L.E.N.D. PROGRAM

LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL AND RELATED DISABILITIES

THE OHIO STATE UNIVERSITY
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Leadership Education in Neurodevelopmental and Related Disabilities
Training Manual

Contents

Welcome ................................................................................................................................. 3
Students with Disabilities .................................................................................................... 4
LEND Training Goals: ......................................................................................................... 5
   LEND Curriculum ............................................................................................................... 6
   Example of trainee curriculum for one semester ............................................................ 7
   LEND Areas of Focus ....................................................................................................... 8
   Service Learning ............................................................................................................. 14
LEND Master of Public Health Dual Degree Options ....................................................... 14
LEND Communication Tools ........................................................................................... 15
A Brief History of University Centers on Developmental Disabilities .......................... 16
CONFIDENTIALITY at Nisonger Center ......................................................................... 18
Nisonger Research Funds .................................................................................................. 20
Interdisciplinary Learning Plan (ILP) .................................................................................. 20
Reflective Journals: Guidelines ......................................................................................... 21
Evaluation of Competencies ............................................................................................. 22
Cultural Competency Self Evaluation ............................................................................... 26
Welcome

The Nisonger Center is a University Center of Excellence in Developmental Disability (UCEDD) funded by the U.S. Department of Health and Human Services and The Ohio State University. Nisonger provides a comprehensive and integrated program of training, service, technical assistance, applied research, and dissemination to the field of developmental disability.

The Nisonger Center offers interdisciplinary and specialty clinics that provide diagnosis, assessment, program planning, management, and treatment/intervention services to people with disabilities and their families.

The LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program is a leadership education program funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (DHHS).

At The Ohio State University, LEND is a program of the Nisonger Center, a University Center for Excellence in Developmental Disabilities (UCEDD).

The purpose of the LEND Program is to develop leaders for the future who are skilled in their own disciplines and have learned the MCH skills and competencies that will prepare them to flexibly serve future MCH populations. Graduates of the LEND program demonstrate the ability to work with colleagues in interdisciplinary systems of health care which are comprehensive, coordinated, family-centered and culturally sensitive. They anticipate, manage and guide change in knowledge and health care systems to advance and improve the lives of individuals with neurodevelopmental disabilities (NDD) and their families.

Selection as a LEND trainee is both an honor and a responsibility. Each trainee will have an individual experience based on his/her interests and the interests of his/her faculty mentor. It is important to point out that a LEND traineeship is a full time commitment (approximately 20 hours per week). As long term trainees, students selected for the LEND program should plan on completing at least 300 hours of training by the end of their LEND experience.
Students with Disabilities

If you have a disability that impacts your participation in this training in any way, please inform the LEND co director, Paula Rabidoux. We would like to help accommodate you beyond or in addition to what the OSU Office of Disability Services provides through whatever means we have available.
LEND Training Goals:

Upon completion of the LEND traineeship, trainees should exhibit the knowledge and skills to achieve the following goals with an acceptable level of competency.

GOAL 1: To provide effective leadership training to a wide range of health related professionals with emphasis on improving health systems and access to quality care for individuals with NDD and their families.

GOAL 2: To develop health professionals with advanced clinical skills including knowledge of transition issues for individuals with NDD.

GOAL 3: To participate in applied research, continuing education, consultation, and technical assistance activities which promote systems of care that improve the health and well-being of individuals with NDD and their families.

GOAL 4: To teach health related professionals to provide culturally and linguistically competent health care services to underserved MCH populations including low income families and individuals with “dual diagnosis” (mental illness and neurodevelopmental disability).

GOAL 5: To prepare health related professionals to address health promotion and health equity including the creation of social and physical environments that promote health, among individuals with NDD.
LEND Curriculum

All trainees complete the LEND core curriculum to acquire at least a proficient level of competency across program goals and objectives. In addition trainees are expected to focus their learning to acquire advanced competencies on individually selected goals. The LEND curriculum consists of five components: 1) LEND courses, 2) Interdisciplinary clinical experiences in a variety of settings, 3) Leadership development activities and projects, 4) Research mentoring, and 5) Service learning.

The LEND Core Curriculum consists of academic, clinical, leadership, research, and service learning activities. Each semester trainees enroll in the core curriculum consisting of: a LEND course, Leadership seminar, interdisciplinary clinical training, and leadership activities/projects. This is a nine month traineeship, which includes December and May. You may use your time away from your academic program in December and May to complete LEND requirements.

Each trainee develops an Individual Learning Plan (ILP) under the guidance of his/her LEND faculty mentor and the Project Co directors to fulfill their remaining requirements. The ILP plays a central role in defining the competencies and skills expected of all trainees and in guiding the training activities and projects in which the trainee will participate. Faculty mentors meet with trainees on a regular basis to monitor and review the trainee's progress. Each week all trainees complete 20 hours of LEND related teaching/learning activities: 10 - 15 hours in the core curriculum and the remainder devoted to individual projects.

Courses

LEND faculty teach two core courses each year which are required for all long-term trainees (300+ hours upon completion of training). Community agencies and people with disabilities, including parents, may be incorporated into courses. These courses are cross-listed under Health and Rehabilitation Sciences, Nursing, Psychology, Educational Studies, Speech and Hearing Science, and Social Work. They are elective courses for students from Dentistry and Dental Hygiene.

Interdisciplinary Perspective on Developmental Disabilities
(OSU catalog number 7717; Offered Fall Semester) This course is designed to provide students with the latest information about developmental disabilities across the life span from a variety of perspectives including epidemiology, etiology, diagnosis, prevention, treatment, family centered care, education, transition, legislation, advocacy, community integrated supports, systems of care, and program administration. Participants are also introduced to pertinent philosophical, ethical and legal issues concerning this special needs population.

Interdisciplinary Perspective on Autism Spectrum Disorder
(OSU catalog number 7718; Offered Spring Semester). This course introduces students to autism spectrum disorders from an interdisciplinary perspective. The goal of the course is to develop the analytical skills necessary to comprehend and formulate an interdisciplinary framework relating to major scientific and theoretical perspectives in evaluation and intervention practices for children and adults with ASD.

Leadership Seminar
This seminar presents didactic information, lecturer and trainee led discussion, and directed
practice related to the development of leadership skills, with a particular focus on critical MCH leadership competencies and public health and policy concerns. Topics are organized into modular themes which may last 1 – 3 weeks and include topics such as:

1. Introduction MCH, ADD
2. Ethics/Professionalism
3. Public Policy and Health
4. MCH Leadership
5. Disability Studies/Cultural Competency
6. Health Parity and Promotion
7. Special Topics
8. Evidence Based Practice in DD: CP, Williams, Spina Bifida

The LEND Leadership seminar (OSU Catalog Number SPHHRNG 5193) meets weekly for at one - two hours both Autumn and Spring Semesters.

Paula Rabidoux, PhD is the Leadership Seminar Coordinator

Example of trainee curriculum for one semester:

<table>
<thead>
<tr>
<th>Courses</th>
<th>Clinics</th>
<th>Leadership Activities and Projects*</th>
<th>Research Mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Course scheduled</td>
<td>Leadership Seminar (2 academic credit hours)</td>
<td>Nisonger ID training clinic</td>
<td>ECE autism project, Child care Health Consultant Project, Funding Sources for Families, Health Transition and Post-Secondary Initiatives, Assistive Technology, Health Promotion Project, Health Equity Project, Interdisciplinary Journal Club</td>
</tr>
<tr>
<td>(3 academic credit hours)</td>
<td>NCH Hospital Based Specialty Clinics</td>
<td>Community Based Urban and Rural Clinics</td>
<td>Topics in Developmental Disabilities Seminars; Individualized research project or activity</td>
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</tr>
</tbody>
</table>
# LEND Areas of Focus

## Clinical

### Courses
- Interdisciplinary Perspective on Developmental Disabilities
  - AU (M 4-7)
- LEND Seminar
  - AU, SP (W 4-7)
- Interdisciplinary Perspective on Autism Spectrum Disorder
  - SP (M 4-7)

### Clinic
- Interdisciplinary Clinic
  - Nisonger
  - 1 semester
  - IDC (W 8:30-12)
  - SAADC (Th 8:30-12)
- Community-based Clinic Rotation
  - 20 hours during the year

### Leadership Project
- (1) Primary Project
  - 4-6 hours weekly

### Service Learning
- 30 hours during the year

## Policy/Management

### Courses
- Interdisciplinary Perspective on Developmental Disabilities
  - AU (M 4-7)
- LEND Seminar
  - AU, SP (W 4-7)
- Interdisciplinary Perspective on Autism Spectrum Disorder
  - SP (M 4-7)
- Mental Health & Disability Policy
  - AU (M 2:15-5)

### Clinic
- Interdisciplinary Clinic
  - Nisonger
  - 4 weeks
  - IDC (W 8:30-12)
  - SAADC (Th 8:30-12)
- Community-based Clinic Rotation
  - 5 hours during the year

### Leadership Project
- (2) Primary Projects
  - 4-6 hours each weekly

### Service Learning
- 30 hours during the year

## Research

### Courses
- Interdisciplinary Perspective on Developmental Disabilities
  - AU (M 4-7)
- LEND Seminar
  - AU, SP (W 4-7)
- Interdisciplinary Perspective on Autism Spectrum Disorder
  - SP (M 4-7)
- Topics in DD Seminars
  - AU, SP (TU 3 - 5)

### Clinic
- Interdisciplinary Clinic
  - Nisonger
  - 4 weeks
  - IDC (W 8:30-12)
  - SAADC (Th 8:30-12)
- Community-based Clinic Rotation
  - 5 hours during the year

### Leadership Project
- (1) Primary Research Project
  - 9-10 hours weekly

### Service Learning
- 30 hours during the year

*Contact Dr. Rabidoux with scheduling conflicts*
Clinical Focus
Trainees pursuing a clinical focus complete a minimum of one 15 week rotation in a Nisonger interdisciplinary clinic, 20 hours of rotation at Nationwide Children’s Hospital clinics (or other community clinic), complete a leadership project, and take the core courses.

Policy/Management Focus
Trainees pursuing a policy/management focus complete a 4 week rotation in a Nisonger interdisciplinary clinic, 5 hours of rotation at Nationwide Children’s Hospital clinics (or other community clinic), complete a policy project, and take Dr. Tanenbaum’s Mental Health and Disability Policy course Spring semester (PUBHHMP 7640).

Research Focus
Trainees pursuing a research focus complete a 4 week rotation in a Nisonger interdisciplinary clinic, 5 hours of rotation at Nationwide Children’s Hospital clinics (or other community clinic), complete a research project, and take LEND core courses.

Brief descriptions of clinics follow:

Nisonger – Interdisciplinary Developmental Clinic is a comprehensive developmental clinic that provides families with an evaluation of their young child’s developmental strengths, skills and needs (including a medical diagnosis and comprehensive developmental assessment of the child). The interdisciplinary team evaluates children from 6 months to 5 years with suspected developmental delay.

Nisonger – School-Aged Autism and Developmental Clinic serves children ages 6 year through adults who have or are suspected of having intellectual and developmental disabilities including Autism Spectrum Disorder. Services provided include an interdisciplinary clinical assessment and diagnosis, functional analysis of behavior, recommendations for psychopharmacological, behavioral and educational intervention. The clinic also provides community outreach and follow-up consultation to community professionals as requested.

Nisonger – Neurodevelopmental Psychiatry Program serves persons with NDD ages 2 years through adults, who have or are suspected of having significant mental health or severe behavior disorders. The clinic conducts an interdisciplinary assessment involving Psychiatry, Clinical Psychology, the consumer and available family, residential and day programming team members.

Nisonger – Early Childhood Education Clinic screens, evaluates, and provides evidence-based intervention for toddlers and preschoolers with a range of NDD including ASD.

Nisonger - The Intellectual and Developmental Disability (IDD) Dental Program serves infants, children and adults with NDD and provides technical assistance to community agencies and programs. Dr. Solis manages a satellite pediatric dental clinic in the Early Childhood Education Center of the Franklin County Board of DD where he has established outreach to the underserved Hispanic community in the area of oral health.

Urban and Rural Community Based Clinics: Clinical rotations in community-based clinics are required of all LEND trainees. We currently offer two rural and three urban sites for
clinical training. These rotations assist trainees in evaluating and analyzing geographically diverse community based systems of services and access to care for vulnerable populations. Trainees may join ongoing consultation, continuing education and technical assistance provided by faculty.

**Nationwide Children’s Hospital Based Specialty Clinics:** Participation in the specialty hospital clinics is also required for all LEND trainees. We offer seven hospital specialty clinics for clinical training. These clinical rotations assist trainees in understanding various specialty hospital based systems of services and their relationship to the communities across the state. Trainees also join ongoing consultation, continuing education and technical assistance provided by faculty. A summary of clinical training settings is delineated in Table 4.
<table>
<thead>
<tr>
<th>Clinical Activity</th>
<th>Purpose</th>
<th>Supervision</th>
<th>Content</th>
<th>Time Commitment</th>
<th>Method of evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nisonger Interdisciplinary Developmental Clinic</td>
<td>Center based interdisciplinary diagnostic clinic for children 6 mo – 5yrs</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice, family centered care, cultural and linguistic competence, diagnosis and treatment planning for young children and families</td>
<td>Varies</td>
<td>LEND Core Interdisciplinary Clinical Competency Evaluation</td>
</tr>
<tr>
<td>Nisonger School-aged Autism and Developmental Clinic</td>
<td>Center based interdisciplinary diagnostic clinic for children suspected of having an ASD 6 - adult</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice, family centered care, cultural and linguistic competence, diagnosis and treatment planning for school aged children suspected of having an ASD</td>
<td>Varies</td>
<td>LEND Core Interdisciplinary Clinical Competency Evaluation</td>
</tr>
<tr>
<td>Nisonger Neurodevelopmental Psychiatry Study Program</td>
<td>Center based interdisciplinary diagnostic and follow up training clinic for children and adults with mental health and IDD</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice, family centered care, cultural and linguistic competence, diagnosis and treatment planning for children and adults with mental health and IDD</td>
<td>Varies</td>
<td>LEND Core Interdisciplinary Clinical Competency Evaluation</td>
</tr>
<tr>
<td>Nisonger ECE Clinic</td>
<td>Center based interdisciplinary screening, diagnostic, and intervention training clinic for children suspected of having an ASD age 1 - 6</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice, family centered care, cultural and linguistic competence, autism screening, diagnosis, and treatment. Interdisciplinary treatment teams for children with a variety of neurodevelopmental and other developmental disabilities</td>
<td>Varies</td>
<td>LEND Core Interdisciplinary Clinical Competency Evaluation</td>
</tr>
<tr>
<td>Nisonger IDD Dental Clinic</td>
<td>Center based interdisciplinary oral health services for children – adults.</td>
<td>Direct faculty supervision and mentoring</td>
<td>Interdisciplinary practice, family centered care, cultural and linguistic competence, dental hygiene and oral health services for children and adults with IDD</td>
<td>Varies</td>
<td>LEND Core Interdisciplinary Clinical Competency Evaluation</td>
</tr>
<tr>
<td>Location</td>
<td>Clinic Type</td>
<td>Description</td>
<td>Supervision</td>
<td>Competency Evaluation</td>
<td></td>
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<tr>
<td>Rural Community: Athens County Developmental Clinics</td>
<td>Community based interdisciplinary diagnostic clinic for children suspected of having an ASD 4 - adult</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice, family centered care, cultural and linguistic competence, diagnosis and treatment planning for children and families</td>
<td>Varies</td>
<td>LEND Competency Eval for Community rotations</td>
</tr>
<tr>
<td>Wood County Pediatrics Clinic</td>
<td>Community based interdisciplinary developmental diagnostic and follow up clinic</td>
<td>Direct faculty supervision and teaching via telemed</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and follow up for children and families</td>
<td>Varies</td>
<td>LEND Competency Eval for Community rotations</td>
</tr>
<tr>
<td>Urban Community: NCH- Feeding Clinic</td>
<td>Community based interdisciplinary diagnostic and follow up clinic for children and adolescents</td>
<td>Indirect faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and follow up for children with feeding disorders including ASD and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for Community rotations</td>
</tr>
<tr>
<td>NCH – Child Development Center*</td>
<td>Community based interdisciplinary diagnostic and follow up clinic for children and adolescents</td>
<td>Direct faculty supervision and teaching *available by special request only</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children suspected of DD and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>NCH Hospital Specialty Clinics: NCH/Nisonger Williams Syndrome Clinic</td>
<td>Hospital based interdisciplinary specialty clinic for children and adolescents</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children with WS and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>NCH – Neonatal Follow Up Clinic</td>
<td>Hospital based interdisciplinary developmental clinic for high-risk infants and toddlers</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for LBW children and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>Clinic Name</td>
<td>Clinic Type</td>
<td>Faculty Supervision</td>
<td>Interdisciplinary Practice</td>
<td>Competency Evaluation</td>
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<tr>
<td>NCH - Down Syndrome Clinic</td>
<td>Hospital based interdisciplinary specialty clinic for children and adolescents</td>
<td>Indirect faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children with DS and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>NCH - Myelomeningocele Clinic</td>
<td>Hospital based interdisciplinary specialty clinic for children and adolescents</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children with Myelo and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>NCH – CP Clinic</td>
<td>Hospital based interdisciplinary diagnostic and follow up clinic for children and adolescents</td>
<td>Direct faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children with CP and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>NCH - DD Clinic</td>
<td>Hospital based interdisciplinary diagnostic and follow up clinic for children and adolescents</td>
<td>Indirect faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children suspected of DD and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
<tr>
<td>NCH – Behavior Clinic</td>
<td>Hospital based interdisciplinary diagnostic and follow up clinic for children and adolescents</td>
<td>Indirect faculty supervision and teaching</td>
<td>Interdisciplinary practice family centered care, cultural and linguistic competence, diagnosis and treatment planning for children with behavioral concerns and their families</td>
<td>Varies</td>
<td>LEND Competency Eval for NCH rotations</td>
</tr>
</tbody>
</table>
Service Learning

Trainees are required to complete **30 hours of service based learning prior to completion of their training**. Examples of possible experiences include:

**Next Chapter Book Club** – Trainees may choose to co-facilitate a book club weekly (for 10 weeks) at a location in the community with a group of 6 – 8 adolescents or adults with intellectual disabilities.

**The Annual Ohio Adult Sibling Conference**: Assist with organization and implementation of the Annual Ohio Adult Sibling Conference.

**Williams Syndrome Family Events**: The Williams Syndrome program has at least two yearly social events that often include music, updated research findings, speakers, dances and crafts. Trainees can volunteer in a variety of ways; planning events, setting up, taking pictures, actively participating and cleaning up.

**Aspirations**: This program is designed to give young adults with Autism Spectrum Disorders (ASD) the opportunity to discuss their own vocational and social experiences in a small group setting and be guided in ways of how to improve their skills in these areas. Group leaders, familiar with Autism Spectrum Disorders facilitate an atmosphere of acceptance and friendship. Developing self-awareness, social insight and independence are central themes of Aspirations.

Tom Fish, PhD, is the coordinator for Service Learning, alternative community service to be discussed with Dr. Fish.

**LEND Master of Public Health Degree Options**

The LEND program supports students who elect to pursue a dual Masters in Public Health degree program. Several LEND disciplines offer a dual degree program through their home departments (e.g. Medical Dietetics, Social Work). Trainees from disciplines where the dual MPH degree may not be embedded within their home department may elect to pursue the MPH Program for Experienced Professionals (MPH-PEP) option.

Trainees who pursue a dual degree may be allowed to apply LEND course work towards the MPH (check with your program advisor in the College of Public Health). After acceptance into the MPH program, up to seven LEND credit hours may be applied to the 13 hour elective course requirement for an MPH degree. [http://cph.osu.edu/students/graduate/handbooks/graduate-student-handbook/104-graduate-non-degree-credit%EF%BB%BF](http://cph.osu.edu/students/graduate/handbooks/graduate-student-handbook/104-graduate-non-degree-credit%EF%BB%BF)

Trainees and fellows must apply to Ohio State as Graduate non-degree students to elect the MPH-PEP degree option. Please note that there is an application deadline for Autumn semester enrollment. [http://gpadmissions.osu.edu/pdf/gndinst.pdf](http://gpadmissions.osu.edu/pdf/gndinst.pdf)

If you are interested in pursuing a dual degree or the MCH-PEP option as part of your LEND training please contact Paula Rabidoux.
# LEND Communication Tools

**BUCKEYE BOX**  
https://box.osu.edu/

**Leadership Project folders**  
(project outlines, discussions, resources…)

**LEND Forms**  
(Competency forms, Areas of Focus chart, NIRS trainee form…)

**Info about NCH and other Community Clinics**  
(Clinic descriptions, sign-up schedule, shuttle schedule…)

**Ohio MCH Poster Session documents**  
(templates, flyer, poster guidelines…)

To access the LEND folder on Buckeye Box, you must be sent an invitation to collaborate from Ann or Paula

**SHAREPOINT**  
https://securecollaborate.osumc.edu/sites/LEND

**All related materials for:**

- Interdisciplinary Developmental Clinic
- School-Aged Autism and Developmental Clinic

(Clinic forms, reports, chart reviews…)

This site is only accessible on OSUWMC networked computers and is a secure way to share/store documents that contain PHI

Chris must add you to the list of LEND collaborators before you can access this site

**LEND WEBPAGE**  
http://nisonger.osu.edu/LEND

**General LEND Program information**  
(current faculty, trainees, application…)

**LEND Resources**  
(LEND Manual, curriculum requirements, community resource list…)

**CARMEN**  
https://carmen.osu.edu/

**All course-related materials for:**

- Interdisciplinary Perspectives on DD
- Interdisciplinary Perspectives on ASD
- LEND Seminar

(Syllabus, readings, announcements…)

A Brief History of University Centers on Developmental Disabilities

1962  President Kennedy’s Panel on Mental Retardation developed an action plan on mental retardation that identified the following two areas concerning the role of universities
1. Training personnel in the field of developmental disabilities
2. Research in developmental disabilities treatment and service

1963  Mental Retardation Facilities and Community Mental Health Centers Construction Act (PL 88-164) identified funds for
1. Construction of university affiliated facilities (UAF)
2. Initiatives in interdisciplinary training

1970  The Developmental Disabilities Services and Facilities Construction Act (PL 91-517) Amended PL 88-164 and
1. Established a core support for UAFs
2. Extended definition beyond mental retardation to developmental disabilities, which included cerebral palsy, epilepsy, and autism

1975  Developmental Disabilities Assistance and Bill of Rights (PL 94-103)
1. Established a list of rights for persons who are developmentally disabled and an agency to protect those rights. Each state was to establish a Protections and Advocacy Office by October 1977 (Advocacy and Protective Services Inc. (APSI in Ohio).
2.Authorized the development of university affiliated programs (UAPs) satellite centers to cover parts of the nation that were underserved or not served by a UAP. This initiated the UAP network. There was a satellite at Ohio University for several years. It is no longer functioning.
3. Assigned specific activities to UAPs — interdisciplinary training, exemplary services, and information dissemination

1978  Rehabilitation Comprehensive Services and Developmental Disabilities Act (PL 95-602)
1. Introduced a functional definition of developmental disabilities

1987  Developmental Disabilities Assistance and Bill of Rights Act (PL 100-145)
1. Changed university affiliated facilities (UAFs) to university-affiliated programs (UAPs)
2. Authorized expansion of the UAP system with funding for new programs from 1988-1990 with priority given to states that did not have a UAP
3. Established funding for UAP training initiative grants in the areas of early intervention, community-based programs, and aging
4. Activities of UAPs as delineated in PL 100-145.
   a. Interdisciplinary training for a variety of disciplines at all levels (although post-entry level is the target of the LEND Project (Leadership Education in Caring for Children with Neurodevelopmental and Related Disabilities)). The intent of this training is to ensure that representatives of different disciplines receive similar information and training in developmental disabilities and understands the
benefits of interdisciplinary teamwork in providing services to persons with developmental disabilities and their families.

b. Technical Assistance to service providers, policy makers, families, and other individuals who can use this information and skill to improve the lives of persons with developmental disabilities. All activities that enable UAP staff to share their expertise with persons in the community would be considered technical assistance. It can be provided formally (through committee membership and scheduled consultation) or informally (through participation in conferences or information and referral.)

c. Dissemination involves distributing information to agencies, families, universities, and all others who can use it to enhance services. Information can include findings from research, descriptions of available services, notice of funding opportunities, and overviews of innovative programming. Dissemination can occur within the UAP state, or throughout the nation. The development of articles, manuals, and training materials is an integral part of the disseminations activities of UAPs.

d. Exemplary Services are intended to bring state-of-the-art practices to the UAP catchment area. The UAP develops and pilots model programs that can be easily replicated. These exemplary services also provide practicum experiences for the trainees and sites for research.

e. Research addresses assessment, service provision, quality assurance, and prevention within the field of developmental disabilities. The UAP provides knowledge to service providers and experience and training to students through their research activities.

5. Criteria for UAP Activities
a. Activities are to be interdisciplinary in nature
   1. Discipline coordinators assist in coordinating various interdisciplinary university activities
   2. Representation from state and community agencies is important
b. Activities should be planned to address the life span of persons with developmental disabilities. UAPs are encouraged not to restrict their activities to one age group

6. Other activities mandated in PL 100-145
a. Advocacy and Protection Office
b. State Developmental Disabilities Council

CONFIDENTIALITY at Nisonger Center

All students should complete the center confidentiality requirements before accessing any client records. Nisonger follows HIPAA guidelines regarding confidentiality.

The HIPAA Training website is:

https://onesource.osumc.edu  Under “My Workplace” you will find the CBL/Class Registration icon. Click on this to bring up the main page for login to the HIPAA Training modules.

Enter your medical center ID (smit08). Your password will be the 1st 4 letters of your last name and last 2 digits of your Social Security Number.

The modules required are designated in the “Course Title” list.

Annual HIPAA Privacy and Security 2011, Institutional Data Training MUST be completed prior to participation in any Nisonger Center clinics or within the first month of Fall semester.

OSUMC Email Account

Trainees/fellows should activate their OSUMC email account so that confidential patient information can be disseminated as needed during the year. Contact Chris Steiner (christopher.steiner@osumc.edu) if you have any questions.

OSUMC email accounts are only active during your time of employment. Be sure to forward any files or messages that you would like to save to another account before May 31st, when your OSUMC account will be shut down and contents irretrievable.
**Nisonger Research Funds**

The Nisonger Center Research Fund & Nisonger Autism Research Fund were established to allow donors an opportunity to provide financial support to the Nisonger Center research mission. These funds are used to enhance current research projects, provide seed money for new research projects, and support dissemination of research results related to autism spectrum disorder, intellectual disability, and other developmental disabilities.

**Funds Availability**

The Nisonger Center director will determine the amount of funds available from the Nisonger Center Research Fund & Nisonger Autism Treatment Research Fund each fiscal year. This determination will generally be announced at least twice a year; September/October, and February/March. An announcement of the availability of these funds will be sent to all faculty, staff, and students/trainees to invite applications.

**Who May Apply for Funds**

1. **FUNDING THESIS/DISSERTATION RESEARCH:** Graduate students affiliated with the Nisonger Center and working with a Nisonger Center faculty member as their primary thesis/dissertation advisor may apply for funds for research projects for which the trainee is the lead investigator. The research topic must be related to autism spectrum disorder (ASD), intellectual disability (ID), or other developmental disabilities (DD).

2. **PRESENTATION AT RESEARCH/PROFESSIONAL CONFERENCE:** Graduate students and postdoctoral fellows/researchers affiliated with the Nisonger Center and listed as the first author of a paper or poster presentation at a research/professional conference/meeting are eligible to apply for funds to attend the research/professional conference/meeting. The presentation topic must pertain to ASD, IDD or other DD and be relevant to the Nisonger Mission to be eligible for travel support. The reimbursable travel costs may include airfare (or mileage), lodging, registration fees, meals, and parking.

   A maximum amount of $500 will be awarded for travel support per trainee per academic year (September – August). All travel policies and procedures established by the University must be followed.

   Graduate students and postdoctoral fellows/researchers having received funding from this mechanism may be asked to make a short presentation of their research to the Nisonger Center.
Interdisciplinary Learning Plan (ILP)

Evaluation of Trainee Progress
Individual Learning Plan (ILP): at the start of the training program, each trainee meets with the discipline advisor to plan specific learning activities to develop expected competencies. The ILP is developed in collaboration with the trainee, faculty mentor, and the Co-directors based on the career goals of the trainee. The faculty mentor will meet with the trainee on a periodic basis to analyze and review the trainee's progress. A condensed version of the ILP is used by community preceptors to provide LEND faculty with feedback regarding trainees competencies and skills in the field.

The Cultural Competence Health Practitioner Assessment (CCHPA) is completed at the start and completion of the training program to provide a metric to assist trainees as they progress in the development of cultural competence as interdisciplinary clinicians, MCH leaders, and health advocates.

Each trainee will develop a LEND project for presentation at the Ohio MCH Training Programs Poster presentation. Projects may be a team effort.

Paper Portfolio: Each trainee will submit the following hard copy documents:

- Evaluation of competencies (for all semesters),
- Cultural competency self-assessment (pre and post)
Reflective Journals: Guidelines

The Reflective Journal is a collection of thoughts, ideas, goals, and feelings about the semester’s readings, research, LEND experiences, and professional development.

The Reflective Journal is not a list of your activities over the quarter. Rather it is meant to be a critical reflection of your activities and coursework and, as such, document your professional identity development as you discuss issues that pique your interest over the course of your LEND training. Ultimately, we hope that you will be able to articulate your mastery of the MCH competencies and to present an effective professional persona.

Think of these reflections as instances to think through issues related to your professional development. As such, these papers are not meant to be “solution” papers per se, though you may certainly offer solutions if you feel appropriate. Rather, these papers are opportunities to reflect upon issues raised in your training.

The Three Elements:

An engaged reflection should contain the following elements:

- **Examples**: Provide examples from your clinics, classes, etc. as appropriate. (You may change names). For example, in your reflections on leaders and why they “inspire” you, give examples of what they do and why. Another idea is to include examples from clinical experiences. A sentence such as “I have learned many tricks to getting uncooperative kids to cooperate,” may be appropriate. Expand upon this statement by naming these tricks, giving examples, and discussing how these clinical experiences have influenced you.

- **Expansion**: Often times, a statement is made in a journal entry that requires some expanding (the “why” and “what” questions). For example, a statement such as, “Something I find frustrating about this field is that there is a lack of research and scientific basis to make recommendations.” This is a provocative statement! However, it is important to also include, why you feel this way, what it says about the field (or people’s characterization of it), and what kind of research is needed.

- **Engagement**: In short, try to think through the “how” and “why” of the issues and ideas you raise in your papers. You should also try to give examples of the “what” aspects of issues.
Evaluation of Competencies

NISONGER CENTER UCEDD
LEND PROGRAM
Individualized Learning Plan

Trainee: ____________________________________________

Advisor: ____________________________________________

Complete this at the beginning of Autumn and Spring semesters and at the end of Spring semester in consultation with your faculty mentor. Include it in your the Portfolio you submit at the end of the year.

The following competencies are expected from all graduates of LEND. The three levels of achievement in a competency are:

- Novice—recognizes, understands, is aware
- Competent—lists, identifies, discusses
- Proficient—applies, integrates, evaluates, advocates at individual level
- Advanced—teaches, designs programs, evaluates programs, effects policy, advocates at system level

Faculty may solicit input from the LEND Co directors or other LEND faculty in completing this form. The Date Completed refers to the date on which the specific competency level was demonstrated or reviewed by faculty.

<table>
<thead>
<tr>
<th>LEND Core Competencies</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td></td>
<td>Novice</td>
</tr>
<tr>
<td>I.  HEALTH PROMOTION AND DISEASE PREVENTION</td>
<td></td>
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<tr>
<td>1. Demonstrate knowledge of public health methods and approaches.</td>
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<tr>
<td>2. Synthesize population-based information to improve the health status for children with neurodevelopmental disabilities, their families, and their communities.</td>
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<tr>
<td>3. Integrate health promotion and disease prevention strategies into the context of family and community systems of care for a broad range of neurodevelopmental disabilities;</td>
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<tr>
<td>4. Analyze an awareness of emerging health problems and practice issues, Healthy People 2020 objectives and Bright Futures guidelines.</td>
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<tr>
<td>II.  INTERDISCIPLINARY CLINICAL SERVICES</td>
<td></td>
</tr>
<tr>
<td>1. Demonstrate the ability to conduct disciplinary assessments and evaluations within the context of interdisciplinary team function.</td>
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</tbody>
</table>
2. Demonstrate interdisciplinary skills in the identification of abilities, problems and service/support needs of children with neurodevelopmental and related disabilities.

3. Demonstrate ability to function as a team member and team leader in settings with interdisciplinary team arrangements.

4. Demonstrate skill in reporting information to professionals across disciplines in various settings.

5. Demonstrate skill in the identification of community resources for implementing recommended interventions and long-term follow-up care.

6. Demonstrate an ability to conduct assessments as part of an interdisciplinary team in a variety of settings.

7. Compare and contrast team functions, resources and constraints of various teams.

8. Evaluate team process of at least one center-based team on which the trainee is an active member.

9. Demonstrate ability to comprehend and utilize information from multiple disciplines.

10. Demonstrate an understanding of how the environment impacts the results of an assessment and recommendations for intervention.

### III. FAMILY CENTERED CARE

1. Has knowledge of family systems and processes.

2. Evaluates the role of the family in the lives of children with neurodevelopmental disabilities.

3. Comprehends the role of the family on teams.

4. Supports families in their natural care giving roles by building upon their unique strengths as individuals and as families.

5. Communicates effectively with families including listening to their concerns and priorities.

6. Identifies family strengths and resources.

7. Synthesizes knowledge and practical application of the above objectives to convey information to families and engages in ongoing partnership with them.

### IV. CULTURAL COMPETENCE

1. Trainee will employ strategies to assure culturally-sensitive public health and health service delivery systems;

2. Trainee will complete a personal and organizational self-assessment of cultural competence and understand the implications of culture on clinical service assess and delivery.

3. Demonstrate ability to understand and communicate the concerns and priorities of families from diverse cultural backgrounds.

4. Advocate for families in ways that demonstrate cultural sensitivity.

5. Trainees will integrate cultural competency into programs, research, scholarship, and policies.
V. ACCESS TO COMMUNITY-BASED SERVICES AND COORDINATED CARE

1. Evaluate service delivery models and approaches for children with neurodevelopmental disabilities and their families.

2. Analyze current issues related to access, availability, affordability, cultural accommodation and quality of community services and supports.

3. Compare and contrast health care services for patient populations in different communities.

4. Evaluate a community plan of care incorporating a medical home model in collaboration with families.

5. Develop strategies to improve community-based systems of care for children with neurodevelopmental disabilities, their families and communities.

6. Analyze issues in the development, improvement and integration of systems of care, especially in programs providing maternal and child health services, including those for children with ASD and other disabilities, in community based, family-centered settings.

VI. HEALTH SYSTEMS/ADMINISTRATION

1. From a Life Course Perspective analyze the structure, function and philosophy of agencies that administer relevant programs intended to serve children with neurodevelopmental disabilities and their families at the state and federal levels.

2. Utilizing a life course perspective analyze a system of care for children with neurodevelopmental disabilities.

3. Apply knowledge of healthcare financing to systems of care across an agency, institution and region.

4. Analyze the administrative process whereby legislation is translated to administrative policy and practice.

5. Demonstrate knowledge of the current and historical ethical and professional issues regarding the care of children with neurodevelopmental disabilities and their families.

VII. SYSTEMS ADVOCACY

1. Compares/contrasts several significant components of advocacy groups that support children with neurodevelopmental and related disabilities and their families.

2. Synthesizes advocacy information and individual- family-legal rights. in supporting the advocacy efforts of families to solve problems or systematically address issues.

3. Supports the advocacy efforts of families to solve problems or systematically address issues.

4. Participates in state and/or federal legislative advocacy planning and achievement.
### VIII. RESEARCH

1. Critique/analyze published research and will demonstrate knowledge of evidence-based outcomes research and science-based judgment.

2. Demonstrate knowledge of the ethical and legal issues related to conducting research.

3. Demonstrate ability to communicate research findings related to family member’s condition to families.

4. Demonstrate ability to communicate research findings related to the client’s condition to professionals.

### IX. HEALTH INFORMATION TECHNOLOGY AND COMMUNICATION

1. Demonstrate the ability to access, manage and use scientific data; and utilize information systems and technologies.

2. Critically analyze the efficacy of resources and update health and advocacy resources for IWND and their families.

3. Utilize health care technology to enhance care coordination and communication with families.

4. Teach families to become critical consumers of health care information.

### X. AUTISM COMPETENCIES

1. Trainees will demonstrate clinical skills necessary to screen ASD and other developmental disabilities.

2. Trainees will demonstrate clinical skills necessary to diagnose ASD and other developmental disabilities.

3. Trainees will discuss and demonstrate evidence based treatment for the treatment of individuals with ASD.

4. Trainees will demonstrate the ability to communicate clinical findings to family members.

5. Trainees will demonstrate the ability to communicate research findings related ASD and other developmental disabilities to families and professionals.

Comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Cultural Competency Self Evaluation
This self-assessment should be completed at the beginning and end of your training, please submit completed forms to the LEND Program Assistant.

How to use this checklist:
This checklist is intended to heighten the awareness and sensitivity of trainees to the importance of cultural and linguistic cultural competence in health, mental health and human service settings. It provides examples of the beliefs, attitudes, values and practices which foster cultural and linguistic competence in individuals. There are no correct responses. However, you should reflect on your responses and discuss them with your faculty mentor and clinical preceptors.

Directions: Please select A, B, or C for each item listed below.

A = Things I do frequently
B = Things I do occasionally
C = Things I do rarely or never

_____ 1. When interacting with individuals and families who have limited English proficiency I always keep in mind that:
   _____ * their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
   _____ * they may neither be literate in their language of origin nor in English.

_____ 2. I use bilingual/bicultural or multilingual/multicultural staff, and/or personnel and volunteers who are skilled or certified in the provision of medical interpretation services during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.

_____ 3. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words so that I am better able to communicate with them during assessment, treatment or other interventions.

_____ 4. I attempt to determine any familial colloquialisms used by individuals or families that may impact on assessment, treatment, health promotion and education or other interventions.

_____ 5. For those who request or need this service, I ensure that all notices and communiqués to individuals and families are written in their language of origin.

_____ 6. I understand that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method of receiving information.

_____ 7. I understand the principles and practices of linguistic competency.

_____ 8. I understand the implications of health literacy within the context of my roles and responsibilities.

_____ 9. I use alternative formats and varied approaches to communicate and share information with individuals and/or their family members who experience disability.
10. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

11. I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors that show cultural insensitivity, biases, and prejudice.

12. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.

13. I understand and accept that family is defined differently by different cultures.

14. I accept and respect that male-female roles may vary significantly among different cultures (e.g. who makes major decisions for the family).

15. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decision of elders, the role of eldest male or female in families, or roles and expectation of children within the family).

16. Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.

17. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.

18. I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease, and death.

19. I understand that the perception of health, wellness, and preventive health services have different meanings to different cultural groups.

20. I recognize and understand that beliefs and concepts of emotional well-being vary! significantly from culture to culture.

21. I understand that beliefs about mental illness and emotional disability are culturally-based. I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.

22. I recognize and accept that folk and religious beliefs may influence an individual’s or family’s reaction and approach to a child born with a disability, or later diagnosed with a disability, genetic disorder, or special health care needs.

23. I understand that grief and bereavement are influenced by culture.

24. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.

25. I seek information from individuals, families or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by my program or agency.

26. I keep abreast of the major health and mental health concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by my program or agency.
27. I am aware of specific health and mental health disparities and their prevalence within the communities served by my program.

28. I am aware of the socio-economic and environmental risk factors that contribute to health and mental health disparities or other major health problems of culturally and linguistically diverse populations served by my program.

29. I am well versed in the most current and proven practices, treatments, and interventions for the delivery of health and mental health care to specific racial, ethnic, cultural and linguistic groups within the geographic locale served by my program.

30. I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, and linguistically diverse groups.

31. I advocate for the review of my program's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence.