



University Center  
for Excellence in  
Developmental Disabilities

# NEWS update

GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT

SUMMER 2010

CONSUMER ADVISORY COUNCIL PAPER ON:

## Impediments to Employment and Job Retention for Individuals with Intellectual and Other Developmental Disabilities

**There are many factors that negatively affect employment opportunities and job retention for individuals with intellectual and other developmental disabilities. Some of the issues are specific to the District of Columbia but many are universal and reflect some of the barriers that exist. In fiscal year 2008-2009 the GU-UCEDD Consumer Advisory Council wanted to focus their efforts on the employment of individuals with intellectual and other developmental disabilities. They decided to develop a paper that focused on the impediments to employment and job retention for individuals with intellectual and other developmental disabilities.**

Finding and keeping good workers are among the greatest challenges facing business today. To stay competitive, businesses will need access to a skilled and diverse workforce. Competition and increased profitability will not occur without qualified employees. Individuals with disabilities are a source of qualified workers that are frequently overlooked and are one of the most underemployed populations in our society. The Bureau of Labor Statistics, (December 2009) employment reports the overall unemployment rate for individuals with disabilities was 13.8 percent, compared with 9.5 percent for those with no disability. According to the 2007 American Community Survey (ACS) conducted by Cornell University, the District of Columbia unemployment rate for working age individuals with disabilities ages 21-64 is an astounding 67%. Among these, eleven percent (11%) are individuals actively seeking work but are not currently working. Twenty-eight percent (28%) of individuals with disabilities are working age and have attained a high school diploma or equivalent.

There are many factors that negatively affect employment opportunities and job retention for individuals with intellectual and other developmental disabilities. The Consumer Advisory Council (CAC) of the Georgetown University Center for Child and Human Development, University Center for Excellence in Developmental Disabilities (GU-UCEDD) began a process to explore these factors. The CAC found that some of the factors described below may be specific to the District of Columbia, but many are universal and reflect barriers that exist towards outreach, hiring, and retention of individuals with intellectual and other developmental disabilities.

### Transportation Barriers

When individuals with disabilities are not able to travel independently or public transportation services are not readily available, getting to work on time can become problematic. In addition, many individuals with disabilities require services such as those of a direct care support professional who adds a layer of coordination. When transportation

services are not reliably provided to individuals with disabilities, their ability to get to work on time is often compromised and in turn, jeopardizes their job security. With many municipalities under pressure to reduce costs, these services are in further threat for cutbacks and reduced service for those who rely on them the most.

According to the National Organization on Disability (NOD, 2000), the accessibility and availability of transportation remains an obstacle that confronts individuals with disabilities in getting to work and socializing outside the home. The transportation gap is significant. A minority, 3 out of 10 individuals with disabilities (30%) still has a problem with inadequate transportation; however, 16% cite inadequate transportation as a major problem. By contrast, only 1 out of 10 individuals without disabilities (10%) have a problem with inadequate transportation—and only 4% say it is a major problem (NOD, 2000). In addition, inadequate transportation is an even greater obstacle for individuals with significant disabilities. Individuals with somewhat or very severe disabilities are more than three times as likely to think transportation is a problem (34% and 36% respectively) than individuals without disabilities (10%) and twice as likely as people with slight disabilities 17% (NOD).

## **Transitioning from School to Work**

Transitioning from school to work is a challenging time for young adults. However, for young adults with disabilities these challenges

can be extremely overwhelming. A major ingredient of a successful school-to-work transition program is a comprehensive, multidisciplinary vocational assessment that integrates a variety of school and community agency personnel into the assessment process. The assessment process should include teachers, counselors, a psychologist, as well as representatives from community vocational rehabilitation and social services agencies, who work together to identify relevant transitional needs and appropriate planned services (Levinson & Palmer, 2005). Whether they transition to school, jobs, or supported living environments, students with disabilities can benefit from coordinated efforts among professionals. Most importantly, the development of a Transition Plan should reflect the student's interest and choice of a vocational direction. Students with disabilities should be provided with opportunities to develop self-awareness and self-determination skills in order to advocate for themselves in post-secondary settings (Cummings, Maddux, & Casey, 2000; Johnson, Stodden, Emanuel, Leucking, & Mack, 2002). Students should also be provided with the opportunity to sample different types of employment opportunities and participate in internship and employment programs, which is often the best way for them to prepare to enter the world of work.

## **Work Disincentives**

Families and individuals with disabilities may be hesitant to seek work, particularly for limited income, when that income threatens vital benefits, such as Medicaid, Medicare or Social

Security eligibility. Individuals with disabilities are often reluctant to become employed for fear of jeopardizing these benefits. For many of these individuals, substantial work would be a significant and unreasonable hardship because of the loss of benefits (Mashaw & Reno, 1996). In addition to the fear of losing benefits, other disincentives may include, but are not limited to, extra costs associated with working, education or training gaps, the need for flexible work arrangements, and potential loss of disability income and health care benefits. In addition to these obstacles, barriers include employer discrimination, reluctance to hire, organizational cultures that are not disability-friendly, stereotypes, and the lack of understanding of the legal requirements and associated costs of accommodations.

## **Environmental Barriers (Assistive Technology/ Workplace Accommodations)**

Although the Americans with Disabilities Act, Title I, requires an employer to provide reasonable accommodations in the workplace for individuals with disabilities, there are misperceptions and fears about exactly what constitutes accommodations. For many employers the “Order of Magnitude” issue still looms large. There is the belief that individuals with disabilities require complex expensive adjustments or high end assistive technology devices and services rather than simple inexpensive equipment or services that are actually required. This kind of thinking often prohibits people with disabilities from having access to certain jobs requiring less expensive technology.



## The TRIAD

The TRIAD is a coalition of three organizations: The Georgetown University Center for Child and Human Development—University Center for Excellence in Developmental Disabilities Education, Research, and Service; University Legal Services (the Protection and Advocacy agency for the District of Columbia) and the District of Columbia Developmental Disabilities Council. The three entities are funded by the Administration on Developmental Disabilities, Administration on Children and Families, Department of Health and Human Services, and mandated by the Developmental Disabilities Assistance and Bill of Rights Act (DD Act). The DD Act requires collaboration among the three entities.

During the 2009-10 fiscal year, The TRIAD collaborated on two major activities:

- The TRIAD formed a public/private partnership with the District of Columbia Office of Disability Rights and the Office of Human Rights to conduct Americans with Disabilities Act (ADA) Title 1 Employment training for the Department of Disability Services, rehabilitation counselors and service coordinators. The training included two sessions on *ADA Title 1* and two sessions on *Assistive Technology for the Workplace*. A total of **191** individuals were trained.
- This year's annual conference, *Providing Quality Healthcare for Individuals with Intellectual and Other Developmental Disabilities*, was held on April 12, 2010. In addition to the TRIAD, other partners included Howard University Department of Health, Human Performance and Leisure Studies; the Quality Trust for Individuals with Disabilities; and the DC Coalition of Providers for Persons with Intellectual and Other Disabilities.

### *Impediments to Employment and Job Retention Continued*

“No accommodation or technology can be maximally beneficial if there is a lack of awareness of its availability, where it can be obtained, or its proper set up and operations” (deJonge, Scherer, & Rogers, in press). In spite of the increasing availability of technologies for individuals with disabilities, both employers and employees differ in their knowledge of available assistive technology services and supports and the value they ascribe to them. Assistive and other technologies which enable individuals with disabilities to work may not be completely understood or appreciated. In an effort to understand the significance, impact, and benefits of assistive technology to the end-user, more research needs to be conducted, certainly from the perspective of those who hire and manage individuals with disabilities, but also from the viewpoint of the users of these products themselves.

### **Employer Attitudinal Barriers**

The Implementation of Title I of the Americans with Disabilities Act (ADA), which outlaws employment discrimination against people with disabilities, was a response to evidence that employers are often reluctant to hire individuals with disabilities based on prejudice, stereotypes, and uncertainty (Braddock & Bachelder, 1994). Individuals with disabilities often find employment difficult to attain and feel excluded from the labor market because of their disabilities (Kregel & Unger, 1993). This barrier is often traced to the attitudes of employers

toward hiring individuals with disabilities and the environment of acceptance or non-acceptance employers create (Satcher & Hendren, Wright & Multon, 1991). Additionally, surveys conducted of employers on disability issues have further identified important barriers and concerns. Dixon, Kruse, and Van Horn (2003) found that 20% of employees perceived employers discrimination and prejudice, and the reluctance of employers to hire, as major barriers facing workers with disabilities. Only 7% of employers surveyed cited concerns over the cost of making workplace accommodations (Dixon et al., 2003). Apart from any discriminatory attitudes, uncertainty may be a significant barrier to employing individuals with disabilities: Employers may not understand a person's abilities or know whether he or she can handle the job, and so be reluctant to make any type of investment. There may be subtle prejudicial attitudes when employers expect that the employment of individuals with disabilities will result in higher bottom-line costs because of absenteeism, poorer performance, turnover, accommodation necessities (Stone & Colella, 1996), productivity, and worker compensation rates (Fuqua, Rathbun, & Gade, 1983).

### **Innovative Pilot Transition Program—Promising Practice**

The District of Columbia is collaborating with Project Search to develop and implement with a transition program for students with disabilities in their last year of high school. This one-year program is designed for students

## *Impediments to Employment and Job Retention Continued*

whose main goal is competitive employment. This particular program takes place in Federal government office settings. It offers an opportunity for total immersion in the workplace, and facilitates the process of teaching and learning through continuous feedback and application of new skills. The students have an opportunity to rotate through a variety of position experiences. Individualized job development and placement begin after the

rotations are completed. Students are given support through on-the-job coaching and work site accommodations with the ultimate goal of independence. Project Search is currently being implemented in the U.S. Department of Labor.

### **Next Steps**

There are some recommendations that may improve the employment picture for individuals with intellectual and other developmental disabilities in the District of Columbia:

- **Quality Control**
  - Meeting with the local Transportation Administrations in the Metro DC area to discuss the need for improvements in reliability and service and how to preserve these in the face of budget cuts.
  - Meeting with Service Providers to discuss barriers to employment and an action plan to reduce barriers.
- **Transition Planning**
  - Transition training for students, parents, special education coordinators, school principals, service coordinators and rehabilitation counselors.
  - Explore partnership with family serving organizations to conduct in-depth training for family members.
- **Work Disincentives**
  - National issue—investigate best practices by other states to address this issue,
  - Explore partnerships and information exchanges with other entities that have been successful in reducing barriers.
- **Environmental Barriers**
  - Educate the consumer, family members and employers on the protections under the federal and local laws.
  - Public relations campaign and marketing of local success stories, from both individuals' with disabilities and the employers' perspective.

### REFERENCES

*American Community Survey; 2007 Disability Status Report: District of Columbia.* Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics.

## **UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES CONSUMER ADVISORY COUNCIL**

### **District Government Agency Representatives**

Laura Nuss, *Director, Department on Disability Services*

Deborah R. Ali, *Child Find Coordinator, DC Early Intervention Program (DCEIP)*

Herman R. Barber, PhD, *Special Programs Coordinator, Child and Family Services Agency*

Desirée Brown, *State Advisory Panel Coordinator/Public Outreach Specialist, Office of the State Superintendent of Education*

Roy Albert, *Deputy Director, Department on Disability Services, Rehabilitation Services Administration*

Emilie Monroe, MSW, *Office of Chronic and Long Term Care, Department of Health Care Finance*

### **DC DD Network:**

Jane Brown, Esq., *Executive Director, University Legal Services*

Sudie Johnson, *Interim Executive Director, Developmental Disabilities Council*

### **Consumers/Family Members**

Joan Christopher

Robert E. Coward, Jr.

Margaret M. Ernst

Tomlyn Farley

Thelma Green

Jonathan Herring

Michelle Hawkins

Ryan H. King

Kelli A. Roberts

Berta Mata

John W. Bossard, Jr.

Patricia Mitchell & John W. Bossard, Sr.

L. Thomas Mangrum, Jr.  
Linda Stewart Wells  
Joseph Stewart  
Jody Wildy

### **Private Agency Representatives**

Tina Campanella, *Executive Director, Quality Trust for Individuals with Disabilities*

Danny Bellamy, *Chief Operating Officer, Health Services for Children with Special Needs*

Andraéa LaVant, *Youth Development Specialist, Center for Workforce Development, Institute for Educational Leadership*

Kim Jones, Esq., *Executive Director, Advocates for Justice and Education, Parent Training Information Center*

### **Service Providers**

Rebecca Salon, PhD, *Consultant, Project Action*

Marylou Meccariello, *Executive Director, The Arc of DC*

### **Georgetown University Representative**

Michael W. Smith, *Associate Director of Affirmative Action Programs and ADA Coordinator*

### **GUCCHD Faculty and Staff**

Phyllis Magrab, *Director*

Rachel Brady, *Director of Information Dissemination*

Antonia Brathwaite Fisher, *Associate Director*

Donna Deardorff, *Administrator*

Tawara Goode, *Associate Director*

Toby Long, *Associate Director of Training*

Isabella Lorenzo Hubert, *Bi-Lingual Coordinator*

Syreeta Elie, *Administrative Assistant*

## East China Normal University Makes Return Visit to GUCCHD

A delegation from East China Normal University in Shanghai spent a day with faculty from the University Center for Excellence in Developmental Disabilities at Georgetown University. The delegation which included the Dean of the College of Preschool Education and Special Education, Yang Guangxue, met with a variety of faculty including Toni Fisher and Rachel Brady from the UCEDD, Tawara Goode from the National Center for Cultural Competence, Marisa Brown from DC Health Resources Partnership, Guy Lotrecchiano from DC LEND at Children's National Medical Center, and Deborah Perry from the Center on Early Childhood Mental Health consultation.

In 2005 Dr. Toby Long, the Director of Training for the UCEDD, the LEND program and



the Associate Dean for the Disability Studies program at Georgetown University was invited by East China Normal University to present information on inclusive education. Since that time the UCEDD has hosted an Assistant Professor from ECNU who was awarded a prestigious China Scholarship Council Fellowship to study at Georgetown and in 2007,

the Georgetown University Center for Child and Human Development signed a memorandum of agreement with ECNU to formalize our relationship with faculty exchanges.

The relationship between ECNU and the GUCCHD continues to grow. In September of 2010 we will again host an Assistant Professor.

### *Impediments to Employment and Job Retention Continued*

Braddock, D., & Bachelder, L. (1994). *The glass ceiling and persons with disabilities*. Washington, DC: U.S. Department of Labor, Glass Ceiling Commission.

Bruyere, 2000; Dixon, Kruse, & VanHorn, 2003. National surveys of employers: Pre-conceived attitudes and lowered expectations are significant barriers to people with disabilities finding employment Bureau of Labor Statistics. (Dec 2009). *Current Population Survey*.

Cummings, R., Maddux, C. D., & Casey, J. (2000). Individualized transition planning for students with learning disabilities. *Career Development Quarterly*, 49(1), 60-72.

Dejonge, D., Scherer, M., & Rogers, S. (in press). Putting technology to work: A guide to selecting and implementing of assistive technology in the workplace.

Levinson, E., & Palmer, E., (2005), Preparing Students with Disabilities for School-to-Work Transitioning and Postsecondary Life. *Counseling* 101.

Fuqua, D. R., Rathbun, M., & Gade, E. M. (1983). A comparison of employer attitudes toward the worker problems of eight types of disabled workers. *Journal of Applied Rehabilitation Counseling*, 15: 40-43.

Johnson, D. R., Stodden, R. A., Emanuel, E. J., Luecking, R., & Mack, M. (2002). Current challenges facing secondary education and transition services: What research tells us. *Exceptional Children*, 68, 519-531.

Kregel, J. & Unger, D. (1993). Employer perceptions of the work potential of individuals with disabilities: An illustration from supported employment. *Journal of Vocational Rehabilitation*, 3(4), 17-25.

Mashaw, J. L., & Reno, V. P. (Eds.). (1996). *Balancing security and opportunity: The challenge of disability*

*income policy*. Washington, DC: National Academy of Social Insurance.

National Organization on Disability/Harris Interactive Poll of Americans with Disabilities, 2000, *Access to Transportation*.

Satcher, J., & Hendren, G. R. (1991). Acceptance of the Americans with Disabilities Act of 1990 by persons preparing to enter the business field. *Journal of Applied Rehabilitation Counseling*, 22, 15-18.

Stone, D., & Colella, A., (1996). A Model of Factors Affecting the Treatment of Disabled Individuals in Organizations. *Academy of Management*.

U.S. Equal Employment Opportunity Commission. Questions & Answers About Persons with Intellectual Disabilities in the Workplace and the Americans with Disabilities Act. Available at [http://www.eeoc.gov/facts/intellectual\\_disabilities.html](http://www.eeoc.gov/facts/intellectual_disabilities.html).

## Bobby Coward

**B**obby Coward wears a chain around his neck that holds a medallion with an American eagle, a fighter jet and a cross. Bobby calls it his “lifeline” that stands for his fight for God and country, but now says that he’s “fighting for my rights in my country”. After talking with Bobby for a few minutes, you are struck by his intelligence and spirit. His motorized wheelchair becomes invisible. Bobby has been an active member of the Georgetown University Center for Excellence in Developmental Disabilities Consumer Advisory Council since 2007.

### Bobby’s Journey—The Beginnings

Bobby’s love for God and country landed him in the Air force where he served as a trained aircraft mechanic. In 1992, shortly after Bobby left the Air Force, another phase of his life’s journey began. Bobby sustained a spinal cord injury due to a car accident. He remained in intensive care for three months and went through another three months of rehabilitation.

The rehabilitation center paid very little attention to discharge planning. Bobby’s mother was advised that she should place her son in a nursing home, but she refused and brought Bobby home. With the support of the labor and love of family and friends, Bobby lives in a comfortable home that is accessible in Northeast Washington.

Right away, Bobby tried to re-enter the workforce and resume his previous career, but he needed

support to do so. He was placed on a home health care support waiting list, but found that he did not qualify for assistance because he was over income. Bobby went to the Federal Aviation Administration and the National Transportation Safety Board looking for employment. He was told that he needed a bachelor’s degree and he only had an associate’s degree. Bobby discovered that the University of the District of Columbia (UDC) offered a degree in aeronautic engineering, but the site of the program was not accessible and UDC was the only academic program that the DC Rehabilitation Services Administration funded. Bobby researched other programs, but they were too expensive. He finally tried to develop a PASS plan (Plan to Achieve Self-Support) through the Social Security Administration, but was denied because he was over income. At this point, Bobby was very frustrated with the lack of help from bureaucracies that were established to help individuals with disabilities. Bobby began setting different goals for himself and started attending workshops about policies, entitlements, his rights, and how to negotiate to get where he wanted to be.

Bobby’s disability advocacy has been broad in scope, including: transportation, employment, housing, community integration for persons with disabilities, policy and funding.



### ADAPT

A friend soon introduced Bobby to ADAPT an advocacy organization, comprised of a group of self-advocates and others seeking access to transportation. When ADAPT won the right to public transportation, this victory changed the group’s focus to fighting for civil rights, full inclusion, and the integration of people with disabilities into all aspects of society.

### The Home and Community-Based Services (HCBS) Waiver and Direct Action

Bobby began outreach efforts to persons with disabilities who were living in nursing homes. He wanted to learn why they were there and hear their stories. He began researching programs and funding in the District of Columbia to determine what supports were available to help people move back into the community. Bobby soon learned that the District had policies that were biased against younger people with disabilities living in nursing homes. For instance, there was a waiver to help people live in the community, but only if that person was 65 years old or older. Bobby began working to change these policies and finally the Home

---

*PROFILE: Bobby Coward Continued*

and Community-Based Services (HCBS) waiver was amended to include younger individuals. At about the same time, ADAPT won a lawsuit that resulted in an order for the District to offer 565 fully accessible public housing units by 2008. Although the District failed to meet this deadline in 2008, Bobby reports that the City has now fully complied.

After the HCBS Waiver was amended, Bobby helped form a new non-profit called *DIRECT ACTION*. *DIRECT ACTION* offers advocacy and promotes community-based services, accessible housing, and employment for people with disabilities in the District. As Direct Action's work began to be recognized, the organization received funding from the Consumer Health Foundation to help sustain its efforts. Direct Action is locally focused, but nationally connected. Through strategic action planning, Direct Action, along with a coalition of groups, was successful in getting a \$1.7 billion Real Choice Systems Change grant enacted, known as Money Follows the Person (MFTP). Direct Action worked with a team of District leaders and advocates to write a proposal for MFTP, which resulted in an award to the District of Columbia of \$26 million from the federal government. Direct Action was disappointed that the District's MFTP program did not serve all of the intended population—all people with significant disabilities in the city. Bobby observed that due to litigation and funding priorities, the population of people with physical disabilities was pitted against those with

intellectual and other developmental disabilities. Bobby notes optimistically that since MFTP serves people with developmental disabilities, it is a partial win but a win nonetheless.

Bobby continues to focus on the HCBS waiver. Direct Action found that when people who were living in a nursing home were able to leave, they needed home health services in order to live in the community. But the problem was who would be hired to provide these services? Home health aides are actually paid more when they work for a nursing home or other institution than when providing care and support to an individual living in the community. Many agencies were established to provide these services, however, a home health aide working through an agency is not allowed to do bowel and bladder care, nor dispense medicines due to District of Columbia licensing requirements. Basic bowel/bladder care and dispensing medications are essential needs for many individuals with disabilities.

Direct Action continues to advocate for participant-directed care (PDC) that will allow a consumer under the HCBS waiver to hire, fire, and train his/her own health care giver. Direct Action began developing service guidelines several years ago and submitted amendments to the District for submission to the federal government for the HCBS waiver to include Participant-directed care. Unfortunately, the PDC amendment to the HCBS waiver is still in limbo due to concerns about liability over the definition of home health aide and the qualifications of and training for persons who would perform these functions. Bobby, however,

is not in limbo; he continues to advocate.

## **Transportation and Accessible Cabs**

Another focus of Bobby's advocacy is transportation. Direct Action believed that there should be another option to ensure people with disabilities, especially those who use power wheelchairs, full inclusion into the community. The District's para transit system did not meet the needs of many individuals with disabilities due to restrictive rules and regulations. Since the District had no accessible cabs, Direct Action began meeting with Council of Governments, Councilmember Jim Graham, the Transportation Planning Board and the federal Department of Transportation to gain funding for accessible cabs in the District. As a result, DC was awarded \$1 million dollars through the federal government's New Freedom Initiative, plus a \$200,000 grant from the District government. In January 2010 twenty cabs were purchased, and the District issued contracts to the Yellow and Royal Cab companies. Presently, there are twelve cabs in operation, and the other eight will be in service by April 26, 2010. Training will be provided for all drivers. Persons who use these cabs are charged the same cab fare as others and the restrictive rule of 24 hour advance reservations of other accessible transportation providers does not apply (although riders are encouraged to call at least 30 minutes in advance). To read about this accomplishment, click on: [www.washingtonexaminer.com/local/Wheelchair-accessible-taxis-to-roll-out-on-D\\_C-streets-8523637-69915312.html](http://www.washingtonexaminer.com/local/Wheelchair-accessible-taxis-to-roll-out-on-D_C-streets-8523637-69915312.html)

PROFILE: Bobby Coward Continued

## Making DC more Accessible

In January 2010, Direct Action joined with the Equal Rights Center and the District of Columbia in an agreement and initiative to (1) make the District Building, which houses the DC City Council and the Mayor's offices, more accessible to people with disabilities; and (2) revise the District's emergency evacuation procedures to include plans and procedures for evacuating people with disabilities in the event of a disaster. Through a personal experience, Bobby learned that training and designated areas of refuge must be a part of the plan. In an emergency, elevators are deactivated which leaves individuals who use wheelchairs stranded. Bobby wanted to ensure

that this experience does not happen to him or anyone else with a disability again.

## Employment

Bobby still has his sights on employment opportunities for people with disabilities. To meet this goal, he joined the DC State Independent Living Council and has been working very hard towards gaining full employment for persons with disabilities. He is currently the chair of this group.

## In Closing...

Bobby believes that the strength of the District of Columbia is defined by its ability to take care of all of its citizens. His vision is that all District programs and services would be mandated to include persons with disabilities fully.

Bobby asserts that this right is not optional nor should it be based on budget constraints. He would also like to see the development of younger disability rights leaders and more integration of persons with disabilities into all aspects of the community. His motto is that *as an advocate, you can't form a line if you're afraid to stand alone*. During his advocacy efforts, Bobby has put his safety, health, wheelchair and his freedom at risk. In closing he said, "I feel deeply proud that I'm able to help those who can't help themselves. You can go fast by yourself, but can go further with others." Bobby is a winner and a real example of what we should all be about! The GU-UCEDD is pleased to have Bobby Coward as a member of its Consumer Advisory Council.

## U.S. - AFGHAN Women's Council



**THE U.S.-AFGHAN WOMEN'S COUNCIL IS A PUBLIC-PRIVATE** partnership, created in 2002 by Presidents George W. Bush and Hamid Karzai, and housed at Georgetown University. It connects the U.S. and Afghan governments, the private sector, academia, and non-governmental organizations to develop initiatives in support of Afghan women and children in the areas of health care, education and literacy, entrepreneurship, and political leadership.

The Council is chaired by the President of Georgetown University, Dr. John DeGioia; President Obama's Ambassador-at-Large for Global Women's Issues, Melanne Verveer; and the Foreign Minister and Minister of Women's Affairs of Afghanistan. The Council is under the direction of Dr. Phyllis Magrab, Director of Georgetown's Center for Child and Human Development, who serves as the Council's Vice Chair. Mrs. Laura Bush, who served as Honorary Chair during her tenure as First Lady, is the Council's Honorary Advisor, in reflection of her continued commitment to Afghan women and children.

Our Members are pre-eminent figures in government, the private sector, and philanthropy. The Council coordinates with its Members and a broad network of affinity groups to identify needs in Afghanistan, to convene interested partners in dialogue around areas for collaboration, and to help broker connections for implementation. The Council also organizes training programs and capacity-building consultations for Afghan women traveling to the United States.

The Council's activities are sponsored in part by the Goldman Sachs Foundation, a global philanthropic organization which promotes excellence and innovation in education. Additional information on the Council can be found at <http://gucchd.georgetown.edu/usawc> or by contacting Executive Director Eva Weigold Schultz at [ew245@georgetown.edu](mailto:ew245@georgetown.edu).

## Pamala A. Trivedi, PhD, NCSP

I am a nationally certified school psychologist originally from New York and have completed all of my graduate studies at the University of Washington in Seattle. I came to The Georgetown University Center for Child and Human Development—Georgetown University for Excellence in Developmental Disabilities (GU-UCEDD) in September, 2008 and finished my pre-doctoral internship in psychology in August 2009. Being at the Center this year has enhanced my professional development in incomparable and unexpected ways. I have begun to learn how to serve the most vulnerable populations in our nation's capitol from the wisdom and circumspect of excellent mentors on GU-UCEDD's uniquely interdisciplinary team, including Diane Jacobstein, M. Janet Thomas, Toby Long, Suzanne Bronheim, and Deborah Perry. The variety of activities related to clinical work, research, and policy distinguishes the Center from other organizations focused on training pre-service clinicians. Yet by far, the most heartening aspect members of the GU-UCEDD community share is a deep commitment to social justice agendas focused on improving the lives of folks from underserved communities and people of all ages with or at-risk for neurodevelopmental disabilities. The work that I have had the opportunity to be involved with at the Center is work I had wanted to do for a long time, and it is rare to find a setting where intensely personal goals meet with

professional practice in such fluid ways. For my internship, I participated in some of the following placements and projects:

### Bright Beginnings

Bright Beginnings is a child and family development center that serves DC families of young children living in crisis shelters and transitional housing. I participated in a developmental team at Bright Beginnings that is staffed in part by GU-UCEDD clinicians and their trainees. The developmental team is part of Bright Beginnings' longstanding commitment to support the needs of pre-school aged children in comprehensive and systematic ways. As a member of the team, I assisted with developmental evaluations, served as a play therapist, and participated in ongoing early childhood mental health consultation for teachers and parents in support of the infants and children that they serve.  
SUPERVISOR: Diane M. Jacobstein, PhD

### Autism and Communication Disorders Clinic

I was a supervised member of another interdisciplinary team that provided comprehensive evaluations in a hospital setting. My work involved cognitive and social/emotional assessment, in-depth observations of play, and consultation with teachers and families about children's strengths and areas of continued need across settings and over time.  
SUPERVISOR: Diane M. Jacobstein, PhD



### Leadership Education in Neurodevelopmental Disabilities (LEND)

I participated in the LEND program administered by Children's National Medical Center in partnership with GU-UCEDD. In addition to weekly didactics about how to appropriately serve children and families contending with neurodevelopmental disabilities, I was part of an interdisciplinary team of clinicians, researchers, and educational professionals who participated in community engagement activities in different settings where children and adults with disabilities are served in the DC metro area. My year-long project for LEND was entitled "A strength-based, ecological approach for considering culturally diverse families coping with Autism Spectrum Disorders." In November 2009, a poster from this work was presented at the annual conference of Association of American University Centers on Disabilities (AUCD).

SUPERVISORS: Toby Long, PhD, PT, FAPTA and M. Janet Thomas, MEd, OTR/L

## Other Opportunities for Professional Development

During my pre-doctoral internship, I was presented with additional opportunities to collaborate with GU-UCEDD faculty members on several other research and policy projects that were based on my interests and professional development goals. These included:

- **Project 1:** I participated in a research project on racial and ethnic disparities in health and mental health care for children with special health care needs (CSHCN) for the National Center for Cultural Competence (NCCC). In addition to reviewing literature, for this project, I examined state and national data sets in core outcomes promoting community-based systems of care that have been identified by the Maternal Child Health Bureau.

SUPERVISOR: Suzanne M. Bronheim, PhD

- **Project 2:** I helped to update the resources for an online curricula enhancement module maintained by the NCCC. The information in the curricula enhancement module is directed to university-based faculty members preparing clinicians and other professionals to serve children with special health care needs and their families. For this project, I reviewed extensive print, media, and internet materials in the areas of cultural awareness, cultural self assessment, cross-cultural communication, and public health.

SUPERVISOR: Suzanne M. Bronheim, PhD

- **Project 3:** I assisted with the development of research-based standards for early childhood mental health consultation (ECMHC) for the State of Maryland. For this work, I participated in meetings with both stakeholders and representatives from the Maryland State Department of Education. In collaborating on several iterations of the standards, I assisted with the integration of information and feedback from stakeholder meetings with research about the outcomes associated with the clinical practice of ECMHC. The final version of the standards was implemented in the state of Maryland in autumn 2009.

SUPERVISOR: Deborah F. Perry, PhD

During the 2008/9 academic year I also greatly benefitted from attending training sessions and conferences sponsored by GU-UCEDD, including:

- *Dialectical Behavior Therapy and Trauma Focused Cognitive Behavior Therapy Adapted for Individuals with Developmental Disabilities*
- *Best Practices in Conducting Functional Behavioral Assessments*
- *Reducing Explosive Behavior through Collaborative Problem Solving*
- *Using Visual Strategies to Prevent and Reduce Behavior Problems*
- *Young Children with Autism: Early Identification and Intervention*
- *Framing Disability: The Role of Media Representation*

As is evident from the variety and scope of activities I participated in as a trainee, my experience at GUCCHD/GU-UCEDD has truly been invaluable. In September 2009, I defended my dissertation at the University of Washington, Seattle. My project was entitled “Situating children’s multiracial identities in sociocultural worlds in the era of Obama: A mixed methods approach.” As was the case with all of my other interactions with GU-UCEDD faculty and staff, I was supported in countless ways as my dissertation study came together, whether it was asking and thoughtfully listening to how my thinking and writing was coming along, providing extensive comments and advice, and offering a forum for presenting my work at various stages of completion.

As I move towards licensing in psychology, I am thrilled to be able to complete my postdoctoral training at GU-UCEDD in the 2009/10 academic year. In addition to honing my clinical skills, working under the mentorship of the folks associated with GU-UCEDD has enhanced my sensitivity to the resiliencies of people across the lifespan coping with disabilities and/or living in conditions that increase their vulnerabilities. It is hoped that this year at GU-UCEDD, I will continue to develop the skills necessary to navigate issues at the intersection of social justice, clinical practice, cultural competence, and advocacy on behalf of children and families with disabilities.

## Yunying Chen, EdD

**M**y Name is Yunying Chen, People call me Dr. Chen in China, and my parents call me “Ying”. I was born and brought up in Taipei of Taiwan. I earned my B.A. degree with a Teacher Certificate from the University of Politics in Taiwan. I taught in Secondary school for eight years before I came to the United States in January 1983. While in the United States I received my master’s degree from Edinboro University of Pennsylvania and a doctoral degree in Early Childhood Special Education from George Washington University.

In the summer of 1984, I made a trip with my family back to mainland China. It was my first visit to the motherland of my ancestors. When I arrived, China was in great need of social reconstruction and development. I found that special education was then as it is now one of the most needed areas. I felt it was a call for my devotion and services to assist people and children with special needs. I returned to Beijing after finishing my doctoral program and began a long and satisfying career in China, hopefully, changing the system of services and supports for individuals with disabilities, their families, and care providers.

My work as the founding director of the special education division of the National Institute for Educational Research began in 1988. The Chinese government and international organizations provided a variety of opportunities, at that time to implement several projects directed at improving

special education services in China. During my tenure (1988-2005) as Director I created the peer-reviewed, research journal, *Chinese Journal of Special Education* and the website, *China Online for the Special Needs*. As a leading scholar in the areas of special education and child development in China, I am actively engaged in various social and academic activities both in China and throughout the world promoting *quality education for all*.

My efforts to promote equity of education to children with special needs can be traced back to my college years. In undergraduate school I was the vice-president of the Love Society of University of Politics organizing student volunteers to assist people with great needs, including individuals with disabilities, orphans, juvenile delinquents, elders, etc. My academic work and research interest, which began with children with disabilities, has extended studies on inclusive education, teacher education, early childhood education, educational changes, policy investigation, curriculum development, and application of information and communication technology. Recently, my interests also include early childhood mental health.

My hope is that educational rights are provided to each child in China no matter the disability and that the education is of high quality. My role in collaborating with leading organizations, universities, and distinguished scholars will hopefully bringing about these changes. My

commitment to China’s modernization and political advocacy to educational rights and child development was publicly recognized in China, resulting in several achievement awards and further to my nomination and subsequent election to the National People Congress of China in 2003.

Currently, I am the Principle Researcher of China National Institute for Education Research, Deputy of the National People Congress, Vice President of Special Education Society, Member of Academic Board of China Society of Education Research, Chief Editor of Chinese Journal of Special Education, Adjunct Professor of the People University, Peking University, Beijing Normal University, and East China Normal University.

In 2009 I received a Senior Research Fellowship from the China Fund for Study Abroad to engage in collaborative projects with Toby Long, PhD and her colleagues at Georgetown University, Center for Child and Human Development (GUCCHD) University Center for Excellence in Developmental Disabilities. While here I am completing two books on intellectual disabilities. These two books are the completion of a four book series on intellectual disabilities, the outcome of the National Curriculum for the Special Schools for Intellectual Disabilities project funded by the China Federation of Person with Disabilities and the Ministry of Education as part of a contract with the Higher Education Publishing Company in Beijing.

*PROFILE: Yunying Chen Continued*

The GUCCHD has been a major resource for me while in DC, assisting me in meeting my professional goals. The faculty inspires me and our discussions motivate me to deepen my thinking of ongoing scholarly work.

In addition to my writing, I attend the Leadership Education in Neurodevelopmental Disabilities (LEND) program weekly seminar. Reading and discussion in LEND provides me great insight to broaden my writings and apply American principles of services to individuals with disabilities to China. Attending the LEND program rejuvenates my professional development. By all sorts of learning activities I gain new perspectives and find new quest for ongoing research interest.

I am also in the GUCCHD three days a week. The office setting in the Center is identical to the China National Institute for Education Research. I feel at home in the working environment and experience a peaceful mind and a day of focused work. I am inspired by every single scholar and specialist in the Center. Their resilience, devotion, innovation, communication skills and team work, all have impacted my professional reflection of leadership in work. I identified some strengths, areas of excellence and areas for improvement in daily practices.

As the year of 2010 is unfolding I am looking forward to continuing my collaboration with the GUCCHD, creating a long term professional and personal relationship.

## Toby Long Visits United Arab Emirates with Delegation from Children's National Medical Center

Dr. Toby Long, Associate Dean for Disability Studies, accompanied a team of disability experts from Children's National Medical Center, the Prince Salman Center for Disability Research in Riyadh, Saudi Arabia, and the Ivymount School in Rockville, MD to the United Arab Emirates (UAE) at the request of the Sheik Khalifa Bin Zayed Al-Nayan Foundation. The team conducted a rigorous assessment of the medical, rehabilitative, and educational needs of children and young adults with disabilities who live in the Eastern Region of the UAE.

The team focused on the least populated Emirate, Fujairah. Fujairah is nestled in the mountainous region of the country bordering on the Gulf of Oman and the Indian Ocean. Team members visited a variety of rehabilitation centers, early intervention programs, and public school programs, and spoke to the Ministers of Health, Special Education, and Social Affairs, hospital personnel, and academic personnel at the University of Sharjah.

The region is committed to insuring that individuals with disabilities are provided with the

services and supports needed to be included and to participate in the community. Although services to children with disabilities are relatively new in comparison to the United States the team was impressed with the dedication to provide contemporary services, including community-based services. The region, however, faces many obstacles, primarily the lack of specialty trained pediatric physicians and therapists who speak Arabic. They are particularly interested in enhancing their capacity for early identification and early intervention services.

According to Dr. Long, although there is a lack of providers, those that are available enthusiastically support contemporary practices and would like to see the Region integrate more children into local schools, sport teams, and community activities. Providers in the UAE are like providers around the globe, they want to support families in reaching their dreams for their children. Like everywhere around the world, families want their children to grow up and be happy, contributing members of the community.



*Team members, including Dr. Toby Long from the Georgetown UCEDD (second from left) visit with Abdel Rahman Ibrahim Nasson (center) of the Kalba Center of the Sharjah City for Humanitarian Services.*

## New Products

### **The DC Health Resources Project developed A Checklist for Coordinators and Supervisors:**

*Guidelines for the Psychiatric and Behavioral Treatment of Individuals with Intellectual Disability*

The guidelines were developed from a survey of experts on the behavioral and psychiatric treatment of persons with intellectual disabilities. The guidelines are presented in the form of a checklist to ensure the appropriate assessment, diagnosis and treatment of mental health symptoms and related health problems in persons diagnosed with intellectual and other developmental disabilities. The checklist was developed for Service Coordinators, Program Managers, QDDP's and others who coordinate and supervise care for individuals with an intellectual disability.

### **Transition of Care Guide:** *A Guide for Community Support Providers to Facilitate Safe Transitions from the Hospital or Long Term Care Facility to Home*

The Guide includes questions to assist community support providers, service coordinators, and health care decision makers in obtaining the information needed to promote safe health care transitions from the hospital or long term care facility to the home setting for individuals with developmental disabilities.

The products are located on the DC HRP website: [www.dchrp.info](http://www.dchrp.info)

## 2009-2010 SERVICE LEARNING PROJECTS

The Georgetown University Center for Child and Human Development faculty conducted two Service Learning Projects during the 2009-2010 academic year with Georgetown University first year medical students.

### **University Center for Excellence (UCEDD)**

The GU-UCEDD conducted its second Service Learning Project in partnership with HSCSN, Male Caregivers Advocacy Support Group, whose members are fathers of children with disabilities. Six students participated in the class which met on the 3rd Wednesday of the month. The students developed health education sessions on health disparities impacting the African American community. Topics included: Diet and Nutrition, H1N1, Stress Management, and Depression. The students also conducted blood pressure screenings, which revealed elevated blood pressure levels in some of the Male Caregivers.

It was a great learning experience for both the members of the Male Caregivers and the students.

### **DC Health Resources Partnership (DC HRP)**

This semester's DC HRP service learning project focused on smoking cessation for individuals with intellectual and other developmental disabilities (IDD). Georgetown University first year medical students focused their attention on a group of smokers at one of the day programs located in SE Washington, DC which serves adults with IDD. The medical students increased awareness of the harmful effects of smoking and provided health-related resources and materials detailing the benefits of quitting smoking.

The students also provided community based smoking cessation resources available in the District of Columbia such as the "quit line" and Medicaid resources that offer free smoking cessation medication. With the guidance of the students, those in the program developed achievable smoking cessation goals and reported their progress at each session. The students worked to institute new ideas for all smokers including a "buddy system" for quitting, providing other activities instead



*Service Learning Continued*

of smoke breaks, one smoke break instead of two or three daily and the idea of developing “smoke free” campus at the day program. The staff and individuals enjoyed participating in the program and continue to work together and work hard at achieving their smoking cessation goals.

**Consumer  
Advisory Council  
2010-2011  
Meeting Dates**

September 8, 2010

January 12, 2011

May 11, 2011

**The GUCCHD family is pleased to announce the  
Phyllis R. Magrab Endowed Chair Fund**

As many of you know, Dr. Magrab is the director of the Georgetown University Center for Child and Human Development (GUCCHD), and the University Center for Excellence in Developmental Disabilities (UCEDD). Dr. Magrab is a Professor of Pediatrics, a well-known psychologist, and one of the pioneers of developmental psychology and family-centered care. For over forty years, Dr. Magrab has provided service, conducted research, shaped policy, and trained future professionals on behalf of at risk children and their families. In addition to her national leadership and numerous accomplishments in the field of developmental disabilities, Dr. Magrab has extensive international experience in developing services and policies for children, especially children with special needs. Currently, among her many international activities, Dr. Magrab is a consultant to United Nations Education, Scientific and Cultural Organization (UNESCO) and holds a UNESCO Chair; serves as the Vice-Chair of the US-Afghan Women’s Council, a public private partnership to advance the status of women and children in Afghanistan; and leads an international health and literacy effort.

The fund supports the teaching, research, and public policy initiatives of the Chair holder—as leader of the GUCCHD. It was created by generous alumni, faculty, and friends to honor Dr. Magrab and perpetuate her leadership and exemplary work in improving the quality of life for children who have—or are at risk for developing learning, emotional or developmental disabilities. An inauguration ceremony was held on February 22, 2010 and was presided by John J. DeGioia, Ph.D. President, Georgetown University and Howard J. Federoff, M.D., Ph.D., Executive Vice President, Health Sciences and Executive Dean of the School of Medicine, Georgetown University.

Georgetown University provides equal opportunity in its programs, activities, and employment practices for all persons and prohibits discrimination and harassment on the basis of age, color, disability, family responsibilities, gender identity or expression, genetic information, marital status, matriculation, national origin, personal appearance, political affiliation, race, religion, sex, sexual orientation, veteran status or another factor prohibited by law. Inquiries regarding Georgetown University’s non-discrimination policy may be addressed to the Director of Affirmative Action Programs, Institutional Diversity, Equity & Affirmative Action, 37th and O Streets, N.W., Suite M36, Darnall Hall, Georgetown University, Washington, DC 20005.