



Family Discipline Competencies

LEND:
Leadership
Education in
Neurodevelopmental and Related
Disabilities

An interdisciplinary leadership training program
funded by the Maternal and Child Health Bureau,
Health Resources and Services Administration,
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History

The first LEND Family Faculty meeting was held Tuesday, November 9, 2004, at the Association of University Centers on Disabilities (AUCD) Annual Meeting and Conference in Bethesda, MD. This informal gathering was an opportunity for Family Faculty from the 35 Maternal Child Health Bureau (MCHB)-funded interdisciplinary Leadership Education in Neurodevelopmental Disabilities (LEND) programs to meet, share information, and participate in an initial planning session for future possibilities. Family Faculty demonstrated an enthusiasm and eagerness to connect and collaborate with each other. A Family Faculty listserv and message board were established after the meeting as communication tools to share ideas and program concepts with other Family Faculty within the LEND network. Family as a discipline has been profiled as an MCHB-LEND priority and chosen as discipline of the year in 2005.

The nation's LEND programs are funded by MCHB in the Health Resources and Services Association (HRSA). All LEND programs are members of the AUCD, a 501 c 3 national association. In addition to the LENDs, AUCD also counts as its members the nation's 64 University Centers for Excellence in Developmental Disabilities (UCEDDs) funded by the Administration on Children and Family's Administration on Developmental Disabilities (ADD) and the 19 Developmental Disabilities Research Centers (DDRCs) funded by the National Institutes of Health (NIH). For UCEDDs, DDRCs and LENDs, AUCD provides a national network and technical assistance to help each program carry out their mission. On February 19, 2005, the first formal LEND Family Faculty meeting, sponsored by the AUCD and MCHB, took place in Washington, DC. As a result of that meeting, two workgroups were formed.

- One workgroup was established to develop a Promising Practices Guidebook for Family Mentorship programs at LENDs across the country.
- Another workgroup took on the task of developing common curriculum goals and competencies for the Family discipline within the LEND interdisciplinary training structure. The plan formulated by this workgroup called for sharing documents, teleconferencing, and a face-to-face meeting at the AUCD Annual Meeting in Washington, DC in September 2005. This document is the result of this workgroup's efforts.

Position Statement

Over the past decade there has been an emerging role in LEND programs for a Family faculty member to provide interdisciplinary teams with an invaluable perspective in the scope of their training: the perspective of the family. This role is unique in that the experience of being a family member or parent of an individual with a developmental disability cannot be learned in any university course. The family's experience is an irreplaceable body of knowledge and represents qualifications to improve service to families beyond what any degree or certification might provide. Additionally, families frequently benefit first-hand from parent-to-parent support. As a result of that experience, families appreciate the value of, and are able to provide, such support.

As knowledge of the benefits of this role become more widely known across the LEND network, many programs have taken or are taking steps to hire family members as faculty and to train family members to participate on their interdisciplinary teams. Family/professional partnerships are now part of the MCHB strategic plan¹ and the MCHB LEND grant application. The Omnibus Budget Reconciliation Act of 1989 (OBRA) mandates health programs supported by MCHB "provide and promote family centered, community-based, coordinated care"². MCHB's 2005 LEND guidance mandates family faculty or a family consultant for LEND programs.³ Family faculty members provide front line support to family trainees and may be assigned supervisory responsibility for these trainees.

1 The National Plan for Maternal and Child Health Training 2005-2010.

http://www.mchb.hrsa.gov/training/strategic_plan.asp.

2 Omnibus Budget Reconciliation Act of 1989, OBRA

3 Maternal and Child Health Bureau LEND Guidance, 2005

We strongly encourage the training role and responsibilities of the Family member be adopted as a formal faculty position, a discipline equal to other LEND disciplines and with all the benefits enjoyed by those disciplines, across the entire LEND network.

Introduction to Family Discipline

Family expertise is a body of knowledge that constitutes a discipline.

Family Expertise and Experience

The Family “Discipline”

“...that body of knowledge about the child/ family member with a disability, that is inherent to the family, acquired by life experience and affected by culture and community.”

- Center for Learning and Leadership, 2006

Current policies in health and education promote, and at times mandate, collaboration and partnership between professionals and family members.

Best practice dictates that family members of individuals with developmental disabilities provide a perspective critical to the successful development of effective policies and practices. Families who possess this perspective and are motivated by their experiences to improve systems of service for people with disabilities are an invaluable asset to training programs. Without informed, involved constituents, as disciplines in the disabilities field we risk the implementation of relatively ineffective or incomplete protocols. The history of the disability movement in this country confirms this assertion repeatedly. In 2005, the Maternal and Child Health Bureau adopted a revised definition of family centered care⁴ based on more than 20 years of family and professional dialogue, experience, and inspiration. This definition guides the work done on behalf of families and children:

Family-Centered Care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services.

There are a limited number of training programs for parents and family members who wish to further their advocacy and leadership skills. Some states offer Partners in Policymaking training courses and some disability agencies offer ‘lay advocacy training’ for parents. LEND programs can provide similar and enhanced leadership opportunities for family members.

Skills and competencies in the various LEND programs include leadership activities, cultural competency, family centered-care, advocacy, public policy, clinical experience, research, education about children with special health care needs (CSHCN), and other interdisciplinary training topics associated with neurodevelopmental and related disabilities. For the purposes of this document, interdisciplinary is defined as the participation of two or more disciplines on a team to fulfill the goals and objectives of LEND programs.

4 Definition of Family Centered Care. MCHB DSCSHN. 2005

Family members have varied educational backgrounds and different life experiences. Requirements for LEND trainees vary by program. A common feature of all LENDs however is that the trainees are university students, typically at the graduate or undergraduate level. Some portions of the LEND curriculum are individualized to support the individual differences in trainees. Family members recruited to be LEND trainees may have little or no university experience. How the lack of university experience influences the level of supports needed by different types of family trainees should be explored by each LEND and program adaptations identified to accommodate the specific needs of family trainees. In order to incorporate the richness of these family backgrounds and standardize the learning experiences of LEND trainees across the network, a standard set of competencies and curriculum guidelines has been developed specific to Family as a discipline, to be taught together with those core competencies common to all LEND trainees.

MCHB, this workgroup and AUCD recognize and value the unique nature, structure, and individual characteristics of all LENDs. However, each LEND is urged to adopt the following guidelines for the Family Discipline. These guidelines are meant to ensure measures of quality and viability for this discipline across the network.

This workgroup recognizes the efforts of a number of LEND programs that already have “Family” as a trainee discipline, some of whom have generously contributed their curricula materials to this workgroup’s efforts. By compiling information from these LENDs and other interested parties, the workgroup has developed the following guidelines.

Recommendations for Supports for Family Trainees

Potential LEND Family Trainees may not have had formal training in research or clinical practice. They may not be familiar with university based internships or fellowships. They may be working full or part-time. In addition, they have responsibility for the day to day issues of being the parent or family member of an individual with a disability. They might be involved with care coordination, health, and educational systems. Therefore, there could be a need for additional supports and resources for Family Trainees. Each LEND should decide which supports are necessary depending on their current Family Trainee and the demands of their individual LEND curriculum. The following are some supports offered for consideration.

Suggested Supports

- Extra supervision time by LEND Family Faculty Member
- Mentorship from other LEND trainees and or faculty
- Discussion time for issues of concern
- Confidence building activities
- Reframing activity descriptions to explain relevance
- Reframing research activities for relevance to daily life
- Assistance writing and preparing reports
- Help reduce anxiety regarding research
- Provide support for trainees who have the opportunities to be engaged in participatory action research (for someone without research background)

- Additional focus on partnership building
- Promote training such as Partners in Policymaking, Parent-to-Parent Programs, Lay Advocacy Programs
- Stipend for participation
- Emotional support
- Validation of expertise
- Flexibility regarding completion of program components to accommodate any child health issue (chronic or sudden)

Training in the Discipline of Family

The following pages detail specific competencies for LEND Trainees in the Family Discipline. Each individual LEND program will retain the flexibility to implement these and other requirements, however, it is recommended that all Family Trainees complete training in, and demonstrate an understanding of, certain identified skills in each competency area.

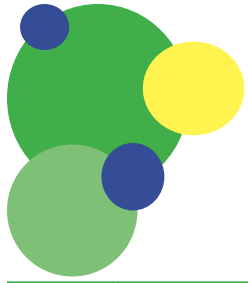
Qualifications

1. Be the parent or family member of an individual with a developmental disability;
2. Have the ability to participate in all aspects of the LEND curriculum [i.e. core courses or seminar sessions, clinical experiences (may be part of current employment or volunteer opportunities), leadership and research projects (may be individualized)];
3. Have a willingness and commitment to advance the philosophy of LEND principles and practice;
4. Demonstrated experience in parent leadership preferred.

Competencies

Each family trainee will demonstrate:

1. an understanding of the history of the disability movement in the United States and what constitutes best practice in the field today;
2. an understanding of and the ability to practice advocacy at the individual, family, community and systems levels;
3. a working knowledge of and ability to implement principles of family centered care;
4. an understanding of and ability to advance culturally competent practice;
5. a working knowledge of family service and support systems at a local, state and national level;
6. the ability to support other health care providers in their understanding of the family perspective and its importance to effectively serving families;
7. the ability to be an effective partner and exhibit leadership on the interdisciplinary team;
8. an understanding of developmental disabilities and related issues as they pertain to a variety of families; and
9. an understanding of and ability to engage in practical research.



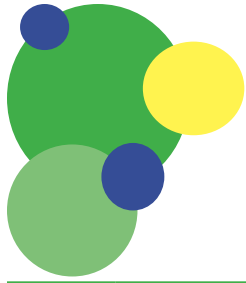
LEND Family Discipline Competencies and Objectives

Competency 1.0

Demonstrate an understanding of the history of the disability movement in the United States and what constitutes best practice in the field today.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	1.1 Identify 10 important events in the history of the Maternal Child Health Bureau (MCHB) from its inception in 1912 as the Children’s Bureau to the present.	1.1.1 Attend a core course or seminar presentation on the topic. 1.1.2 Research the history of MCHB on the internet and make a timeline of important events. 1.1.3 Read assigned material on the history of MCHB.	
	1.2 Identify six components of the Individuals with Disability Act (IDEA).	1.2.1 Read the law and identify the various components. 1.2.2 Talk with a family advocate to determine those components of IDEA that are most important to the family. 1.2.3 Attend a workshop or training event explaining IDEA.	
	1.3 Be able to define the acronyms for Leadership Education in Neurodevelopmental Disabilities (LEND), Maternal Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Individuals with Disabilities Education Act (IDEA), Family Education Rights and Privacy Act (FERPA), and others (what the initials mean, the history and what are the relevant responsibilities/components).	1.3.1 Attend lectures within the LEND core curriculum which cover the history and components of these programs/laws. 1.3.2 Provided with a list of acronyms, research each to determine the name, history and relevant components.	

	1.4 Name the significant contribution of at least 3 prominent figures in the disability community to advance best practice and family centered care (e.g. Justin Dart, Merle McPherson, Julia Lathrop).	1.4.1 Conduct an internet search on prominent figures in the disability community.	
		1.4.2 Select three prominent figures and describe their contribution to advance family-centered care.	

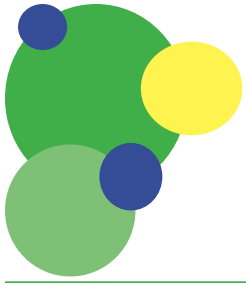


Competency 2.0

Demonstrate an understanding of, and ability to practice, advocacy at the individual, parent, group, and systems levels.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	2.1 Define advocacy as it relates to developmental disability and families.	2.1.1 Gather information from national advocacy websites from various systems-of-care perspectives (i.e. education, health, family supports, self determination, community living, policy & law). Integrate this information into a brief description of the core elements of advocacy in the field of disability.	
	2.2 Explain the differences in advocacy at an individual, group and system level.	2.2.1 Read accounts of successful parent- and self- advocacy efforts and identify the critical leadership practices.	
	2.3 In a written or oral report, provide evidence of a successful advocacy effort in which you took part.	2.3.1 Using the examples of successful parent- and self- advocates, explore the differing levels of advocacy.	
	2.4 Identify available and needed advocacy resources in your state for families with children with developmental disabilities and define missions of these resources.	2.4.1 Review compiled resource directories and discuss with families and community leaders the gaps in services at the local and state levels.	
	2.5 Define the characteristics of an effective advocate.	2.5.1 Visit best practice websites and read literature; meet and discuss gaps in service delivery with families and community leaders.	
		2.5.2 Evaluate a clinic or program setting using a best practice indicator scale (i.e. family-centered services) and discuss your findings.	

	<p>2.6 Develop an advocacy action plan that works toward closing the gaps between the current practice and best practice.</p>	<p>2.6.1 Develop and implement an advocacy action plan to improve services for individuals with disabilities. (PATH process is one option for developing the action plan.)</p>	
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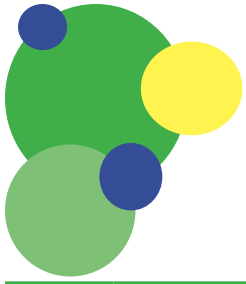
Competency 3.0

Demonstrate an understanding of, and ability to implement, principles of family centered care so as to assure the health and well-being of children and their families through a respectful family-professional partnership.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	3.1 Identify the principles of family centered care as detailed by MCHB.	3.1.1 Conduct an internet search of the latest Health Resources and Services Administration bulletins to locate MCHB's definition of family centered care.	
		3.1.2 Using the most recent MCHB resources, locate the principles of family centered care.	
		3.1.3 Read additional assigned articles, papers or PDF files on the internet.	
	3.2 State the most current definition of family centered care and explain the corresponding implications for practice.	3.2.1 Visit the MCHB web site and locate the most current definition.	
		3.2.2 Find information (from the Beach Center, NEC*TAC or similar organizations) regarding the implications for practice.	

3.3 Define best practices in family centered care.	3.3.1 Review selected readings as assigned and draft a brief statement that defines best practice in family centered care.	
	3.3.2 Locate an existing definition of best practice in family centered care (ask your Discipline Coordinator or Director to see the most recent MCHB LEND Guidance on the LEND webpage of www.aucd.org or on www.mchb.hrsa.gov/training).	
	3.3.3 Compare and contrast the two statements above and examine how each assures the health and well being of children and their families.	
3.4 Identify and know how to access resources in family centered care.	3.4.1 Visit selected websites of organizations or centers recognized as leaders in family centered care.	
	3.4.2 Contact a staff member at a family centered care resource center/agency and interview them about the services they provide and how one might access those services.	
	3.4.3 Explain the types of services and supports provided by the resource center to a colleague or co-worker.	
3.5 Explain the benefits of at least 3 resources in family centered care.	3.5.1 Prepare a written or oral report about the tangible benefits to a family of three resource centers/agencies in family centered care.	
	3.5.2 Comment on the intangible benefits to a family of being offered the opportunity to access any of the resource centers/agencies in family centered care.	

	3.6 Describe the benefits realized by at least one family for whom you provided access to a community resource.	3.6.1 Interview a family with whom you have worked to locate and access community resources and supports.	
		3.6.2 Document in writing both the benefits the family identifies they realized and the benefits you believe the family realized.	
		3.6.3 Identify how you might better support a family in the future and discuss your reflections with your supervisor or mentor.	
	3.7 Demonstrate an understanding of family centered care practices.	3.7.1 Evaluate a clinic or program using a family centered care assessment tool and discuss the findings.	

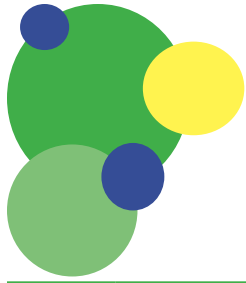


Competency 4.0

Demonstrate an understanding of, and an ability to advance, culturally competent practice.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	4.1 Define cultural competence.	4.1.1 Review and demonstrate knowledge of the MCHB guidance on the “Role of Cultural Competence in Family-Centered Care”.	
	4.2 Identify the principles that promote culturally competent systems of care.	4.2.1 Review and define CLAS Standards and applicable laws that delineate the necessity for CLAS Standards.	
		4.2.2 Determine applicability of the standards to individual organizations.	
		4.2.3 Address strategies for compliance with the standards.	
		4.2.4 Discuss the relationship of receipt of Federal funds and compliance with CLAS.	
		4.2.5 Review methods of assessing present and future compliance with CLAS.	
		4.2.6 Understand the role of unintentional racism in disparities.	
		4.2.7 Demonstrate knowledge of strategies to ensure equitable care for diversity in religion, language, ability and culture.	
		4.2.8 Complete a presentation on a specific ethnic or cultural minority.	

4.3 Examine (reflect on) your own attitudes and values so as to be respectful and non-judgmental of others.	4.3.1 Complete a self-assessment utilizing Self-Assessment Checklist for Personnel Providing Services and Supports to Children and Youth with Special Health Needs and Their Families. (Goode, T. Georgetown UCEDD).	AUCD Organizational Cultural Competence Survey: <i>instructions:</i> http://www.aucd.org/councils/multicultural/cult_comp_instruction.htm , <i>survey:</i> http://www.aucd.org/councils/multicultural/Cultural_Competence_Survey.htm .
4.4 Acquire the skills necessary to work in cross cultural settings.	4.4.1 Review information on professional considerations in the provision of culturally competent professional services across a variety of cultural and ethnic groups. Participate in the Project CRAFT Training Program (video presentation and facilitated discussion).	
4.5 Use, and encourage others to use, people first language.	4.5.1 Review the term, the need for use of, and the philosophical considerations of People First Language. (Consider using information on the topic by Kathie Snow from the “Disability is Natural” website.)	
4.6 Identify and know how to access culturally competent resources.	4.6.1 Demonstrate knowledge of a variety of local and national resources on cultural competency including the National Center for Cultural Competence (NCCC), and those listed at right. Conduct a brief presentation on one national or local resource involving professional considerations in cultural competency.	NCCC: http://www.georgetown.edu/research/gucdc/ncc MCHB: http://www.mchb.hrsa.gov/training PPC Cultural Competence: http://ppc.mchtraining.net/custom_pages/national_ccce/

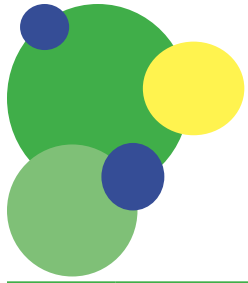


Competency 5.0

Demonstrate a working knowledge of family systems of support, both formal and informal, at a local, state, and national level.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	5.1 Identify a minimum of 5 resources (local, state and national) that could support families of persons with developmental disabilities.	5.1.1 Contact local or regional developmental disabilities service offices to inquire about services offered.	
	5.2 Describe the role of each of the available support systems in your community and how they can positively or negatively influence the family.	5.2.1 Identify the available support systems in your community by contacting state or community resource listings.	
		5.2.2 Using the material provided in the resource listing or by contacting the supports individually, describe the role of each.	
		5.2.3 For each of the available supports in your community, describe in writing how the support could positively or negatively influence a family.	
	5.3 Explain the dynamics in at least one family you have worked with, both extended and nuclear.	5.3.1 Describe a real or hypothetical family, emphasizing the role of each member, the challenges they face and the strengths they possess.	
		5.3.2 Examine the dynamics of family members as they relate to one another.	
		5.3.3 Review an article, book chapter or newsletter discussing how various family members, including siblings, react to the disability of a family member.	

5.4 Evaluate the financial resources available to families of persons with developmental disabilities.	5.4.1 Compile a list of potential expenses for families.	
	5.4.2 Investigate financial resources available to families such as SSI, Medicaid, Waiver programs including examination of eligibility guidelines and criteria.	
	5.4.3 Identify local financial resources for families, such as reimbursement mechanisms through service providers or grants.	
5.5. Compare the coping skills of two families from different cultural backgrounds and explain the positive aspects of each.	5.5.1 Conduct a web-based search for cultural perspectives on disability	
	5.5.2 Compare and contrast how two different cultures view disability, authority, medical and school personnel, and child rearing practices.	
	5.5.3 Present findings in an oral or written report.	

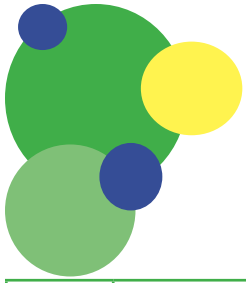


Competency 6.0

Demonstrate the ability to support other health care providers in their understanding of the family perspective and its importance in effectively serving families.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	6.1 Explain to other members of the interdisciplinary team some of the daily issues that confront families.	6.1.1 Successfully complete Partners in Policymaking or similar advocacy training program.	
	6.2 Help other team members reframe issues using language that is respectful of families (reflects principles or family centered care.)	6.2.1 Read and report on selected readings on methods of effective communication.	
	6.3 Relay a family's story (or part of one) to support a specific point(s) or perspective.	6.3.1 Accompany an experienced parent advocate to local and/or state group advocacy meetings.	
		6.3.2 Identify and explain at least one relevant point made to promote family-centered philosophy in a family's telling of their story.	
	6.4 Identify and articulate for other trainees a family's strengths, needs, priorities and concerns.	6.4.1 Attend meetings of local parent-to parent support groups.	
		6.4.2 Attend an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) meeting with a family.	
		6.4.3 Review selected family interviewing tools and report on types of information gained from the process.	
	6.5. Model best-practice in communication with families for health care providers in the clinical setting.	6.5.1 Accompany trainees as they meet with families during clinic visits.	
		6.5.2 Upon their request, provide families with support that is in line with a parent-to parent relationship.	

	6.6 Demonstrate knowledge and understanding of disabilities other than the trainee's own family member's disability(ies).	6.6.1 Attend the core LEND lecture series on types of disabilities.	
		6.6.2 Attend local training as available on topics related to the disability community.	

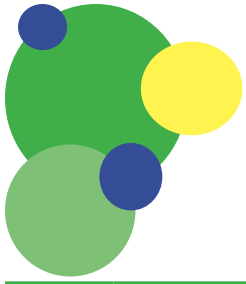


Competency 7.0

Demonstrate the ability to be an effective partner and demonstrate leadership on the interdisciplinary team.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	7.1 Provide support for the family who is not able or willing to understand the information presented to them by the interdisciplinary team.	7.1.1 Use active listening skills and jargon-free language to explain information to a family.	
		7.1.2 Follow up with a family to repeat, and be sure they have understood, the information presented by the team.	
	7.2 Demonstrate an understanding of each of the core disciplines of the LEND program.	7.2.1 Shadow a team member from each of the core disciplines for at least one day.	
		7.2.2 Observe a team member from each of the core disciplines conduct an evaluation.	
		7.2.3 Select one of the core disciplines and review an evaluation report prepared for a family to identify vocabulary, concepts or phrasing that might be presented in a more family friendly manner.	
		7.2.4 Conduct an interview with a team member from a core discipline regarding what that discipline contributes to the interdisciplinary team, points of overlap with other core disciplines and areas for collaboration with the family discipline.	

7.3 Identify resources within the community to support the family based on their identified needs.	7.3.1 Using local and state resource listings, select those resources that meet a family's needs and for which they are eligible.	
	7.3.2 Share a list of resources with a family and explain the services and supports provided by each.	
	7.3.3 Assist a family with a comparison of available resources to their identified needs and priorities.	
7.4 Provide the necessary support to the family to allow them to access the resources of their choice.	7.4.1 Respond to questions posed by a family concerning access of a given resource.	
	7.4.2 Locate information and support for a family to allow them to make an informed choice about accessing any resources they chose.	
	7.4.3 Assist a family with any required paperwork or application to access a resource of their choice.	
7.5. Document information gained from the family to support the development of required interdisciplinary reports.	7.5.1 Using honest and complete information, prepare a summary of a family's strengths resources, issues, concerns and priorities.	
	7.5.2 Contribute to the information of the other team members in the development of an interdisciplinary report.	

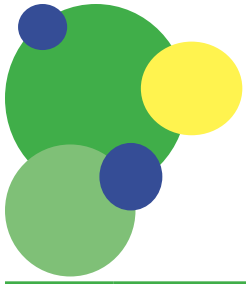


Competency 8.0

Demonstrate an understanding of developmental disabilities and related issues as they pertain to a variety of families.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	8.1 Assist the family in effectively communicating their needs to other members of the interdisciplinary team.	8.1.1 Using a structured interview tool, talk with a family about their needs as they perceive them.	
		8.1.2 Model for the family how to share those needs with another team member.	
		8.1.3 Assist the family in articulating their goals and priorities with the interdisciplinary team.	
	8.2 Become familiar with the definitions and diagnosis parameters of the major categories of developmental disabilities.	8.2.1 Review the DSM-IV TR for definitions and diagnosis parameters of at least 3 developmental disability categories.	
		8.2.2 Select one neurodevelopmental disorder and research all aspects of it including cause, presenting characteristics, diagnosis and treatment.	
		8.2.3 Present findings on one neurodevelopmental disorder to a group of colleagues.	

<p>8.3 Identify issues related to transitions that a family will experience as their child ages, including but not limited to:</p> <ul style="list-style-type: none"> • transition from hospital to home, • from early intervention programs to preschool, • from preschool to kindergarten, • from elementary education to junior high and high school, • from high school to the community or other appropriate educational environments, • from pediatric to adult medical care providers • from living at home to living independently 	8.3.1 Become familiar with basic self advocacy principles and prepare a statement for use with families on the importance of self advocacy.	
	8.3.2 Research and write guidelines on how parents can teach their child the basic rights of families and individuals with disabilities as provided in various laws such as Individuals with Disabilities Education Act (IDEA), Americans with Disabilities Act (ADA), Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).	
	8.3.3 With a family nearing a transition, identify issues of importance to them and determine how best to plan for that transition.	
	8.3.4 Make a list of available community resources that may assist a family who is experiencing a transition with their child.	
	8.3.5 Using resources available in your community, discuss with a family planning for transition those resources that would be most appropriate for their child and how to access them.	
8.4 Be aware of available local and state resources that are specific to identified developmental disabilities.	8.4.1 Given an identified developmental disability, name appropriate local and state resources that are available to families.	
	8.4.2 For at least 2 local and state resources, identify the eligibility requirements for those resources and explain how families might access them.	



Competency 9.0

Demonstrate an understanding of and ability to engage in practical research.

✓	Objectives	Suggested Learning Activities/Indicators	Additional Supports
	9.1 Have a working knowledge of the basic concepts of research including sampling, data collection, data analyses, discussion of results and reporting.	9.1.1 Select one research article on a study related to developmental disabilities and identify the research components.	
		9.1.2 Using a research study as a model, design a study of your own on a topic of interest to you.	
		9.1.3 Develop a survey designed to collect information about the topic of your study.	
	9.2 Understand the vocabulary used in research as it relates to basic statistics, specific LEND disciplines and specific developmental disabilities.	9.2.1 Develop a glossary of terms and corresponding definitions.	
		9.2.2 Following a lecture on a research topic or after reading a research article, summarize the content in a one page statement.	
	9.3 Be able to determine the credibility of research material.	9.3.1 Using 3 research articles from 3 different sources (research journal, news media, and internet) identify the limitations of each study.	
		9.3.2 Discuss the limitations of the studies with colleagues or a mentor.	

9.4 Assist with the design and implementation of a practical study related to families.	9.4.1 Alone or with others, identify a topic of study and formulate a hypothesis.	
	9.4.2 Alone or with others, design a study to test your hypothesis.	
	9.4.3 Alone or with others, collect and analyze data to test your hypothesis.	
	9.4.4 Alone or with others, summarize the results of your study in a written report.	
	9.4.5 Present the results of your study to a group of colleagues or a mentor.	



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