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Center on Human Development and Disability
University of Washington
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, self-advocates, 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) Barnard 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 Intellectual and 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 graduate 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 medicine, genetic counseling, law, medical genetics, neurology, nursing, nutrition, occupational therapy, physical therapy, psychiatry, psychology, public health, social work, special education, and speech-language pathology.

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, (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 Intellectual and 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

Gary Stobbe, Director, gastobbe@uw.edu

The Adults and Elders Program aims 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, provide materials and training related to self-advocacy, and build the capacity of health professionals to meet the needs of this population.

University Center for Excellence in Developmental Disabilities

Programs

- Adults and Elders
- Autism Center
- Barnard Center
- Center for Technology and Disability Studies
- Clinical Training Unit
- Community Disability Policy Initiative
- Genetics Program
- Haring Center

Projects
- Parenting With Intellectual Disability in Washington State
- Self-Advocacy Project
Parenting with Intellectual Disability in Washington State
Contact: Sharan Brown, sbrown@uw.edu
Core Function: Research and Evaluation

The purpose of this project is to examine Child Protective Services (CPS) investigations related to parenting with an intellectual/developmental disability (I/DD) in Washington State. Using a mixed methods design, researchers will try to answer the following questions:

1. What is the prevalence of CPS investigations of parents with I/DD at the birth of the child?
2. What reasons are listed for the investigation of reported abuse or neglect at the birth of the child?
3. What supports are available to parents with I/DD, beginning with the birth of the child?
4. What is the current science in supporting parents with I/DD beginning with the birth of the child?

This project is a component of a larger community partnership with DRW and DDC focusing the rights of parents with I/DD.

Self-Advocacy Project
Contact: Sharan Brown, sbrown@uw.edu
Core Function: Information Development and Dissemination, Professional Training

The Self-Advocacy Project is focused on efforts to better support self-advocacy at the University of Washington UCEDD. Objectives for this project include program development and self-advocacy training. To support program development, staff has been involved in two activities. The first was to identify existing resources that support the development of the self-advocacy movement as well as educate the wider community on the self-advocacy movement. The identified electronic resources are available on the UCEDD website. The second major program development activity has been participation of UCEDD staff in the monthly meetings of the Allies in Advocacy State Team, a multi-year effort of self-advocates and the Administration on Intellectual and Developmental Disabilities network partners (Developmental Disabilities Council, Disability Rights Washington and UCEDD). The Allies team wrote a Proclamation for the Dignity and Rights of all Human Beings that has been introduced at both the national and state legislative levels and will be used as a tool to measure increased independence and access to rights for individuals with intellectual/developmental disabilities.

The LEND program includes a trainee position specifically for an advocate with I/DD. The model for this new trainee position was developed with input from UW LEND faculty and staff and non-UW stakeholders to build on existing self-advocacy trainee models. The Advocate trainee position is an opportunity for individuals with I/DD to develop their skills in supporting individuals with I/DD in their communities as well as inform the LEND and UCEDD faculty and students of their experiences and perspectives on research and service.
UW Autism Center

Annette Estes, Director, estesa@uw.edu

The UW Autism Center (UWAC) was founded in 2000 and is one of the first autism centers in the country to provide clinical services, professional training, and internationally recognized research under one roof. Clinically, UWAC provides intervention services, diagnostic evaluations, and program consultation for children from birth through young adulthood with Autism Spectrum Disorders. Services are provided by multi-disciplinary teams that include behavior analysts, educators, physicians, psychologists, and speech language pathologists. A professional training program prepares UW students and community professionals, school districts and agencies to provide direct service to individuals with ASD, and to train and supervise other professionals. The UWAC promotes and supports a vibrant research community through activities such as journal clubs, research rounds, scientific support for researchers and maintaining a comprehensive research database. A focus of the UW Autism Center is to facilitate research collaborations to understand the causes of ASD and to improve outcomes for individuals on the autism spectrum.
The UW Autism Center's Clinical Services provide state-of-the-art, comprehensive, coordinated services to families and individuals at risk or with autism spectrum disorder (ASD) from birth through early adulthood.

- **Evaluations**: Diagnostic evaluation to determine if a client meets criteria for ASD. *Re-Evaluations* for previously diagnosed clients who need assessment of current functioning, a second opinion, or updated treatment recommendations.

- **Medical Consultation**: Short-term consultation with a Developmental Pediatrician to discuss medical concerns such as, seizures, motor disorders, genetic concerns, or related issues.

- **Sleep Clinic**: Interdisciplinary team consultation to address behavioral and medical factors contributing to sleep concerns in children up to the age of 18.

- **Infant Clinic**: A clinic for children 24 months and younger dedicated to early detection, monitoring, and intervention when concerns about ASD are present.

- **Speech Services**: Assessment and treatment to help individuals with ASD learn strategies to interact and communicate.

- **Social Skills Groups**: Small group programs provide children with tools for navigating their social environment.

- **Psychological Therapy**: Psychotherapy with parents, siblings or individuals with ASD to address difficulties with mood, life skills, daily coping, and interpersonal relationships.

- **APEX Summer Camp Program**: Provides peer experiences to children with ASD and builds social and behavioral skills in real-world environments. APEX includes a 5-week intensive summer camp program, a weekly Booster Program, and other programming throughout the year.

- **Applied Behavior Analysis Intervention Services**: Our Behavior and Education Consultants provide evidence-based treatment based on the principles of applied behavioral analysis (ABA), identify individualized goals to teach new skills and address challenging behaviors, develop learning activities and support individuals with ASD in a variety of settings.

  - **Intensive In-Home ABA Programs**: Individualized home program supervision and training.
  
  - **Short-Term Consultation**: Problem-focused parent coaching or school consultations to address a single goal or challenging behavior.
  
  - **Parent Coaching**: Consultants work with parents to implement ABA-based techniques in the home.
  
  - **Client-Focused Skills Coaching**: Consultants work directly with client with ASD to develop specific identified skills and reduce challenging behaviors.
UWAC Community Engagement
Contact: Annette Estes, estesa@uw.edu
Core Function: Information Development and Dissemination

The UW Autism Center works to increase knowledge and acceptance of autism spectrum disorder (ASD) and related developmental disabilities among professionals and the public. It aims to promote detection of ASD, inform the community of effective intervention and life-span support, and to learn from community partners to increase the availability of innovative, effective, and supportive programs for individuals with ASD and their families.

- **Community Events:** The UW Autism Center participates in many community events including the Autism Speaks Walk, Seattle Symphony Sensory Friendly Concert Series, Lewis County Autism Coalition Conference, Microsoft Giving Campaign, Seattle Mariners Autism Speaks Event, Run 2 Pieces, Infant and Early Childhood Conference, Tee It Up Fore Autism, and the UW Autism Center Open House.

- **Community Engagement Materials:** The UW Autism Center develops materials such as newsletters, brochures, fact sheets, and guides that serve to increase acceptance of ASD and communicate about the work of the UW Autism Center.

- **Website and Toll Free Number:** The UW Autism Center maintains a website and a toll-free information and resource line (1-877-408-8922).

UWAC Preservice Training Program
Contact: Ella Vanderbilt-Adriance, uwautism@uw.edu
Core Function: Professional Training

The UW Autism Center Education and Preservice Training Program offers clinical training and supervisory experience to graduate students and postdoctoral fellows in clinical psychology, school psychology, speech-language pathology, education, and related disciplines with the goal of preparing future professionals to provide direct service to or conduct research with children, adolescents, and adults with ASD. Training experiences are available to students at different levels of education, and may occur in either a research or clinical setting.

- Practicum placements of nine to twelve months are offered to graduate students in *clinical psychology* or *school psychology*, under the supervision of a licensed psychologist, graduate students in *speech-language pathology* under the supervision of a speech-language pathologist.

- UWAC is an approved *Board Certified Behavior Analyst (BCBA)* practicum site for the UW College of Education ABA Master's degree program (one year commitment).

- Post-doctoral training is open to graduates in the fields of clinical psychology, developmental psychology, school psychology, and education, and related fields and typically occurs in the context of on-going research projects at the UW Autism Center. These are generally full-time twelve month fellowships, but a half-time appointment may be arranged.

- Students may take classes offered by faculty affiliated with the UW Autism Center (e.g., SPHSC 565 Autism Seminar, SPHSC ASD Intervention).
UWAC Professional Training Program
Contact: Robin Talley, rtailly@uw.edu
Core Function: Professional Training

The mission of the UWAC Professional Training Program is to provide high-quality training for community professionals, parents and caregivers, and students who interact with and serve individuals with autism spectrum disorders (ASD) across the Pacific Northwest.

- **Professional Training Program at UWAC**: The UWAC offers a variety of training opportunities including year-round workshops focused on topics such as Applied Behavior Analysis (ABA Bootcamp), the needs of newly diagnosed children (Stepping Stones), Educator Training Series, Addressing Challenging Behaviors, and ADOS-2 workshops.

- **Professional Training in the Community**: The UWAC also provides in-service training and consultation to schools, community agencies, and mental health settings. Services include workshops individualized to the needs of the requesting agency, classroom consultation, and student consultation (including IEP development and Functional Behavior Assessments).

- **Summer Workshop Series**: Each summer, the UWAC partners with community agencies across the state to offer training opportunities to community professionals, educators, parents, and caregivers who interact with and serve individuals with ASD in rural areas that may not have a large community of autism specialists.

- **Seattle Teachers Autism Symposium (STAS)**: The UWAC hosts an annual symposium that is free of charge to educators in Washington.

- **APEX Summer Camp Counselor Training**: Over 40 graduate and undergraduate students from around the world participate in an intensive 7-week clinical internship at the APEX Summer Camp program, including 2 weeks of training and 5 weeks of direct intervention using evidence-based practices.

The TADPOLE Study - Intensive Treatment for Toddlers with Autism
Contact: Annette Estes, estesa@uw.edu
Core Function: Research and Evaluation

The Tadpole study is an NIH-funded Autism Center of Excellence intervention network study carried out at three sites, University of Washington, University of California, Davis, and Vanderbilt University. This is a randomized, controlled long-term study of toddlers, aged 12-24 months to examine two important ways that autism treatments vary: intensity (15 versus 25 hours per week of intervention) and style (play-based versus discrete trial teaching). The project also examines potential moderators of intervention response: early vocal development, severity of ASD symptoms, and developmental impairment level at the beginning of intervention. This study grew out of more than a decade of developmental and intervention studies carried out by this collaborative group.
**UWAC Research Program**
Contact: Annette Estes, estesa@uw.edu
Core Function: Research and Evaluation

A focus of the UW Autism Center is to facilitate research collaborations to understand the causes of ASD and to improve outcomes for individuals on the autism spectrum and their families. The UW Autism Center Research Program promotes and supports activities such as research rounds, journal clubs, and visiting scholars. Training and scientific support for researchers and a comprehensive research database is provided to UW Autism Center scientists and collaborators.

**UWAC – Tacoma Program**
Contact: Patricia Matestic, matestic@uw.edu
Core Function: Clinical Services

The UW Autism Center–Tacoma is a satellite site of the UW Autism Center, one of eight major programs of the University of Washington Center for Excellence in Developmental Disabilities. The UW Autism Center–Tacoma provides an array of clinical services and is a vehicle for training professionals and paraprofessionals to meet the needs of individuals with autism spectrum disorder (ASD).

At the UW Autism Center–Tacoma, diagnostic evaluations and interventions are provided by a multi-disciplinary team that includes psychologists, behavior analysts, and speech/language pathologists. The mission of the UW Autism Center–Tacoma’s training program is to increase the capacity of the South Puget Sound area to serve children with ASD by providing high-quality training to community professionals and students. Community engagement is an integral part of the mission. As founding members of the South Sound Autism Partnership – this coalition of service providers, advocates, families, and community members work together to improve the effectiveness of autism service delivery in the South Puget Sound area.
Barnard Center for Infant Mental Health and Development

Susan Spieker, Director, spieker@uw.edu

The mission of the Barnard Center for Infant Mental Health and Development (Barnard Center) 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.

Programs

- Adults and Elders
- Autism Center
- Barnard Center
- Center for Technology and Disability Studies
- Clinical Training Unit
- Community Disability Policy Initiative
- Genetics Program
- Haring Center

Projects
- A Primary Prevention Trial to Strengthen Child Attachments in a Native Community
- Collaborative Perinatal Mental Health and Parenting Support in Primary Care
- Educare School of Greater Seattle – Educare Evaluation
- Examining Biomarkers of Emotional Regulation in Maltreated Toddlers
- Graduate Certificate Program in Infant Mental Health
- NCAST Programs
- Promoting First Relationships
- Promoting First Relationships: Strengthening Child Attachments in AI Communities
- Promoting Optimal Parenting
- Strengthening Families
- Training Social Work Providers: Maltreatment Intervention
A Primary Prevention Trial to Strengthen Child Attachment in a Native Community
Contact: Cathryn Booth-LaForce, ibcb@uw.edu
Monica Oxford, mloxford@uw.edu
Core Function: Research and Evaluation

American Indian (AI) children are at elevated risk for experiencing poverty, parental mental health disorders, household exposure to substance use, domestic violence, and maltreatment, all of which increase their risk of poor mental and physical health outcomes as adolescents and adults. Virtually no evidence-based programs exist that can be administered in a resource-poor tribal setting, can be culturally adapted, can be exported, and hold promise for sustainability. The needs of these vulnerable AI children, thus, remain almost entirely unmet. Decades of research have shown that secure attachment in infancy and early childhood is a key developmental building block that predicts adjustment and promotes resilience in children who grow up under stressful circumstances. Because secure attachment develops from caregiver sensitivity and responsiveness, it is critical to address caregiver sensitivity in early childhood. We will, therefore, test the Promoting First Relationships (PFR) program, a theoretically driven, relationship- and strengths-based primary prevention program. Several studies have shown the diverse positive effects of PFR on the caregiver-child relationship for at-risk populations. The University of Washington Partnerships for Native Health have nurtured a strong, long term collaboration with the Fort Peck Tribes, whose reservation lies in a remote area of northeastern Montana. The tribes’ Elders Involved Initiative has stated that the health and well-being of children and young adults are their primary concern, recommending a return to traditional parenting values. With our tribal partner, we will adapt PFR to ensure cultural appropriateness, then conduct a randomized, controlled trial to compare the PFR intervention with a control group receiving information on resources and referrals. Our primary purpose is to test the effectiveness of PFR in improving the caregiver’s sensitivity to the child (primary outcome).

Collaborative Perinatal Mental Health and Parenting Support in Primary Care
Contact: Susan Spieker, spieler@uw.edu
Core Function: Research and Evaluation

This project uses a randomized controlled trial to evaluate the effectiveness of Promoting First Relationships for English and Spanish-speaking low-income mothers treated for depression beginning in pregnancy and as needed in the perinatal year. Depression treatment will be coordinated through the publicly funded, evidenced-based Mental Health Integration Program for High-Risk Pregnant and Parenting Women (MHIP Moms) in primary care community health centers that target safety-net populations in King County, Washington. Promoting First Relationships is a research-based, 10-week home visiting program that uses video feedback and strengths-based consultation strategies to increase mothers' parenting competence and confidence. Bilingual community providers will deliver Promoting First Relationships after a baseline assessment and random assignment at infant age three months. Post tests will occur at infant age six and twelve months. The primary specific aims are to test the effectiveness of PFR to improve parenting quality for low income, English and Spanish speaking mothers who began treatment for depression during pregnancy, and to improve social and regulatory outcomes for their infants.
Educare School of Greater Seattle – Educare Evaluation
Contact: Miriam Hirschstein, mir@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 20 high poverty communities throughout the country. The program aims to promote and disseminate best practices in early childhood care and education and increase school readiness skills of children and families. Key Educare features include braided public-private funding, a building designed for early care and education, and a full-day, full-year program serving children birth to five and their families. Educare schools have small class sizes with high staff/child ratios, strong family engagement support, and high quality practices informed by local on-site evaluation and implementation support partners.

The Barnard Center for Infant Mental Health and Development has been Educare School of Greater Seattle's local evaluation partner since 2008. Center staff and faculty team with Puget Sound Educational Service District (PSESD) to implement Educare in the White Center neighborhood of Seattle, providing evaluation services, technical support, and consultation for program improvement. As members of the Educare Learning Network (ELN is a consortium of researchers across sites conducting an ongoing evaluation study), the Barnard Center helps with research design, collects measures, team with subsets of Educare sites to conduct additional studies, and promulgates research related to high quality practice in early learning under the leadership of ELN's national evaluation team at Frank Porter Graham Institute for Child Development.

Examining Biomarkers of Emotional Regulation in Maltreated Toddlers
Contact: Monica Oxford, mloxford@uw.edu
Core Function: Research and Evaluation

This project uses a sub sample of toddlers who participated in a 10-week home visiting intervention with maltreated infants and toddlers to study the impact of a home visiting intervention on child stress regulation. Families receive one of two interventions in a clinical trial of Promoting First Relationships. Researchers then collect physiological indicators of emotional regulation of infants and toddlers, specifically respiratory sinus arrhythmia (RSA), during home visits to determine if intervention improves stress regulation.
Graduate Certificate Program in Infant Mental Health
Contact: Susan Spieker, spieker@uw.edu
Core Function: Technical Assistance and Outreach Training

The Graduate Certificate in Advanced Practice Nursing—Infant Mental Health (GCAPN-IMH) is a four-quarter, 15-credit, 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 and early childhood mental health. This expertise includes promoting awareness about the importance of early relationships for healthy development, practicing in teams in diverse settings serving infants and families, and conducting assessment and interventions with caregivers and infants experiencing significant distress. Cornerstones of the program include relationship-based and culturally sensitive practice, reflective practice and supervision, and leadership training.

Trainees develop a knowledge base in infant and early childhood mental health through coursework and a year-long infant observation experience. The program welcomes enrollment of community professionals as well as advanced graduate students from a variety of training backgrounds, including nursing, education, primary care, early intervention (including occupational therapy, physical therapy and speech-language pathology), psychology and social work. Students must possess a graduate degree (or be in the process of obtaining one at the University of Washington) to apply. The program is designed to enroll 12 – 16 students each year.

NCAST Programs
Contact: Monica Oxford, mloxford@uw.edu
Core Function: Technical Assistance and Outreach Training, Information Development and Dissemination

The mission of Nursing Child Assessment Satellite Training (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), Infant Mental Health 101, 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: Jennifer Rees, rees@uw.edu
Core Function: Technical Assistance and Outreach Training

Promoting First Relationships® (PFR) is a prevention curriculum 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 from 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.

PFR integrates theory, practice and intervention. Through this training, participants from many disciplines learn relationship-based consultation and intervention strategies that they can integrate into their work with families with infants and young children. The strategies 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 caregiving.

**Promoting First Relationships - Strengthening Child Attachments in AI Communities**
Contact: Cathryn Booth-LaForce, ibcb@uw.edu
Core Function: Research and Evaluation

This project aims to implement a theoretically driven, relationship-based intervention strategy: Promoting First Relationships (PFR). PFR promotes trusting and secure caregiver-child relationships and healthy child social and intellectual development, and several studies have shown the positive effects of PFR for at-risk populations. Via collaborations with two tribal partners, we will adapt PFR to American Indian contexts and deliver the PFR intervention and test its efficacy in a randomized, controlled trial with a wait-list control group. Our primary purpose is to test the efficacy of PFR in improving caregivers' sensitivity and responsiveness to their young children and enhancing children's social and emotional outcomes, especially their attachment security with caregivers, and their intellectual development.
**Promoting Optimal Parenting**

Contact: Susan Spieker, spieker@uw.edu
Core Function: Research and Evaluation

The Promoting Optimal Parenting project seeks to enhance parent-child attachment and the cognitive and emotional development of children ages 0 – 3 years. This age is chosen because it represents a critical period of brain development where more robust research is warranted as detailed in the Institute of Medicine Neurons to Neighborhoods report. Considerable existing research supports the notion that the first few years of life are important for children's long term cognitive and emotional development. Children's cognitive development during this time frame, especially around language and reciprocal communication, has a profound impact on later ability to succeed in school. Likewise, emotional development during this period is critical for quality of attachment, social skills, and executive function, which in turn improves school readiness and reduces behavior problems later on. Prior studies have demonstrated that younger parents, particularly those less than 26 years of age, have fewer social supports and poorer parenting practices.

The Optimal Parenting project is testing the hypothesis that a series of pragmatic, effective, caregiving behaviors can enhance parent-child attachment as well as cognitive and emotional development of children aged 0 – 3 years. The project is currently enrolling a diverse cohort of first time parents under the age of 26 and their infants at birth in a randomized controlled trial. The intervention consists of parent education and the provision of specific tools and recommendations for appropriate developmental stimulation over the first 3 years of life. The specific aims of this study are to: (1) test whether educational materials in a variety of formats delivered in the first 15 months of life can enhance security of child-parent attachment; (2) test the efficacy of a superset of strategies intended to improve cognitive and emotional development in infants and toddlers; and (3) assess the cost-effectiveness of this approach from the societal perspective.
**Strengthening Families**  
Contact: Monica Oxford, mloxford@uw.edu  
Core Function: Technical Assistance and Outreach Training,

The Strengthening Families project is funded through the King County Veterans and Human Services Levy to train providers from local agencies in infant and early childhood mental health practices through mentored training of the research-based curriculum, Promoting First Relationships® (PFR). Eligible community-based agency staff work with high-risk children under the age of five and their families who live in environments where stressors are particularly high. To date, 15 providers have been trained at the PFR Agency Trainer level and are qualified to deliver PFR to families, as well as to train others in the program within their agency. Additionally, 41 providers have been trained at the PFR Learner level and are qualified to deliver the PFR curriculum to families on their caseloads. Children and caregivers who receive services from the PFR-trained community-based agency staff will experience the following Procurement Plan Training Investment Area outcomes:

1. Increased school readiness
2. Increased children's healthy social-emotional development
3. Increased responsive, nurturing caregiver-child relationships

**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) 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) conduct a test of the effectiveness of an attachment-based intervention on child well-being by comparing experimental and control groups on important outcomes.
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 copiers and fax machines that are accessible to individuals with disabilities.
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. The ADA Network – KTC develops 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.

Assistive Technology Info-Map Program
Contact: Mark Harniss, mharniss@uw.edu
          Becky Matter, bmatter@uw.edu
Core Function: Technical Assistance and Outreach Training

Faculty and staff from CTDS will lead a partnership between the UW, DIMAGI Inc., the Southern Africa Federation of the Disabled (SAFOD), and the African Network for Evidence-to-Action on Disability (AfriNEAD) to improve people with disabilities’ access to information about the location and availability of assistive technology (AT). People with disabilities in Sub-Saharan Africa, and the disabled people’s organizations that serve them, currently have nowhere to turn for this information, leading to low acquisition of AT and 85-95% of the need going unmet. To address this challenge, the program will configure DIMAGI’s open source mobile platform (CommCare) to collect and map data about the assistive technology supply across the Southern Africa region. Armed with this critical and timely information, governments and advocates will be empowered to increase availability and improve service delivery of essential AT products/services; and individuals with disabilities will know where to access AT that is currently available.
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

The Center for Technology and Disability Studies (CTDS) provides technical assistance, policy analysis, and program implementation to the Washington State Department of Services for the Blind (DSB), primarily related to its Independent Living for Older Blind Program (ILOB). CTDS staff members develop and manage subcontracts with community providers and provide technical assistance regarding development and implementation of an online case recording system, including training and ongoing improvements. CTDS also assists in the development, implementation and monitoring of the ILOB Strategic Plan and Results Washington quarterly state report and participates with the Washington State Independent Living Council as an ILOB representative.

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.

State Rehabilitation Council Project

Contact: Kurt Johnson, kjohnson@uw.edu
Core Function: Technical Assistance and Outreach Training

This project utilizes Center for Technology and Disability Studies (CTDS) expertise to support the Washington State Department of Service for the Blind’s (DSB) State Rehabilitation Council (SRC). Support provided aims to enhance SRC performance and increase its effectiveness. In particular, CTDS provides (1) support to recruit and retain exemplary Council members and to facilitate the recruitment process; (2) support to the Council to conduct effective quarterly public meetings in locations designated by the Council; (3) facilitation of Customer Forums and other activities to gather input regarding the effectiveness and availability of DSB programs and services; and (4) support to the Council, under the direction of the Executive Committee, in developing and maintaining partnerships with key stakeholders and work to increase visibility and the positive impact of the Council.
**Traumatic Brain Injury in Corrections**
Contact: Mark Harniss, mharniss@uw.edu
Core Function: Research and Evaluation

This project aims to improve management of offenders with Traumatic Brain Injury (TBI) by front line staff of the Washington State Department of Corrections (DOC). Specifically, to help front line staff understand what a TBI is, how offenders might be affected by TBI, what they could do that would help in day-to-day management of problems faced by offenders with TBI, how TBI might affect engagement in treatment programs, how TBI affects compliance with DOC rules and regulations, and how TBI might affect transition from corrections to community living. The project proposes to effect change at two levels in the DOC. The first is to increase awareness and knowledge about TBI system-wide. The second is to develop and pilot intensive knowledge translation activities with front line staff who work with specific target populations (e.g., veterans, or women, or individuals with developmental disabilities) in order to translate knowledge into practice. These activities will be evaluated and used to develop best practices that can be generalized to other correctional facilities within the DOC.

**University of Washington Employment Program (UWEP)**
Contact: Kurt Johnson, kjohnson@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 UWEP's most recent workshops include Technology and the Employment of Individuals with Intellectual Disabilities and Supported Employment for Individuals with Intellectual Disabilities.
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 (AT) 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 services and knowledge.

WATAP is part of the Center for Technology and Disability Studies (CTDS) and is guided by a consumer-majority advisory council. By 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. WATAP partners with the Washington Access Fund to provide low-interest financial loans for 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 and matched savings program (Individualized development Accounts or IDAs) for the purchase of AT. WATAP provides support to local community reuse providers, Bridge Disabilities Ministries- Meyer Mobility Center and the Seattle Hearing, Speech, and Deafness Center (HSDC), for the purposes of expanding capacity for their device reuse programs. The Meyer Mobility Center provides reused nobility and durable medical equipment at no cost and HSDC offers a unique hearing aid reuse program. WATAP coordinates the Evergreen Reuse Coalition, a Washington State reuse network, which seeks to make a positive impact to the environment, quality of life of consumers, and cost savings to consumers through effective reuse of assistive devices. 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 Timberland Regional 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. Several State Agencies, including the Special Education Technology Center, the Division of Vocational Rehabilitation (DVR), and Department of Services for the Blind (DSB), coordinate with WATAP’s Device Borrowing program to provide short-term loans of assistive technology to special education teachers, speech-language pathologists, rehabilitation counselors, occupational/physical therapists, and other technology specialists 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.

WATAP administers the National Deaf-Blind Equipment Distribution Program (NDBEDP) in Washington State through an agreement with the Washington State Department of Social and Health Services, Office of the Deaf and Hard of Hearing (ODHH). The NDBEDP provides technology to low-income individuals who have combined hearing and vision loss for the purposes of accessing telecommunication and internet services. WATAP provides individualized assessments to determine appropriate equipment to meet a consumer’s needs, purchases the equipment for the consumer, and then arranges for appropriate set-up and training through agreements with community partners. Additionally, WATAP conducts follow-up assessment/evaluation and client satisfaction surveys to ensure equipment is effectively being used by the client and to improve program procedures and service delivery.
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.

University Center for Excellence in Developmental Disabilities

Programs

Adults and Elders  Autism Center  Barnard Center  Center for Technology and Disability Studies  Clinical Training Unit  Community Disability Policy Initiative  Genetics Program  Haring Center

Projects

- Alaska Consultation Clinics and Technical Assistance
- Assuring Pediatric Nutrition in the Hospital and Community
- Child Development Clinic
- Child Health Notes
- Community-Based Clinics
- Community Asset Mapping
- Community Feeding Teams in WA State
- CSHCN Medical Home Partnerships for Children and Their Families
- CSHCN Nutrition Network
- Developmental-Behavioral Pediatrics Training Programs
- Efficacy of Parent-Implemented Treatment in Infant Siblings of Children with ASD
- Families as Mentors
- FAS Diagnostic and Prevention Network
- First Steps Program Curriculum
- High Risk Infant Follow-up Clinic
- Interdisciplinary Computer-Based Educational Modules
- Infant and Child Assessment Training Programs
- LEND Alaska Without Walls
- LEND Interdisciplinary Training Program
- Nutrition Focus Newsletter
- Pacific West Maternal & Child Health Distance Learning Network – CSHCN Nutrition
- Pacific West Maternal & Child Health Distance Learning Network – Oral Health
- Parent Autism Support Service
- Pediatric Audiology Clinic
- Pediatric Audiology Trainee Emphasis
- Screen-Refer-Treat (SRT) Model to Promote Earlier Access to ASD Intervention
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
Core Function: Technical Assistance and Outreach Training

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 Online, which provides ongoing pediatric nutrition consultation and resources.
Child Development Clinic

Contacts: Gretchen Glass, gag@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. 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, occupational therapy, physical therapy, psychology, social work, and speech and language pathology.

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 are 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 disorders, and attention-deficit hyperactivity disorder.
Child Health Notes
Contact: Anne Leavitt, anneleav@uw.edu
Core Function: Information Development and Dissemination

The Child Health Notes (CHN) project provides health care providers in the community with 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.
Community-Based Clinics

Contact: Beth Ellen Davis, bedavis@uw.edu
Core Functions: Clinical Services, Professional Training

Several clinics in the region, including Boyer Children’s Clinic, Holly Ridge Development Center, and the Kindering Center, provide services to children and adults with special needs; UCEDD faculty and trainees in professions relevant to developmental disabilities participate in a variety of ways in these specialized clinics, as described below.

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, a nurse, speech pathologists, occupational and physical therapists, educators, family resource coordinators and a 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.

Holly Ridge Development Center 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.

The Kindering Center, a not-for-profit neurodevelopmental center, has been providing comprehensive services for children with special needs and their families since 1962. Each year thousands of infants and children receive crucial therapies, special education, and counseling. The Clinical Training Unit (CTU) of the UCEDD provides Nutrition consultation services, including chart review, evaluations, and collaboration in the development and monitoring of interventions.
Community Asset Mapping
Contact: Amy Carlsen, carlsa@uw.edu
Core Function: Technical Assistance and Outreach Training

Community Asset Mapping (CAM) is a program where communities look at who in the community is finding children with developmental concerns and how and where these children and their families are helped through screening and diagnostic services. CAM accomplishes this by bringing together pediatricians and other primary care providers, families, educators, public health, early intervention, and additional service providers in their communities. Working together across silos has led to expanded resources and unlocked new energy for all stakeholders.

The CAM project was developed by the state Washington Autism Advisory Council in 2009 and is benefited greatly from the active support of the council as a whole. CAM is supported in collaboration by UCEDD faculty and staff, the Washington State Department of Health, and the Medical Home Partnerships Project (MHPP). The CAM process has proven to be a successful tool for igniting community coalitions and improving services for children with special health care needs, specifically children with autism and their families.

Community Feeding Teams in WA State
Contact: Sharon Feucht, sfeucht@uw.edu
Core Function: Technical Assistance and Outreach Training

CHDD faculty provides ongoing 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 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 the UCEDD.
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 Partnerships Project for Children and Youth with Special Health Care Needs and Their Families (MHPP), in collaboration with the WA Department of Health, promotes quality improvement and systems integration around medical homes for children and youth with special needs by:

- Coordinating and building the Medical Home Leadership Network of CYSHCN interdisciplinary community resource/training teams and community coalitions
- Promoting developmental screening within medical homes and across early childhood settings for all children
- Developing and disseminating CYSHCN medical home tools, best practices and timely information through multiple communication strategies to primary care providers, medical specialists, community service providers, family organizations and statewide partners who impact care for families with CYSHCN.

The project is funded by the Washington Department of Health Healthy Starts and Transitions Unit, which includes the Children with Special Health Care Needs (CSHCN) program. Project staff members also provide information on the Medical Home model to pediatric residents and other trainees.

The MHPP helps communities organize to better identify and serve children with special health care needs through either Medical Home Leadership Network (MHLN) teams or Community Asset Mapping (CAM) Coalitions. The 16 Medical Home teams are volunteer community-based, health care professional-parent teams, 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.

MHPP staff are providing leadership for the state initiative to help develop 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 grant in rural, Spanish-speaking Yakima County, which is exploring implementation of universal developmental screening in that county.

MHPP Developmental Pediatricians write a quarterly one page newsletter for primary care providers who serve children and other community providers. Child Health Notes (CHN) provide up-to-date, trustworthy and relevant information about the identification and medical management of children with special health care needs.

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.
**CSHCN Nutrition Network**

Contact: Sharon Feucht, sfeucht@uw.edu  
Core Function: Information Development and Dissemination, Technical Assistance and Outreach Training

The Children with Special Health Care Needs (CSHCN) 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 ongoing 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.

Efficacy of Parent-Implemented Treatment in Infant Siblings of Children with ASD
Contact: Wendy Stone, stonew@uw.edu
Core Function: Research and Evaluation

This project is designed to prevent or reduce the severity of social and linguistic communication disorders in younger siblings of children with autism spectrum disorders (Sibs-ASD) who are at higher risk for this disorder. In a sample of 120 Sibs-ASD (12-15 mos), recruited at two sites (University of Washington, Seattle; Vanderbilt University, Nashville), this project will seek to accomplish the following goals: (a) test the efficacy of a low-cost treatment that shows promise for treatment of social and linguistic impairments in Sibs-ASD: ImPACT; (b) identify characteristics of the subgroup most benefiting from ImPACT; (c) evaluate whether improvements in pivotal skills related to communication produce anticipated effects on more distal spoken language skills and ASD symptomatology; (d) identify the active ingredients in ImPACT by which the treatment improves pivotal skills. Treatment efficacy goals will be addressed by stratifying Sibs-ASD on initial cumulative-risk status for communication disorder and then randomly assigning them to treatment or control groups. Treatment will be provided by parents under the supervision of research staff for 3 months. Immediate post-treatment evaluations will be followed by 3 month and 6 month follow-up assessments. Examiners and coders will be blind to treatment assignment. Intent-to-treat analyses will be conducted. State of the art statistical methods will be used to identify the characteristics associated with response to ImPACT and to test whether pivotal skills and active ingredients of the treatment mediate treatment effects.
Families as Mentors
Contact: Kathleen Washington, kwpt@uw.edu
Core Function: Professional Training

The Families as Mentors (FAM) Program enhances the fellows' understanding of the family experience of raising a child with a neurodevelopmental disability. Fellows learn directly from families through extended interactions and experiences that take place in the family's home and community. Fellows 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 fellows and faculty mentors to share and reflect on the FAM Program experiences and discuss readings.
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 two 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 and FAS facial recognition software developed by FAS DPN faculty. The FAS DPN began diagnosing patients in 1993 and has diagnosed over 3000 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 creating one of the largest clinical/research databases that it uses to conduct studies to improve the diagnosis and intervention strategies used for individuals with FASD. The FAS DPN is also providing annual reports describing demand for services to stakeholders including the Department of Health, the Department of Social and Health Services, the Department of Corrections, and the Office of the Superintendent of Public Instruction.

The FAS DPN co-chairs the Washington State Fetal Alcohol Spectrum Disorders Interagency Work Group (FASD IAWG) established in 1995 through legislation. The mission of the FASD IAWG is to ensure coordination of State programs/institutions (UW, DOH, DSHS, OSPI, and DOC) for individuals with FASD and women at risk of having children with fetal alcohol exposure. The FASD IAWG reports periodically to the Governor’s Council on Substance Abuse and key legislative committees to promote public policy for FASD prevention. These reports are posted on the Washington State FASD website (fasdwa.org) created and maintained by the FAS DPN.
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 online 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 500 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 the 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.
**Infant and Child Assessment Training Programs**  
Contact: Sue Wendel, swendel@uw.edu; Kay Kopp, kkopp@uw.edu  
Core Function: Professional Training

These comprehensive training programs are offered by the Occupational Therapy and Physical Therapy Departments at the CHDD. Training is comprised of 80 contact hours during 1 day/week over 10 weeks. The infant track trains therapists, nurses, physicians, and others on standardized neurodevelopmental infant assessments for early identification of developmental concerns. It also includes capacity building in working with multi-cultural families and observations of the dynamic infant-caregiver dyad. The child track utilizes an interdisciplinary clinic venue to train therapists and others on standardized assessments for evaluation of functional performance skills with preschool, school-age, adolescent children and youth. It also includes assessment of gross and fine motor skills, sensory processing, visual perceptual skills, pre-handwriting and handwriting skills, play skills, and self-care skills. The program trains approximately 40 professionals each year.

**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 fellows are required to complete the computer-based educational modules. The modules may be accessed by other fellows 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 Alaska Without Walls

Contacts: Beth Ellen Davis, bedavis@uw.edu
Core Function: Professional Training

The purpose of the project is to establish a Leadership Education in Neurodevelopmental Disabilities (LEND) interdisciplinary training program in Alaska. The purpose of the LEND training program is to improve the health of infants, children and adolescents who have, or are at risk for, developing neurodevelopmental and related disorders by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence. The new LEND program will be part of the Center for Human Development (CHD) at the University of Alaska, Anchorage.

The overarching aim of the LEND Alaska Without Walls is to develop interdisciplinary leadership skills to promote systems change and advocacy on behalf of children and adolescents with developmental disabilities and their families. The specific goals are to: (1) advance the knowledge and skills of the full range of health and other professionals to improve healthcare delivery systems for children and youth with ASD/DD in rural and frontier communities in Alaska; (2) provide high quality interdisciplinary, leadership education to health and other professionals which emphasizes the integration of services supported by state and local agencies, organizations, private providers, and communities; (3) provide a wide range of health and other professionals working in rural and frontier communities in Alaska with the skills needed to foster a community-based partnership of health resources and community leadership; (4) promote innovative practice models that enhance cultural competency, partnerships among disciplines, and family-centered approaches to care; and (5) provide interdisciplinary training opportunities to build capacity to evaluate, diagnose or rule out, develop and provide evidence-based interventions to individuals with autism and other developmental disabilities.
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 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 fellows 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 fellows present their projects at an annual forum and receive a certificate of recognition.

UW LEND is in its fifth decade. Former fellows hold leadership positions in academia, public health, community programs, and health care facilities across the nation. 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.

UW LEND has successfully competed for a supplement funded by the Combating Autism Act to increase the number of LEND fellows, 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.
**Nutrition Focus Newsletter**

Contact: Sharon Feucht, sfeucht@uw.edu  
Core Function: Information Development and Dissemination

Nutrition Focus is an online newsletter that focuses on nutrition challenges of children with special health care needs and their families. The newsletter is written for health care providers and others who work with children with special health care needs. The goals of the newsletter are to increase awareness of nutrition and to share useful assessment and intervention strategies within the health care community. Continuing Education credit is available.

It is estimated that 40% of all children with special health care needs may be at risk for nutrition problems. If these problems are addressed early by qualified health professionals, improved outcomes are gained in appropriate growth, improved health status, fewer hospitalizations and cost savings in overall health care expenditures. Nutrition Focus is a vehicle for disseminating timely, evidence-based and practical information that allows health care providers to effectively address the nutritional issues of children with special health care needs.

Each online article highlights a specific disorder or nutrition concern and offers practical suggestions and guidance for families and health care professionals. Sample topics include: Pediatric formula update; Intrauterine growth retardation and small for gestational age - Nutrition Management; Homemade blenderized tube feedings; Eating/feeding problems of children; Dietary Reference Intakes - Case studies for children with special health care needs; Down syndrome; Transition for adolescents with special health care needs to adult health care and nutrition services; Breastfeeding the infant with special health care needs.
Pacific West Maternal & Child Health Distance Learning Network – CSHCN Nutrition

Contacts: 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: 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 and 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, 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 Autism Support Service (PASS)
Contact: Amy Carlsen, carlsa@uw.edu
Core Function: Technical Assistance and Outreach Training

The Parent Autism Support Service (PASS) is a program structured to support parents in the early months after a diagnosis of autism. The PASS Program is run by the Parent Professional Partnership, also known as the Family Discipline of the University of Washington LEND program. Faculty and Family Fellows who have children with special needs, or are very knowledgeable of the services and support available to families of children with autism, provide follow-up to families one week post diagnosis and then monthly for six months. After six months, families are connected to providers within their local communities to continue to support them in the care of their child. Experienced professionals are available to answer the pager (206-314-3598) on Mondays and Tuesdays between the hours of 9:00am-4:00pm.

Pediatric Audiology Clinic
Contacts: 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: Lisa Mancl, lmancl@uw.edu  
Core Function: Professional Training

This project provides 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) program 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.
Screen-Refer-Treat (SRT) Model to Promote Earlier Access to ASD Intervention
Contact: Wendy Stone, stonew@uw.edu
Core Function: Research and Evaluation

This project will implement and evaluate an innovative healthcare service delivery model designed to promote earlier access to specialized intervention for toddlers with ASD. The Screen-Refer-Treat (SRT) model provides a coordinated and cost-effective approach to early identification and intervention by involving both medical and EI providers, and represents a practical and sustainable strategy for bridging the gap between ASD concerns and ASD intervention. The SRT model, which builds on the availability of validated ASD screening tools and low-cost behaviorally-based ASD interventions, will be implemented in four diverse communities across Washington State to evaluate changes in service delivery practices for toddlers with Hispanic as well as Non- Hispanic backgrounds. A stepped wedge cluster RCT design will be used to evaluate implementation and outcomes of the SRT model. Data on screening, referral, assessment, and intervention practices will be collected from 40 PCPs and 80 EI providers across the state prior to and following SRT implementation to identify practice changes. In addition, separate samples of caregivers of toddlers with ASD concerns (n=245) will be recruited from communities before and after SRT implementation and followed prospectively to measure differences and changes over time in caregiver well-being, parenting efficacy, satisfaction with healthcare systems, and toddler's social-communicative behaviors. We predict that implementation of the SRT model will be associated with higher rates of ASD screening by PCPs, earlier referral to EI programs, earlier initiation of ASD-specialized intervention, reduced time between ASD concerns and diagnosis, and improved caregiver and child outcomes. behavior at each visit, and receive diagnostic evaluations at 24 months and 36 months of age.
The Community Disability Policy Initiative (CDPI) is designed to bring about systematic change locally, nationally and internationally to increase opportunities for individuals with intellectual/developmental disabilities. This is achieved through an ongoing dialogue between the university and the community to identify issues that need additional attention in research, training, services, educational opportunities, and policy development. The CDPI works closely with the Washington State Developmental Disabilities Council and Disability Rights Washington, the state's protection and advocacy system, in the implementation of identified activities.

Projects
- DD Council Collaborations
- Disability Studies Program
- Juvenile Justice and Special Education
- UCEDD Consumer Advisory Council
DD Council Collaborations
Contact: Sharan Brown, sbrown@uw.edu
Core Function: Technical Assistance and Outreach Training

The Washington State DDC meets monthly in rotating locations around the state. The primary role of the DDC is to make public policy recommendations to the Governor and state policy makers on issues of importance to individuals with intellectual and developmental disabilities (ID/DD) and their families.

The Council is comprised of 33 members appointed by the Governor, at least 60 percent of whom must be individuals with ID/DD, parents or other family members, or guardians. Also serving on the Council are representatives of service providers and principal state agencies that provide funding to or services for individuals with ID/DD, and the state Protection and Advocacy organization, Disability Rights Washington (DRW).

The UCEDD and the DDC collaborate to identify and work on issues facing individuals with ID/DD. These issues are addressed through policy recommendations as well as through advocating for further research, training, and services. Currently, the UCEDD is participating with the DDC in the Community of Practice: Supporting Families over the Life Course, a multi-year federal project exploring ways to improve the service delivery system to better meet the needs of the ID/DD community in the future. In addition, the UCEDD, DDC and Disability Rights Washington (AIDD network partners) have committed to the ongoing support the Allies in Advocacy initiative described below. Additional collaborative activities that are targeted for the next five years include parents with developmental disabilities, access to and use of technology, supports and services in Department of Corrections/Juvenile Rehabilitation, and strengthening the advocacy partnership in Washington State. These collaborations support UCEDD’s mission to work on systems change through collaborating with individuals with ID/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 served a six year appointment as the Director of the Disability Studies Program and continues to participate in 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. The DSP currently offers an undergraduate Disability Studies minor and Disability Studies major through Individualized Studies in the College of Arts & Sciences. 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, the program has been successful in offering four additional courses sponsored by existing academic departments and schools – bioethics, rehabilitation medicine, and law. Two courses have also been developed and offered through the Study Abroad program; one undergraduate course on assistive technology in Brazil and the other a graduate course in the rights of the children with disabilities to health in Cambodia.

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, addressing such issues as eugenics and disability, disability rights in Asia, human and disability rights internationally, and the ethics of medical “treatments” on individuals with ID/DD.
Juvenile Justice and Special Education
Contact: Sharan Brown, sbrown@uw.edu
Core Function: Research and Evaluation

With initial funding from the Arc of Washington Trust Fund and continuation funding from the Harlan Hahn Endowment this study is investigating 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 explores 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 reports enrollment and placement information including specific data on race, ethnicity, sex, disability, and Limited English Proficiency 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 allows us to examine Washington State schools data specifically from the 2009-10 school year and subsequent reporting cycles.

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 plan to review a minimum of five 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 provide 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 (CAC) 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 CAC 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 CAC is comprised of self-advocates, family members of children and adults with intellectual/developmental disabilities, and directors from the UCEDD, Disability Rights Washington, and the Washington State Developmental Disabilities Council. Additional members include state agencies and community advocacy organizations. The majority of Council members are individuals with intellectual/developmental disabilities and family members. This composition ensures that the perspectives of these communities are heard and provides a mechanism to ensure that major initiatives of the UCEDD are responsive to the needs of individuals with intellectual/developmental disabilities.

CAC members act as a sounding board for UCEDD faculty and staff members when new programs are developed and existing programs are up for renewal. CAC 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
Fuki Hisama, Co-Director, fmh2@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.

Projects
- Autism Genetics Clinic
- Biochemical Genetics Clinic
- Congenital Hypothyroidism Follow-Up Clinic
- Neurogenetics Clinic
- PKU Clinical Program
**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 their 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) other medical problems (epilepsy) or distinctive features are present; (3) patients have an outside abnormal genetic test result or have a test result that is difficult to interpret; or (4) a patient's 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 regimens 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.
**Congenital Hypothyroidism Follow-Up Clinic**  
Contact: Anne Leavitt, anneleav@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. 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: Suman Jayadev, sumie@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, diagnose, 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

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, diagnosed in early infancy, and 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.
The Norris and Dorothy Haring Center for Research and Training in Inclusive Education houses three individual units: the Experimental Education Unit (EEU), the Applied Research Unit, and the Professional Development Unit.

The Experimental Education Unit (EEU) is a state-certified special education school that serves children from birth to age six with diverse abilities. The Applied Research Unit houses numerous research projects in the areas of early learning, special education, challenging behaviors and family support. The Professional Development Unit provides education, training, and program management strategies for professionals, schools, and community organizations as well as clinical services to individuals with disabilities and their families.
Evaluation of Project DATA Intervention for Preschoolers with ASD
Contact: Ilene Schwartz, ilene@uw.edu
Core Function: Research and Evaluation

This project will evaluate the effectiveness of Project DATA (Developmentally Appropriate Treatment for Autism), a comprehensive preschool intervention for children with ASD, using a two-arm randomized clinical trial. Twelve schools have been participating, each with at least 10 children with clinical levels of ASD symptoms. Classrooms will be randomly assigned to the experimental or comparison (standard care) condition and children have been randomized to classrooms. Children enrolled will have an autism diagnosis or be at risk for an autism spectrum disorder, and will be between 16-30 months of age 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. Outcomes of the intervention include child cognition, language, social skills, and behavior. The investigators will also examine whether various child-level variables (e.g., gender, age, and severity of ASD symptoms) moderate the impact of the intervention, and whether family functioning and satisfaction with the intervention serve as potential mediators.

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 are 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, is being 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 are 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 is using 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 Unit**

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 250 children each year, ranging from birth to six 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: (1) the 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 blended program that serves children three to five years old; (3) Kindergarten, a full-day blended program that emphasizes the development of cognitive, social, and motor skills that enable children to successfully transition to regular classrooms the following year; (4) Head Start/ECEAP, a program comprised of three major components: education, health/nutrition, and family support that serves children whose families meet low-income guidelines (primarily four-year-olds) and has particular training for children with moderate and severe disabilities; and (5) Project DATA, an inclusive preschool with a half-day component followed by intensive instruction.

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 Ackerley 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.
Implementing iBESTT in Schools - Increasing Fidelity of Behavior Plans using Tablet Technology
Contact: Carol Davis, cadavis1@uw.edu
Core Function: Research and Evaluation; Technical Assistance and Outreach Training

This five year project is evaluating a behavioral support system for students with or at-risk for emotional behavioral disturbance, including children with developmental disabilities, who show challenging behavior in elementary and middle schools. During the first four years the project will develop training and implementation materials, then will test, evaluate, and refine these products using our tablet technology. In year five, the project will disseminate the products in additional schools to assess the implementation and sustainability of the tool and materials beyond the development schools. The project is developing the professional development materials required to use our tablet technology for behavior assessment and intervention supports in schools. Three schools will collaborate in the development of these materials during the first two project years within the context of behavior support teams. Each school team will consist of 4-6 school staff that have established models of intensive behavior support for students within the Response to Intervention framework at their schools. Team members include school administrators, psychologists, counselors, general education teachers, and special education teachers. Pilot testing and evaluation of these materials will occur with four new schools during project years three and four. Material revision will occur throughout these two phases. The fifth year of the project will involve implementation of the program to assess the sustainability of iBESTT in 10 dissemination schools. Participating schools across project years will come from urban and suburban settings. Severity of disability for students receiving behavior supports likely will range from mild to moderate. Proposed products will include iBESTT tool training and dissemination products, both written and web-based. Specifically, products will include a readiness assessment for schools considering the iBESTT tool for data collection, awareness training and orientation tutorials, manuals for using the iBESTT tool, staff training modules for new educators, online coaching in tool use and data collection, and web-based application for hosting and deploying electronic student support data. Proposed outcomes from the project will include assessment of team, teacher, student, and parent variables. Specific outcomes include: (a) improved fidelity of data collection for student behavior support plans; (b) increase in data-based decisions for student behavior support plans; (c) monitoring and evaluating of tablet use by teachers and staff; (d) improved student social behavior and academic performance, and (e) social validation of the project from teachers, students and families.

Individualizing Care: Training For Childcare Coaches to Support Children with Disabilities
Contact: Ilene Schwartz, ilene@uw.edu
Core Function: Technical Assistance and Outreach Training

This training project will work with the Statewide Early Achievers Project funded by the Department of Early Learning. The goal is to insure that every child care coach in Washington State has training on how to individualize interventions for children with disabilities in child care programs. The training is not meant to supplant early intervention services provided through Part C, but rather to insure that community child care program providers have the training necessary to provide high quality care to children with disabilities who require child care. The content of the training will be based on the "Building Block" model developed by Susan Sandall and Ilene Schwartz. Outcomes of this training will be that families have increased options for child care for their children with disabilities and that the children with disabilities who are enrolled in child care have more positive experiences in those programs.
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 leads 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.
Preschool Reading and Language Interventions for Children with Autism
Contact: Roxanne Hudson, rhudson@uw.edu
Core Function: Research and Evaluation

The goal of this project is to determine the immediate and delayed effects of preschool intervention in areas important for emergent literacy in order to lead to improved reading and language outcomes among children with ASD. To do this, the project utilizes randomized control trials to experimentally examine the efficacy of Dialogic Reading and Phonological Awareness interventions in comparison to untaught peers and then compare the efficacy of the two interventions. The project will further examine intervention and child characteristics to determine under which conditions the treatments are most effective. Because it is important for young children to arrive in kindergarten prepared for conventional literacy instruction, the project will determine for which outcomes treatment effects persist one year post-intervention and if they change after controlling for key child characteristics. For these same reasons, the project will examine which preschool pretest characteristics predict longer term (kindergarten) outcomes for children with ASD. The project aims to determine which child characteristics are important for later literacy success; this is known for typically developing children, but not for those with ASD.

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: (a) contribute to the 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 Ackerley 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 students with low-incidence disabilities in the highest-need schools in the Northwest.
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, especially those from underrepresented groups, 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, and it puts supports in place to ensure teacher retention. 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.
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<tr>
<td>UCEDD</td>
<td><a href="mailto:chdd@uw.edu">chdd@uw.edu</a> / (206) 543-7701</td>
</tr>
<tr>
<td>Adults &amp; Elders</td>
<td><a href="mailto:chdd@uw.edu">chdd@uw.edu</a> / (206) 543-7701</td>
</tr>
<tr>
<td>UW Autism Center</td>
<td><a href="mailto:uwautism@uw.edu">uwautism@uw.edu</a> / 1-877-408-8922</td>
</tr>
<tr>
<td>Barnard Center¹</td>
<td><a href="mailto:cimhd@uw.edu">cimhd@uw.edu</a> / (206) 543-9200</td>
</tr>
<tr>
<td>Biochemical Genetics</td>
<td><a href="mailto:vam@uw.edu">vam@uw.edu</a> / (206) 598-1800</td>
</tr>
<tr>
<td>CDPI²</td>
<td><a href="mailto:sbrown@uw.edu">sbrown@uw.edu</a> / (206) 685 -4010</td>
</tr>
<tr>
<td>Child Development Clinic</td>
<td><a href="mailto:chdd@uw.edu">chdd@uw.edu</a> / (206) 598-9346</td>
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<tr>
<td>CTDS³</td>
<td><a href="mailto:uwctds@uw.edu">uwctds@uw.edu</a> / (206) 685-4181</td>
</tr>
<tr>
<td>CTU⁴</td>
<td><a href="mailto:lend@uw.edu">lend@uw.edu</a> / (206) 685-1350</td>
</tr>
<tr>
<td>Genetics Clinic</td>
<td><a href="mailto:olsondl@uw.edu">olsondl@uw.edu</a> / (206) 598-3462</td>
</tr>
<tr>
<td>Haring Center (EEU)</td>
<td><a href="mailto:eeuweb@uw.edu">eeuweb@uw.edu</a> / (206) 543-2011</td>
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<tr>
<td>HRIF Clinic⁵</td>
<td><a href="mailto:chdd@uw.edu">chdd@uw.edu</a> / (206) 598-9348</td>
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<td><a href="mailto:vam@uw.edu">vam@uw.edu</a> / (206) 598-1800</td>
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<td><a href="mailto:lmancl@uw.edu">lmancl@uw.edu</a> / (206) 598-9347</td>
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<td><a href="mailto:vam@uw.edu">vam@uw.edu</a> / (206) 598-1800</td>
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2 - Community Disability Policy Initiative
3 - Center for Technology and Disability Studies
4 - Clinical Training Unit
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More information about the UCEDD and affiliated programs and projects can be found online at [http://depts.washington.edu/chdd](http://depts.washington.edu/chdd)
### UCEDD Faculty & Staff

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<tbody>
<tr>
<td>Michael J. Guralnick, Ph.D.</td>
<td>Director, UCEDD</td>
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<tr>
<td>Sharan Brown, J.D., Ed.D.</td>
<td>Associate Director, UCEDD</td>
</tr>
<tr>
<td>Patricia Hochstat, MBA</td>
<td>Assistant to the Director</td>
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<tr>
<td>Richard Masse, M.P.H.</td>
<td>Director of Administration</td>
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<tr>
<td>Annette Estes, Ph.D.</td>
<td>Director, Autism Center</td>
</tr>
<tr>
<td>Ben Aaronson, Ed.S.</td>
<td>Director, Apex Summer Camp Program</td>
</tr>
<tr>
<td>Amany Eskander</td>
<td>Clinic Administrator</td>
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<tr>
<td>Jen Gerdts, Ph.D.</td>
<td>Clinical Psychologist</td>
</tr>
<tr>
<td>Jessica Greenson, Ph.D.</td>
<td>Director of Clinical Services &amp; Research Director</td>
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<tr>
<td>Kelly A. Johnson, Ph.D.</td>
<td>Clinical Psychologist</td>
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<tr>
<td>Jennie Kahl, M.Ed., BCBA</td>
<td>Behavior &amp; Education Consultant</td>
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<tr>
<td>Rachel Lowy, M.S., CF-SLP</td>
<td>Speech-Language Pathologist</td>
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<tr>
<td>Patricia Matestic, Ph.D.</td>
<td>Tacoma Clinical Director</td>
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<tr>
<td>Katrina Mares</td>
<td>Behavior Technician</td>
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<tr>
<td>Jeffrey Munson, Ph.D.</td>
<td>Research Assistant Professor</td>
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<tr>
<td>Ashley Penney, M.Ed., BCBA</td>
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<td>Susan Ray, M.S.</td>
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<td>Amy Rodda, M.A., CCC-SLP</td>
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<td>Tanya St. John, Ph.D.</td>
<td>Clinical Psychologist</td>
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<td>Cameron Sinquimani M.Ed., BCBA</td>
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<tr>
<td>Robin Talley, M.Ed., BCBA</td>
<td>Director of Training and Outreach</td>
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<tr>
<td>Ella Vanderbilt-Adriance, Ph.D.</td>
<td>Clinical Psychologist</td>
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<tr>
<td>Hayley Waltz, M.S., BCBA, CCC</td>
<td>Behavior &amp; Education Consultant</td>
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<tr>
<td>Sara Woods, Ph.D.</td>
<td>Clinical Psychologist</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Susan Spieker, Ph.D.</td>
<td>Director, Center on Infant Mental Health and Development</td>
</tr>
<tr>
<td>Colleen Dillon, Ph.D.</td>
<td>Research Scientist, Family and Child Nursing</td>
</tr>
<tr>
<td>Jennifer Duval, BA</td>
<td>Promoting First Relationships</td>
</tr>
<tr>
<td>Denise Findlay, RN, BSN</td>
<td>Director of Outreach and Education, NCAST</td>
</tr>
<tr>
<td>Miriam Hirschstein, Ph.D.</td>
<td>Research Scientist, Family and Child Nursing</td>
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<tr>
<td>Vicki Long, BA</td>
<td>Business &amp; Operations Manager, NCAST</td>
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<td>Julie Nagel, M.S.W.</td>
<td>Early Childhood Consultant</td>
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<tr>
<td>Monica Oxford, Ph.D.</td>
<td>Director of Program Development, NCAST</td>
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<td>Jennifer Rees, M.S.W.</td>
<td>Program and Training Manager</td>
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<tr>
<td>Kurt Johnson, Ph.D.</td>
<td>Director</td>
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<tr>
<td>Kim Canaan</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>Debbie Cook, B.S.</td>
<td>Director, Washington Assistive Technology Alliance</td>
</tr>
<tr>
<td>Gaby deJongh, B.S.</td>
<td>Training Coordinator</td>
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<tr>
<td>Patricia Dowden, Ph.D., C.C.C.-Sp(L).</td>
<td>Clinical Assistant Professor</td>
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<tr>
<td>Aditya Ganapathiraju</td>
<td>Research Assistant</td>
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<tr>
<td>John Hanna</td>
<td>Computer Support Analyst</td>
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<tr>
<td>Mark Harniss, Ph.D.</td>
<td>Senior Research Scientist</td>
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<tr>
<td>Curt Johnson, M.S., A.T.P., C.R.C.</td>
<td>Rehabilitation Counselor and Assistive Technology Specialist</td>
</tr>
<tr>
<td>Maria Kelley, B.S., O.T.R.</td>
<td>Assistive Technology Specialist</td>
</tr>
<tr>
<td>Alan Knue, B.S.</td>
<td>WATAP State Project Director</td>
</tr>
<tr>
<td>Yuanyuan Li</td>
<td>Web and Database Specialist</td>
</tr>
<tr>
<td>Becky Matter, M.A.</td>
<td>Research &amp; Evaluation Associate</td>
</tr>
<tr>
<td>Samantha Murphy</td>
<td>Program Specialist</td>
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<tr>
<td>Lee Olsen</td>
<td>Program Coordinator</td>
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<tr>
<td>Jeff Witzel, B.S.</td>
<td>Information Technology Specialist</td>
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### Clinical Training Unit (CTU)

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Beth Ellen Davis, M.D., M.P.H.</td>
<td>Director</td>
</tr>
<tr>
<td>Susan Astley, Ph.D.</td>
<td>Director, Fetal Alcohol Syndrome Diagnosis and Prevention Network</td>
</tr>
<tr>
<td>Linda Backenstose, M.S.W.</td>
<td>Social Work</td>
</tr>
<tr>
<td>Forrest C. Bennett, M.D.</td>
<td>Developmental Pediatrician</td>
</tr>
<tr>
<td>Sharan Brown, J.D., Ed.D.</td>
<td>Discipline Leader, Disability Law</td>
</tr>
<tr>
<td>Amy Carlsen, R.N.</td>
<td>Discipline Leader, Family Partnership</td>
</tr>
<tr>
<td>John Dunne, M.D.</td>
<td>Discipline Leader, Child Psychiatry</td>
</tr>
<tr>
<td>Peter Esselman, M.D.</td>
<td>Discipline Leader, Adult Medical Specialties</td>
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<tr>
<td>Sharon Feucht, M.A., R.D., C.D.</td>
<td>Nutrition Consultation and Training</td>
</tr>
<tr>
<td>Harlan Gephart, M.D.</td>
<td>Discipline Leader, Behavioral Pediatrics</td>
</tr>
<tr>
<td>Gretchen Glass</td>
<td>Clinic Supervisor</td>
</tr>
<tr>
<td>Linda Grimsson</td>
<td>Administrator</td>
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<tr>
<td>Janet Hamovitch, M.S.W.</td>
<td>Social Work</td>
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<tr>
<td>Anne Hay, Ph.D.</td>
<td>Psychometrist, Psychology</td>
</tr>
<tr>
<td>Ross Hays, M.D.</td>
<td>Discipline Leader, Pediatric Rehabilitation</td>
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<tr>
<td>Colleen Heubner, Ph.D., M.P.H.</td>
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<tr>
<td>Kay Kopp, M.S., O.T.R.</td>
<td>Occupational Therapy</td>
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<tr>
<td>Sonja Kottke, Ph.D.</td>
<td>Psychology</td>
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<tr>
<td>Penelope Leggott, D.D.S., M.S.</td>
<td>Discipline Leader, Pediatric Dentistry</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Kathleen Lehman, Ph.D.</td>
<td>Clinical Instructor, Psychiatry and Behavioral Sciences</td>
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<tr>
<td>Anne Leavitt, M.D.</td>
<td>Clinical Assistant Professor, Pediatrics</td>
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<tr>
<td>Sue Livingstone, M.D.</td>
<td>Pediatrician</td>
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<tr>
<td>Faye Louie</td>
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<tr>
<td>Lisa Mancl, M.S.</td>
<td>Audiology</td>
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<tr>
<td>Elizabeth Mazzarella</td>
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<td>Brenda McNees-Thoreson, R.N.</td>
<td>Clinic Nurse</td>
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<tr>
<td>Mari Obara, M.S., R.D., C.D.</td>
<td>Nutrition</td>
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<td>Beth Ogata, M.S., R.D., C.D.</td>
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<tr>
<td>Kate Orville, M.P.H.</td>
<td>Program Manager, Medical Home Leadership Network</td>
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<tr>
<td>Yoshie Pearce</td>
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<tr>
<td>Susan Ramage, M.S., R.N.</td>
<td>Discipline Leader, Nursing</td>
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<tr>
<td>Nancy Saunders, B.A.</td>
<td>Administrative Assistant</td>
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<tr>
<td>Laura Snow Ph.D., CCC-SLP</td>
<td>Speech-Language Pathology</td>
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<tr>
<td>Wendy Stone, Ph.D.</td>
<td>Professor</td>
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<td>Sally Stuart, Ph.D., M.S.W.</td>
<td>UW LEND Training Director, Discipline Leader, Social Work</td>
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<tr>
<td>John Thorne, M.A., M.S., CCC-SLP</td>
<td>Speech &amp; Hearing Sciences</td>
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<tr>
<td>William O. Walker, M.D.</td>
<td>Director, Developmental/Behavioral Pediatrics Fellowship Program</td>
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<tr>
<td>Kathleen Washington, Ph.D.</td>
<td>Discipline Leader, Physical Therapy</td>
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<tr>
<td>William Welton, Dr.P.H., M.H.A.</td>
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<td>Susan Wendel, M.S., O.T.R.</td>
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<td>Marcia Williams, M.S., P.T.</td>
<td>Physical Therapy</td>
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<tr>
<td>Samuel Zinner, M.D.</td>
<td>Developmental/Behavioral Pediatrics Residents</td>
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<td>Community Disability Policy Initiative (CDPI)</td>
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<td><strong>Sharan Brown, J.D., Ed.D.</strong></td>
<td>Director, Community Disability Policy Initiative</td>
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<tr>
<td><strong>Pat Brown, Ed.D.</strong></td>
<td>Clinical Assistant Professor</td>
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<tr>
<td><strong>Kurt Johnson, Ph.D.</strong></td>
<td>Professor, Rehabilitation Medicine</td>
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<tr>
<td><strong>Dennis Lang, R.N., M.P.H.</strong></td>
<td>Affiliate Instructor</td>
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# Genetics Program

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
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<tbody>
<tr>
<td>Fuki Hisama, M.D.</td>
<td>Co-Director, Genetics Program</td>
</tr>
<tr>
<td>C. Ron Scott, M.D.</td>
<td>Co-Director, Genetics Program</td>
</tr>
<tr>
<td>Laura Amendola, MS, LGC</td>
<td>Genetic Counselor</td>
</tr>
<tr>
<td>Robin Bennett, M.S., LGC</td>
<td>Senior Genetic Counselor</td>
</tr>
<tr>
<td>Peter Byers, M.D.</td>
<td>Professor, Pathology and Medicine</td>
</tr>
<tr>
<td>Lauren Brown, MS, CGC</td>
<td>Genetic Counselor</td>
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<tr>
<td>Vicki Frasheer</td>
<td>Program Care Coordinator</td>
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<tr>
<td>Jan Hamovitch, M.S.W.</td>
<td>Social Worker</td>
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<tr>
<td>Katie Golden-Grant, M.S., CGC</td>
<td>Genetic Counselor</td>
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<tr>
<td>Janie Heffernan, M.S., R.D., C.D.</td>
<td>Nutritionist</td>
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<tr>
<td>Suman Jayadev, M.D.</td>
<td>Director, Neurogenetics Clinic</td>
</tr>
<tr>
<td>Anne Leavitt, M.D.</td>
<td>Clinical Assistant Professor, Pediatrics</td>
</tr>
<tr>
<td>Loraine Naylor, MS, LGC</td>
<td>LGC, Genetic Counselor, Medical Genetics</td>
</tr>
<tr>
<td>Mari Obara, M.S., R.D., C.D.</td>
<td>Nutritionist</td>
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<tr>
<td>Beth Ogata, M.S., R.D., C.D.</td>
<td>Research Dietitian I, Pediatrics, Nutrition</td>
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<tr>
<td>Debra Olson</td>
<td>Program Coordinator</td>
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<tr>
<td>Wendy Raskind, M.D., Ph.D.</td>
<td>Professor, Medicine, Division of Genetics</td>
</tr>
<tr>
<td>Virginia Sybert, M.D.</td>
<td>Clinical Professor, Medicine</td>
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<tr>
<td>Susan Reynolds, M.S.W.</td>
<td>Social Worker</td>
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<tr>
<td>Brenda Vicars, RN</td>
<td>Registered Nurse</td>
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## Haring Center

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<tbody>
<tr>
<td>Ilene Schwartz, Ph.D.</td>
<td>Director, Haring Center</td>
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<tr>
<td>Julie Ashmun, M.Ed.</td>
<td>Director, Professional Development Unit</td>
</tr>
<tr>
<td>Christy Baker</td>
<td>Occupational Therapy</td>
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<tr>
<td>Megan Bulger</td>
<td>Speech Language Pathology</td>
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<tr>
<td>Carol Davis, Ed.D.</td>
<td>Assistant Professor, Special Education</td>
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<tr>
<td>Sheryl French</td>
<td>Speech Language Pathology</td>
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<td>Anna Fragomeni</td>
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<td>Renee France</td>
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<tr>
<td>Jennifer Fung</td>
<td>Assistant Director, Applied Research Unit</td>
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<td>Amanda Gregory</td>
<td>Physical Therapy</td>
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<tr>
<td>Roxanne Hudson, Ph.D.</td>
<td>Assistant Professor, Education</td>
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<td>Gail Joseph, Ph.D.</td>
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<tr>
<td>Britney Lee</td>
<td>Co-Director of Early Learning</td>
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<tr>
<td>Anna Levin</td>
<td>BCBA</td>
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<td>Chris Matsumoto, M. Ed.</td>
<td>Principal, Experimental Education Unit</td>
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<td>Susan Sandall, Ph.D.</td>
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<td>Mary Simkins-Maass</td>
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<td>Amy Taylor</td>
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<tr>
<td>Molly Tellone</td>
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