University Center for Excellence in Developmental Disabilities

Program & Project Guide 2019
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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) Barnard Center on Infant Mental Health and Development, (3) Center for Technology and Disability Studies, (4) Clinical Training Unit, (5) Community Disability Policy Initiative, (6) Genetics Program, (7) Haring Center, and (8) UW Autism 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 CHDD

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. 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 quality of life of adults and elders with developmental disabilities. 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, enhance inclusion of individuals in the community, and build the capacity of health professionals to meet the needs of this population.

Project List

- Autism Coalition of Tacoma
- ECHO Autism: Transition to Adulthood
- Parenting with Intellectual Disability in Washington State
- Self-Advocacy Project
- Welcome Inclusion (WIN)
Autism Coalition of Tacoma

Contact: Gary Stobbe -- gastobbe@uw.edu

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

The mission of the Autism Coalition of Tacoma (ACT) is to enrich the lives of all individuals and their families in the South Puget Sound impacted by autism and related developmental disabilities. ACT was formed in 2017 as a result of the Simon Family Endowment. The goal of the Simon Family Endowment is to help build, connect, and enhance programs and services supporting adults diagnosed with autism spectrum disorder (ASD) and other intellectual disabilities.

ACT is a collaboration of the major institutions in the South Sound currently supporting individuals and families impacted by autism. Members of the ACT Professional Advisory Committee were chosen based on their expertise in the field of autism and their knowledge of the South Sound. The committee, co-directed by CHDD Adults and Elders faculty - Dr. Stobbe, has met regularly since 2017 to identify and recommend immediate and long-term goals which will localize, strengthen, and unify autism services and resources for individuals, families, and the South Sound community. In 2018, ACT completed a community needs survey and is currently in the process of analyzing this data. Also, ACT has assisted the Simon Family Endowment in its launch of a student scholarship fund supporting undergraduates with developmental disabilities matriculating at UW Tacoma campus.

ECHO Autism: Transition to Adulthood

Contact: Gary Stobbe -- gastobbe@uw.edu

Core Function: **Clinical Services, Information Dissemination, Technical Assistance and Outreach Training**

Dramatic increases in the prevalence of autism spectrum disorder (ASD) have been accompanied by a rising tide of adolescents with ASD who are entering adulthood. With well-documented shortages of provider workforce, training of community healthcare providers to serve the unique needs of transition-age youth with ASD in geographic, racial, ethnic, and economically diverse communities requires novel approaches. Project Extension for Community Healthcare Outcomes (Project ECHO) framework is an approach that has proven successful in increasing the role and expertise of the practicing community-based primary care provider (PCP).

Project ECHO uses secure multi-point videoconferencing technology to create a learning community, connecting PCPs in local communities ("spokes") to an interdisciplinary team of experts ("hub") through regular recurring sessions. During these sessions, learning is facilitated through brief evidence-based didactics, case-based learning (during which PCPs present their own cases for discussion and co-management), collaborative mentorship, and guided practice. ECHO Autism is a pilot program collaborated between CHDD Adults & Elders faculty and University of Missouri to provide support primary care providers in their work with teens and adults around the transition years. Began in the Fall of 2018 and recruited primary care providers nationally for participation, Washington State had the highest number of provider participants. The effectiveness of this program in increasing the confidence levels of primary care participants is currently under evaluation, and the hope is that this program will continue and expand in 2019.
Parenting with Intellectual Disability in Washington State

Contact: Sharan Brown -- sbrown@uw.edu
Core Function: Research and Evaluation

The Parenting with Intellectual and Developmental Disability (IDD) Project in Washington State is a component of a larger community partnership with Disability Rights Washington (DRW), Developmental Disabilities Council (DDC), and the Allies in Advocacy (AIDD network partners) focusing on the rights of parents with IDD.

The purpose of the first UCEDD study was to examine Child Protective Services (CPS) investigations related to parenting with an intellectual and developmental disability (IDD) in Washington State. Using a mixed methods design, researchers attempted to document the prevalence of CPS investigations of parents with IDD at the birth of the child, the reasons given for the investigation, the supports available to the parents with IDD, and the current science in supporting parents with IDD. Following interviews with parents, Developmental Disabilities Administration case managers, a review of the national CPS data reporting, and an extensive literature review, a final report was completed. The report included both research and policy recommendations to address the lack of available information from state agencies on the experience of parents with IDD and CPS.

Findings from the first phase of research have been presented at local meetings and national conferences. The second phase of the study investigated the birth records of infants born to mothers with a diagnosis of IDD in Washington State over a 14-year period and linked those with Children's Administration records to track their involvement with CPS. We have completed a paper currently under review for publication that documents our findings from this second phase of research. Our identified 2019 focus will be on the evaluation of parents with IDD for fitness to parent and supports currently available for parents. The collaboration will continue with the AIDD network partners, as well as other researchers at the University of Washington, in order to improve our understanding of the prevalence and experience of parents with IDD and CPS in our state to ensure that they receive the supports they need to successfully parent.
Self-Advocacy Project

Contact: Sharan Brown -- sbrown@uw.edu
Core Function: Professional Training, Technical Assistance and Outreach 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 (AIDD) 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 AIDD network partners have committed to supporting Allies efforts to become a legislatively recognized fourth member of the network by including the Allies in Advocacy team in all collaborative efforts including support to the Equal Partners Interstate Congress (EPIC) project funded by the Administration on Community Living (ACL). Other recent examples have included the addition of advocates on the Department of Corrections project focused on the supports and services to incarcerated individuals with Traumatic Brain Injury in Washington State as Advisory Team members and presenting at the 50th Anniversary UCEDD Symposium in 2017. The Chair of the Allies group, who is also a UCEDD Consumer Advisory Council member, represented the UCEDD at the EPIC conference held in the summer of 2017. He also presented at the 2018 AUCD Annual Conference on the group's efforts to become a nonprofit organization. The UCEDD support of the Allies efforts will continue to be one of our priorities for the future.

The LEND program created a trainee position specifically for an advocate with IDD several years ago. 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 IDD to develop their skills in supporting individuals with IDD in their communities as well as inform the LEND and UCEDD faculty and students of their experiences and perspectives on research and service.
Welcome Inclusion (WIN)

Contact: Raphael Bernier -- rab2@uw.edu, Gary Stobbe -- gastobbe@uw.edu
Core Function: Information Dissemination, Technical Assistance and Outreach Training

The Welcome Inclusion (WIN) Initiative is a grassroots alliance that aims to position Seattle and King County as a model for community inclusion, laying the foundation for partners large and small to adopt and formalize welcoming practices. This public awareness and capacity building campaign will facilitate rapid, transformative community change to promote a world of inclusion for children and adults with intellectual, behavioral, and social differences through 3 key activities:

- Building public awareness about creating healthy and positive relationships with people with differences.
- Creating a mobile experience for people to find WIN businesses, take action, support community connection, and share experiences.
- Providing businesses the opportunity to take a pledge and receive training for effectively serving, working with, and hiring people differences.

WIN is composed of leading educators, researchers, service providers, self-advocates, and families. It's inspired by stories from families impacted by autism, cerebral palsy, Down syndrome and other differences. Faculty from the CHDD UCEDD contribute as members of the WIN Leadership Steering Committee and Research Team.

www.welcomein.org
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.

Project List

- A Primary Prevention Trial to Strengthen Child Attachment in a Native Community
- Collaborative Perinatal Mental Health and Parenting Support in Primary Care
- Educare School of Greater Seattle Educare Evaluation
- Intervention to Improve Outcomes for Foster Children Reunited with Their Birth Families - Maltreatment Intervention
- New Methods for Coding Parent-Child Relationships within a Sample of Maltreated Infants and Toddlers
- Parent Child Interaction Assessment Scale Training in Beijing China
- Parent-Child Relationship Program (formerly NCAST)
- Promoting First Relationships
- Promoting First Relationships - Strengthening Child Attachments in AI Communities
- Promoting First Relationships for Department of Early Learning
- Promoting First Relationships in a Community Setting
- Promoting First Relationships Training for Child Welfare Providers
A Primary Prevention Trial to Strengthen Child Attachment in a Native Community

Contact: Cathryn Booth-LaForce -- ibcb@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 -- spieker@uw.edu  
Core Function: Research and Evaluation  

The goal of this research is to conduct a randomized controlled trial to evaluate the effectiveness of Promoting First Relationships for English and Spanish-speaking low-income mothers who were treated for depression or other mental health conditions beginning in pregnancy and as needed in the perinatal year. 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 mental/behavioral health treatment 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 full-day, center-based early childhood education implemented in 24 low income communities throughout the country. Shown to increase school readiness skills of children birth to five, Educare schools advance and disseminate cutting-edge practices that support young children, their families, and the early learning professionals who work with them. Features of the Educare model include continuity of care, optimal adult-to-child ratios, strong family engagement support, embedded professional development, and high quality, data-informed practice.

To measure and support this work, Educare Seattle partners with program evaluators at the Barnard Center for Infant Mental Health and Development. Together, Educare and Barnard Center evaluators support local improvement efforts and participate in longitudinal, cross-site implementation research. Barnard Center evaluators collaborate with researchers across the Educare network, participate in ancillary grants, and promulgate research on best practices in early childhood care and education. Cross-site research is coordinated by researchers at the Frank Porter Graham Institute for Child Development in Chapel Hill, NC.

**Intervention to Improve Outcomes for Foster Children Reunited with Their Birth Families - Maltreatment Intervention**

**Contact:** Monica Oxford -- mloxford@uw.edu  
**Core Function:** Research and Evaluation

Birth parents of young children who have been placed into foster care are a highly vulnerable population of caregivers. They are more likely to have been foster children themselves and survivors of childhood maltreatment. They are also at a much higher risk for co-morbidities, including mental health disorders, substance abuse, poverty, low education, and homelessness. Their infants and toddlers, similarly, are not only at risk for serious emotional, behavioral, neurological and physiological health problems, they are also at risk for continued relationship disruptions throughout their life course with multiple placements. The study will test the effectiveness of a relationship-based intervention (Promoting First Relationships) in improving outcomes for children aged one to five years who were recently reunified with their birth parent after a foster care separation.

The specific aims of this study are:

1. Adapt Promoting First Relationships (PFR) for reunified birth families and older children;  
2. Test the effectiveness of PFR to improve parental quality and parent-child interaction as compared to a Resource and Referral service;  
3. Test the effectiveness of PFR on reducing social, emotional, and behavioral problems in a population of children at risk for elevated emotional and behavioral disorders;  
4. Test the effectiveness of PFR in reducing referrals to CPS and re-entry into foster care; and  
5. Test a proposed PFR theoretical model, linking the PFR intervention to improved parental insightfulness and emotional competence, which then contributes to parental sensitivity and improved child outcomes.
New Methods for Coding Parent-Child Relationships within a Sample of Maltreated Infants and Toddlers

**Contact:** Monica Oxford -- mloxford@uw.edu  
**Core Function:** Research and Evaluation

Parental sensitivity is defined and coded when caregivers are sensitive and responsive to a child's social and emotional needs. Parental sensitivity is one of the primary predictors of child developmental outcomes, however, there have been very few innovations in the coding of parental sensitivity until recently. In April 2017, at the biennial meeting of the Society for Research on Child Development a new and highly novel method of coding parental behavior emerged. It’s called Fragmented and Unpredictable parental behavior. FRAG was first discovered in the lab of Tallie Baram using rodent models to assess the impact of early life stress on maternal care, which then affects a range of offspring outcomes. What is exciting is that FRAG coding was recently applied to a sample of human parent-child dyads. FRAG explained unique variation in human infant developmental outcomes over and above traditional measures of maternal/parental sensitivity. In this project we will code FRAG on an existing set of videotaped observations of high-risk, maltreating dyads.

Parent Child Interaction Assessment Scale Training in Beijing China

**Contact:** Denise Findlay -- dmf56@uw.edu  
**Core Function:** Technical Assistance and Outreach Training

We will be training 15 Early Intervention (EI) Professionals in China to use Dr. Barnard's Parent-Child Interaction Scales. This project is aimed at increasing capacity for EI professionals (pediatricians, psychologists, and therapists) in Beijing to meet the needs of families with infants and toddlers. The project is occurring in three phases, Phase 1: development of agreements between the University of Washington and the Association of Maternal & Child Health Studies (AMCHS). Phase II: translation of materials, manuals, scales and training program. Phase III: training of 15 EI professionals in Beijing with ongoing technical and clinical support.
Parent-Child Relationship Program (formerly NCAST)

**Contact:** Monica Oxford -- mloxford@uw.edu

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

The mission of Parent-Child Relationship Program (PCRP) is to give professionals, parents and other caregivers the knowledge and skills to provide nurturing environments for young children by developing and disseminating innovative research-based products and training programs used in many disciplines and settings. PCRP programs and products are used internationally across many disciplines and train over 1000 providers annually. The target audience is nurse home visitors, social workers, therapists, researchers, and other service providers working with families with young children (0-3).

PCRP has six main training programs and has developed over 55 products used by parents and professionals working with families with young children. This year PCRP Programs has distributed thousands of training & professional materials, including videos, manuals, assessment scales, informational booklets and forms to individuals across the United States and internationally.

PCRP also offers workshops and training for service providers to promote children's social and emotional development. These training workshops include Introduction to Infant Mental Health, Parent-Child Interaction (PCI) NCAST Instructor Training, Promoting First Relationships (PFR), Promoting Maternal Mental Health During Pregnancy, and Keys to Caregiving.

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 First Relationships for Department of Early Learning

Contact: Monica Oxford -- mloxford@uw.edu
Core Function: Technical Assistance and Outreach Training

Promoting First Relationships (PFR) for Department of Early Learning project is funded through the Department of Early Learning. The aim is to train providers from local agencies who provide early intervention services to children and families who qualify for early intervention. We train providers to provide infant and early childhood mental health practices through mentored training of the research-based curriculum, Promoting First Relationships (PFR). Children and caregivers will experience the following improved outcomes:

- Increased children's healthy social-emotional development
- Increased responsive, nurturing caregiver-child relationships
Promoting First Relationships in a Community Setting

**Contact:** Monica Oxford -- mloxford@uw.edu  
**Core Function:** *Technical Assistance and Outreach Training*

Promoting First Relationships (PFR) in a Community Setting project is funded through King County Children and Family Commission. This project provides training to providers in community service agencies serving highly stressed families. Promoting First Relationships is an intervention program aimed at enhancing parenting capacity and child outcomes.

Promoting First Relationships Training for Child Welfare Providers

**Contact:** Monica Oxford -- mloxford@uw.edu  
**Core Function:** *Technical Assistance and Outreach Training*

Promoting First Relationships (PFR) Training for Child Welfare Providers project is funded through the Washington State Department of Child, Youth and Families. The aim is to train providers throughout Washington State to be certified to provide PFR to families in the child welfare system. Promoting First Relationships is an intervention program aimed at enhancing parenting capacity and child outcomes.
Center for Technology and Disability Studies

Kurt Johnson, Co-Director, kjohnson@uw.edu
Mark Harniss, Co-Director, mharniss@uw.edu

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

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

Project List

- ADA Network - Knowledge Translation Center
- Assistive Technology Info-Map Program
- Independent Living for the Blind Program for Department of Services for the Blind
- Traumatic Brain Injury in Corrections
- University of Washington Employment Program
- Washington Assistive Technology Act Program
ADA Network - Knowledge Translation Center

Contact: Mark Harniss -- mharniss@uw.edu, Kurt Johnson -- kjohnson@uw.edu

Core Function: Information Dissemination, Technical Assistance and Outreach Training

The purpose of the ADA Knowledge Translation Center (ADAKTC) is to ensure that information and products developed and identified through the 10 regional centers of the ADA National Network (ADANN) are of high quality, based on the best available research evidence, and are deployed effectively to multiple key stakeholders. The ADAKTC facilitates coordination, organization, and collaboration among the ADANN centers and generates new knowledge about optimal methods to enhance stakeholder’s use of knowledge about their rights and responsibilities under the ADA. 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 awareness and 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

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 do not have easy access to 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 the Blind Program for Department of Services for the Blind

Contact: Mark Harniss -- mharniss@uw.edu, 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 the Blind Program (IL). 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 IL Strategic Plan and Results Washington quarterly state report and participates with the Washington State Independent Living Council as an IL representative.

Traumatic Brain Injury in Corrections

Contact: Mark Harniss -- mharniss@uw.edu, Sharan Brown -- sbrown@uw.edu
Core Function: Research and Evaluation

This project aims to improve interactions between incarcerated individuals with Traumatic Brain Injury (TBI) and front line staff of the Washington State Department of Corrections (DOC). Specifically, the project aims 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

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.
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 provide a comprehensive continuum of services and resources to help Washingtonians with disabilities of all ages to make informed decisions about assistive technology (AT), and to provide alternative means of acquiring the AT they need. WATAP serves not only individuals with disabilities, but also their circle of support including family members, employers, employment service providers, educators, health care providers, social service providers, and others seeking AT expertise in all areas of life, but especially in education, employment, and community living. WATAP is part of the Center for Technology and Disability Studies (CTDS) and is guided by a consumer-majority advisory council. WATAP provides 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, Timberland Regional Library Systems, and the San Juan Island Library 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), Department of Services for the Blind (DSB), and Aging and Long-term Support Administration (ALTSA) 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, case managers, homecare support personnel, and other technology specialists throughout Washington State.

WATAP partners with the Northwest Access Fund to provide low-interest financial loans for the purchase of assistive technology devices and services through the Assistive Technology Loan and matched savings program (Individualized development Accounts or IDAs). 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. Through partnership with the Perkins School for the Blind, WATAP provides telecommunications equipment and associated support and training to eligible applicants who have vision and hearing impairments through iCanConnect WA, Washington’s National Blind Equipment Distribution Program funded by the Federal Communication Commission
Clinical Training Unit
Jennifer Gerdts, Director, jvarley@uw.edu

The Clinical Training Unit (CTU) is an interdisciplinary clinical training program that provides training, applied research and evaluation, and exemplary clinical services in the assessment and treatment of children with or at risk for developmental disabilities. Clinics in the CTU use 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 stakeholders in the region.

Project List

- Alaska Consultation Clinics and Technical Assistance
- Assuring Pediatric Nutrition Care in the Community
- Cardiac Neurodevelopmental Clinic
- Child Development Clinic
- Child Health Notes
- Community Asset Mapping
- Community Feeding Teams of WA
- Community-Based Clinics
- CSHCN Medical Home Partnerships for Children and Their Families
- CSHCN Nutrition Network
- Developmental-Behavioral Pediatrics Training Programs
- Down Syndrome Specialty Clinic
- Efficacy of Parent-Implemented Treatment in Infant Siblings of Children with ASD
- Expanding Pathways to Early Screening and Intervention for Underserved Toddlers with ASD (ASD-PATH)
- Families as Mentors
- FAS Diagnostic and Prevention Network
- First Steps Curriculum Project
- Infant and Child Assessment Training Programs
- Infant Development Follow-up Clinic
- LEND: Excellence in Comprehensive Interdisciplinary Leadership Education
- Nutrition Focus Newsletter
- Pacific West Maternal & Child Health Distance Learning Network - Oral Health
- Pacific West Maternal & Child Health Distance Learning Network - CSHCN
- Parent Autism Support Service (PASS)
- Pediatric Audiology Clinic
- Pediatric Audiology Trainee Emphasis (PATE)
- School Medical Autism Review Teams (SMART)
- Screen-Refer-Treat (SRT) Model to Promote Earlier Access to ASD Intervention
- UW LEND Interdisciplinary Interactive Modules
- WA State EHDDI Learning Community
Alaska Consultation Clinics and Technical Assistance

Contact: William Walker -- wotisw@uw.edu
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 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 and to trainees participating in the Alaska LEND.

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.

Assuring Pediatric Nutrition Care in the Community

Contact: Beth Ogata -- bogata@uw.edu
Core Function: Professional 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 up to 26 hours of continuing education credits from the Commission on Dietetic Registration for participating in the training.

During the four-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 40 participants to facilitate interaction and small group learning experiences and to promote development of clinical competencies.

The conference was expanded in 2016, to provide training opportunities at an advanced level. Participants can select from a 3-day introduction to pediatric nutrition or a 2-day advanced topic option.
**Cardiac Neurodevelopmental Clinic**

**Contact:** Lisa Herzig -- lherzig@uw.edu  
**Core Function:** Clinical Services

Children who are born with complex congenital heart disease (CHD) are at risk for problems with the growth and development of their brain and central nervous system. The Cardiac Neurodevelopmental Clinic evaluates and treats babies and children with complex congenital heart defects who had heart surgery before their first birthday. We provide close follow-up during their first 5 years of life. A visit to the Cardiac Neurodevelopmental Clinic can provide reassurance that your child's brain and central nervous system are developing normally. If we find developmental issues, we can help connect you with the therapies that make a difference.

The Cardiac Neurodevelopmental Clinic was founded in August 2015. Clinics run on the 1st, 2nd, 3rd, and 5th Tuesday morning of each month. The specialists available in our clinic will include: developmental behavioral pediatrics, psychology, physical therapy, occupational therapy, speech therapy, social work, nutrition, and audiology. Clinic staff members work in interdisciplinary teams, combining expertise to evaluate each child and make recommendations for care. Trainees also participate in hands-on and didactic training which includes assessments, parent conferences, lectures, and report writing.

Phone: 206-598-3327

**Child Development Clinic**

**Contact:** Anne Leavitt -- anneleav@uw.edu  
**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.

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.

Phone: 206-598-9346
Child Health Notes

Contact: Sophie Lu -- sophielu@uw.edu
Core Function: Information 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 Asset Mapping

Contact: Kate Orville -- orville@uw.edu
Core Function: Technical Assistance and Outreach Training

The Community Asset Mapping (CAM) project is a collaboration between local communities and Washington State Maternal and Child Health Title V partners. These partners include the University of Washington Leadership Education in Neurodevelopmental and Related Disabilities (LEND), the Washington State Department of Health, and the Washington State Medical Home Partnerships Project (MHPP). CAM staff and a network of state partners help communities strengthen local systems to screen, evaluate, diagnose and provide timely intervention services to children with autism and other developmental disabilities. CAM is a process and forum for communities to identify issues around serving all children, but especially children with special healthcare needs and their families. This is done through a community-driven process of identifying assets and challenges in how children are currently being identified and served, prioritizing opportunities to improve care, and moving forward as a community to pilot and implement improvements. CAM staff help communities identify and address training needs, as well as examine how to improve communication and referrals to state diagnostic centers for more complicated evaluations.

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. Since 2009, twelve rural Washington State communities have had facilitated community discussions and continue to work on these issues locally. 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 of WA

Contact: Mari Mazon -- lilmaro@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. Twenty 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 dietitian nutritionists, 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 current feeding team concerns and needs and, to provide guidance for new feeding team development.

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.
Community-Based Clinics

Contact: Susan Wendel -- swendel@uw.edu
Core Function: 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. Boyer Children's Clinic is one of the CTU clinical sites for our pediatric fellows and residents.

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.

Seattle Children's Autism Center (SCAC) provides assessment, diagnosis, treatment and support for autism spectrum disorders. The center offers a range of medical and mental health services for babies, children and young adults. CHDD faculty provide patient care and facilitate clinical training for LEND fellows at SCAC.
CSCN Medical Home Partnerships for Children and Their Families

Contact: Kate Orville -- orville@uw.edu

Core Function: Information Dissemination, Technical Assistance and Outreach Training

A 'medical home' is primary health care that is team-based, holistic, and centered on the patient and family. This project is funded by the Washington Department of Health (DOH) Children and Youth with Special Health Care Needs (CYSHCN) program. The Medical Homes Partnership project help WA Title V Program to meet their federal performance measures to improve access to medical homes, increase the percentage of children who receive early developmental and other screenings, and improve systems of care for CYSHCN, including patient/family-provider partnership. Project activities include:

1. Provide technical assistance and support to 18 county or clinic-based Medical Home teams or Community Asset Mapping (CAM) coalitions improving care for CYSHCN across Washington. Pediatric clinics focus on improving overall 'medical homeness,' care coordination, and developmental screening and referral for children whose families do not have English as a main language. The CAM coalitions bring together community providers from primary care, schools, behavioral health, early intervention, family support to collectively improve early identification and evaluation of children with autism and/or other developmental disabilities. In the past year, we have also used this process to look at regional information and support needs of families with CYSHCN and care coordination.

2. Provide leadership and consultation on state Universal Developmental Screening initiatives, including, Help Me Grow Washington, Central Washington Help Me Grow, Essentials for Childhood, and WA Frontiers of Innovation. These efforts are working to: a) identify and mitigate social determinants of health, b) increase parental and community awareness of optimal ways to support and nurture children in the prenatal period and first years of life, c) build on local developmental screening efforts in both health care and early childhood settings ensure all children are screened, d) address gaps in and link families to services that improve community provision of needed resources, and f) address policies at the local and state level that impact these efforts.

3. Partner with the WA Chapter of the American Academy of Pediatrics and the State DOH through the Pediatric Transforming Clinical Practice Initiative to pilot Patient and Family Engagement strategies in the participating clinics to identify and co-develop multi-lingual materials, scripts, and focus groups for participating pediatricians to use with their patients. The goal has been to improve family health literacy and self-efficacy around their children's health, strengthen the relationship and communication between clinicians and families in pediatric medical homes, reduce potentially avoidable ED visits and increase well child visit rates.

4. Research and write Child Health Notes (CHN), a quarterly one-page newsletter for pediatric primary care providers and others caring for children with special needs. Local communities adapt the newsletter resources section to include contact information for key local resources.

5. Provide monthly training to Pediatric residents, LEND Fellows, public health students, nutritionists, dentists, and parents of CYSHCN on serving children through the medical home model and how to access key community resources.

6. Disseminate information on how the Medical Home Neighborhood (primary care, families, and community partners) can support children, their families and providers in Washington State as well as through the project listerv with 280 subscribers.

7. Provide technical assistance to Department of Health systems integration and quality improvement grant, Autism grant, Medically Complex Care grant for children 0-3, and Washington State Family Leadership (WSLI) Coalition for families who have children and youth with special health care needs.
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 over 200 registered dietitian nutritionists (RDNs) in Washington State who provide nutrition services to children with special health care needs. The CSHCN Nutrition Network strengthens the capacity of RDNs to effectively respond to the nutrition needs of families and children with special health care needs.

The CSHCN Nutrition Network activities include an annual one-day workshop reaching 75 network members (RDNs) for continuing education and information exchange, an annual 2.5 hour webinar for continuing education, and opportunities to participate in other webinars designed for the pediatric focused RDN. Membership in the Nutrition Network begins with an initial two-day training; to increase workforce capacity yearly trainings are provided. 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.

Nutrition Network
Developmental-Behavioral Pediatrics Training Programs

**Contact:** Sam 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 and for Developmental Behavioral Pediatrics fellows from Seattle Children’s Hospital as well as from the military fellowship program at Madigan Army Medical Center. 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.

Developmental Behavioral Pediatrics Fellows spend 3-6 months in Child Development Clinic, where they participate in the pediatric evaluation as well as the interdisciplinary team conference and parent conference. They are also LEND trainees and have the opportunity to present their research at the end of their second year, either as a poster or an oral presentation. One of the current Seattle Children’s Hospital fellows is doing her fellowship research project in PKU Clinic at the CHDD. 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. Pediatric residents spend time in Child Development Clinic as well as the Infant Development Follow-up Clinic. 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.

Down Syndrome Specialty Clinic

**Contact:** Lisa Herzig -- lherzig@uw.edu  
**Core Function:** Clinical Services

The Down Syndrome Specialty Clinic was founded in September 2016. We focus on providing formal developmental assessments, consultation for behavioral concerns, and assessment for common medical problems that can contribute to behavior or development concerns. We will also collaborate with schools and early intervention programs to help provide the best environment for success. In addition, we can assess for the coexistence of other diagnoses such as ADHD or Autism Spectrum Disorder.

Clinics run on the 4th Tuesday morning of each month. The specialists available in our clinic include: developmental behavioral pediatrics, psychology, physical therapy, occupational therapy, speech therapy, social work, nutrition, genetic counseling, and audiology. Clinic staff members work in interdisciplinary teams, combining expertise to evaluate each child and make recommendations for care. Trainees also participate in hands-on and didactic training which includes assessments, parent conferences, lectures, and report writing. We are able to see children ages 1 through 10. Insurance will typically cover these services but patients are encouraged to call their insurance company for more information. If you are interested in an appointment, please have your pediatrician fax a referral to: 206-598-7815. Phone: 206-598-3327
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 seeks 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. ImPACT is a parent-mediated intervention that is taught to parents by research staff for over a period of 3 months. Immediate post-treatment evaluations are followed by 3 month and 6 month follow-up assessments. Examiners and coders are 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.

Expanding Pathways to Early Screening and Intervention for Underserved Toddlers with ASD (ASD-PATH)

Contact: Wendy Stone -- stonew@uw.edu

Core Function: Research and Evaluation

This project is designed to increase pathways of access to early detection and intervention for toddlers from Hispanic and low income families in King County, WA, by building community capacity for providing specialized screening, intervention, and family-centered care within the context of existing, accessible federally supported programs. A unique aspect of this project is its preventive intervention approach, in which toddlers suspected of having ASD, and their caregivers, can access services prior to a formal diagnosis, with the goal of attenuating symptom development. Toddlers with suspected or confirmed ASD (ages 16-30 months) and their caregivers will be recruited from primary care providers (PCPs), Part C Early Intervention programs, Early Head Start, and Home Visiting Programs. Training workshops and technical assistance will enhance providers’ use of

1. Validated Level 1 and Level 2 ASD screening tools,
2. An evidence-based, low-cost, play-based ASD intervention that can be taught to caregivers, and
3. Strategies to promote family-centered communication and decision-making.

The project will use a mixed method design that employs quasi-experimental and interrupted time series approaches and generalized linear mixed models to evaluate the effectiveness of the ASD-PATH model for increasing 18-month ASD screening, earlier access to specialized intervention, and caregiver well-being and toddler social communication. Data will be collected through self-report, electronic medical records, and direct behavioral observation.
Families as Mentors

**Contact**: Susan Adelman -- adelms@uw.edu, Megan Goldenshteyn -- megolden@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 one Washington State community-based clinic and 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 210 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 Curriculum Project

Contact: 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.

Infant and Child Assessment Training Programs

Contact: 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 Assessment Training Program 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 Assessment Training Program utilizes an interdisciplinary clinic venue to train therapists and others on standardized assessments typically used by occupational therapists and physical therapists for evaluation of functional performance skills with preschool, school-age children and youth. This includes assessment of gross and fine motor skills, sensory processing, visual perceptual skills, pre-handwriting and handwriting skills, play skills, and self-care skills. These programs train approximately 8 professionals each year.
Infant Development Follow-up Clinic

Contact: Anne Leavitt -- anneleav@uw.edu
Core Function: Clinical Services

The Infant Development Follow-Up (IDFC) 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 450 clients visit the IDFC to receive diagnostic and treatment services. 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 IDFC 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.
LEND: Excellence in Comprehensive Interdisciplinary Leadership Education

Contact: Jennifer Gerdts -- jvarley@uw.edu  
Core Function: Professional Training

LEND (Leadership Education in Neurodevelopmental and Related Disabilities) is a graduate level, interdisciplinary training program which prepares health professionals for leadership roles in providing health care for individuals with neurodevelopmental disabilities and their families. The LEND program at CHDD is one of 52 LEND programs in the United States federally funded through the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act, and administered by the Maternal and Child Health Bureau under the Workforce Development Division.

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 individuals 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 academic programs at the University of Washington and other institutions in Washington State. Trainees complete clinical and didactic components to meet the requirements of our LEND program. Established community professionals also enroll in LEND to deepen their training in neurodevelopmental disabilities.

Long-term fellows engage in at least 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 trainees 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 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:** Beth Ogata -- bogata@uw.edu  
**Core Function:** *Information 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.

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: Nutrition Issues for Children with Down syndrome; Intrauterine growth retardation and small for gestational age - Nutrition Management; Homemade blenderized tube feedings; Eating/feeding problems of children; Emergency Preparedness - Helping Families and their CSHCN, Transition for adolescents with special health care needs to adult health care and nutrition services; Breastfeeding the infant with special health care needs, Pediatric Malnutrition, Weaning from Tube Feedings, and Family Centered Care.

**Pacific West Maternal & Child Health Distance Learning Network - Oral Health**

**Contact:** 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/](http://depts.washington.edu/pwdlearn/).
Pacific West Maternal & Child Health Distance Learning Network - CSHCN

Contact: 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, and X and other experts in the field of nutrition and oral health. This web-based curriculum is intended for use by dental professionals, primary care providers, nutritionists, educators, therapists, and others who serve young children. The curriculum includes practical examples and family-centered practice and cultural competence are incorporated into the material. Continuing education credit is available for dental and nutrition professionals upon completion of this web-based training at http://depts.washington.edu/pwdlearn/.

Parent Autism Support Service (PASS)

Contact: Susan Adelman -- adelms@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 Leadership Discipline of the University of Washington LEND program. Faculty and Family Trainees 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.

The PASS program has been in place for six years and has provided care coordination to over 150 families who have children newly diagnosed with autism at the University of Washington. Please email passvc@uw.edu to connect with someone regarding PASS.
**Pediatric Audiology Clinic**

**Contact:** Lisa Mancl -- lmancl@uw.edu  
**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 technology; 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 technology (hearing aids, hearing assistance devices) 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 evaluated 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 (PATE)**

**Contact:** Lisa Mancl -- lmancl@uw.edu  
**Core Function:** Professional Training

This project provides specialized training for Doctor of Audiology (Au.D.) students at UW. 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 a specialized curriculum that is 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 takes place at CHDD specialty clinics. In year three, trainees will continue required Au.D. coursework, develop and present a LEND leadership project. In year four, all clinical rotations will be focused in pediatric audiology settings in the community. During their 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.
School Medical Autism Review Teams (SMART)

Contact: Kate Orville -- orville@uw.edu
Core Function: Technical Assistance and Outreach Training

Children and families in many rural communities in Washington State are unable to access a timely assessment for autism or other developmental disabilities and get connected to helpful services. They may wait many months for an autism evaluation at a distant tertiary care center because there is no option closer to home. Transportation and language barriers are also issues for many families. School Medical Review Teams (SMART) were created in six rural Washington State communities to address this challenge. This project is one of the priorities that has come out of the work in CAM communities.

SMART is a model that builds on and expands community capacity in rural and underserved communities that do not have access to a local multidisciplinary diagnostic center. Using a shared document, the SMART tool, families are able to collect records of evaluations from their school, early intervention agency, local providers, and pediatrician to inform an interdisciplinary evaluation and diagnosis of autism. In the SMART approach, experienced pediatric primary care providers, schools, early intervention agencies, and families come together and share their knowledge and evaluation results in order to facilitate a virtual, comprehensive assessment of a child. This process provides a close link between a child's primary care provider (PCP) and school team, who sees the child on a daily basis.

In combination with Autism Center of Excellence (COE) training through the Washington State Health Care Authority (HCA), SMART is a mechanism that allows children to qualify for Applied Behavior Analysis (ABA) therapy covered by Medicaid.

Contact: Kate Orville -- orville@uw.edu, University of WA, Medical Home Partnerships Project (MHPP). The Washington State Department of Health, Healthy Starts, and Transitions Unit provides funding for the MHPP technical support to communities.
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 implements and evaluates 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, is being 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 is being employed to evaluate implementation and outcomes of the SRT model. Data on screening, referral, assessment, and intervention practices are collected from PCPs and 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 are recruited from the same 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.

UW LEND Interdisciplinary Interactive Modules

**Contact:** Susan Wendel -- swendel@uw.edu  
**Core Function:** Technical Assistance and Outreach Training

The purpose of these online modules is to support workforce development of health care professionals who work with people that have developmental disabilities by enhancing knowledge of the contributions of various disciplines. The seven modules (audiology, psychology, physical therapy, speech and language, occupational therapy, nutrition and social work) were 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 within an interdisciplinary team setting. They allow self-paced learning and disseminate the interdisciplinary training curriculum to a broad audience. The modules are required curriculum for all UW LEND trainees, and may also be accessed by trainees in other LEND programs across the US, as well as undergraduate and graduate students in various academic and training programs at the University of Washington.
WA State EHDDI Learning Community

Contact: Lisa Mancl -- lmancl@uw.edu
Core Function: Professional Training

The WA State Early Hearing-Loss Detection Diagnosis and Intervention (EHDDI) Learning Community is supported by a collaboration between the Washington State Department of Health EHDDI program and the University of Washington. Professionals at the UW Center on Human Development and Disability and Speech and Hearing Sciences Department provide professional continuing education training through webinars, in-person seminars, and online resources.

The WSELC provides training and technical support to professionals across disciplines and across the state. The WSELC is also a place to connect, share ideas and results, and learn from each other through both in-person and virtual interactions. The WSELC aligns professionals around common goals and best practices to support children who are deaf and hard of hearing and their families. Professionals involved in this learning community include newborn hearing screeners, pediatric audiologists, family resource coordinators, and early intervention providers practicing in the state of Washington.
Community Policy Development Initiative

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

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.

Project List

- Developmental Disabilities Council (DDC) Collaborations
- Disability Studies Program
- UCEDD Consumer Advisory Council
Developmental Disabilities Council (DDC) Collaborations

**Contact:** Sharan Brown -- sbrown@uw.edu

**Core Function:** Technical Assistance and Outreach Training

The Washington State DDC meets approximately six times a year 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 (IDD) and their families.

The Council is comprised of 27 members appointed by the Governor, at least 60 percent of whom must be individuals with IDD, 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 IDD, 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 IDD. 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 IDD 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. Additional collaborative activities 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, strengthening the advocacy partnership in Washington State. Recent new collaborations have included participation in a Community Forum on ID and Dementia and a workgroup on Supports to Parents whose adult children with IDD are living at home. The final recommendations on supports to parents with adult children with IDD at home will be presented to the state legislature in the 2019. All these collaborations support UCEDD’s mission to work on systems change through collaborating with individuals with IDD 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 faculty meetings. Faculty 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 became 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 additional courses sponsored by existing academic departments and schools - bioethics, rehabilitation medicine, and law. Three courses have also been developed and offered through the Study Abroad program; one undergraduate course on assistive technology in Brazil, a graduate course in the rights of the children with disabilities to health in Cambodia, and a third course on assistive technology in South Africa.

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 IDD.
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.

Project List

- 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. A subset of patients with ASD 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, 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 ASD;  
2. Other medical problems or distinctive features are present;  
3. Patients 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 enrolling in a research study.

Phone: 206-598-4030
Biochemical Genetics Clinic

**Contact:** C. Ronald Scott -- crscott@uw.edu

**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 disorders that result from an inherited inability to produce a particular enzyme necessary for normal metabolism 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. Staff provide counseling about the heritability of particular disorders and guidance on family planning.

Phone: 206-598-1800
**Congenital Hypothyroidism Follow-Up Clinic**

**Contact:** Anne Leavitt -- anneleav@uw.edu  
**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.

Phone: 206-598-1800

**Neurogenetics Clinic**

**Contact:** Suman Jayadev -- sumie@uw.edu  
**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 and 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.

Phone: 206-598-4030
PKU Clinical Program

**Contact:** C. Ronald Scott -- crscott@uw.edu  
**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.

Phone: 206-598-1800
Haring Center

Ilene Schwartz, Director, ilene@uw.edu

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.

Project List

- Development and Testing of the Family Behavior Support App
- Development of a Tiered Coaching Model to Support the Professional Development of Inclusive Early Childhood Educators (TCM)
- Development of a Web-based Integrated Behavior Support and Teacher Coaching System for Early Childhood Settings (iBESTT-EC)
- EEU Classes
- Evaluation of Project DATA Intervention for Preschoolers with ASD
- Family-Centered Personnel Preparation in a Blended Early Childhood and Early Childhood Special Education Program
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- Implementing ibestt in Schools
- Inclusion into What: Advancing Racial Equity in Special Education
- Individualizing Care: Training For Childcare Coaches to Support Children with Disabilities
- Preparing Board Certified Behavior Analysts (BCBAs) to Work with Students with ASD
- Preparing Educators and Social Workers for Family Centered EI Practices
- Preparing Interdisciplinary Special Educators and School Psychologists in Team Based Behavioral and Mental Health Supports
- Project FOSTER to develop leaders in special education
- Technical Assistance and Support in Washington Charter Schools
- User Optimization of a Brain Computer Interface Communication Applications Suite
Development and Testing of the Family Behavior Support App

Contact: Angel Fettig -- afettig@uw.edu
Core Function: Research and Evaluation

The purpose of this project is to develop and pilot test the Family Behavior Support App (FBSApp), an intervention aimed at supporting parents in implementing interventions with their young children with disabilities and challenging behaviors in home settings. Persistent challenging behavior observed at a young age is associated with poor social and academic outcomes, and the rates of challenging behavior are higher for children with developmental disabilities. Challenging behavior places stressful demands on families. Mobile technology provides an opportunity to increase the accessibility and efficiency of support for parents of these children. In this project, the investigators will create a mobile application to support parents in implementing functional assessment (FA)-based interventions, which work by determining the purpose (function) that a particular behavior serves for a child and using this information to develop a plan for reducing and preventing the behavior. In the first year of this project, the intervention will be developed and refined through expert review, cognitive interviews, and focus groups. Field tests with parents will be conducted in the second year using single-case design studies. In the final year of the project, a randomized controlled trial will be conducted to evaluate the promise of the intervention for parents of children with disabilities and challenging behavior, including the promise of a supplementary feature for use by the early childhood professionals who support these families. This project a collaboration with Vanderbilt University and University of Illinois.
Development of a Tiered Coaching Model to Support the Professional Development of Inclusive Early Childhood Educators (TCM)

Contact: Angel Fettig -- afettig@uw.edu
Core Function: Research and Evaluation

Funded through the Institute of Education Sciences, the purpose of this project is to develop a tiered coaching model with a decision-making framework to guide coaches in determining the level of support teachers need. This decision-making framework will enable instructional coaches to match their feedback to the type and amount of support that preschool teachers need during different activities, with different children, and across different points in their careers. While professional development and coaching have become a common approach in increasing teachers' fidelity in implementing evidence-based practices, there is clear evidence of differential effects based on teachers' engagement with and participation in coaching. The process of making coaching decisions (e.g., delivery, dosage) has yet to be investigated systematically in the field of early childhood special education. There is a critical need for coaching interventions that incorporate teachers' needs, experiences, satisfaction, and professional commitment into professional development decisions. The research team will develop and pilot test a tiered coaching model that allows coaches to work with teachers in identifying a matched coaching approach to support teachers as they implement evidence-based practices.

In the first year of this project, a data-driven decision-making framework will be developed to guide coaches in selecting and implementing professional development and coaching that is matched to teacher profiles with profiles based on such factors as teacher need, experience, job satisfaction, and professional commitment. Development and field testing of the tiered coaching model will be conducted in the second year using a mixed methods design. In the final year of the project, a quasi-experimental design study will be conducted to evaluate the feasibility, usability, and promise of efficacy of the tiered coaching model for supporting teachers in including children with disabilities in their classrooms.
Development of a Web-based Integrated Behavior Support and Teacher Coaching System for Early Childhood Settings (iBESTT-EC)

**Contact:** Scott Spaulding -- scott2@uw.edu  
**Core Function:** Research and Evaluation

The purpose of this project is to develop and test a collaborative, web-based tool to improve early childhood teachers' implementation of interventions for children with or at risk for emotional or behavioral disorders (EBD). Despite the development of multi-tiered systems of supports and evidence for the efficacy of positive behavior supports and function-based interventions (aimed at preventing and reducing challenging behavior), many early childhood programs lack the capacity to implement intensive interventions (tier 3) with fidelity. Further, many behavior support programs fail to consider the role of families in the individualized behavior support process. In this project, the research team will modify and expand the existing technology, as well as extend its application from its original design for K-8 classrooms to be appropriate for early childhood settings. This new intervention, the Integrated Behavior Support and Teacher Coaching System for Early Childhood Settings (ibestt-EC), will combine professional development with behavioral coaching and family collaboration to increase early childhood teachers' ability to improve behavioral outcomes for children with or at risk for EBD.

The project will iteratively develop and test ibestt-EC across 4 years. In the first year, the research team will solicit feedback from early childhood practitioners and families through focus groups and workshops and use their feedback to revise the existing technology. The revised intervention will be field tested to evaluate teacher fidelity of implementation in early childhood classrooms in the second year. In the third year, the team will create professional development materials to support teachers in intervention implementation. In the fourth year, the research team will assess the promise of the intervention through a series of single-case design studies.
EEU Classes

**Contact:** Chris Matsumoto -- ctm@uw.edu

**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.
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.

Family-Centered Personnel Preparation in a Blended Early Childhood and Early Childhood Special Education Program

**Contact:** Kathleen Meeker -- kameeker@uw.edu  
**Core Function:** Professional Training

The Family-Centered Scholars project funding supports the development, implementation, and evaluation of a graduate preparation program for pre-service early childhood special educators at the University of Washington. The project was developed in response to local, state, and national needs for highly skilled early childhood professionals who can support young children with disabilities and their families. Family-centered collaborative practices are woven into 5 competency platforms to be acquired by scholars: (a) content knowledge, curriculum, and assessment; (b) social development and behavior support; (c) learner’s identity, language, and culture; (d) professionalism and collaboration; and (e) equity and inclusion. The project uses quantitative and qualitative measures to examine both program process and impact at three levels: scholar acquisition of competencies, program implementation, and consumer satisfaction. The project has 3 goals: 1) increase the number of highly qualified teachers especially those from underrepresented groups to serve young children with disabilities and their families in inclusive settings; 2) develop partnerships and prepare professionals to work with families and schools in diverse communities; and 3) build sustainable professional learning communities amongst pre-service special educators, in-service teachers, and UW faculty and staff. This project prepares 20 scholars in the area of early childhood special education and early intervention.
Haring Center - Professional Development Unit

Contact: Ilene Schwartz -- ilene@uw.edu
Core Function: Professional Training

The Professional Development Unit works with the next generation of professionals in special education, early learning, applied behavior analysis and related disciplines, providing hands-on experience and expert consulting and coaching in any educational context with an emphasis on how to build more inclusive settings. The PDU is a resource to any school or agency seeking assistance with staff training, coaching, program review, curriculum development and implementation of inclusive programs. The PDU also provides supervision for individuals fulfilling the requirements to become a Board Certified Behavior Analyst (BCBA). Supervision is provided for all Behavior Analyst Certification Board (BACB) experience categories including Independent Fieldwork, Practicum, and Intensive Practicum. The Haring Center, PDU is an ACE provider and offers continuing education opportunities for BCBA's. These opportunities include a monthly journal club, speaker series, and workshops designed to help working professionals stay up to date with current research.

Implementing ibestt in Schools

Contact: Carol Davis -- cadavis1@uw.edu
Core Function: Research and Evaluation, Technical Assistance and Outreach Training

Integrating Behavior Support and Team Technology (ibestt) is an online coaching and collaboration tool that guides teams in the implementation of an evidence-based process for delivering supports to teachers of students with persistent challenging behavior (www.ibestt.org).

Through ongoing collaboration with partner schools, the current project develops, evaluates, and refines the professional development and training materials used by behavior support teams to integrate the ibestt tool into their school framework for preventing student problem behavior.

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 outcomes from the project will include assessment of team, teacher, student, and parent variables. Specific outcomes include:

1. Improved fidelity of data collection for student behavior support plans,
2. Increase in data-based decisions for student behavior support plans,
3. Monitoring and evaluating of tablet use by teachers and staff,
4. Improved student social behavior and academic performance, and
5. Social validation of the project from teachers, students and families.
Inclusion into What: Advancing Racial Equity in Special Education

**Contact:** Maggie Beneke -- beneke@uw.edu  
**Core Function:** Information Dissemination, Technical Assistance and Outreach Training

This project focuses on re-thinking inclusive, equitable education for children and families from historically marginalized backgrounds. This work is premised on a view of inclusive education as a social movement in response to the exclusion of children viewed as different (e.g., children with disabilities, children of color) in comparison to an (often) unspoken status quo (e.g., able-bodied, White). Funded by the Washington Professional Educator Standards Board, this project seeks to advance racial equity and promote curricular change in special education teacher preparation by fostering collaborative partnerships between Seattle Public Schools (SPS) and the UW Special Education Teacher Education program.

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.
Preparing Board Certified Behavior Analysts (BCBAs) to Work with Students with ASD

**Contact:** Ilene Schwartz -- ilene@uw.edu  
**Core Function:** Professional Training

The purpose of the BCBA training program is to rigorously prepare students in the principles of applied behavior analysis and recommended practices in special education. This dual training will better prepare BCBAs to work with students with ASD in school and community settings and to participate as collaborative team members with teachers and other school professionals. During the five years of funding, we will fund 25 students who will complete their master's degree in special education and all of the coursework and supervised field experience required to sit for the national certification exam in behavior analysis. The program will be evaluated by collecting data on student performance in coursework, in their fieldwork, and in the number of students who pass the national certification exam. We anticipate that these professionals will help to fill the service and expertise gaps currently experienced by students with ASD and their families in their efforts to find appropriate educational services.

Preparing Educators and Social Workers for Family Centered EI Practices

**Contact:** Angel Fettig -- afettig@uw.edu  
**Core Function:** Professional Training

This project aims to prepare graduate level Early Childhood Special Education (ECSE) and Social Work (SW) students to collaboratively engage in culturally responsive family-centered practices in early intervention (EI) systems. Funded by Office of Special Education Programs, three (3) ECSE and 3 SW per year for four years (total of 24 EI scholars) will engage in rigorous learning experiences to prepare for working in EI settings through the four key components including course work/content knowledge, practicum/field experiences, family-mentors home visits & playgroups, and practicum seminar.
Preparing Interdisciplinary Special Educators and School Psychologists in Team Based Behavioral and Mental Health Supports

**Contact:** Carol Davis -- cadavis1@uw.edu  
**Core Function:** *Professional Training*

Collaborations in School Behavioral Health (CSBH) is an interdisciplinary training project that prepares new teachers of special education and school psychologists in the area of School Behavioral Health. The state and nation are facing persistent shortages of bother teachers and school psychologists to meet the needs of a more diverse population of students. Given the social issues of the day, the school leader must be prepared to work collaboratively with an interdisciplinary group of professionals. CSBH will prepare special education teachers and school psychologist to meet the needs of students, particularly with behavioral health needs through collaboration seminars, field placements, and interdisciplinary shared assignments in areas of academics, classroom management, behavioral therapy, and wraparound services.

Project FOSTER to develop leaders in special education

**Contact:** Roxanne Hudson -- rhudson@uw.edu  
**Core Function:** *Research and Evaluation*

An interdisciplinary doctoral leadership project at the UW College of Education will prepare a new generation of leaders in special education research and teacher education. Funded by the U.S. Department of Education's Office of Special Education Programs, Project FOSTER will fund five doctoral students at the UW, including stipends, tuition, travel and research support. The project's focus is on reading and math intervention research and practice for addressing the challenging instructional needs of K-12 children with disabilities. Students will develop expertise in either math or reading through research and teaching experiences that will include:

- Rigorous coursework in a content area as well as in research design and methodology,
- Targeted research internships to apply research to practice,
- Undergraduate and graduate university teaching experiences.
Technical Assistance and Support in Washington Charter Schools

Contact: Ilene Schwartz -- ilene@uw.edu
Core Function: Technical Assistance and Outreach Training

Charter schools in Washington State, unlike those in many other states across the country, often enroll a higher percentage of students with disabilities than the local school districts in which they are located. Funded through the Bill and Melinda Gates Foundation, the purpose of this project is to develop a network of Technical Assistance Teams (TAT) across the Washington State Charter sector to build expertise within the sector to meet the needs of student with disabilities.

User Optimization of a Brain Computer Interface Communication Applications Suite

Contact: Scott Spaulding -- scott2@uw.edu
Core Function: Research and Evaluation

This project involves developing and evaluating an innovative brain-computer interface (BCI) for individuals with severe speech and physical impairments. The aims of the project include

a. Developing a BCI that increases communication rates,
b. Testing and refining the system through user feedback and input from experts in augmentative and alternative communications (AAC), and
c. Evaluating the tool in natural and clinical settings.

As part of this BCI evaluation, Haring Center researchers provide guidance in single-case intervention research designs and data analysis.
UW Autism Center

Annette Estes, Director, estesa@uw.edu

The UW Autism Center (UWAC) was founded in 2000 and is one of the first comprehensive autism centers in the country conducting clinical services, professional training, and coordinating with autism researchers based at the CHDD. Clinically, UWAC provides intervention services, diagnostic evaluations, and program consultation for children from birth through young adulthood with Autism Spectrum Disorder. 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 at the CHDD 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 that seek to understand the causes of ASD and to improve outcomes for individuals on the autism spectrum.

Project List

- Access to On-Time Autism Intervention
- TADPOLE Study - Intensive Treatment for Toddlers with Autism
- UWAC - Tacoma Program
- UWAC Clinical Services
- UWAC Community Engagement
- UWAC Preservice Training Program
- UWAC Professional Training
Access to On-Time Autism Intervention

Contact: Annette Estes -- estesa@uw.edu, Ilene Schwartz -- ilene@uw.edu
Core Function: Professional Training, Research and Evaluation, Technical Assistance and Outreach Training

This project is a collaboration between CHDD UW Autism Center and Haring Center funded by Alyssa Kreider and Bill Sunderland through the Seattle Foundation Access to On-Time Autism Intervention Fund. Through this collaboration, the two CHDD centers will develop a model program that provides young children with diagnostic evaluations. The goal of this project is that this model program will benefit young children as soon as Autism Spectrum Disorder symptoms emerge with seamless referral, and supportive, evidence-based intervention tailored to each child and family, without waitlists and regardless of ability to pay. This project's objectives consist of development of best practices for the model program and providing training professionals in school and clinical settings.

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 - Tacoma Program**

**Contact:** Patricia Matestic -- matestic@uw.edu  
**Core Function:** *Clinical Services*

The UW Autism Center- Tacoma satellite program provides an array of clinical services and is a vehicle for training professionals and paraprofessionals to meet the needs of individuals with 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.
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. Services are provided at both the UW Seattle and UW Tacoma campuses.

- **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 and adolescents 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 programing 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*
  - *Short-Term Consultation*
  - *Parent Coaching*
- **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 Dissemination, Technical Assistance and Outreach Training

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 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 -- elv4@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.
- Students may take classes offered by faculty affiliated with the UW Autism Center.
UWAC Professional Training

Contact: Robin Talley -- rtalley@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.
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1 - Barnard Center on Infant Mental Health and Development  
2 - Community Disability Policy Initiative  
3 - Center for Technology and Disability Studies  
4 - Clinical Training Unit  
5 – Infant Development Follow-Up Clinic

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 & Key Staff

### UCEDD Central Administration

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### Clinical Training Unit (CTU)

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</tr>
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<td>Wayne Lynch, M.Ed., BCBA</td>
<td>Behavior &amp; Education Consultant</td>
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<tr>
<td>Patricia Matestic, Ph.D.</td>
<td>Tacoma Clinical Director</td>
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<tr>
<td>Jeffrey Munson, Ph.D.</td>
<td>Research Assistant Professor -&gt; New: Director of Technical Services</td>
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<tr>
<td>Ashley Penney, Ph.D., BCBA-D</td>
<td>Director of ABA Services</td>
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<tr>
<td>Amy Rodda, M.A., CCC-SLP</td>
<td>Speech Language Pathologist</td>
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<td>Tanya St. John, Ph.D.</td>
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<td>Stephanie Sinn, BCBA</td>
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<tr>
<td>Kelly Shaw, M.S., CCC-SLP</td>
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<tr>
<td>Robin Talley, M.Ed., BCBA</td>
<td>Director of Training</td>
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<td>Name</td>
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<tr>
<td>Ella Vanderbilt-Adriance, Ph.D.</td>
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<tr>
<td>Sara Woods, Ph.D.</td>
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<td>Samuel Zinner, M.D.</td>
<td>Developmental Behavioral Pediatrician</td>
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