection increases the likelihood that these individuals will receive intervention services that alleviate many long-term impacts of the disorder.

Information dissemination includes an array of communication strategies and materials. The Autism Center website is the primary vehicle for reaching both the professional and community audiences. Additionally, a toll-free information and resource line is available (1-877-408-8922). The center also produces annual reports, newsletters, books, brochures, fact sheets and guides that serve to increase awareness about ASD and highlight the work of the Autism Center.

Autism Professional Training Program

Contact: Wendy Stone, stonew@uw.edu

Core Function: Professional Training

The mission of the Autism Center (AC) Professional Training Program is to increase the capacity of the Puget Sound area to serve children with autism spectrum disorders (ASDs) by providing high quality training to community professionals and to undergraduate, graduate, and postdoctoral students.

The AC Professional Training Program prepares professionals to provide consultation and direct service to children with ASD, and to train and supervise other professionals and paraprofessionals in schools, early childhood centers, hospitals, and other community agencies. Professional training experiences are available to students at different levels of education. Part-time internships of nine to twelve months are offered to graduate students in psychology each year. Post-doctoral training is open to clinicians in the fields of clinical psychology, developmental psychology, school psychology and education. These are generally full-time twelve month fellowships, but a half-time appointment may be arranged if needed. Master's and doctoral level clinicians receive shorter term training through the UW Continuing Education Program, and residents or fellows are provided direct clinical training and supervisory experience in working with children and adolescents with ASD.

The AC Professional Training Program also offers a variety of training opportunities to service providers and the general public throughout the year. These include in-service training and consultation to schools, community agencies and mental health settings, as well as, a hands-on supervised program for home therapy assistants hired by parents. The training is conducted by AC early intervention consultants and can be applied toward certification requirements to become a Board Certified Associate Behavior Analyst.

Every summer the AC hosts a week-long intensive training course for the general public that provides a survey of intervention strategies for children and adolescents with ASD. This is an introductory course that emphasizes the most recent, research-based recommendations for services and intervention for children at different ages.

Early Connections Study

Contact: Sara Jane Webb, sjwebb@uw.edu

Core Function: Research and Evaluation

The Early Connections Study is designed to address the needs of children who are at high risk for ASD and their families by providing assessment, monitoring, and intervention before symptoms develop. The study will enroll 200 infants, twelve months old or younger, who have an older sibling diagnosed with autism. The latest research shows that autism affects as many as one in every 150 newborns in the United States, yet approximately one in 20 infants who have an older sibling with autism will develop the disorder. While the majority of infant siblings do not develop autism, development is more varied in this group. The primary goal of this study is to try to identify very early risk markers for autism and other social and communicative delays. In addition, the study should further the understanding of both risk and protective factors associated with the disorder. Using early identification of risk factors, early interventions can be implemented while the infant's brain is still plastic, leading to better outcomes for children who are at risk.

Early Detection of Developmental Disorders

Contact: Wendy Stone, stonew@uw.edu

Core Function: Research and Evaluation

Younger siblings of those affected with Autism Spectrum Disorder (ASD) are at increased risk of developing an ASD-related disorder. Estimates are that up to 20% of younger siblings will have ASD. Early detection of ASD for purposes of early intervention has come to be recognized as crucial for promoting the best possible outcome for affected children. The Modified Checklist for Autism in Toddlers (M-CHAT) is an effective screening instrument that is now used widely in the United States as well as in other countries for early detection of ASD. The Early Detection of Developmental Disorders study will collaborate with Vanderbilt University and the University of Connecticut to validate a final revision of the M-CHAT, called the M-CHAT-R, and to further explore its utility for younger siblings of a child diagnosed with an ASD.

The goals of the study are: to test the M-CHAT-R, to determine whether the guidelines for its use apply to the sibling population; to broaden the follow-up screen; to evaluate screen-negative cases to look for missed cases; and to determine the test-retest reliability of the M-CHAT-R. Researchers at our center will screen 240 infant siblings between the ages of 16 and 30 months and then provide a follow-up re-screening at 3 to 3.5 years. Children who screen positive will be provided with diagnostic evaluation at no cost to families. In addition, researchers will randomly select 30 siblings who screen negative and provide a follow-up evaluation at about 3 years of age to estimate the rate of false negatives.

Early Steps Study

Contact: Annette Estes, estesa@uw.edu

Core Function: Research and Evaluation

Researchers at the University of Washington want to learn more about outcomes for very young children who are showing early signs of autism. The information gained in this study may improve methods of intervention for infants who are at risk for developing autism and lead to better outcomes for these young children and their families.

In conjunction with researchers at the University of California - Davis and the University of Michigan - Ann Arbor, researchers at the University of Washington will provide developmental assessment of infants participating in this study. Families will be seen for four sets of evaluations over the course of two and one half years. Researchers will monitor the development of all children in the study and provide clinical referrals to address any developmental needs identified. All qualifying families will be randomized into one of two groups, "UW Intervention" or "Assessment and Monitoring". Through randomization some families will receive a UW-provided intervention and some will be able to choose any intervention available in the greater Seattle community. This is necessary in order to determine how new interventions compare to existing ones.

Families in the "UW Intervention" group will begin with a 12-week parent-delivered intervention in which a parent or caregiver and child who is at-risk for ASD will attend weekly sessions at the University of Washington. If families still qualify for the study after the 12-week parent-delivered intervention phase, children will engage in a two year, 20 hour per week, in-home intervention offered by UW-trained therapists. Families in the "Assessment and Monitoring" group will be given referrals to community service providers who are qualified to address any developmental needs identified in the UW assessment.

Families are encouraged and assisted to choose the therapy they wish from the services that are available to them. All families will be seen for four assessment evaluations during the duration of the study years. Researchers will provide feedback as to each child's progress and be able to review each child's strengths and learning needs with parents/caregivers.

Parents And Toddlers at Home (PATH)

Contact: Annette Estes, estesa@uw.edu

Core Function: Research and Evaluation

This project will develop and test a novel approach to parent-implemented intervention for toddlers with ASD ages 12-30 months. The approach involves enhancing a manualized, parent-implemented intervention - the Parent Implemented Early Start Denver Model (P-ESDM). P-ESDM focuses on use of a coaching relationship with parents to increase social-communicative learning opportunities for their children inside highly enjoyable natural play and care-giving activities. The study involves adding several innovations to this core. The first set of innovations all involve use of empirically supported adult learning and behavior change strategies. They are: (a) stages of change and motivational interviewing to individualize parent learning (b) use of multimodal materials to accommodate different learning styles (c) self-monitoring using novel internet technology to enhance parent use of practices and data collection, and (d) use of novel measurement methods involving innovative technology to allow parents to record their delivery of child learning opportunities embedded in everyday activities. P-ESDM will be further enhanced by increasing the intensity of the coaching sessions, from 1 hour per week to 3 hours per week, and the duration of coaching from 12 to 24 weeks. The density of longitudinal data will also increase by gathering monthly data on child and parent learning.

Social-Emotional Development of Infants at Risk for ASD

Contact: Wendy Stone, stonew@uw.edu

Core Function: Research and Evaluation

Younger siblings of children with Autism Spectrum Disorders (ASDs) demonstrate substantial heterogeneity in their social-communicative outcomes, ranging in severity from autism, to language delays, to no detectable disorders. A central goal of this project is to identify early developmental patterns that are predictive of the diverse outcomes exhibited by siblings of children with ASD. Comparisons are being made between groups of children who are younger siblings of children with ASD and groups of typically-developing younger siblings in families where there is no history of ASD. This study is being carried out in collaboration with Vanderbilt University and the University of Miami.

Recently published prospective studies of younger siblings of children with ASD have revealed substantially higher rates of ASD among siblings, ranging up to 29%. The focus of the current study is on two developmental capacities that emerge within the first year of life and are putative core deficits in autistic disorders -- attention coordination competencies (ACC) and positive affective competencies (PAC). Researchers are examining the development of these skills in the first year of life and comparing the growth of these skills during the second year of life in siblings at both high and low risk for autism. Understanding the early development of these competencies will not only provide information about the extent to which individual differences in one or both areas are predictive of later autism symptoms, but may also have important implications for designing targeted interventions or skill enhancement programs for these children and their parents.

The study is also examining how ACCs and PACs are developed into increasingly complex forms of affectively positive joint attention between 12 and 18 months; the extent to which these early competencies predict individual differences in social and communicative outcomes at 24 and 36 months; and how much these outcomes are mediated by the development of the positive joint attention competencies between 12 and 18 months. Families who participate in the study complete questionnaires about their child's development and make several visits to the center for assessment of the child. Children receive assessments of their social and communication behavior at each visit, and receive diagnostic evaluations at 24 months and 36 months of age.

UW Autism Center – Tacoma Satellite Clinic

Contact: Steve Altabet, Ph.D., saltabet@uw.edu

Core Function: Clinical Services

The UW Autism Center's Tacoma Satellite Clinic is an extension of the Autism Center, one of eight major programs of the University of Washington Center for Excellence in Developmental Disabilities. The center provides an array of clinical services and is a vehicle for training parents, professionals, and paraprofessionals to meet the needs of individuals with Autism Spectrum Disorders (ASD).

At Tacoma Satellite Clinic, health professionals provide intervention services, diagnostic evaluation, and program consultation to individuals with an ASD from birth through adulthood. Services are provided by a multi-disciplinary team that includes educators, psychologists, behavior analysts, and speech language pathologists. The center also provides referrals to physician services as well as other services not provided by the clinic.

The mission of the Tacoma Satellite Clinic's training program is to increase the capacity of the Puget Sound area to serve children and adults with ASD by providing high-quality training to community professionals and to undergraduate, graduate, and postdoctoral students. The training program prepares masters-and doctoral-level professionals to provide consultation and direct service to children and adults with ASD and to train and supervise other professionals and paraprofessionals in schools, early childhood centers, hospitals, and other community agencies.

Clinical services include diagnostic evaluations, as well as educational, neuropsychological, and speech and language consultations; early behavioral intervention; behavioral treatment consultations; social skills training; speech and language therapy; family support; and school consultation.

The training program provides in-service training and consultation to schools, community agencies, and mental health settings; workshops; pre- and post-doctoral training fellowships in psychology, including diagnostic assessment and psychotherapy for children with ASD; and hands-on supervised training for home therapy assistants (who are privately contracted with families) through our Early Childhood Autism Consultant services.

In addition, the clinic is an integral member of the South Sound Autism Partnership – a coalition of services providers, advocates, families, and community members that work together to improve the effectiveness of Autism service delivery in the South Puget Sound area.

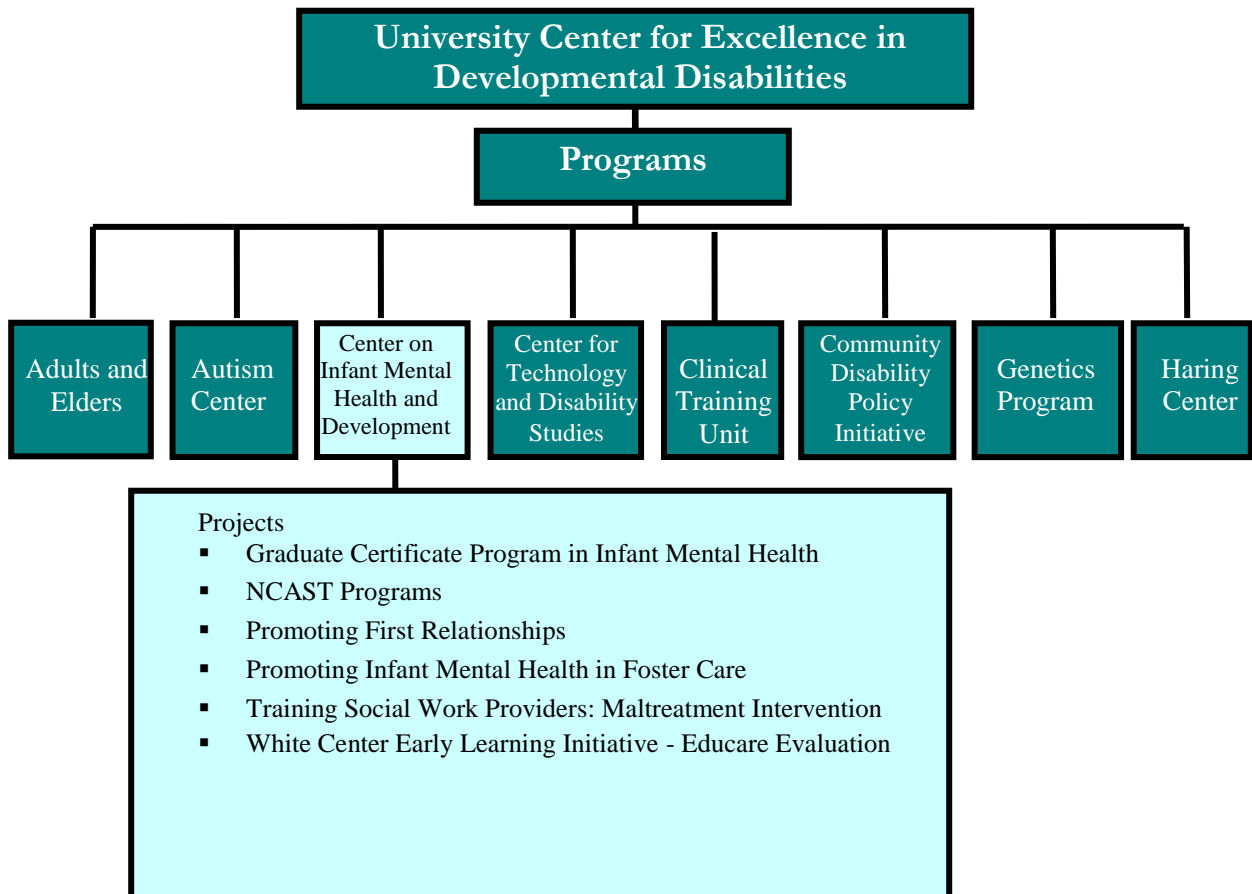
Center on Infant Mental Health and Development

Susan Spieker, Director, spieker@uw.edu

Jean Kelly, Co-director, jkelly@uw.edu

The mission of the Center on Infant Mental Health and Development (CIMHD) is to promote interdisciplinary research, education and practice and advance policy related to the social and emotional development of all children during the first five years. This work is framed within a universal awareness of the importance of these early years and is aimed at supporting relationships between caregivers and young children.

Training focuses on supporting trainees to evaluate and address the infant mental health needs of vulnerable families. Research projects include longitudinal, natural history observational studies of infants and their families, controlled trials testing the efficacy of interventions, longitudinal studies to measure the long-term impact of interventions, as well as program evaluation in the arena of early learning.



Graduate Certificate Program in Infant Mental Health

Contact: Susan Spieker, spieker@uw.edu

Core Function: Technical Assistance and Outreach Training

The Irving B. Harris Graduate Certificate Program in Infant Mental Health is a six-quarter, part-time, interdisciplinary graduate certificate program with its academic home in the School of Nursing. The program addresses the increasing need for professionals with expertise in clinical and consultation services in infant mental health. This expertise includes promoting awareness about the importance of infant mental health, practicing in diverse settings serving infants and families, and conducting assessment and parent-infant psychotherapy with caregivers and infants experiencing significant distress. Cornerstones of the program include relationship-based practice, culturally sensitive practice, reflective practice and supervision, and leadership training.

Trainees develop a knowledge base in infant mental health through coursework during the first year and complete an intensive clinical/capstone training in community-based direct service and consultation in the second year. Students in the second year enroll in either the Promoting First Relationships pathway or the Infant-Parent Psychotherapy pathway, depending on their background and professional goals.

The program welcomes enrollment of community professionals as well as advanced graduate students from a variety of training backgrounds, including education, medicine, nursing, occupational/physical therapy, post-partum support, psychology, social work, and speech and hearing sciences. Students must possess a graduate degree (or be in the process of obtaining one) to apply. Applications for this two year certificate program are accepted every year. The program is designed accept 18 students each year. All will take the first year, three-course didactic sequence for a core knowledge base in infant mental health, and six to eight will choose to advance to the second year practicum involving Promoting First Relationships pathway or the Infant-Parent Psychotherapy pathway.

NCAST Programs

Contact: Monica Oxford, mloxford@uw.edu

Core Function: Technical Assistance and Outreach Training, Information Development and Dissemination

The mission of NCAST is to give professionals, parents, and other caregivers the necessary knowledge and skills to provide nurturing environments for young children. This goal is achieved by assisting faculty in developing and disseminating innovative research-based practice and training designed to improve outcomes for children and families.

NCAST materials and training programs are used in many disciplines and settings with typically developing children, those at risk for developmental delays, and those diagnosed with special health needs. Currently there are five main training programs and over 55 products developed by NCAST, which are disseminated annually to thousands of individuals across the United States and internationally. NCAST also offers training for service providers to promote children's social and emotional development. These training workshops include Keys to Caregiving, Parent-Child Interaction scales (PCI), Promoting First Relationships (PFR), Promoting Maternal Mental Health During Pregnancy (PMMH) and BabyCues-A Child's First Language.

Further training opportunities highlighting the latest topics and research are also offered biennially at the NCAST Summer Institute. Approximately 300 professionals from throughout the U.S. and Canada attend the Summer Institute. Attendees represent a variety of disciplines including social work, psychology, education, mental health and nursing. Summer Institutes feature multiple nationally renowned speakers working in the area of infant mental health and also a variety of individual practice-based workshops.

Promoting First Relationships

Contact: Jean Kelly, jkelly@uw.edu

Core Function: Technical Assistance and Outreach Training

Promoting First Relationships (PFR) is a prevention program dedicated to promoting children's social-emotional development through responsive, nurturing caregiver-child relationships. Professionals who work with caregivers and young children often see the need to support and guide caregivers in building nurturing and responsive relationships with children. PFR gives professionals the knowledge, tools, and strategies to do so. PFR staff train service providers in the use of practical, effective strategies for promoting secure and healthy relationships between caregivers and young children birth to three years of age. Features of the training program include: videotaping caregiver-child interactions to provide insight into real-life situations; giving positive feedback that builds caregivers' competence with and commitment to their children; and focusing on the deeper emotional needs underlying children's challenging behaviors.

The Promoting First Relationships training program integrates theory, practice and intervention. Through this training, participants learn a unique consultation and intervention strategy that they can integrate into their work, whether in the high risk, special needs, child care, or other early childhood fields. The strategy can be used one-on-one with parents and also with child care providers and early childhood teachers responsible for group care. Because PFR is a positive, strengths-based model, caregivers are open to the intervention and gain competence, and thus investment, in their care giving.

Promoting Infant Mental Health in Foster Care

Contact: Susan Spieker, spieker@uw.edu

Core Function: Research and Evaluation

This research project is a community-based longitudinal comparative effectiveness study focused on infants in foster care, a very vulnerable and under-studied population. The objectives of this study are to acquire crucially needed evidence to support interventions promoting infants' social emotional health in foster care, while building community capacity to deliver infant mental health interventions and services to foster families.

Nationally, approximately 50,000 infants under 12 months enter foster care every year. Infants enter foster care with multiple risks that are exacerbated by the loss of their first attachment relationship, even if the quality of care they received was poor prior to removal. Their reactions to this loss, combined with their other vulnerabilities, make them difficult for foster caregivers to care for in ways that help them self-regulate and develop a secure new attachment. Currently, there are virtually no prevention and intervention efforts that have a very early, preventive focus on children in the child welfare system. Consequently, as these children age their needs and vulnerabilities intensify, decreasing the probability of reunification, escalating difficulties in attachment with related problems of emotional disturbance, and eventually leading to more costly care in increasingly restrictive settings.

This study enrolled 210 infants under state supervision when they were approximately 11-24 months old, and within a month of transitioning to a new home. The infants were randomly assigned to experimental and comparison conditions involving two different prevention programs. The experimental group received an attachment theory based program, Promoting First Relationships (PFR), and the comparison group received Early Education Support (EES). PFR and EES interventionists work with foster, kin, and birth care providers. PFR focuses on understanding child's cues, attachment needs, and developmental level, with the goal of minimizing the impact that the experience of separations and caregiver transitions will have on developing attachment strategies and emotional regulation. EES provides caregiver resource and referral, education and support, but does not have an attachment focus.

The PFR intervention was developed at the CHDD by affiliate Dr. Jean Kelly and is widely recognized throughout the state as a successful program that promotes the ability of parents to provide nurturing care to their infants and young children.

Training Social Work Providers: Maltreatment Intervention

Contact: Monica Oxford, mloxford@uw.edu

Core Function: Research and Evaluation

Child maltreatment is a serious public health issue, affecting close to a million children nationally every year. The establishment of effective evidence-based interventions for high-risk families is essential to curtail the devastating long-term effects of maltreatment. The study will test the effectiveness of a relationship-based intervention (Promoting First Relationships) in improving outcomes for families referred to Child Protective Services (CPS) for maltreatment.

The specific aims of this study are to (1) Test the effectiveness of training community social welfare service providers in the use of attachment-based interventions by measuring their pre-training and post-training service provision strategies and interactions with maltreating families; (2) To test the effects of a relationship and attachment-based intervention with infants/toddlers of parents identified as maltreating by comparing them to a control group on rates of re-referral to CPS, severity of referral, and foster care placement; and (3) To conduct a test of the effectiveness of an attachment-based intervention on child well-being by comparing experimental and control groups on important outcomes.

White Center Early Learning Initiative - Educare Evaluation

Contact: Susan Spieker, spieker@uw.edu

Core Function: Research and Evaluation

Educare is a model of center-based early childhood care and education developed by the Ounce of Prevention Fund and implemented in high poverty neighborhoods across the country. Key features of Educare include a public-private funding partnership, a place specifically designed for early care and education, and a full-day, full-year program to serve children from birth to five. The program seeks to promote and sustain best practices in early childhood education to benefit children and families living in poverty. Program characteristics include the use of research-based strategies, reflective supervision and practice, intensive staff development, and small class sizes with excellent staff/child ratios. In addition, Educare programming aims to increase children's school readiness skills by emphasizing social-emotional development, language and literacy skills, and family engagement.

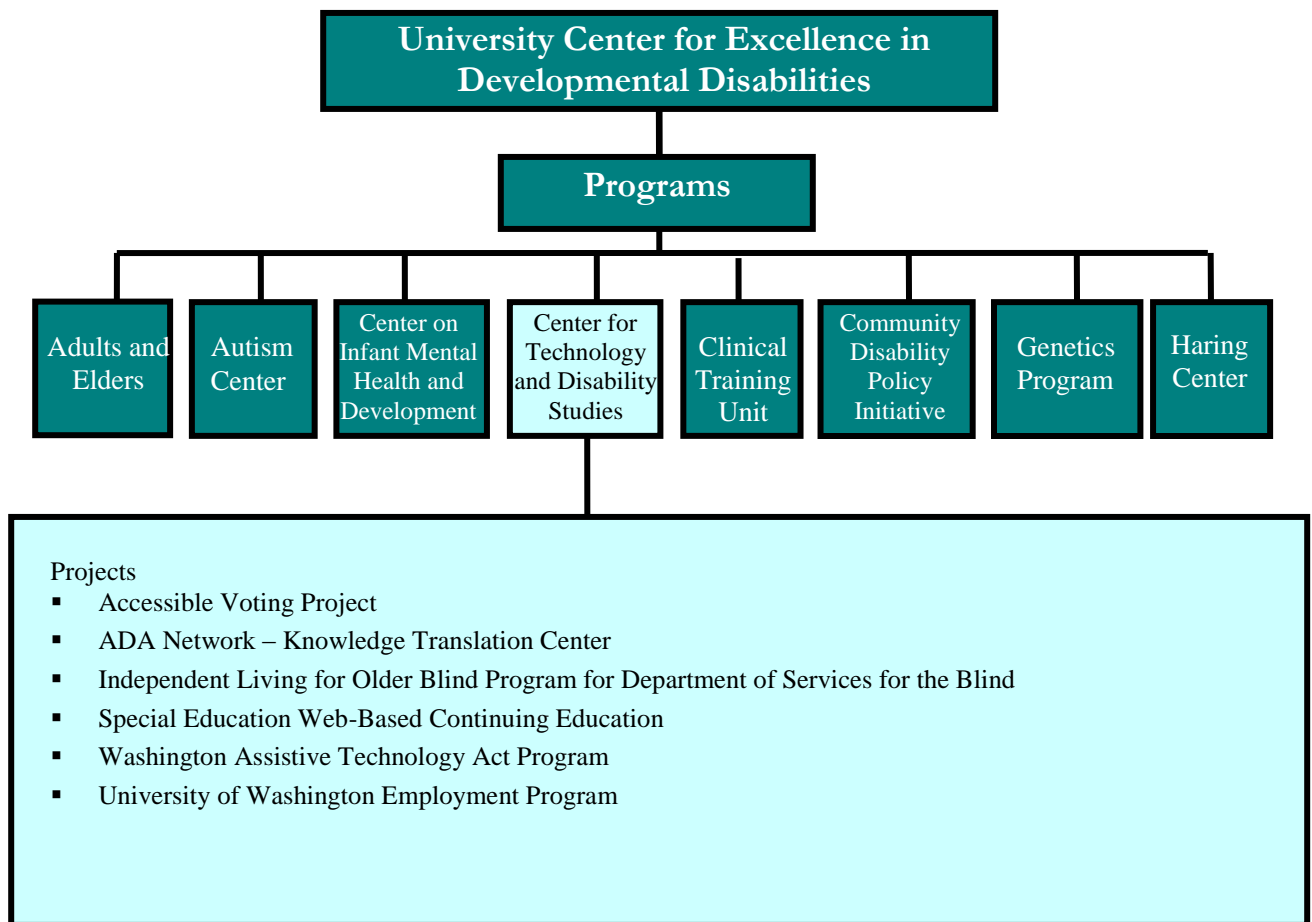
In partnership with Thrive by Five and the Puget Sound Educational Service District (PSESD), CIMHD is the local evaluation partner for the Educare program located within the White Center Early Learning Initiative. CIMHD provides evaluation and technical support to PSESD in regard to implementing Educare in a racially, ethnically, and linguistically diverse, low-income population in the White Center area. As local evaluation partner, CIMHD has joined a consortium of twelve sites across the country implementing the Educare model as part of the Bounce Learning Network. The local evaluators are all under the leadership of a national evaluator at the Frank Porter Graham Center at the University of North Carolina.

Center for Technology and Disability Studies

Kurt Johnson, Director, kjohnson@uw.edu

The Center for Technology and Disability Studies (CTDS) works to advance assistive technology (AT) and accessible information systems to support individuals with disabilities in accessing opportunities in education, their community, and employment. CTDS is an interdisciplinary program that conducts research, education, advocacy, and informatics projects related to AT and accessible information systems.

An AT device is any item or piece of equipment used to maintain or improve the functional capabilities of a person with a disability. Many high- and low-tech devices are now available to assist people with disabilities with daily living tasks, communication, education, work, and recreation. Examples include wheelchairs, computers, assistive listening devices, magnification systems, and augmentative communication devices. Accessible information systems include products such as software applications, telecommunications, multi-media, and closed products such as copies and fax machines that are accessible to individuals with disabilities.



Accessible Voting Project

Contact: Kurt Johnson, kjohnson@uw.edu

Core Function: Technical Assistance and Outreach Training

UW staff will participate in a consortium lead by The Information Technology and Innovation Foundation (ITIF) to identify and develop technological and administrative solutions to help ensure all citizens can vote privately and independently as required by the Help America Vote Act (HAVA) of 2002.

The ITIF proposes a holistic view to the challenge of increasing accessibility for voters with disabilities, taking into consideration social and environmental requirements along with the technological requirements. This approach has been called “design thinking.” The ITIF consortium brings together partners with expertise in design, technology, usability, accessibility, and elections. The project is organized into three phases: Defining the problem, Designing the solution, and Looking to the future. The consortium will first research the barriers to participation; survey current election management practices; evaluate current systems; identify innovative assistive technologies; and gather other requirements from working directly with people with disabilities and advocacy organizations. After the research is complete, targeted sub-grants will be issued to develop promising concepts into full prototypes.

ADA Network – Knowledge Translation Center

Contact: Kurt Johnson, kjohnson@uw.edu

Core Function: Technical Assistance and Outreach Training

The purpose of the ADA Network Knowledge Translation Center (ADA Network-KTC) is to ensure that information and products developed and identified through the 10 ADA regional centers are of high quality, based on the best available research evidence, and are deployed effectively to multiple key stakeholders, and to develop processes and technology to facilitate highly collaborative and efficient progress to accomplishing these goals Stakeholders include: employers, researchers, educators, policy makers, staff of state and local government agencies, individuals with disabilities, family members, and project staff in the ADA regional centers and other related federal and privately-funded organizations.

To achieve this purpose the ADA Network-KTC will:

1. Optimize the efficiency and impact of the ADA National Network's training, technical assistance, and information dissemination.
2. Increase the use of available ADA-related research findings to inform behavior, practices, or policies that improve equal access in society for individuals with disabilities.
3. Increase awareness and utilization of ADA-related research findings by appropriate ADA stakeholder groups.
4. Improve understanding of ADA stakeholders' need for and receipt of ADA Network Services over time, including services to address emerging issues related to compliance with ADA requirements.

Independent Living for Older Blind Program for Department of Services for the Blind

Contact: Kurt Johnson, kjohnson@uw.edu

Core Function: Technical Assistance and Outreach Training

Center on Technology and Disability Studies (CTDS) provides technical assistance and policy analysis and implementation to the Washington State Department of Services for the Blind (DSB), primarily related to its Independent Living Program (ILP) and the Braille Literacy Project. CTDS staff members assist the ILP by developing and monitoring subcontracts with community providers and by providing technical assistance regarding development and implementation of an online case recording system, including provider training. CTDS also assists in the development, implementation and monitoring of the ILP Strategic Plan and GMAP and represents the DSB on the Washington State Independent Living Council.

Additionally, CTDS provides DSB with technical assistance and referral on matters related to Access Technology, ADA, proposed legislation, and interpretation of laws related to disability and employment issues. CTDS also provides ongoing consultation and technical assistance focused on conceptualizing and big-picture perspectives for the executive team.

Special Education Web-Based Continuing Education

Contact: Sharan Brown, sbrown@uw.edu

Core Function: Technical Assistance and Outreach Training

The Special Education Web-based Continuing Education Project, formally known as the Special Education Law for Educators Project, is funded by the Washington Education Association (WEA) to provide educational staff with information addressing their responsibilities towards special education students. Courses offered during the year include Legal Issues in Serving Students with Special Health Care Needs in the School Setting; Assistive Technology for Educators; Community-based Instruction: An Overview of the Adults Service System; Working with Students with Mental Health Concerns; Transition for Special Education Students, and Disability History. These six online courses provide both continuing education credits (clock hours) and optional academic credit.

Washington Assistive Technology Act Program

Contact: Alan Knue, aknue@uw.edu

Core Function: Technical Assistance and Outreach Training

The mission of Washington Assistive Technology Act Program (WATAP) is to increase the provision of, access to, and funding for assistive technology for Washingtonians of all ages and all disabilities through a variety of comprehensive activities and services available statewide. WATAP provides Washingtonians with access to expertise that addresses AT needs in all areas of life, with particular emphasis on education, employment, and community living. We offer information to family members, employers, employment service providers, educators, health care providers, social service providers and others seeking assistive technology (AT) services and knowledge.

WATAP is part of the Center for Technology & Disability Studies (CTDS) and is guided by a consumer-majority advisory council. Partnering with CTDS staff and faculty, WATAP is able to provide hands-on demonstrations and short-term loans of assistive technology devices to help potential users make informed decisions about using such devices and related services. Additional services offered include information and referral, training, and technical assistance. The Washington Access Fund provides low interest loans to help with the purchase of assistive technology devices and services through the Assistive Technology Loan and the Business Equipment (Telework) Loan programs. The Washington Access Fund also provides a low-cost rental program for closed circuit magnification systems. Easter Seals Washington offers refurbished computers and related equipment for employment, education and independent living. WATAP also partners with Easter Seals Washington to operate a device demonstration center from their office in Spokane, Washington. The Microsoft Accessibility Resource Center is hosted by WATAP and provides access to a series of video demonstrations and text guides/tutorials that explore accessibility solutions in Microsoft Windows, Office and Internet Explorer.

WATAP and several Washington Library Systems have partnered to offer to library members the opportunity to see and try a small selection of assistive devices to help with a variety of daily tasks. Members of the Library Systems may borrow any of the devices through the Library System catalog. SETC (located at Central Washington University) and the Office of Superintendent of Public Instruction partner with WATAP's Device Borrowing program to provide short term loans of assistive technology to special education teachers, speech-language pathologists, and technology specialists in school districts throughout Washington State. Additionally, Washington Education Association (WEA), CTDS, and WATAP have teamed up to offer special topics courses in special education law available for WEA members, including AT for Educators, and Transition to Postsecondary Life.

University of Washington Employment Program (UWEP)

Contact: Pat Brown, pabrown@uw.edu

Core Function: Clinical Services, Technical Assistance and Outreach Training

The UW Employment Program works to create and support mutually beneficial relationships between people with disabilities and the businesses that hire them. In order to accomplish this mission, UWEP staff address three major goals: (1) to develop and implement new or expanded programs relating to employment of persons with disabilities, (2) to provide outreach and marketing of all program services to the community, and (3) to provide direct service to clients with a wide range of disabilities.

UWEP staff members serve and advocate for adolescents and adults with developmental disabilities and other types of physical and cognitive disabilities such as acquired brain injury. They also provide direct services to clients and work to ensure successful and equitable employment through working with employers, parents, agencies, and other support personnel. Direct services include job development, job placement, job training, and continued employment support.

UWEP collaborates with numerous agencies to provide employment services to individuals with developmental disabilities. UWEP works with the Division of Vocational Rehabilitation, King County Division of Developmental Disabilities, and is a member of the Seattle Chamber of Commerce. UWEP also works with the Washington Education Association staff to develop and deliver training on employment issues for youth with disabilities to teachers statewide.

Other activities include assessment and career exploration services for adolescents with disabilities that inform both school district personnel and rehabilitation counselors about student interests and aptitudes, and workshops on disability and employment issues for employers, community members and professionals. Topics of UWEPs most recent workshops include Technology and the Employment of Individuals with Intellectual Disabilities and Supported Employment for Individuals with Intellectual Disabilities.

Clinical Training Unit

Beth Ellen Davis, Director, bedavis@uw.edu

The Clinical Training Unit (CTU) is an interdisciplinary program that provides training, research, and exemplary services in the assessment and treatment of children with or at risk for developmental disabilities, using a family-centered, community-based, culturally competent approach.

The mission of the CTU is to serve as a center of excellence in the field of maternal and child health; to prepare future leaders, policy makers, clinicians, and researchers in the field of neurodevelopmental and related disabilities; to improve the quality of life for children with disabilities and their families; to serve as part of the public health team; and to provide ongoing continuing education and technical assistance to health care providers and others in the region.



Alaska Consultation Clinics and Technical Assistance

Contact: William Walker, william.walker@seattlechildrens.org

Core Function: Technical Assistance and Outreach Training

The purpose of the Alaska Consultation Clinics is to provide technical assistance to the Alaska Maternal Child Health Program and Providence Alaska Medical Center; continuing education for health care professionals and consultative clinical services for children with neurodevelopmental disabilities and other special health care needs. These consultation services are designed to increase and improve clinical services for children with special health care needs in Alaska.

The project faculty works with the developmental pediatrician for the state of Alaska, public health staff, and interdisciplinary providers in each community to provide technical assistance regarding systems that serve children with special health care needs. In addition, they offer in-service education to local health care providers.

Consultation clinics are held in partnership with Alaska Title V programs in Fairbanks, Juneau and other locations. The clinics, which are organized by Alaska Title V staff and held at public health departments, serve over 100 children each year. Local public health, school and private practice professionals participate in clinics and receive consultation regarding complex diagnostic and treatment issues of clients in their community. At Providence Alaska Medical Center in Anchorage, specialty clinics are conducted for children with neurodevelopmental disabilities, specifically cerebral palsy and spina bifida.

Consultation clinics also provide in-service education, clinical teaching for medical and nursing students and education sessions with families.

Assuring Pediatric Nutrition in the Hospital and Community

Contact: Beth Ogata, bogata@uw.edu

Cristine Trahms, ctrahms@uw.edu

Core Function: Technical Assistance and Outreach Training

The Assuring Pediatric Nutrition in the Hospital and Community, an intensive training program, is offered once a year to community-based registered dietitians (RDs). Other health care professionals with an interest in pediatric nutrition are also invited to attend. The training prepares RDs to screen children for nutrition problems, assess specific nutritional needs, and develop interventions for children with special health care needs. RDs can earn 20 hours of continuing education credits from the American Dietetic Association for participating in the training.

During the three-day intensive training program, 20 speakers cover an array of nutrition and feeding issues faced by children with special health care needs. Speakers from the University of Washington and Seattle Children's Hospital represent a variety of disciplines. The class is limited to 30 participants to facilitate interaction and small group learning experiences and to promote development of clinical competencies. The UW School of Nursing Continuing Education collaborates with CHDD faculty on this training program.

Upon completion of the training, participants are automatically subscribed to the closed listserv, Pediatric Nutrition Consultation On-Line, which provides ongoing pediatric nutrition consultation and resources.

Boyer Children's Clinic

Contact: Anne Leavitt, aml@uw.edu

Core Function: Clinical Services

Boyer Children's Clinic, a community-based clinic, is a non-profit therapy and early childhood educational facility serving children from birth to three years of age who have neuromuscular disorders such as cerebral palsy or delays in development.

The mission of Boyer Children's Clinic is to improve the quality of life of children with neuromuscular disorders or other developmental delays by providing the best solutions for each child and family. To achieve this mission, a multi-disciplinary team, including a developmental pediatrician, nurse, speech pathologists, occupational and physical therapists, educators, family resource coordinators and social worker, provides services. The team works closely with the family to conduct initial diagnostic assessments and plan and implement individual programs.

CHDD faculty work at Boyer Children's Clinic to improve service delivery and facilitate training for pediatric fellows and residents. Faculty also see clients who need developmental pediatric consultations, answer medical questions for staff, and facilitate communication with primary care physicians who send clients to Boyer.

The pediatric fellow and residents who receive training at Boyer are enrolled in the LEND training program.

Child Development Clinic

Contacts: Susan Ramage, sramage@uw.edu

For appointments call 206-598-9346

Core Function: Clinical Services

The Child Development Clinic provides diagnosis, assessment and management plans for children from early childhood to adolescence with or at risk for neurodevelopmental disabilities including autism spectrum disorders. Clinic staff members work in interdisciplinary teams, combining expertise to evaluate each child and make recommendations for care.

Staff members include professionals from audiology, developmental/behavioral pediatrics, nursing, nutrition, psychology, occupational therapy, physical therapy, social work, and speech and language pathology. Faculty members connected with the clinic have special interests in autism, Fragile-X syndrome, Prader-Willi syndrome, and Tourette syndrome.

The clinic is the primary venue for interdisciplinary clinical training under the auspices of the Leadership Education in Neurodevelopmental Disabilities training grant awarded by the Maternal and Child Health Bureau using Combating Autism Act funds. Trainees participate in hands-on and didactic training which includes assessments, parent conferences, lectures, and report writing.

The Child Development Clinic has been operating since 1965 and serves approximately 200 children each year. Each child visits the clinic one to three times during the year and is served by multiple clinicians at each visit. About 80% of clients seen at this clinic are less than nine years of age. Over 50% of children served in 2010 were insured by Medicaid.

Clients are diagnosed with an array of developmental disabilities including intellectual disability, autism spectrum disorders, motor disabilities, learning disabilities, behavioral disorders, communication disorder, and attention-deficit hyperactivity disorder.

Child Health Notes

Contact: Anne Leavitt, aml@uw.edu

Core Function: Information Development and Dissemination

The Child Health Notes (CHN) project provides health care providers in the community a series of newsletters that contain current information on the early identification and management of special health and developmental concerns of infants, children and youth. The goal of the CHN project is to support community-based medical homes for children by facilitating partnerships among primary care providers, families, community early intervention providers and specialists. A medical home is a team approach to providing comprehensive primary health care services in a high-quality and cost effective manner.

The CHN newsletters are developed for physicians, nurse practitioners, physician assistants, public health nurses, family resource-coordinators, early intervention providers, childcare providers, and other community providers who participate in medical homes. Each newsletter includes information on a health or development topic, management suggestions for primary care practices, and local, state and national resources for professionals and families. The CHNs are customized and distributed electronically or in print by county medical home leadership network resource teams, local health jurisdictions, health plans or other health programs. Customized health notes include additional key resources and information for primary health care providers within their local area.

Collaborative Genomic Studies of Tourette Disorder

Contact: Samuel Zinner, szinner@uw.edu

Core Function: Research and Evaluation

Decades of evidence support a significant genetic contribution to Tourette Disorder (TD), but findings of a gene or genes involved in TD has been limited, largely because TD has a complex inheritance pattern and there is a lot of variability in the clinical appearances of TD and its co-occurring conditions. This project will employ a collaborative group of expert clinicians who specialize in TD from 7 sites around the United States and 2 international sites to build a large database of biomaterial resources collected from people with TD and blood relatives. An increased genetic understanding of TD will ultimately allow new and more effective approaches to treating this often-debilitating disorder, and consequently will have marked public health benefits.

Three specific aims of this project include:

Specific Aim 1: Recruit 5000 individuals with TD (and their family members), and make DNA, cell-lines, cDNA/RNA and phenotypic data publicly available within one year of collection. This will include the recruiting each year of at least 10 TD pedigrees with 4 or more affected members as a resource for family-based gene discovery.

Specific Aim 2: Employ state-of-the-art techniques to identify and confirm rare and common variants contributing to TD.

Specific Aim 3: Perform preliminary analyses of 300 transcriptomes of TD subjects to investigate the implications of selected structural and sequence variations for cis, trans and genome-wide expression. PAXgene tubes will be collected from all subjects and made available to the scientific community to enable future studies by the scientific community.

Community Asset Mapping

Contact: Amy Carlsen, carlsa@uw.edu

Core Function: Technical Assistance and Outreach Training

Community Asset Mapping (CAM) is a pilot project of the Washington State Combating Autism Advisory Council. The goal is to assure that children in rural and underserved communities with suspected Autism Spectrum Disorder (ASD), or other developmental delays, have equitable and timely access to screening and evaluation services for early identification and diagnosis in locations as close to their homes as possible.

CAM project objectives include:

- Strengthen community-based ASD coalitions of families and interdisciplinary professionals living and working together in rural Washington communities
- Inform and train families, child care providers, and professionals in school, mental health and medical settings on evidence-based ASD screening, assessment and intervention strategies
- Increase the number of ASD diagnostic centers in Washington State and reduce the current waitlists for diagnostic services
- Improve timely referral and access to appropriate early intervention services

Community Feeding Teams in WA State

Contact: Sharon Feucht, sfeucht@uw.edu

Core Function: Technical Assistance and Outreach Training

CHDD faculty provides on-going training and technical assistance to feeding teams across the state of Washington to ensure they are able to meet the needs of their communities. Seventeen community-based feeding teams have been established to meet the needs of children with special health care needs, including rural and underserved areas of the state. These teams serve their communities by assessing, prioritizing and addressing feeding and nutritional issues of children and infants.

Feeding teams are composed of interdisciplinary health care professionals to ensure services are family centered, comprehensive and cost-effective. The team approach benefits families and caregivers by allowing all issues of nutrition and feeding to be addressed by one local, coordinated team, thus avoiding duplication of services. The teams are based in community facilities across the state such as health departments, developmental centers, school and educational service districts, and hospitals. Team members include registered dietitians, occupational therapists, speech therapists, physical therapists, public health nurses, school nurses, physicians, social workers, feeding behavior therapists and others.

CHDD faculty conduct an annual one-day continuing education training that covers topics of interest identified by feeding team members. This annual training also provides an opportunity for team members to share experiences and build networks. Technical assistance is also provided by CHDD faculty throughout the year to address feeding team concerns and needs as they arise.

This project is part of a collaborative effort between the Children with Special Health Care Needs Program at the Washington State Department of Health and CHDD (<http://depts.washington.edu/cshcnnut/>).

Comprehensive Behavioral Intervention for Tics Study

Contact: Samuel Zinner, szinner@uw.edu

Core Function: Research and Evaluation

Tourette Syndrome (TS) is a childhood-onset neurological disorder that affects approximately 200,000 school-aged children and adults in the United States. TS is characterized by involuntary movements and vocalizations called tics, which can range from mild to severe and can have a profound negative impact on the lives of individuals with the condition. Comprehensive Behavioral Intervention for Tics (CBIT) is an evidence-based non-pharmacological treatment option for tic management developed by members of the Tourette Syndrome Association (TSA) Behavioral Sciences Consortium. CBIT procedures combine elements of habit reversal training with psycho-education and function-based behavioral interventions to teach patients effective tic management skills. CBIT can be used alone or with medication to treat tic symptoms.

Although behavioral therapy such as CBIT has the potential to manage tics without the shortcomings associated with existing medications, only a relatively few clinicians are trained to use it. This study will be a small open trial using a CBIT manual which has been adapted for use in neurology and related clinics, the CBIT-N Manual. The trial will be conducted across three neurology and/or neurodevelopmental pediatric clinics and will examine initial efficacy, assess end-user acceptability, and obtain end-user data on treatment usability. These results will be used to finalize the CBIT-Neurology manual.

CSHCN Medical Home Partnerships for Children and Their Families

Contact: Kate Orville, orville@uw.edu

Core Function: Information Development and Dissemination, Technical Assistance and Outreach Training

The Medical Home Partnership, funded by the Washington Department of Health Children with Special Health Care Needs (CSHCN) promotes quality comprehensive and coordinated primary health care for all children in Washington State, especially those with special health care needs or children at risk for developmental or health concerns. The project promotes quality of care through active partnerships with primary health care providers, families, community service providers and specialists. Project staff members also provide information on the Medical Home model to pediatric residents and other trainees.

The Medical Home Project promotes medical homes for children with special health care needs by maintaining the state Medical Home Leadership Network (MHLN) of volunteer community-based, health care professional-parent teams. There are currently 20 teams across the state, each of which is typically composed of a pediatrician or family physician, a parent, a public health nurse, and a birth-to-three family resource coordinator. Some teams have added partners from schools, child care, mental health and other settings. The expert teams receive additional training through the MHLN and serve as resources on medical homes for colleagues in their counties. They also choose one or more areas of need in which to develop and carry out a plan to improve family-centered, coordinated care for children and youth in their communities.

The Medical Home Project also provides technical assistance to the Washington Department of Health's Combating Autism Implementation Grant. Project staff attend and help plan state Combating Autism Advisory Council (CAAC) meetings, and participate on the CAAC Training and Access subcommittees. Project staff also helped develop and implement a Tiers to Autism Diagnosis public health model of early identification and diagnosis of children in communities across the state by piloting this model with rural and other underserved communities.

Currently the Medical Home Project is providing leadership for a new state initiative to explore the possibility of a system for universal developmental screening of young children. Project staff have researched and written a strategic plan to further this work and are working on a universal developmental screening implementation plan with the assistance of several workgroups. Project staff are also providing technical assistance to a related American Academy of Pediatrics CATCH grant in rural, Spanish-speaking Yakima County which is exploring implementation of universal developmental screening in that county.

The Medical Home Project maintains the Washington State Medical Home website (www.medicalhome.org) with resources and information for families, health care providers and community service providers who care for children, especially those with special needs. The website includes diagnosis-specific care guidelines and patient handouts and extensive links to state and local services and resources. In addition, there are sections specific to the medical home needs of physicians and other primary health care providers, families, and the community service providers who assist them.

CSHCN Nutrition Network

Contact: Sharon Feucht, sfeucht@uw.edu

Core Function: Information Development and Dissemination, Technical Assistance and Outreach Training

The CSHCN (Children with Special Health Care Needs) Nutrition Network project is designed to improve the availability of quality, community-based nutrition services for children with special health care needs in Washington State. This objective is achieved through providing on-going training opportunities and resources to registered dietitians (RDs) who provide nutrition services to children with special health care needs.

Registered dietitians have an important role in ensuring families receive the crucial guidance they need to address the nutritional challenges of their children. The CSHCN Nutrition Network strengthens the capacity of RDs to effectively respond to the nutrition needs of families and children with special health care needs.

The CSHCN Nutrition Network activities include two one-day workshops for about 100 network members (RDs) each year for continuing education and information exchange, and an initial training every two years for new members. Network members come from a variety of employment settings including local health departments, community clinics, hospitals, early intervention centers and home health agencies. New members are selected based on pre-defined community needs and demographics.

This project is part of a collaborative effort between the CSHCN Program at the Washington State Department of Health and CHDD. Many network members assist in collecting data for publications regarding nutrition services for children with special health care needs. This collaboration also creates and disseminates publications and other informational materials through the nutrition website: <http://depts.washington.edu/cshcnnut/>.

Developmental-Behavioral Pediatrics Training Programs

Contact: Samuel Zinner, szinner@uw.edu

Core Function: Professional Training

Developmental-Behavioral Pediatrics Training Programs provide interdisciplinary custom-tailored training experiences for pediatric residents and medical students from the University of Washington. Trainees participate in a variety of clinical and didactic activities both within CHDD and at community-based clinics to gain skills in evaluating the range of neurological development and behavior in the context of psychosocial influences. Combining developmental and behavioral aspects into the interdisciplinary training approach prepares trainees to integrate both influences as part of their customary surveillance and care.

Pediatric residents spend one month of their three-year training program dedicated to Developmental-Behavioral Pediatrics. Each trainee participates in a custom-tailored experience that emphasizes interdisciplinary participation. In addition, trainees explore family-centered care in a medical home model that serves as a foundation for general pediatrics management.

Fourth-year medical students at the University of Washington School of Medicine may opt for two-week or four-week elective rotations in Developmental-Behavioral Pediatrics. Each trainee participates in a custom-tailored experience that emphasizes interdisciplinary participation and medical home family-centered care.

Dysmorphology Assessment Instrument Development Study

Contact: Susan Astley, astley@uw.edu

Core Function: Research and Evaluation

The Dysmorphology Assessment Instrument (DAI) development project is being carried out through the Pacific Northwest Center for the National Children's Study. The National Children's Study (NCS) is a large multi-site longitudinal study which will examine the effects of multiple aspects of the environment on the growth, development, and health of children across the nation. Families who participate in the NCS will come from 105 Study Locations (counties or groups of counties) across the United States. Study Centers are research teams that will carry out the research at these study locations. There will be up to 40 study centers and most centers will manage more than one study location. The Pacific Northwest Center is one of the study centers.

The Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN), at the CHDD, will work in collaboration with the University of Utah, Orange County Vanguard Center, South Dakota State University, University of California at San Diego and the University of Mississippi to develop the DAI. The DAI will be used to examine and categorize major and minor physical anomalies in NCS study participants. The FAS DPN is contributing to the DAI's digital photography and direct measurement capabilities through the development and the validation of photography protocols, photograph and web-based training modules.

Families as Mentors

Contact: Kathleen Washington, kwpt@uw.edu

Core Function: Professional Training

The Families as Mentors (FAM) Program enhances the trainees' understanding of the family experience of raising a child with a neurodevelopmental disability. Trainees learn directly from families through extended interactions and experiences that take place in the family's home and community. Trainees are matched with a family for a minimum of three visits, which may include events like a family outing, a therapy appointment, or a birthday party. Trainee learning objectives for this experience include:

- 1) To view families as teachers;
- 2) To appreciate the realities of raising a child with a disability;
- 3) To develop leadership skills in promoting systems change among professional peers regarding family-centered care;
- 4) To recognize that services or recommendations that may appear to be critically important from a professional perspective may decrease in importance when viewed within the context of the family's daily routines; and
- 5) To recognize and acknowledge biases, beliefs, and attitudes and how these may affect the client/family-clinician relationship.

Discussion sessions are also held with trainees and faculty mentors to share and reflect on the FAM Program experiences and discuss readings.

Family Partnership Specialist Training Program

Contact: Amy Carlsen, carlsa@uw.edu

Core Function: Technical Assistance and Outreach Training

The expertise and perspective of family members is increasingly seen as an irreplaceable body of knowledge that is crucial to the optimal functioning of interdisciplinary teams serving those with intellectual and developmental disabilities (I/DD). The CHDD LEND program now recruits and accepts family members of individuals with I/DD as Family Partnership Specialist trainees in our program. Family trainees are mentored and supervised by a Family Partnership faculty, also a family member, who participates on the interdisciplinary team.

Family Partnership trainees bring a unique perspective which is valuable to interdisciplinary faculty, staff and trainees from other disciplines. As members of the team, they offer expertise on community-based supports and services for families, promote the delivery of family-centered care, and raise the consciousness of team members about the experiences, perspectives and needs of the families who seek services at CHDD. Family trainees participate in all aspects of the available LEND learning experiences as a means to enhance their knowledge of the service delivery system and the work of the other disciplines, as well as to further develop their leadership skills. Family trainees are selected based on their demonstrated interest in leadership as well as their relevant personal experience and readiness to commit to a structured training program. Long-term Family trainees (300 hours over one year) are eligible for available stipend support and are required to carry out a leadership project which they present at a program held in early June of each year for all LEND trainees.

FAS Diagnostic and Prevention Network

Contact: Susan Astley, astley@uw.edu

Core Function: Clinical Services, Technical Assistance and Outreach Training

The Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network (FAS DPN) is a network of four Washington State community-based clinics linked by the core clinical/research/training FAS DPN clinic at CHDD. The core clinic at the CHDD was first established in 1993 through support from the Centers for Disease Control. The single clinic was expanded into the statewide FAS DPN clinical network in 1995 through legislation.

The goals of the FAS DPN are primary and secondary prevention of FASD through screening, diagnosis, research, and training. The network seeks to (1) demonstrate the value of interdisciplinary diagnostic clinics that accurately identify FASD in persons of all ages, (2) provide comprehensive treatment planning (medical, mental health, educational/vocational, and social service) to reduce secondary disabilities, and (3) locate and intervene with the birth mothers of these individuals to prevent recurrent births of affected children. An additional goal is to disseminate this approach to other communities and train and support those local efforts to develop similar programs.

The FAS DPN holds clinics at the CHDD and across the state of Washington. Each clinic in the network uses the same interdisciplinary approach and systematic diagnostic method, the 4-Digit Diagnostic Code developed by CHDD faculty. The FAS DPN began diagnosing patients in 1993 and has diagnosed over 2000 patients to date. The FAS DPN has expanded both nationally and internationally through the training of interdisciplinary teams. CHDD faculty members have trained over 200 interdisciplinary teams worldwide.

Other network activities include training UW students, interns, fellows and community professionals; offering an online course to instruct professionals on the use of the FASD 4-Digit Diagnostic Code; distributing FAS Facial Photographic Analysis software and downloadable diagnostic guides; and conducting studies to improve the diagnosis and intervention strategies used for children with FASD.

First Steps Program Curriculum

Contacts: Beth Ogata, bogata@uw.edu

Core Function: Technical Assistance and Outreach Training

The First Steps Program Curriculum is a set of self-study modules created by CHDD nutrition faculty for Registered Dietitians (RDs) working in the First Steps program for the Department of Health. The curriculum consists of a set of nine self-study modules which have recently undergone extensive updating. Module topics cover clinical skill-building and the role of the RD in the First Steps program; performing the nutrition assessment; nutrition for normal pregnancy, postpartum and breastfeeding; nutrition for the young infant; and nutrition therapy for specific conditions of pregnant women and infants.

Each on-line module takes from 30 to 60 minutes to complete and includes a quiz on the content. RDs who achieve a score of at least 80% receive continuing education credit with a certificate which can be downloaded and printed. Each module provides a list of resources on the specific module topic, including links to relevant websites.

High Risk Infant Follow-Up Clinic

Contact: Curt Bennett, fbennett@uw.edu

For appointments call 206-598-9348

Core Function: Clinical Services

The High Risk Infant Follow-Up (HRIF) clinic was established in 1977 to provide developmental follow-up of children from birth to age eight who are designated as high risk due to prematurity and/or low birth weight or prenatal exposure to drugs. The goal of the clinic is to provide early identification and referral for early intervention for the neurodevelopmental and neurobehavioral problems associated with prematurity, drug exposure and other biomedical and environmental risk factors.

Each year about 400 clients visit the HRIF clinic to receive diagnostic and treatment services. The average age of these HRIF clients is 2.4 years and the majority are referred to CHDD by University of Washington Medical Center. The clinic also conducts long-term follow-up clinical research concerning neonatal outcomes, complications, and treatment results.

The HRIF clinic provides an ideal setting for interdisciplinary training. Approximately 25 trainees representing the disciplines of developmental pediatrics, psychology, audiology, nutrition, occupational therapy, and physical therapy participate in training each year. Continuing education presentations regarding the outcomes of low birth weight infants are delivered to local, state, and national audiences variously comprised of health care professionals, early interventionists, special educators, parents, and interdisciplinary trainees.

Holly Ridge Development Center

Contact: David Scott, dtscott@uw.edu

Core Function: Clinical Services

Holly Ridge Development Center, a CHDD community-based clinic, is a non-profit agency that provides services for children and adults with special needs. Holly Ridge Center is an outpatient center for children up to age three with a range of developmental disabilities. Located in Bremerton, WA, Holly Ridge serves clients in Kitsap County and portions of adjacent counties that are often underserved by medical specialists and far from urban tertiary centers. A developmental psychologist from CHDD and an affiliated developmental pediatrician conduct an outreach diagnostic and assessment clinic at this location one or two days a month.

Each year this project serves about 24 children with special needs. Children receive pediatric-psychology assessments to verify eligibility for birth-to-three social or educational services, assist with ongoing programming, or resolve additional diagnostic questions. Approximately one fifth of these children are in foster care at the time of the assessment. After each assessment, a conference is held with the staff and program coordinators to discuss findings and to develop recommendations specific to a given child and family.

Interdisciplinary Computer-Based Educational Modules

Contact: Sue Wendel, swendel@uw.edu

Core Function: Technical Assistance and Outreach Training

The purpose of the Interdisciplinary Computer-Based Educational Modules is to build the capacity of health care professionals who work with people that have developmental disabilities, by enhancing their knowledge of the role of various disciplines.

The program consists of six introductory modules (audiology, physical therapy, speech and language, occupational therapy, nutrition and social work) prepared by LEND faculty and other experts. Each module focuses on the contribution and roles of a specific health care discipline illustrating the unique and shared roles of the various disciplines within an interdisciplinary team setting. These web-based modules allow self-paced learning and disseminate the interdisciplinary training curriculum to a broad audience.

All UW LEND trainees are required to complete the computer-based educational modules. The modules may be accessed by other trainees which may include trainees in LEND programs across the United States, as well as undergraduate and graduate students in various academic and training programs at the University of Washington.

LEND Interdisciplinary Training Program

Contacts: Beth Ellen Davis, bedavis@uw.edu

Sally Stuart, sns@uw.edu

Core Function: Professional Training

LEND (Leadership Education in Neurodevelopmental and Related Disabilities) is a graduate level training program which prepares health professionals for leadership roles in providing health care for children and youth with neurodevelopmental disabilities and their families. The LEND program at CHDD is one of 42 LEND programs in the United States funded by the Maternal and Child Health Bureau and the Combating Autism Act.

The purpose of the LEND is to provide training for health professionals who will assume leadership roles across the nation. These leaders assure the continued development of a comprehensive system that serves the needs of children and youth with neurodevelopmental disabilities, including autism spectrum disorders and other special health care needs. Program faculty participate in clinical research and policy development and partner with community programs to better serve the needs of these children and their families.

The LEND interdisciplinary training program enrolls health care professionals who have completed entry level training in their discipline. This includes postdoctoral fellows who have completed professional training and graduate students who are enrolled in an academic program at the University of Washington and need to complete clinical and didactic components to meet the requirements for their degree program. Community professionals and students enrolled at other universities also participate in the program.

Long-term trainees engage in more than 300 hours of interdisciplinary training framed by an individual interdisciplinary leadership plan. The plan includes a leadership project, clinical experiences, public policy experience and a didactic program of core seminars intended to establish knowledge and skills based on individual needs and core training competencies. Long term trainees present their projects at an annual forum and receive a certificate of recognition.

The UW LEND is in its fifth decade. Former trainees hold leadership positions in academia, public health, community programs, and health care facilities across the nation. The LEND has a major responsibility for continuing education and technical assistance in the state of Washington and the WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) region.

The UW LEND has successfully competed for a supplement funded by the Combating Autism Act to increase the number of LEND trainees, community professionals and families who are skilled in recognizing early signs, screening, making referrals, evaluating children and implementing treatment for children with autism and other developmental disorders. UW LEND partners with major advocacy groups, programs affiliated with UW, Seattle Children's Hospital, State of Washington Title V programs, and community partners to implement a state of the art curriculum.

Pacific West Maternal & Child Health Distance Learning Network – CSHCN Nutrition

Contacts: Cristine Trahms, ctrahms@uw.edu

Beth Ogata, bogata@uw.edu

Core Function: Technical Assistance and Outreach Training

This project was part of the Pacific West Maternal and Child Health Distance Learning Network that was developed by a collaboration between CHDD and the University of Southern California's UCEDD. The network was overseen by nutritionists from state Title V programs in Health Resources and Services Administration (HRSA) Regions IX and X. It was developed in response to the training needs identified by maternal and child health practitioners providing services in the Pacific West and by MCH continuing education program priorities established in maternal and child nutrition.

A computer-based curriculum, Nutrition for Children with Special Health Care Needs, was developed with an interdisciplinary Advisory Group made up of practitioners from state Title V programs in HRSA regions IX and X. The curriculum is available on-line and is composed of six self-study modules. Continuing education credit is available for nutrition professionals, and the material is also used by nurses, physicians, nurse practitioners, and therapists. In addition to continuing education, the material is also used as a reference by several publications and by individual practitioners.

An additional curriculum, Nutrition for Children with Special Health Care Needs: Group Study Modules, is a set of four modules including leaders' guides, slide presentations with speaker notes, handouts, and video vignettes (DVD and streaming video). This curriculum was demonstrated and promoted during a 'Train-the-Trainer' video teleconference to states participating in the network and is available on-line at <http://depts.washington.edu/pwdlearn/>. Although the funding period has ended, the curriculum is still available on-line and is updated regularly.

Pacific West Maternal & Child Health Distance Learning Network–Oral Health

Contacts: Cristine Trahms, ctrahms@uw.edu

Beth Ogata, bogata@uw.edu

Core Function: Technical Assistance and Outreach Training

This project is part of the Pacific West Maternal and Child Health Distance Learning Network that was developed by a collaboration between CHDD the University of Southern California's UCEDD. The network was overseen by nutritionists from state Title V programs in HRSA Regions VII, IX and X. It was developed in response to the training needs identified by maternal and child health practitioners providing services in the Pacific West. The Nutrition and Oral Health component includes development and implementation of a distance-learning curriculum on nutrition and oral health for children. The curriculum was developed with the help of advisory group members from HRSA regions VIII, IX, and X and other experts in the field of nutrition and oral health. This web-based curriculum is intended for use by dental professionals, primary care providers, nutritionists, educators, therapists, and others who serve young children. The curriculum includes practical examples and family-centered practice and cultural competence are incorporated into the material. Continuing education credit is available for dental and nutrition professionals upon completion of this web-based training at <http://depts.washington.edu/pwdlearn/>. Although the funding period has ended, the curriculum is still available on-line and is used regularly.

Parent-Child Assistance Program (PCAP)

Contact: Therese Grant, granttm@uw.edu

Core Function: Clinical Services

The Parent-Child Assistance Program (PCAP) is a home visitation intervention program that works with women who abuse alcohol or drugs during pregnancy, with the aim of preventing future alcohol- and drug-exposed births among these mothers. PCAP supports mothers in achieving this goal by helping them complete substance abuse treatment and stay in recovery and by motivating them to choose effective family planning methods.

The goals of the program are to (1) assist mothers in obtaining treatment, maintaining recovery, and resolving the complex problems associated with their substance abuse; (2) guarantee that the children are in a safe environment and receiving appropriate health care; (3) effectively link families with community resources; and (4) demonstrate successful strategies for working with this population to prevent the risk of future drug- and alcohol-affected children.

Originally a federal research demonstration grant from 1991 to 1995, PCAP is now funded by the Washington State Legislature to serve nearly 700 families in nine counties (King, Pierce, Yakima, Grant, Spokane, Cowlitz, Skagit, Clallam, and Kitsap counties). State funding has allowed the program to broaden its focus to include women who have a child with fetal alcohol spectrum disorders (FASD). The program is coordinated by a training and evaluation component at the UW School of Medicine's Fetal Alcohol and Drug Unit in the Department of Psychiatry & Behavioral Sciences.

PCAP provides trained and supervised case managers who work with a caseload of 16 mothers and their families for three years, beginning during pregnancy or up to six months postpartum. The case managers offer regular home visitation and link women and their families with a comprehensive array of existing community resources to address health care, housing, child welfare, and other issues. Case managers help mothers identify personal goals and the steps necessary to achieve them; they monitor progress, facilitate case conferencing and integrated service delivery among providers, transport clients and children to important appointments, and work actively with the extended family.

Pediatric Audiology Clinic

Contacts: Rich Folsom, folsom@uw.edu

Lisa Mancl, lmancl@uw.edu

For appointments call 206-598-9347

Core Function: Clinical Services

The Pediatric Audiology Clinic has three primary goals: (1) to identify hearing loss as early in life as possible, (2) to provide access to hearing aids, and (3) to coordinate follow-up services for intervention, monitoring and ongoing evaluation. Activities of this clinic include newborn hearing screening at the University of Washington Medical Center (UWMC), diagnosis of hearing loss in the CHDD clinic, dispensing hearing aids to families of infants requiring them, and ongoing follow-up with clients served.

The Pediatric Audiology Clinic serves about 200 clients each year at CHDD. The average age of these clients is 2.4 years. About 25% of clients who are tested are identified as having a hearing impairment.

Universal newborn hearing screening was implemented at UWMC in 2004 and has been a success, continuing to be well-received by both the nursing and medical staffs. This program is a collaborative effort between the Pediatric Audiology Clinic and the Department of Otolaryngology/Head and Neck Surgery at the UWMC. Data from this program are sent to the Washington State Early Hearing Detection, Diagnosis, and Intervention database for both neonatal screening outcomes and follow-up diagnostic testing.

Pediatric Audiology Trainee Emphasis

Contacts: Rich Folsom, folsom@uw.edu

Lisa Mancl, lmancl@uw.edu

Core Function: Professional Training

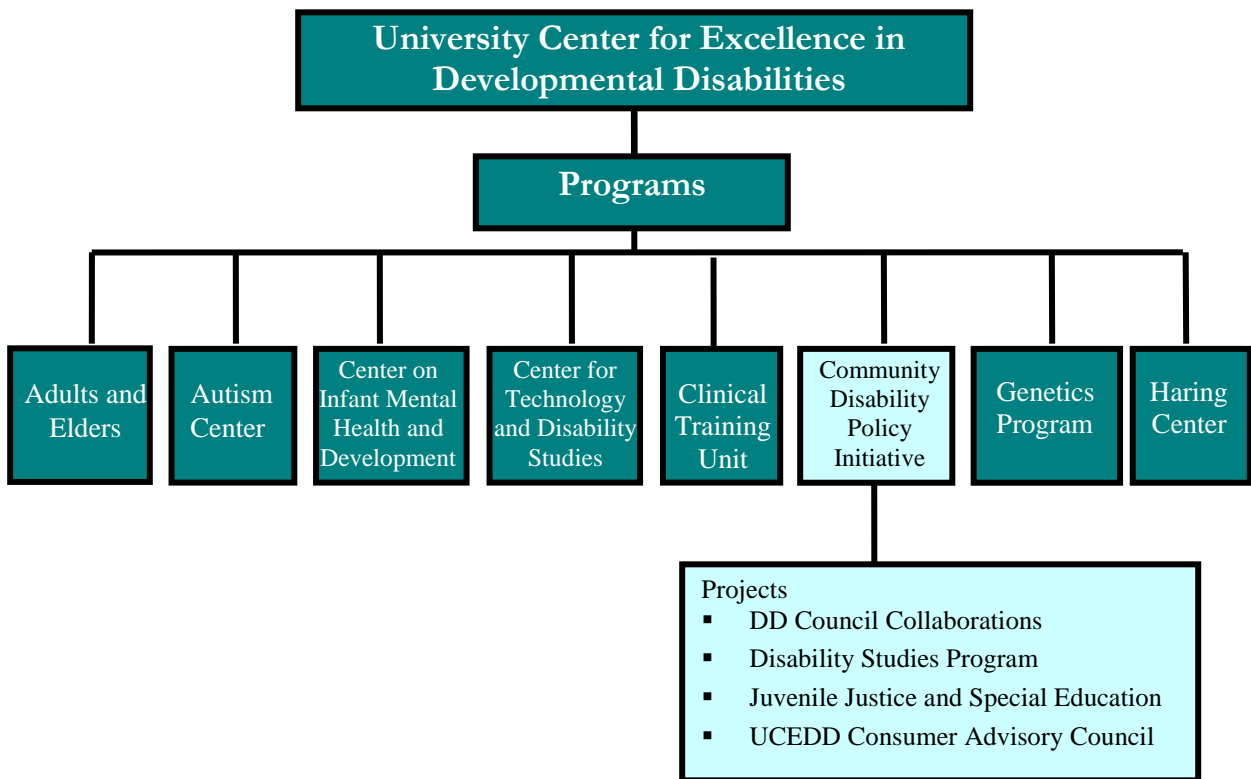
The goal of this project is to develop a Pediatric Audiology Trainee Emphasis (PATE) for Doctor of Audiology (Au.D) students in the Department of Speech and Hearing Sciences at the University of Washington. A major focus of PATE is involvement of Au.D students as long-term trainees in the LEND (Leadership Education in Neurodevelopmental and related Disabilities) at the CHDD during the second and third years of their four-year program. Trainees receive didactic and clinical experience to prepare them to provide services in clinical, early intervention, and educational settings and to provide counseling and support services to families. They also learn to work collaboratively within interdisciplinary teams and to use their skills and knowledge to become leaders in their discipline. The project has developed a specialized curriculum and provides stipends to four trainees per year for three years. The curriculum developed for this project will be disseminated widely to help increase community capacity for pediatric audiology services.

During the first year of their Au.D program, trainees complete foundational coursework in adult and pediatric audiology. In year two, coursework focuses on specialized areas of audiology, including the hearing impaired child. Clinical practica in year two take place at CHDD, including the High Risk Infant Follow-up Clinic, the Child Development Clinic, and the Pediatric Audiology Clinic. Trainees in their second year also participate in weekly Core Seminars which offer current information in the field of maternal and child health and neurodevelopmental and related disabilities. In year three, trainees will continue required Au.D coursework, develop and present a LEND leadership project which will serve as their research project, and attend MCH Leadership Seminars at CHDD. In year four, all clinical rotations will be focused in pediatric audiology settings in the community (early education, educational audiology, and clinical pediatric audiology). During the year four counseling practicum, students will work with standardized patients who are portraying the parent of a child with hearing loss. Work with a standardized patient will supplement their clinical experience and provide them immediate and specific feedback on their counseling skills. Finally, students will work with early intervention consultants to learn strategies for working with families with newly diagnosed children and helping them to facilitate communication with their infants.

Community Disability Policy Initiative

Sharan E. Brown, Director, sbrown@uw.edu

The Community Disability Policy Initiative (CDPI) is designed to bring about systematic change that increases the awareness about and opportunities for individuals with developmental disabilities. This is achieved through an ongoing dialogue between the university and the community that serves to identify issues that need further research, training, services, educational opportunities, and policy development. The CDPI also works closely with the Washington State Developmental Disabilities Council and Disability Rights Washington, the state's protection and advocacy system.



DD Council Collaborations

Contact: Sharan Brown, sbrown@uw.edu

Core Function: Technical Assistance and Outreach Training

Sharan Brown, J.D., Ed.D is the representative of the UCEDD to Washington's Developmental Disabilities Council (DDC). The Washington State DDC meets every two months in rotating locations around the state. The primary role is to make public policy recommendations to the Governor and policy makers.

The Council comprises 33 members appointed by the Governor; at least 60 percent of whom must be individuals with developmental disabilities (DDs), parents or other family members, or guardians. Also on the Council are representatives of service providers and principal state agencies that provide funding or services for individuals with DDs.

The UCEDD and the DDC collaborate to identify and work on issues facing individuals with DD. These issues are addressed through policy recommendations as well as through advocating for further research, training, and services. Currently, the DDC and the UCEDD are part of an on-going community discussion exploring ways to improve the service delivery system to better meet the needs of the DD community. This relationship supports CHDD's mission to work on systems change through collaborating with individuals with DDs and advocacy groups.

Disability Studies Program

Contact: Sharan Brown, sbrown@uw.edu

Core Function: Professional Training

The aim of the Disability Studies Program (DSP) is to develop and integrate disability studies curricula across disciplines and departments university-wide. The CDPI Director has been appointed the Director of the Disability Studies Program and chairs the university-wide Disability Studies Steering Committee that includes faculty and students from across campus. Committee members work collaboratively to increase the awareness of students and faculty about disability-related issues through expanding disability studies course offerings and offering additional educational opportunities for the campus and community. The Disability Studies Program has been made a permanent program in the Undergraduate College of Arts & Sciences at the University of Washington with an ongoing yearly budget to cover administrative and instructional costs.

The DSP currently offers a Disability Studies Minor, a Major through Individualized Studies in the College of Arts & Sciences, and is exploring the feasibility of offering a Graduate Certificate in Disability Studies in the near future. The program offers four core courses: Disability & Society: An Introduction to Disabilities Studies; Disability Law, Policy, & the Community; Civil & Human Rights Law for People with Disabilities: National and International Perspectives; and the Advanced Seminar in Disability Studies. In addition we have been successful in offering four additional courses sponsored by existing academic departments and schools—bioethics, rehabilitation medicine, and law.

The DSP was awarded a President's Diversity Appraisal Implementation Fund to develop and provide the Disability Studies Curriculum Transformation Seminar to UW faculty. The DSP has offered annual conferences on topics of importance to advancing disability rights, and is currently working with the School of Law to sponsor a series of speakers on mental health and law. We awarded our first annual Harlan Hahn awards to faculty for research and travel and scholarships to students for various disability studies activities. Details of the DSP can be found on the revised website at <http://depts.washington.edu/disstud/>.

Juvenile Justice and Special Education

Contact: Sharan Brown, sbrown@uw.edu

Core Function: Research and Evaluation

With funding from the Arc of Washington Trust Fund, this study will look at the relationship between disciplinary actions in public education and school-related arrest or referral to law enforcement for youth with intellectual/developmental disabilities. The study has two components as described below.

The first phase will explore the relationship between school discipline and juvenile justice by analyzing currently existing national data that has been collected by the Office for Civil Rights (OCR) in the Federal Department of Education. The Civil Rights Data Collection (CRDC) reports enrollment and placement information including specific data on race, ethnicity, sex, disability, and Limited English Proficiency (LEP) as well as suspension and expulsion. It also includes details of disciplinary actions related to students with and without disabilities, incidence of harassment and bullying on the basis of disability, and the use of seclusion and restraint. Further data about the number of school related arrests and police referrals for students with disabilities are also detailed. This OCR report will allow us to examine Washington State schools data specifically from 2000, 2004, 2006 and the most recent survey from 2009-10.

The second phase of the study uses a qualitative research methodology to explore the special education history prior to the time youth with intellectual/developmental disabilities enter Juvenile Rehabilitation Administration (JRA) facilities, as well as services during their current incarceration. We will review five to ten special education files of youth currently incarcerated in JRA facilities in Washington State. These reviews will allow us to note any factors or patterns that may help explain the relationship between special education and the juvenile justice involvement. Although this is a very small sample, it should give us much needed information to help inform future research.

UCEDD Consumer Advisory Council

Contact: Sharan Brown, sbrown@uw.edu

Core Function: Technical Assistance and Outreach Training

The UCEDD Consumer Advisory Council (Council) was established to provide a vital level of input to the UCEDD to guide the direction of the center and to inform the community of our outreach activities. The Council members meet three times a year to develop strategies and provide feedback to the UCEDD to improve services, training, and policies that are needed to support people with developmental disabilities and their families.

The Council is comprised of self-advocates, family members of children and adults with developmental disabilities, and directors from the UCEDD, Disability Rights Washington, and the Washington State Developmental Disabilities Council. The majority of Council members are individuals with developmental disabilities and family members. This composition allows the voices of these communities to be heard and provides a mechanism to ensure that major initiatives of the UCEDD are responsive to the needs of individuals with developmental disabilities.

Council members act as a sounding board for UCEDD faculty and staff when new programs are developed and existing programs are up for renewal. Council members also identify issues for UCEDD outreach efforts, such as inclusion, diversity, siblings, pre-service connections for health care providers, health promotion for adults and elders, criminal justice, teaching behavioral skills to providers, training school district staff on positive supports, housing, and creating inclusive communities.

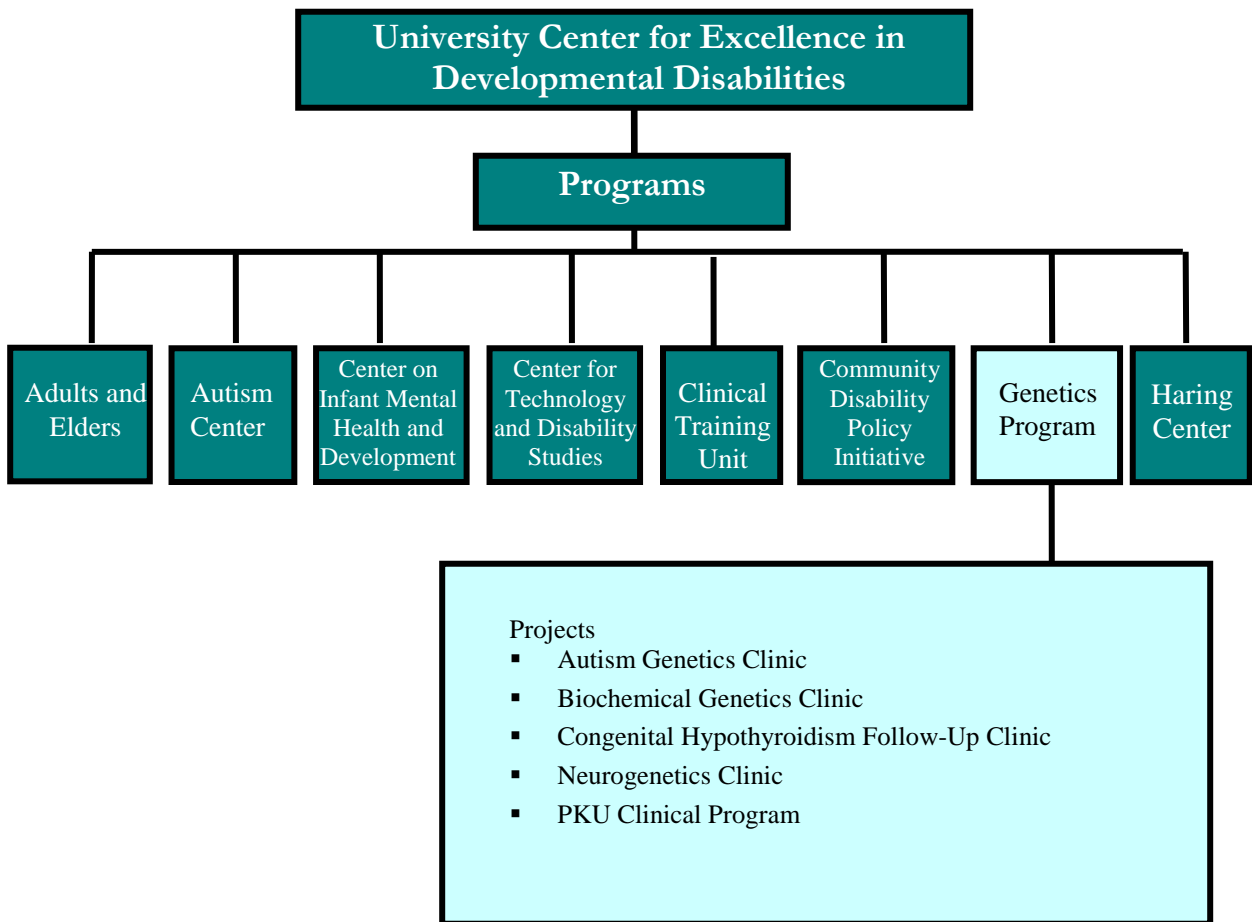
Genetics Program

C. Ronald Scott, Co-Director, crscott@uw.edu

Tom Bird, Co-Director, tomnroz@uw.edu

The Genetics Program comprises clinics that serve individuals at risk for or with a genetic disorder or disability. Clinics offer diagnosis, assessment, treatment, and counseling services to meet the needs of these clients. Clinics also provide information on current research, support groups, and other community resources to help individuals and family members understand and manage the condition.

Disorders diagnosed and treated by the Genetics Program include neurological, metabolic, and biochemical disorders. Genetic counselors also provide information about the heritability of a particular disorder to inform and support parents in preventing developmental and other disabilities in their future children.



Autism Genetics Clinic

Contact: Fuki Hisama, fmh2@uw.edu

Core Function: Clinical Services

The purpose of the Autism Genetics Clinic is to evaluate and diagnose the cause of autism in children and adults. Autism is a clinical diagnosis, and has many potential causes. A subset of patients has an identifiable genetic cause, and for those families it answers the question of “why” the child has autism. A specific cause can provide the family with information about prognosis and enable precise determination of recurrence of autism in other children in the family. The outpatient clinic visit for a new patient takes place with a physician who is a specialist in Neurology and Genetic Medicine and a genetic counselor. A three-to-four generation family pedigree is taken. A complete medical history of the child is also taken, and a physical examination is performed. Copies of any prior laboratory results, (especially genetic or metabolic test results, such as a chromosome study report, or Fragile X test report, blood amino acids or urine organic acids) as well as any neuroimaging studies are obtained and brought to the visit where they are reviewed. Clinic personnel then discuss our assessment and recommend any further clinical genetic tests which are typically done on blood or urine. Results are discussed with the family at a follow-up visit or by telephone, and a summary is sent to the child’s primary doctors and other providers as requested by the family. Families who seek a clinical genetic evaluation often do so for the following reasons: (1) there is family history of multiple people with autism spectrum disorder, (2) the presence of other medical problems (epilepsy) or distinctive features, (3) patients with an outside abnormal genetic test result or who have a test result that is difficult to interpret, or (4) a patient whose family is interested in genetic research studies, and comes to the clinic in order to exclude known genetic causes prior to or concomitant with enrolling in a research study.

Biochemical Genetics Clinic

Contact: C. Ronald Scott, crscott@uw.edu

For appointments call Vicki Frasher at 206-598-1800

Core Function: Clinical Services

The Biochemical Genetics Clinic provides evaluation, consultation, and management services to clients of all ages with a variety of metabolic disorders. Metabolic disorder is a term that encompasses a variety of genetically based disorders that result from an inherited inability to produce a particular enzyme necessary for normal metabolism, specifically for the production or breakdown of proteins, fats, or carbohydrates.

Because inherited metabolic disorders are rare, many providers are unfamiliar with the complex treatment regimes and other health needs associated with a particular disorder. Consistent and ongoing nutritional therapy to compensate for the missing enzyme is necessary for a person born with one of these disorders. Without therapy, toxic chemicals build up in the blood and tissues, and can lead to permanent intellectual disability and other disabilities.

Clinics are conducted by an interdisciplinary team that includes a pediatric geneticist, metabolic nutritionist, genetic counselor, and psychologist. Management of these disorders generally requires precise manipulation of diet using specialized medical formulas and foods, along with medications. Most children have regular laboratory testing to monitor their management. Genetic counselors provide counseling and information about the heritability of particular disorders. The program also provides reproductive guidance to young women with phenylketonuria and other metabolic disorders to help prevent unintended pregnancies. For those who choose the option of pregnancy, the program provides prenatal diet management to help prevent developmental disabilities in the baby.

Disorders seen at the clinic include disorders of amino acid metabolism, such as maple syrup urine disease and tyrosinemia type I; organic acid metabolism, such as methylmalonic aciduria, propionic aciduria, and isovaleric acidemia; fatty acid oxidation disorders, such as medium-chain-acyl-Co-A dehydrogenase deficiency; urea cycle disorders, such as ornithine transcarbamylase deficiency; and disorders of carbohydrate metabolism, such as galactosemia, the glycogen storage diseases, and hereditary fructose intolerance.

Congenital Hypothyroidism Follow-Up Clinic

Contact: Anne Leavitt, aml@uw.edu

For appointments call Vicki Frasher at 206-598-1800

Core Function: Clinical Services

The Congenital Hypothyroidism Follow-Up Clinic provides developmental follow-up for children who have been identified through the Washington State Newborn Screening Program and diagnosed with congenital hypothyroidism. Children seen in the clinic receive periodic developmental assessments to evaluate developmental progress and the need for intervention services.

Congenital hypothyroidism is a condition of thyroid hormone deficiency present at birth. Approximately one in 4,000 newborn infants has a severe deficiency of thyroid function, while even more have mild or partial degrees of thyroid dysfunction. If untreated for several months after birth, severe congenital hypothyroidism can lead to growth failure and permanent intellectual disability. Treatment consists of a daily dose of thyroid hormone by mouth. Because the treatment is simple, effective, and inexpensive, newborn screening is used to detect and treat congenital hypothyroidism in the first weeks of life.

The Congenital Hypothyroidism Follow-up Clinic opened in 1980 and serves about 60 clients each year. Infants are seen by a developmental pediatrician and a pediatric occupational therapist shortly after their diagnosis at 6-12 months and by pediatrics and psychology at their follow-up visits at ages three, five, and 12 years.

Neurogenetics Clinic

Contact: Tom Bird, tomnroz@uw.edu

For appointments call 206-598-4030

Core Function: Clinical Services

The UCEDD's Neurogenetics Clinic is co-sponsored by the Departments of Neurology and Medicine (Medical Genetics). The clinic's purpose is to evaluate and diagnose and to provide genetic counseling and long-term management for patients and families with a wide variety of genetic diseases of the nervous system. This clinic is also a clinical training site for medical students, residents, and fellows.

The Neurogenetics Clinic is a full-day clinic that meets three times each month. Each year the clinic serves over 300 clients who have an array of neurogenetic disorders including Huntington's disease, Charcot-Marie-Tooth neuropathy, hereditary neuropathy, hereditary ataxias, muscular dystrophies, familial dementia, familial movement disorders, leukodystrophies, Neimann Pick type C, and others.

This clinic uses an interdisciplinary team approach that includes a neurologist, a neurogenetic nurse specialist, a genetic counselor and a medical social service worker. The patients receive examination, diagnostic testing, genetic counseling, attention to their social service needs and longitudinal follow-up. This represents a unique clinical resource in the state of Washington and includes an outreach clinic on an annual basis in Spokane and Yakima.

PKU Clinical Program

Contact: C. Ronald Scott, crscott@uw.edu

For appointments call Vicki Frasher at 206-598-1800

Core Function: Clinical Services, Technical Assistance and Outreach Training

The Phenylketonuria (PKU) Clinic provides diagnosis, assessment, medical nutrition therapy, genetic counseling, and consultation for ongoing dietary management and health supervision, as well as evaluation of treatment outcomes to all children with PKU and their families. Phenylketonuria is a genetic disorder in which the child is born without the ability to break down the amino acid phenylalanine (phe). This causes higher than normal levels of phe in the blood which results in damage to the brain and intellectual disability if left untreated.

Fortunately, if a child is identified by Newborn Screening and diagnosed in early infancy and the infant receives appropriate treatment, normal physical and cognitive development can be expected. The treatment of PKU requires lifelong management of phe levels regulated through the client's diet. Clinicians at the PKU clinic work with families and clients to ensure that the child is receiving adequate nutrients for normal development while limiting intake of foods high in phe.

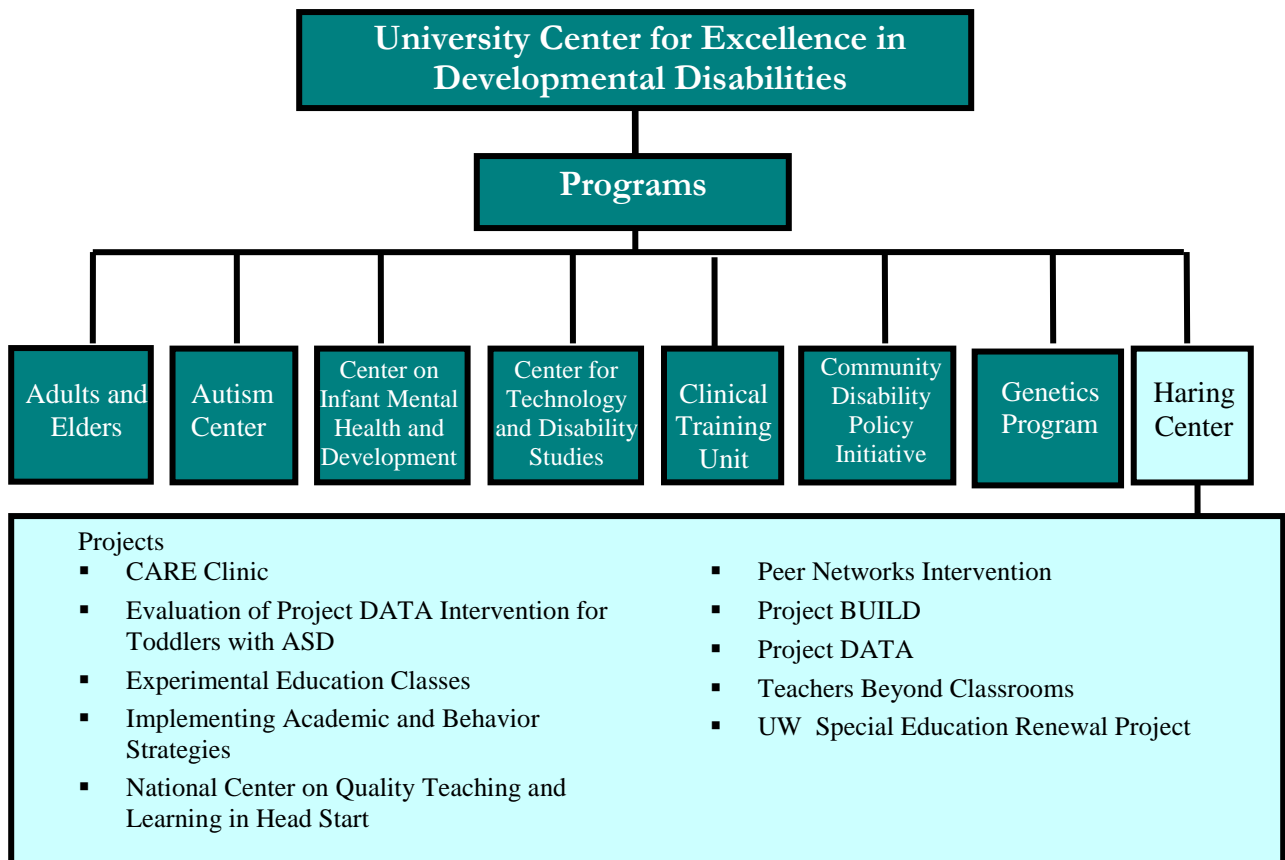
The PKU Clinic is comprised of a team of trained health care professionals that represent multiple disciplines. Long-term interdisciplinary planning and follow-up services are provided to more than 100 children each year to prevent adverse consequences of this disorder. Clinics are held monthly and have a group format. Patients are organized into sub-clinics by age, a group format which lends itself to parents and children developing a strong support network. Focus is not only on medical and dietary health, but independent thinking and self-management skills facilitated by educational curricula in the clinic. As the children near adulthood they are enrolled in the clinic's Adolescent Transition Curriculum, designed to prepare them for PKU management and life management in the Adult PKU Program.

Haring Center

Ilene Schwartz, Director, ilene@uw.edu

The Norris and Dorothy Haring Center for Applied Research and Training in Education houses three individual units: the Experimental Education Unit (EEU), the Applied Research Unit, and the CARE Unit.

The Experimental Education Unit (EEU) is a state-certified special education school that serves children from birth to age seven with diverse abilities. The Applied Research Unit houses numerous research projects aimed at improving learning among children with special needs. The CARE Unit provides education and training for professionals as well as clinical services to individuals with disabilities and their families.



CARE Clinic

Contact: Julie Osterling, osterlin@uw.edu

Core Function: Clinical Services, Professional Training

The CARE Clinic is designed to extend clinical, community-based services to children, adolescents and adults with autism and other neurodevelopmental disabilities and to their families. The clinic provides a range of assessment, educational, and intervention services using a variety of empirically based approaches.

Trainees, including graduate students, postdoctoral fellows and interns, among others, are also involved. They observe and provide supervised intervention and assessment sessions. The clinic not only provides much-needed services, but also increases the capacity of the community to provide services through development of clinical expertise in advanced professional trainees.

Services include:

1. Individual therapy with a focus on skill development, independence, positive emotional adjustment and empowerment at any level of functioning;
2. Couples therapy for parents or for couples where one individual in the relationship is affected;
3. Parent coaching to decrease family stress and increase the child's independence and positive behaviors;
4. Family therapy to lower family stress, promote the independence of affected individuals and promote healthy family functioning with older affected individuals;
5. Skills groups targeting social, emotional and executive functioning skills;
6. Group therapy to increase clients' empowerment by understanding their strengths and challenges, creating and expanding relationships and connections, cultivating positive self image;
7. In-home support to help families create predictability and stability for all family members;
8. Diagnostic and educational assessment;
9. Development of yearly treatment plan or educational plan and
10. Educational consultation.

Evaluation of Project DATA Intervention for Toddlers with ASD

Contact: Ilene Schwartz, ilene@uw.edu

Core Function: Research and Evaluation

The purpose of the project is to evaluate the efficacy of a previously developed and pilot-tested model for very young children with ASD called Toddler Project DATA (Developmentally Appropriate Treatment for Autism), which was developed at the Haring Center. The major goals will be to examine whether children receiving this intervention show greater gains in cognitive functioning, language, social relatedness, and adaptive behavior; whether parents of these children demonstrate gains in recommended parenting strategies and decreased stress; and whether the intervention is acceptable in terms of general satisfaction and ability to work effectively within the context of different cultures. The ultimate aim of the research is to provide information to the field of early intervention on feasible and beneficial community-based services for toddlers with ASD.

A randomized trial across the two sites, the University of Oklahoma and the University of Washington, will be conducted with a minimum of 40 children in intervention over the 4 year period, and 40 children in a comparison group. Children enrolled in the study will be children who have or are at risk for an Autism Spectrum Disorder who are under the age of 24 months at the time of enrollment. Child assessments and parent reports will be administered pre-intervention and quarterly thereafter, including measures of symptoms, cognitive functioning, language, problem behavior, social behavior, engagement, and parent and family stress. Measures of adaptive behavior, family routines, and received child services will be collected at baseline and post-treatment. The project will use procedural monitoring to maintain treatment fidelity, balancing of key baseline group differences, blinded data collection with inter-rater reliability checks, and multiple core symptom assessments.

Experimental Education Classes

Contact: Chris Matsumoto, chris.mats@gmail.com

Core Function: Clinical Services

The Experimental Education Unit (EEU), a state-certified special education program, provides inclusive interdisciplinary education classes and services to over 200 children each year, ranging from birth to seven years of age. Undergraduate and graduate students also obtain valuable training in EEU classrooms. A national trend toward including children at all levels of ability and disability in regular school classrooms makes the EEU an increasingly important center for teacher training.

EEU classes include the (1) Infant-Toddler Program (ITP), a center-, home-, and community-based early intervention program designed to enhance the competence and confidence of children with special needs and their families; (2) Preschool, a half-day program that serves children three to five years old; (3) Kindergarten, a program that emphasizes the development of cognitive, social, and motor skills that enable children to successfully transition to regular classrooms the following year; and (4) Head Start/ECEAP, a program that serves children whose families meet low-income guidelines (primarily four-year-olds) and has particular training for children with moderate and severe disabilities.

Children with diverse abilities are referred to the EEU by parents, professionals, school districts and community agencies. Interdisciplinary teams comprise a classroom teacher, speech and language pathologist, occupational or physical therapist, and other professionals. Each classroom includes children with developmental disabilities as well as typically developing youngsters. Families have access to support services such as counseling and training in how to supplement their children's education in the home.

Implementing Academic and Behavior Strategies

Contact: Carol Davis, cadavis1@uw.edu

Core Function: Professional Training, Research and Evaluation

This doctoral leadership program builds on a strong existing doctoral program at the University of Washington and develops a program of study and experience that produces leaders in special education who are committed to solving issues of practice and implementation related to the academic and behavioral difficulties of students. The program has a particular focus on the needs of students with disabilities in high-needs, urban schools.

The framework for this program is the integrated fieldwork of leadership fellows in the Ackerly Partner Schools Network, a group of 24 elementary, middle and high schools that serve racially-diverse, poverty-impacted communities in the Puget Sound area. While students increase their depth of knowledge in the areas of research, teaching, and practice through coursework, the field experiences will impact the research questions and teaching practices by identifying and recognizing the organizational variables that facilitate implementation of the evidence-based strategies in these high-need schools.

National Center on Quality Teaching and Learning in Head Start

Contact: Susan Sandall, ssandall@uw.edu

Core Function: Technical Assistance and Outreach Training, Research and Evaluation

The National Center on Quality Teaching and Learning at UW will lead six other universities to ensure that every Early Head Start/Head Start agency and teacher has access to a strong and flexible professional development system that provides individualized support and guidance. This team of university collaborators includes early learning experts in the fields of early care and education, early childhood special education, and early intervention. The Center's mission is to ensure that Training and Technical Assistance (T/TA) providers, coaches, and teachers obtain the knowledge and skills needed to use educational practices with demonstrated effectiveness in promoting quality teaching that supports children's learning. The Center will ensure staff access to a professional development system that provides individualized support and development including the establishment of a "Head Start University" concept that will engage nationally recognized leaders in the field to develop comprehensive, research-based college courses that can be offered for credit on-line or in person.

The Center has identified the following critical objectives and activities to meet their goals:

- Develop and implement a strong management and communication system to ensure a consistent message.
- Gather, review, and catalog research-based practices in the areas of early childhood assessment, curriculum, parenting curriculum, instructional practices, and training materials.
- Develop and disseminate products that are research based, easy-to-understand, provided in multiple formats and languages, and accessible.
- Put research-based practices into daily practice to improve learning environments by using observations of the learning environment to inform professional development and action plans.
- Develop, implement, and evaluate a coaching and mentoring system that provides for a continuum of coaching approaches that can be matched to need and that leads to use of effective practices.
- Develop and implement a strategy for coordinating with State T/TA system, State Collaborative offices, and other early childhood systems to ensure that effective educational practices are used across the early childhood sectors.
- Review, develop, disseminate and implement training strategies to engage families in their child's educational outcomes and promote successful home-school partnerships.
- Develop and implement a higher education strategy to help teachers, teacher assistants, home visitors, and family child care providers to acquire the training and education needed to meet qualifications in the Head Start Act.
- Develop and implement an approach to transition that ensures a smooth transition to elementary school and continuing administrative support for Head Start children and families.
- Evaluate the impact and effectiveness of the Center.

Peer Networks Intervention

Contact: Ilene Schwartz, ilene@uw.edu
Core Function: Research and Evaluation

The purpose of the Peer Networks Intervention (PNI) project is to investigate the effects of the PNI on social-communication, literacy, and adaptive behavior for young children with ASD in school settings. PNI staff are committed to the inclusion and success of children with ASD in school. However, the presenting challenges associated with behavioral and social development for children on the Autism spectrum interfere with developmental and academic progress, particularly at the point of school entry. Social competence with peers, literacy, and adaptive behavior in group settings are fundamental and pivotal skills that can be taught in school settings. Comprehensive interventions that address social, behavioral, and academic skills for children with ASD are necessary to determine evidence-based educational practices. This research focuses on how to teach and sustain generalized learning and social skills necessary for successful participation in peer-inclusive groups.

The intervention has two components (1) Peer Network groups using social skills lessons from developed curriculum, and (2) Peer Network groups using *Reading Mastery* curriculum taught in small groups along with peer tutoring dyads using *Scholastic* supplemental reading activities. The intervention will be implemented over two years, in kindergarten and first grade.

Two sites are participating in the investigation: the University of Kansas and the University of Washington-Seattle. General plans are for materials preparation and recruitment until school starts in the fall of year one, investigation of the intervention in years one through four, and data analysis in year four.

Project BUILD: Building Upon Instructional Leaders' Discussions

Contact: Carol Davis, cadavis1@uw.edu
Core Function: Professional Training, Research and Evaluation

Project BUILD will develop a partnership with classrooms in high-need schools across the age range in various school districts to prepare graduate students with a focus on special education. This project will contribute to the: (a) preparation of new teachers for learners with low-incidence disabilities in high need schools, (b) contribute to the professional development of in-service teachers, and (c) influence the induction and retention of teachers for special education.

A partnership with the Ackerly Partner Schools Network, a group of 24 elementary, middle and high schools that serve racially-diverse, poverty-impacted communities in the Puget Sound area, will provide our students with field experiences that will allow them to practice these strategies in the most challenging schools. In addition, professional learning communities or "consultancy groups" will be cultivated between graduate students in field sites, mentor teachers, providers, UW staff and faculty, and graduates of our program. These groups will provide powerful instructional models for students studying to be teachers, and support for new teachers in the field and those seen as experts. The sustainable impact of this model is likely to have long lasting and regenerating effects on the teacher education program and the teachers serving low-incidence disabilities in the highest-need schools in the Northwest.

Project DATA (Developmentally Appropriate Treatment for Autism)

Contact: Ilene Schwartz, ilene@uw.edu

Core Function: Clinical Services, Research and Evaluation

The purpose of this model demonstration project is to develop, implement, evaluate, and disseminate a program for young children with autism and their families that is effective and receptive to the consumer needs of families and school district personnel. The project emphasizes blending the strengths of different educational disciplines such as early childhood education, early childhood special education, and applied behavior analysis, to create a comprehensive program for young children with autism that is appropriate for their needs. To achieve this purpose, educational and support services are provided to infants, toddlers and preschool age children with autism at the Experimental Education Unit.

Preschool age children in Project DATA attend school-based programming for 20 hours a week and spend the majority of this time (12.5 hours) in integrated preschool classrooms. The rest of time (1.5 hours per day/7.5 hours per week) is spent in an extended day program for children with autism where children receive more intensive instruction. Instruction is delivered individually and in small groups, and instructional strategies include discrete trials, incidental teaching, and structured learning tasks. Staff members also provide social and technical support to the families of children in the program.

The four essential components in the infants and toddlers program are extended instructional time, technical and social support for families, collaboration and coordination across services, and transition support. Twelve children/families are served each year through direct services and the project serves many more children, families, and practitioners through the dissemination of results.

This project also has an active training and outreach component. University of Washington trainees from education, speech and hearing, social work, and psychology disciplines participate in the project as part of their training, and over 100 parents, educators, and researchers visit the program each year to learn about the model. Project DATA has also expanded to work within the Bellevue School District and Seattle Public Schools.

Teachers Beyond Classrooms

Contact: Susan Sandall, ssandall@uw.edu

Core Function: Technical Assistance and Outreach Training, Research and Evaluation

Teachers Beyond Classrooms is a graduate-level teacher preparation project designed to increase the number of fully qualified teachers who are credentialed to serve infants, toddlers, and preschoolers with significant disabilities. The project has developed and is implementing and evaluating a program of study and field experiences that prepare teachers to work with families and other adults who work on behalf of young children with disabilities. It is designed to prepare teachers who are confident and capable of meeting the needs of those young children and families who are most challenging to early intervention/early childhood special education systems. Graduates will be eligible for a master's degree and a state teaching credential in special education with an emphasis in early intervention/early childhood special education.

This competency-based program supports nine full-time students each year who are in the second year of a two-year master's degree program, providing both tuition and stipends. Students selected for the program have demonstrated excellent teaching skills with children and are committed to acquiring the knowledge and skills to work effectively with the many other adults involved in early intervention/early childhood special education.

Learning projects are designed to build students' competency and confidence in working with adults in order to improve outcomes for children and engage families in their child's learning. The project recruits and supports community-based mentors who guide students in understanding the complexity of the teaching role. Faculty members also involve families of young children with disabilities in a variety of learning experiences for students. The second year collaborative seminar affords opportunities for serious discussion and simulated practice of case-based problem solving.

UW Special Education Renewal Project

Contact: Roxanne Hudson, rhudson@uw.edu

Core Function: Research and Evaluation

The goal of this project is to enhance the existing UW teacher education program to better meet the need for highly qualified teachers to serve children with high-incidence disabilities. The program will produce graduates who meet or exceed newly published regulations in IDEIA and the revised state standards for highly qualified teachers.

Work is done in collaboration with state, educational service districts, school districts, schools, teachers, families and people with disabilities to identify training needs, plan program revisions, and evaluate program outcomes. Drawing from those same constituencies, an advisory board has been established to assist in achieving project goals. The project is in its final year of implementation.

Index by Faculty

A

Altabet, Steve

UW Autism Clinic - Tacoma Satellite Clinic..... 12

Astley, Susan

Dysmorphology Assessment Instrument Development Study 33
FAS Diagnostic Prevention Network..... 34

B

Bennett, Curt

High Risk Follow-Up Clinic 35

Bird, Tom

Neurogenetics Clinic..... 48

Brown, Pat

University of Washington Employment Program..... 23

Brown, Sharan

DD Council Collaborations..... 42
Disability Studies Program 42
Juvenile Justice and Special Education 43
Special Education Web-Based Continuing Education 21
UCEDD Consumer Advisory Council..... 43

C

Carlsen, Amy

Community Asset Mapping 29
Family Partnership Specialist Training Program 34

D

Davis, Beth Ellen

LEND Interdisciplinary Training Program 37

Davis, Carol

Implementing Academic and Behavior Strategies 54
Project BUILD 56

E

Estes, Annette

Early Steps Study 10
Parents And Toddlers at Home (PATH) 11

F

Feucht, Sharon

Community Feeding Teams in WA State 30
CSHCN Nutrition Network..... 32

Folsom, Rich

Pediatric Audiology Clinic..... 40
Pediatric Audiology Trainee Emphasis..... 40

G

Grant, Therese

Parent Child Assistance Program (PCAP).....	39
---	----

H

Hisama, Fuki

Autism Genetics Clinic.....	46
-----------------------------	----

Hudson, Roxanne

UW Special Education Renewal Project	58
--	----

J

Johnson, Kurt

Accessible Voting Project	20
---------------------------------	----

ADA Network – Knowledge Translation Center.....	20
---	----

Independent Living for Older Blind Program for Department of Services for the Blind	21
---	----

K

Kelly, Jean

Promoting First Relationships	15
-------------------------------------	----

Knue, Alan

Washington Assistive Technology Act Program.....	22
--	----

L

Leavitt, Anne

Boyer Children’s Clinic.....	27
------------------------------	----

Child Health Notes	28
--------------------------	----

Congenital Hypothyroidism Follow-Up Clinic	48
--	----

M

Mancl, Lisa

Pediatric Audiology Clinic	40
----------------------------------	----

Pediatric Audiology Trainee Emphasis	40
--	----

Matsumoto, Chris

Experimental Education Unit	54
-----------------------------------	----

O

Ogata, Beth

Assuring Pediatric Nutrition in the Hospital and Community	26
--	----

First Steps Program Curriculum	35
--------------------------------------	----

Pacific West Maternal & Child Health Distance Learning Network – CSHCN Nutrition	38
--	----

Pacific West Maternal & Child Health Distance Learning Network – Oral Health	38
--	----

Orville, Kate

CSHCN Medical Home Partnerships For Children and Their Families	31
---	----

Osterling, Julie

UW CARE Clinic	52
----------------------	----

Oxford, Monica

NCAST Programs.....	14
---------------------	----

Training Social Work Providers:Maltreatment Intervention	17
--	----

R

Ramage, Susan

Child Development Clinic	28
--------------------------------	----

S

Sandall, Susan

National Center for Quality Teaching and Learning in Head Start	55
Teachers Beyond Classrooms	58

Schwartz, Ilene

Evaluation of Project DATA Intervention for Toddlers with ASD)	53
Peer Networks Intervention	56
Project DATA (Developmentally Appropriate Treatment for Autism)	57

Scott, David

Holly Ridge Development Center	36
--------------------------------------	----

Scott, Ronald

Biochemical Genetics Clinic	47
PKU Clinical Program	49

Spieker, Susan

Graduate Certificate Program in Infant Mental Health	14
Promoting Infant Mental Health in Foster Care	16
White Center Early Learning Initiative – Educare Evaluation	17

Stone, Wendy

Autism Clinical Services	8
Autism Information Dissemination	8
Autism Professional Training Program	9
Early Detection of Developmental Disorders	10
Social-Emotional Development of Infants at Risk of ASD	11

Stuart, Sally

LEND Interdisciplinary Training Program	37
---	----

Trahms, Cristine

Assuring Pediatric Nutrition in the Hospital and Community	26
Pacific West Maternal & Child Health Distance Learning Network – CSHCN Nutrition	38
Pacific West Maternal & Child Health Distance Learning Network – Oral Health	38

W

Walker, William

Alaska Consultation Clinics and Technical Assistance	26
--	----

Washington, Kathleen

Families as Mentors	33
---------------------------	----

Watson, Kathy

Community Roundtable Workgroup Initiative	6
NWGEC Partnership	6

Webb, Sara Jane

Early Connections Study	9
-------------------------------	---

Wendel, Sue

Interdisciplinary Computer Based Educational Modules	36
--	----

Z

Zinner, Samuel

Collaborative Genomic Studies of Tourette Disorder	29
Comprehensive Behavioral Intervention for Tics Study	30
Developmental Behavioral Pediatric Training Programs	32

Index by Core Function

Clinical Services

Autism Clinical Services..... 8
Autism Genetics Clinic 46
Biochemical Genetics Clinic 47
Boyer Children’s Clinic 27
CARE Clinic 52
Child Development Clinic 28
Congenital Hypothyroidism Follow-Up Clinic 48
Experimental Education Unit 54
FAS Diagnostic Prevention Network 34
High Risk Follow-Up Clinic 35
Holly Ridge Development Center 36
Neurogenetics Clinic 48
Parent Child Assistance Program (PCAP) 39
Pediatric Audiology Clinic 40
PKU Clinical Program 49
Project DATA (Developmentally Appropriate Treatment for Autism) 57
University of Washington Employment Program 23
UW Autism Clinic - Tacoma Satellite Clinic 12

Information Development and Dissemination

Autism Information Dissemination..... 8
Child Health Notes 28
CSHCN Medical Home Partnerships For Children and Their Families 31
CSHCN Nutrition Network 32
NCAST Programs 14
Experimental Education Unit 54

Professional Training

Autism Professional Training Program 9
CARE Clinic 52
Developmental Behavioral Pediatric Training Programs 32
Disability Studies Program 42
Families as Mentors 33
Implementing Academic and Behavior Strategies 54
Implementing Project BUILD 56
LEND Interdisciplinary Training Program 37
Pediatric Audiology Trainee Emphasis 40

Research and Evaluation

Collaborative Genomic studies of Tourette Disorder	29
Comprehensive Behavioral Intervention for Tics Study.....	30
Dysmorphology Assessment Instrument Development Study.....	33
Early Connections Study	9
Early Detection of Developmental Disorders	10
Early Steps Study	10
Evaluation of Project DATA Intervention for Toddlers with ASD).....	53
Implementing Academic and Behavior Strategies.....	54
Implementing Project BUILD	56
Juvenile Justice and Special Education)	43
National Center for Quality Teaching and Learning in Head Start	55
Parents And Toddlers at Home (PATH).....	11
Peer Networks Intervention	56
Project DATA (Developmentally Appropriate Treatment for Autism).....	57
Promoting Infant Mental Health in Foster Care	16
Social-Emotional Development of Infants at Risk of ASD	11
Teachers Beyond Classrooms.....	58
Training Social Work Providers: Maltreatment Intervention	17
UW Special Education Renewal Project	58
White Center Early Learning Initiative – Educare Evaluation	17

Technical Assistance and Outreach Training

Accessible Voting Project	20
ADA Network – Knowledge Translation Center.....	20
Alaska Consultation Clinics and Technical Assistance	26
Assuring Pediatric Nutrition in the Hospital and Community.....	26
Community Asset Mapping.....	29
Community Feeding Teams in WA State	30
Community Roundtable Workgroup Initiative	6
CSHCN Medical Home Partnerships For Children and Their Families	31
CSHCN Nutrition Network	32
DD Council Collaborations	42
Employment Training Program	23
Family Partnership Specialist Training Program.....	34
FAS Diagnostic Prevention Network	34
First Steps Program Curriculum	35
Graduate Certificate Program in Infant Mental Health.....	14
Independent Living for Older Blind Program for Department of Services for the Blind	21
Interdisciplinary Computer Based Educational Modules	36
National Center for Quality Teaching and Learning in Head Start	55
NCAST Programs.....	14
NWGEC Partnership	6
Pacific West Maternal & Child Health Distance Learning Network – CSHCN Nutrition	38
Pacific West Maternal & Child Health Distance Learning Network – Oral Health	38
PKU Clinical Program.....	49
Promoting First Relationships	15
Special Education Web-Based Continuing Education.....	21
Teachers Beyond Classrooms.....	58
UCEDD Consumer Advisory Council.....	43
Washington Assistive Technology Act Program.....	22

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Kathleen Washington, Ph.D.	Discipline Leader, Physical Therapy
William Welton, Dr.P.H., M.H.A.	Discipline Leader, Health Administration
Susan Wendel, M.S., O.T.R.	Discipline Leader, Occupational Therapy
Marcia Williams, M.S., P.T.	Physical Therapy
Joan Zerzan, M.S.	Nutrition Consultation and Training
Samuel Zinner, M.D.	Developmental/Behavioral Pediatrics Fellowship Program

Community Disability Policy Initiative (CDPI)

Sharan Brown, J.D., Ed.D.	Director, Community Disability Policy Initiative
Pat Brown, Ed.D.	Clinical Assistant Professor
Kurt Johnson, Ph.D.	Professor, Rehabilitation Medicine
Dennis Lang, R.N., M.P.H.	Affiliate Instructor

Genetics Program

Tom Bird, M.D.	Co-Director, Genetics Program
C. Ron Scott, M.D.	Co-Director, Genetics Program
Robin Bennett, M.S., C.G.C.	Senior Genetic Counselor
Peter Byers, M.D.	Professor, Pathology and Medicine
Vicki Frasher	Program Care Coordinator
Jan Garretson, M.S.W.	Social Worker
Ian Glass, M.D.	Associate Professor, Pediatrics
Janie Heffernan, M.S., R.D., C.D.	Nutritionist
Fuki Hisama, M.D.	Director, Medical Genetics Clinics
Suman Jayadev, M.D.	Acting Assistant Professor of Neurology
Anne Leavitt, M.D.	Clinical Assistant Professor, Pediatrics
Beth Ogata, M.S., R.D., C.D.	Research Dietitian I, Pediatrics, Nutrition
Debra Olson	Program Coordinator
Wendy Raskind, M.D., Ph.D	Professor, Medicine, Division of Genetics
Donna Ross MSW, LCSW	Social Worker
Britta Sjoding, MS, CGC	Genetic Counselor
Corrine Smith, MS	CGC, Genetic Counselor, Medical Genetics
Virginia Sybert, M.D.	Clinical Professor, Medicine
Lauren Thomas, MS, CGC	Genetic Counselor
Cristine Trahms, M.S.	Nutritionist, PKU/Genetics Clinic
Stefanie Uhrich, MS, CGC	Genetic Counselor
Heidi Vance, MS, CGC	Genetic Counselor

Haring Center

Ilene Schwartz, Ph.D.	Director, Experimental Education Unit
Kate Ahern	Admissions Coordinator
Christy Baker	Occupational Therapy
Janet Bauer	Speech Language Pathology
Mara Calhoun	Social Worker
Carol Davis, Ed.D.	Assistant Professor, Special Education
Marsann Easterday	Occupational Therapy
Sheryl French	Speech Language Pathology
Roxanne Hudson, Ph.D.	Assistant Professor, Education
Gail Joseph, Ph.D.	Assistant Professor, Education
Amy Kullaway	Speech Language Pathology
Brittney Lee	Assistant Principal, Experimental Education Unit
Mary Maass	Speech Language Pathology
Chris Matsumoto, M. Ed.	Principal, Experimental Education Unit
Julia Odland	Occupational Therapy
Julie Osterling, Ph.D.	Director, UW CARE Clinic
Sarah Pharris	Program Manager
Susan Ramage	School Nurse
Susan Sandall, Ph.D.	Director, Applied Research Unit
Vicki Tompkins	Social Worker
Rosie Yurick	Occupational Therapy