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ABSTRACT

Part H of Public Law 99-457, the Education of the Handicapped Act Amendments, 1986, requires states to develop a system for preparation of personnel to work with infants and toddlers with disabilities and their families, and to establish personnel standards for early intervention services. A study of 10 professional associations was conducted to determine their plans for additional certification standards to include service to infants and toddlers, the kinds of training initiatives their association was planning, and what they were doing about existing personnel shortages. One organization, the Division for Early Childhood in the Council for Exceptional Children, has encouraged the establishment of certification within each state for an early childhood special educator. Five organizations (the American Nurses Association; American Occupational Therapy Association; American Physical Therapy Association; National Association of Social Workers; and American Speech, Language, and Hearing Association) have developed guidelines of best practice for professionals working with infants and toddlers. Other organizations, including the American Psychological Association, National Association of School Psychologists, American Dietetic Association, and Council of Social Work Education, have refrained from developing specific personnel recommendations. All of the organizations are encouraging and supporting inservice training opportunities. They indicate little interest in extending the length of existing training programs or adding to certification or licensing requirements. A list of 19 references is included. Appendixes contain the survey questions and an annotated bibliography of 16 references on personnel preparation issues. (JDD)

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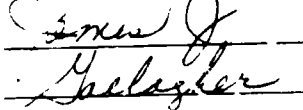
Institute  
for Child  
and Family Policy

PROFESSIONAL ORGANIZATIONS'  
ROLE IN MEETING THE PERSONNEL  
DEMANDS OF PART H, P. L. 99-457

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**OCTOBER 1990**

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## EXECUTIVE SUMMARY

Meeting the personnel demands of Part H, P. L. 99-457 is one of the greatest challenges facing successful implementation of this legislation. The law requires states to (1) develop a personnel preparation system that provides interdisciplinary preservice and inservice training and (2) establish personnel standards for the disciplines directly involved in providing early intervention services including audiology, nursing, nutrition, occupational therapy, physical therapy, speech/language pathology, psychology, social work and special education.

There is evidence that several barriers exist which can inhibit the states' execution of good personnel policy. Some of these are: (1) a lack of coordination between higher education and state agencies, (2) significant personnel shortages at present, (3) poor pay, (4) a relatively high rate of turnover in service positions, (5) long lead time needed for training institutions to develop special programs, (6) the initiation or modification of roles such as case manager, and (7) new responsibilities such as encouraging family empowerment which may require substantial changes in the way that many professionals provide services.

The Carolina Policy Studies Program (CPSP) embarked upon a study of ten professional associations focusing upon their plans for additional certification standards to include service to infants and toddlers, the kinds of training initiatives their association was planning, and what they were doing about existing personnel shortages.

Questionnaires and telephone interviews yielded the following results. One organization, the Division for Early Childhood in the

Council for Exceptional Children, has encouraged the establishment of certification within each state for an early childhood special educator.

Five of the ten organizations surveyed (the American Nurses Association, the American Occupational Therapy Association, the American Physical Therapy Association, the National Association of Social Workers, and the American Speech, Language, and Hearing Association) have selected a strategy of developing guidelines of "best practice" for those of their profession who would be working with infants and toddlers with handicaps and their families. The remaining five organizations (the American Psychological Association, the National Association of School Psychologists, the American Dietetic Association, and the Council on Social Work Education) have elected to refrain from developing specific personnel guidelines or recommendations for providing services to children with handicaps from ages birth to three and their families.

All of the organizations surveyed are encouraging and supporting inservice training opportunities to upgrade the skills of existing practitioners in this special field. Many of the organizations are setting aside significant time in their annual conventions to include discussions and/or workshops on this topic. Many of the informants pointed out that they are under pressure to also include new curriculum material on a variety of competing topics such as AIDS, the elderly, etc. and that they have reached a saturation point in terms of further extending the training programs.

Details of these association efforts are included in the body of this report. The evidence available shows considerable activity within these associations to adapt to the newest challenge through

statements of desired practices and the provision of additional training activities. They also plan to encourage more people to enter their professional fields, who might be interested in focusing on this age group. There is little interest, so far, in extending the length of time of existing training programs or adding to certification or licensing requirements. Whether these moves will suffice to meet the demands of this legislation will be closely observed over the next few years. It may be that additional experience with this age group will yield different conclusions and different positions by professional associations on this difficult topic.

## **Introduction**

Two of the fourteen components of Part H, Public Law 99-457 require states to (1) develop a personnel preparation system that provides appropriate preservice and inservice training, and (2) establish a clear statement of personnel standards for the ten early intervention providers. These professions include: audiologists, nurses, nutritionists, occupational therapists, physical therapists, physicians, psychologists, social workers, special educators, and speech/language pathologists.

This policy analysis will report on the intent of professional associations to develop separate or extended professional standards for individuals serving infants and toddlers and their families. The effects of such standards on existing and projected personnel shortages will be reviewed. The professional associations' plans and strategies for increasing the personnel supply to serve this age group will also be examined.

## **Background**

Meeting the personnel demands of Part H, Public Law 99-457 is one of the greatest challenges facing successful implementation of this legislation. Critical shortages of personnel, whose professional training reflect current research and best practice in early intervention, limit the ability of states to establish "new" standards (Meisels, Harbin, Modigliani, & Olsen, 1988). In recognition of the importance of ensuring that personnel serving infants and toddlers be adequately trained, the Office of Special Education Programs (OSEP)



funded the Carolina Institute for Research on Infant Personnel Preparation. The purpose of this Institute is to study the process by which professionals from multiple disciplines are prepared to work with infants and toddlers with handicaps and their infants. An additional task of the Institute is to develop and disseminate curricular materials to prepare professionals across the disciplines at both the preservice and inservice level. University faculty from the disciplines listed in Part H of P.L. 99-457 are engaged in this collaborative effort.

Recent studies tracking implementation of Part H, P.L. 99-457 indicate slower progress by states in meeting the two personnel components of this legislation than on other mandated areas (Harbin, Gallagher, & Lillie, 1989; Harbin, Gallagher, Lillie, Eckland, 1990). The reasons for states' difficulty in establishing a comprehensive personnel preparation system and in developing personnel standards include:

1. A lack of coordination in personnel preparation between lead agencies and institutions of higher education (Bruder, Klosowski, & Daguio, 1989).
2. Significant personnel shortages in several of the disciplines named in the law as assessment and service providers (Yoder, Coleman, & Gallagher, in preparation).
3. Professionals in early intervention are being paid less on the average than their counterparts working with other populations (Palsha, 1989). Greater certification requirements would necessitate additional training and would likely delay the addition of adequate numbers of personnel for service delivery through Part H of P.L. 99-457. Adding requirements would also possibly discourage persons from entering the profession if salaries do not increase in a parallel fashion.

4. A considerable turnover rate in early intervention with remaining staff falling short of early childhood professional standards being suggested by various professional organizations (Palsha, Bailey, Vandivere, & Munn, 1990).
5. A long lead time needed for the development and establishment of personnel training programs (Gallagher, 1989).
6. The creation or modification of roles such as case manager, which may require additional training for direct service providers (Gallagher, Shields, & Staples, 1990).

A policy option conference at a Carolina Policy Studies Program (CPSP) meeting, designed to explore major policy issues, options, and consequences, stressed one option for meeting the requirement for personnel standards as, "professional organizations should set standards." The advantages noted for this choice were seen as,

"Might be implemented more quickly than with slow process of state government."

"It provides one source for each discipline for standards instead of fifty."

The CPSP study group concluded that it was important to pursue the advantages and shortcomings of this option of professional organizations setting standards for early intervention personnel (Gallagher, Shields, & Staples, 1990).

A report prepared by the California Early Intervention Personnel Project, a Part H funded undertaking contracted by the lead agency in that state, similarly addressed the appropriateness of professional organizations' involvement in setting professional standards specific to early intervention. The project recommended adoption of the Early Intervention Personnel Model and Personnel Standards by all

professional organizations reporting early intervention disciplines, as designated by Part H.

It was also advocated by the project that professional organizations "promote early intervention as an area of concentration or specialization within their professions and develop continuing education opportunities in conjunction with institutions of higher education." These recommendations were made to promote a collaborative relationship among the various professions to "ensure the implementation of interdisciplinary team efforts" (Hanson, 1990).

### The Quality versus Numbers Dilemma

Many states appear to be in a quandary to resolve this twofold dilemma:

1. Setting personnel standards specific to quality service delivery for birth to three year old children with handicaps and their families and, at the same time,
2. Obtaining adequate numbers of appropriately trained and certified personnel for delivery of early intervention services.

To assist states in solving this dilemma, the current study explored developments in professional organizations with regard to setting personnel standards as described in Gallagher, et al. (1990). Also, representatives from national professional organizations were asked to provide their judgement concerning the potential impact of raising personnel standards on existing personnel shortages. They were asked to suggest strategies to increase qualified personnel.

## **Method**

The goals of the current policy analysis included:

1. Determining each professional organization's role in developing personnel guidelines for practice with infants and toddlers with handicaps (ages birth to 3) and their families.
2. Evaluating the policy statements' potential impact on personnel supply.

To achieve these goals, three methods for gathering data were used:

1. Existing professional standards were reviewed.
2. A questionnaire survey of professional organizations was conducted. Questions regarding national organizational activities related to Part H of P.L. 99-457 (preservice and inservice training development, publications, task forces, and development of standards or certification requirements specific to birth to three year olds and their families) were asked via a written survey and telephone interviews.
3. Expert opinions from representatives of several of the national professional organizations regarding organizational strategies to reduce personnel shortages in light of increased certification/training requirements were collected and analyzed.

## **Procedures**

The procedures used to obtain needed data included:

1. Written letters of inquiry and follow-up phone surveys were completed in January, 1990 with certification and standards division heads of the following national organizations:
  - American Nurses Association (ANA)
  - American Dietetic Association (ADA)
  - American Occupational Therapy Association (AOTA)
  - American Physical Therapy Association (APTA)

- American Psychological Association (APA)
- American Speech-Hearing-Language Association (ASHA)
- Council for Exceptional Children (CEC); Division for Early Childhood (DEC)
- Council on Social Work Education
- National Association of School Psychologists (NASP)
- National Association of Social Workers (NASW)

The American Medical Association was not included in the current study, as this organization's role in Part H, P.L. 99-457 is the topic of a separate CPSP inquiry which will address this issue.

These letters and phone surveys asked the following questions:

- (a) Has your organization developed certification standards specific to Part H, P.L. 99-457?
  - (b) If not, are you planning to do so?
  - (c) Will these standards become certification requirements and/or will additional preservice or inservice training be required?
  - (d) Will a "grandfather clause" be available for practitioners already working in the field of early intervention?
2. Responses from this initial inquiry led to additional letters and phone calls (completed February 1990) asking these questions:
- (a) What activities (interest groups, publications, etc.) regarding early intervention is your organization currently providing?
  - (b) Is your organization developing inservice training modules for provision of early intervention services?
  - (c) Do you have a list of preservice programs offering courses in early intervention and work with families?

3. In order to answer the question regarding strategies to meet adequate personnel supply and certification requirements, CPSP contacted ten key national professional organizations. A written questionnaire was sent to representatives in each of these organizations. Their responses were then obtained via telephone interview to encourage clarity and completeness in information exchange. Response summaries of the interviews were mailed to respondents for revisions and comments. Survey questions are included in Appendix A.

## **Results**

This inquiry resulted in responses from ten organizations. Each of the organizations' plans will be discussed below.

### Organizational Activities Specific to Birth to Three

The professional organizations surveyed varied in their plans for establishing personnel standards specific to birth to five year old children with handicaps and their families. All had considered issues related to serving this population, although some organizations have issued specific position statements and others are in the process of developing policy statements about personnel preparation.

Division for Early Childhood (DEC). Table 1 summarizes the current status (Summer, 1990) of organizational initiatives on

**Table 1. Professional organizations' plans for recommended personnel standards.\***

<b>Organization</b>	<b>Publication status</b>	<b>Ages/areas covered</b>
<b>Division for Early Childhood, Council for Exceptional Children</b>	<b>Published position paper (adopted by four states)</b>	<b>General certification level (0-5), Specialist certification level (0-3 or 3-5)</b>
<b>American Nurses Association</b>	<b>Working draft</b>	<b>Birth to five</b>
<b>American Occupational Therapy Association</b>	<b>Published document</b>	<b>Sections include 0-3, 3-5, families and training</b>
<b>American Physical Therapy Association</b>	<b>Working draft Position statement</b>	<b>Birth to five</b>
<b>National Association of Social Workers</b>	<b>In process of development</b>	<b>Birth to five</b>
<b>American Speech, Language, and Hearing Association</b>	<b>Published position statement</b>	<b>Birth to three</b>
<b>American Psychological Association</b>	<b>Under consideration</b>	<b>Undecided</b>
<b>National Association of School Psychologists</b>	<b>Published position paper</b>	<b>All ages</b>
<b>American Dietetic Association</b>	<b>Using current standards</b>	<b>All ages</b>
<b>Council on Social Work Education</b>	<b>Under consideration</b>	<b>All ages</b>

\*All organizations (except Division for Early Childhood, Council for Exceptional Children) suggest using current certification/licensure standards.  
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personnel preparation. One of the organizations, The Division for Early Childhood (DEC) of the Council for Exceptional Children, has proposed a major change in personnel preparation strategy to meet the requirements and spirit of the current legislation. The DEC has proposed that states create an area of professional certification, that of the early childhood special educator. Certification for this role is seen as requiring a distinct course of study rather than an add-on to existing certificates or licenses.

The DEC's position statement recommends:

- a) creation of a certificate in Early Childhood Special Education to cover the birth to six age range,
- b) a 2-level certification structure to include a Beginning Professional Certificate (first level-generalist, birth to six; second level-specialist in either birth to three, or three to six),
- c) inclusion of specific content areas considered essential in early intervention, (e.g., working with families) and,
- d) a structure that ensures continued professional development (McCollum, McLean, McCartan, and Kaiser, 1989).

Suggested content for personnel preparation programs in early childhood special education which would lead to one or more of the special certification levels listed above include:

- educational foundations (historical/current developments, philosophies, issues, etc.);
- life-span development and learning;
- professional orientation and development;



- foundations of early childhood special education (historical/philosophical basis; child development from birth through five ; atypical child development from birth through five);
- survey of exceptionalities;
- methods in early childhood special education (curriculum/methods birth through two; three through five; family information);
- assessing young children;
- physical/medical/health management;
- environmental/behavioral management;
- interdisciplinary and interagency teaming;
- organizational environment for early intervention (confidentiality, records, funding, etc.).

McCollum, et al. (1989) stress the need for an interdisciplinary approach to teaching the above content in early childhood special education personnel preparation programs. This would require the cooperation of two or more departments in those higher education institutions wishing to prepare these professionals. With the active participation of higher education institutions it would be possible to organize such a program at the bachelor's and masters level for entry into the profession.

Even though seventeen states had "early childhood special education" certification prior to the passage of Part H, they would have to modify their standards considerably to match these proposed specifications (Fearn, 1987). Subsequent to Part H, several other

states, such as Arkansas, Idaho, New Jersey, and North Carolina, developed special education certification requirements specific to service for birth to three year olds and their families (Bruder, Klosowski, & Daguio, 1989). Still other states are putting into place certification requirements for birth to six or birth to eight age groups.

American Nurses Association (ANA). A national task force of the American Nurses Association Council on Maternal-Child Nursing and the federal office of Maternal and Child Health developed a working document of guidelines of "best practice" in early intervention. This document drew from the state nursing standards in early intervention in California and Washington, in addition to 21 other documents relative to nursing practice in early intervention. This draft of national guidelines has been sent to all state agencies involved in the provision of nursing services to infants and toddlers with handicaps and their families. This document is in the process of being revised and will serve as a guideline to nurses for developing their role in early intervention. The ANA is currently examining a new format for the development of Practice Standards and Guidelines, and the task force will address the new format prior to their adoption by ANA (M. Miles, ANA Task Force on Early Intervention, personal communication May, 1990).

The ANA Task Force suggests the standards of practice and performance for nurses providing early intervention services be used as a framework by states to establish specific personnel standards, job descriptions, and/or evaluation instruments for quality of nursing

service to the infant and preschool population. The standards of nursing practice describe three components: a) professional standards of care, b) professional performance standards, and c) specialty practice guidelines.

According to the Task Force paper (1990a), professional standards of care include competence in diagnosis, intervention, and outcomes. Performance standards entail consultation, quality assurance, and research. Specialty practice guidelines provide specific protocols of service delivery to a special segment of the population, in this case, the preschool population with special needs and their families. The nursing standards specific to early intervention have multidisciplinary and interagency components in keeping with the intent of P.L. 99-457 (Task Force paper, in press).

The role of nurses providing early intervention services is outlined in the nursing guidelines as follows:

1. Prevention of health and developmental problems for infants/children/families;
2. Early identification or case finding of infants/children/families in need of early intervention services;
3. Comprehensive assessment of family's total pattern of health, including past and present health status, behavior, family values and beliefs, roles and relationships and patterns of stress and coping;
4. Development of a plan of nursing care as an integral component of the Individualized Family Services Plan (IFSP);
5. Selected nurses may serve as case managers and provide highly specialized early intervention services to children and their families (Task Force Paper, in press).

The nursing task force recommended that the "nurse specialist," who is prepared to provide case management and more specialized early intervention services, is one who has been trained through the masters or doctoral level and who has had supervised clinical experiences focusing on the care of infants/children at risk for, or with, special health care needs and their families. The nurse specialist is also expected to participate in political and social processes, including public awareness activities, which may affect infants/children and their families under P.L. 99-457. The masters/doctoral level nurse specialist is also expected to contribute to the development of research-based practice in early intervention (Task Force Paper, in press).

Any registered nurse can participate in child find activities, on multidisciplinary teams, and provide direct nursing care in any primary, secondary, or tertiary setting as defined by the health care needs of the infant/child and family. The guidelines further clarify the relationship between nurses' level of educational background and scope of practice in early intervention as follows:

All registered nurses who provide early intervention services must:

- be licensed by the state and/or certified if required by an individual state;
- participate in appropriate continuing education;
- hold a baccalaureate degree or have received additional educational and professional experiences if they are providing case management services.

American Occupational Therapy Association (AOTA). The standards for best practice in early intervention for occupational therapy, developed by the AOTA Committee on Early Intervention, have been approved by the representative body of the AOTA. They have been published as guidelines for the membership of the professional organization. This extensive collection of guidelines includes service delivery to infants and toddlers, preschool children, and families. These guidelines also contain detailed information regarding needed professional growth and development and support for best practice in early intervention (Dunn, Campbell, Oetter, Hall, Berger, & Strickland, 1989).

The role of the family is a focal point of Part H, P.L. 99-457 as well as in the AOTA guidelines. Basic knowledge regarding family systems and values is presented to aid the Occupational Therapist (O.T.) working with infants and toddlers with special needs in making family centered intervention decisions. Necessary communication skills for working with families and other professionals are provided in their document.

The AOTA guidelines also discuss prevention-intervention and compensation-remediation occupational therapy practices with birth to three, and three and four year olds respectively. For example, the guidelines suggest that O.T.s ask whether a specific skill will have to be performed by an adult if the child cannot execute it and to decide on the importance and relevance of remediating this skill.

Information regarding time management for effective and efficient service delivery is also presented in the AOTA guidelines. According to the guidelines, effective time management is influenced

by the O.T.'s knowledge of his or her role in early intervention which includes center-based direct service, monitoring, and consultation; home-based direct service, monitoring, and consultation; documentation; case management; evaluation; travel; and professional growth and development. Time allotments and numbers of families served by O.T.s should be determined by the needs of the infants/toddlers and their families (Dunn, et al., 1989).

The AOTA guidelines recommend that O.T.s providing early intervention services should be licensed as occupational therapists and participate in appropriate continuing education. Forty-seven states currently regulate the practice of occupational therapy through licensure, certification or registration laws. State regulation ensures competency only at the entry level. Fourteen states currently require continuing education for occupational therapists (B. Hanft, Early Intervention Director, AOTA, personal communication, May, 1990).

American Physical Therapy Association (APTA). Standards of good practice in physical therapy in the neonatal intensive care unit have been adopted and published by the APTA (Scull & Deitz, 1989). Though not requiring certification, these standards appear to be accepted by practitioners as necessary for any physical therapist working in this specialized setting.

The Pediatric Section of the APTA has developed a position statement describing the role of the physical therapist in early intervention. The position statement recommended guidelines for physical therapy personnel including:

- a) supervision of all physical therapy-related early intervention services by a qualified licensed physical therapist;
- b) new graduates of general physical therapy programs must work under the preceptorship of a therapist experienced in pediatrics until basic pediatric competencies are achieved;
- c) Physical therapy preservice and inservice training must provide opportunities to prepare therapists for family-focused early intervention practices and to act as effective team members and case managers (Effgen, Bjornson, Chiarello, Fizer, Phillips, 1990).

This document will be presented before the APTA House of Delegates for adoption within the next year. Additional certification will not be required, but the survey respondent did foresee the need for additional preservice training for future practitioners to meet these personnel guidelines for best practice (T. Martin, Pediatric Section, APTA, personal communication, May, 1990).

Current plans to adapt curriculum in university programs to meet the needs of practitioners working with this younger population are underway. While no additional coursework was foreseen as being required, current academic requisites would be adapted to include early intervention issues. These adaptations include a "developmental continuum" approach and the addition of management concerns. Within these two areas, issues specific to working in early intervention (multidisciplinary approach, family involvement, etc.) would be addressed (T. Martin, personal communication, May, 1990).

National Association of Social Workers (NASW). The NASW's task force on early intervention was in the process of being formed at the

time this report was being organized. This task force plans to develop standards of "good practice" for social workers who work with families of infants and toddlers with handicaps. It is examining documents developed by the Iowa Interagency Coordinating Council and the San Diego, California school district as models for national roles and competencies for social workers in early intervention. The NASW also plans to use other standards such as those for case management in the development of their personnel guidelines specific to early intervention (I. Hare, NASW Practice Advancement, personal communication, May, 1990).

Potential roles to be identified in the professional standards for social workers include assessing family functioning such as patterns of parent-child interactions, assessing family capacity to provide and manage satisfactory living conditions, counseling, mobilizing and coordinating family supports and community resources, case management, transition service, and other functions outlined in the Part H regulations. Other roles identified in the draft document of the Iowa ICC and the San Diego Schools include reporting of abuse and neglect, functioning as a team member for child assessments and IFSP development, and advocating for family rights. This draft, from which the NASW will model national guidelines, also describes 12 areas of competencies such as skills in interviewing families, knowledge of early atypical development and its impact, knowledge of family assessments, and understanding of relevant legislation (Babin, Deutsch, Grant, Kalafer, McColley, McLevie, 1990).

The NASW questionnaire respondent did not predict the implementation of any additional certification requirements, as social



workers are currently licensed at the masters level in 47 states. However, NASW plans to encourage increased opportunities for preservice and inservice training in this area as a result of developing the proposed standards of good practice. The NASW task force was seeking funding to support their efforts in developing their standards for best practice in early intervention (I. Hare, personal communication, May, 1990).

The Council on Social Work Education responsible, for setting accreditation standards for schools of social work, reported no immediate plans to attach additional coursework to their current curricular policy statement. Due to the fullness of the current curriculum in social work education (bachelors and masters level) and because of pressure to add topics concerning other high interest issues, such as the elderly and AIDS, specific areas such as working with handicapped infants and toddlers will not be added to the revised curricular policy statement. The Council and the Child Welfare League were currently unaware of inservice programs offered for social workers regarding the birth to three population (D. Beless, Executive Director, Council on Social Work Education; R. Aptekar, Director, Child Welfare League, personal communication, July, 1990).

American Speech-Hearing-Language Association (ASHA). ASHA certifies speech-language pathologists and audiologists at the masters level after they have completed a clinical fellowship year and passed a national exam. Currently, 38 states require licensure at the masters level for speech-language pathologists and 39 states for audiologists although state departments of education may have different

requirements. That is, some states do not require education personnel to be licensed at the masters level (C. Lynch, Director, Policy Division, ASHA, personnel communication, September, 1990).

In 1990, ASHA (1990) produced a position statement regarding the roles of speech-language pathologists in delivering services to birth to three year olds and their families. This role includes the delivery of evaluation and intervention services and case management for infants and toddlers having, or at risk for, communication delays and disorders and their families.

American Psychological Association (APA). The APA and individual states require licensure at the doctoral level for practicing psychologists. The APA stated an interest in investigating the possibility of standards specific to the preschool (birth through five) population. The process for development, approval, and implementation of standards usually requires two years (Brian Wilcox, Division of Standards, personal communication, November, 1989).

National Association of School Psychologists (NASP). The National Association of School Psychologists (NASP) also has published a position statement regarding the roles that school psychologists should assume with handicapped infants, toddlers, and preschoolers. These roles relative to early intervention include program development and evaluation, team assessment, screening, provision of individualized services, collaboration with universities, professional organizations, and public schools to provide continuing education, establish networks, and advocate for state and federal funding (NASP, 1987). School

psychologists are currently licensed at the masters level or above in all states (C. Cobb, -Chief Consultant, Pupil Personnel Services Section, N.C. State Department of Public Instruction, personal communication, January, 1990).

American Dietetic Association (ADA). The ADA was also recommending that states employ current certification and licensure standards for their service providers in early intervention. The ADA has standards for entry level dietitians which include all stages of the life cycle, including infants and children (Barbara J. Bobeng, Ph.D., Assistant Executive Director, Division of Education and Research, ADA, written correspondence, November, 1989).

Most of the professional organizations had formed task forces investigating their profession's roles in implementation of P.L. 99-457 and had produced publications regarding this matter. References for these publications are included in Appendix B.

Several of the organizations (e.g., AOTA, ASHA) were also preparing and implementing inservice training for practitioners already in the field regarding "best practice" in early intervention. None of the professional organizations, however, were able to provide a list of programs offering preservice training specific to working with infants, toddlers, and families. Representatives from the various organizations indicated, however, that several institutions across the country were beginning to offer specialist courses in this area. Table 2 summarizes current activities of the professional associations with regard to inservice and preservice training.

**Table 2.** Professional organizations' activities in personnel preparation relative to Part H, P.L. 99-457 (infants and toddlers with special needs and their families).

<b>Organization</b>	<b>Training: Pre-service</b>	<b>Training: In-service</b>
<b>Division for Early Childhood, Council for Exceptional Children</b>	<b>Available through selected institutions of higher education</b>	<b>Offered through convention workshops at national and state levels</b>
<b>American Nurses Association</b>	<b>Currently not specific to Part H</b>	<b>Offered through convention workshops</b>
<b>American Occupational Therapy Association</b>	<b>Curriculum revision in preparation</b>	<b>National O.T. Inservice project (federally funded)</b>
<b>American Physical Therapy Association</b>	<b>Curriculum revision in preparation</b>	<b>Working in conjunction with ASHA project</b>
<b>National Association of Social Workers</b>	<b>Currently not specific to Part H</b>	<b>Currently not specific to Part H</b>
<b>American Speech, Language, and Hearing Association</b>	<b>Currently not specific to Part H</b>	<b>National ASHA Infant Project (federally funded). Also offered through convention workshops</b>
<b>American Psychological Association</b>	<b>Currently not specific to Part H</b>	<b>Offered through convention workshops</b>
<b>National Association of School Psychologists</b>	<b>Currently not specific to Part H</b>	<b>Offered through convention workshops</b>
<b>American Dietetic Association</b>	<b>Currently not specific to Part H</b>	<b>Currently not specific to Part H</b>
<b>Council on Social Work Education</b>	<b>Currently not specific to Part H</b>	<b>Not applicable</b>

7/90

### The Impact of Professional Standards

The potential impact of new professional standards specific to infants and toddlers was obtained via interview of representatives of the four organizations indicating their plans to develop such standards (AOTA, NASW, APTA, and ANA). Each of the four respondents indicated that very little impact would be realized at this time on current and projected shortages because, as previously mentioned, these standards of best practice would not be applied through any additional certification or educational requirements. The guidelines for best practice in occupational therapy, as with the other associations, were intended to "point the way" towards changes needed in pediatric preservice and inservice curriculum (B. Hanft, AOTA, personal communication, May, 1990). AOTA is currently revising their Essentials for Accreditation of O.T. Programs in Professional Preparation. These will emphasize collaboration with caregivers and family members during assessment and will be reviewed by the Representative Assembly in Spring, 1991.

The respondents felt that increasing requirements would be "too restrictive and would narrow the number of potential personnel" (I. Hare, NASW, personal communication, May, 1990) and would "worsen rather than improve the situation for needed trained personnel in early intervention" (B. Hanft, AOTA, personal communication, May, 1990). The physical therapy position statement tries to give "as much flexibility as possible" in its recommendation for standards of personnel and training needs in early intervention (T. Martin, APTA, personal communication, May, 1990). Nursing standards, however, may change in the future as "certification standards developed for early intervention

may be generated through ANA, but as standards are raised, nurses will deserve more pay, but rarely receive it" (M. Miles, ANA, personal communication, May, 1990).

Each of the respondents indicated that P.L. 99-457, and especially Part H, had already had a "significant impact on the continuing education needs of current service providers" (M. Miles, ANA, personal communication, May 1990). Respondents felt that both preservice and inservice opportunities specific to working with infants and toddlers with handicaps and their families would be "greatly increased" over the next several years (T. Martin, APTA, personal communication, May, 1990). Existing programs will have to include issues such as case management, multidisciplinary approaches, working with families, etc. Specialty masters level programs may arise specific to early intervention in nursing (M. Miles, ANA, personal communication, May, 1990). Additional faculty with specialty training were seen as being needed to fill the need for this increased demand in personnel preparation (B. Hanft, AOTA, personal communication, May, 1990).

One questionnaire respondent also felt that the educational and increased service provision opportunities to this young population and their families may help to "recruit additional personnel into each of their professions" (I. Hare, NASW, personal communication, May, 1990). She found that there had been a "re-discovering of altruism with more young people wanting to serve their fellow man evidenced by a resurgence in interest in the homeless, child care, and child abuse."

Each professional organization was also lobbying for higher salaries and for increased funding for educational programs. They felt that the applicant pool for university programs in each of their

professions was available, but that they needed additional funding to increase "faculty, practicum, and laboratory positions to handle additional students" (T. Martin, APTA, personal communication, May, 1990).

## **Discussion**

### **Personnel Standards/Related Activities**

There are three distinct strategies being used by the various professional associations to adapt to the infants and toddlers initiative. The first strategy is to conceptualize a distinctive role for personnel working with these children and their families, and then to propose a curriculum to prepare persons for that role. For example, the DEC of the Council for Exceptional Children is following that strategy by proposing a program for an early childhood special educator who would be trained across disciplines, to work with families as well as with children with special needs, and to be prepared to operate as a team member in a multidisciplinary treatment program. Such an approach would likely require substantial recasting of existing personnel preparation programs, but may result in a much better prepared professional for the service programs of the future.

The second strategy followed by a number of the professional associations has been to develop, through task forces and committees, guidelines of "best practice" for those of their profession who would be working with infants and toddlers and their families. For instance, the American Occupational Therapy Association and the American Nurses Association have developed guidelines of practice specific to infants and toddlers (ages birth through three), preschoolers (birth through

five) and their families. These are being published as guidelines for best practice in early intervention for individual professionals and state agencies. These guidelines will not, however, be applied through any additional certification requirements at this time. They do represent a significant advancement made in establishing a baseline for what is considered to be "best practice" in each of these professions for service delivery to infants and toddlers with handicaps and their families.

The National Association of Social Workers is also developing personnel guidelines for social workers in early intervention programs and the American Physical Therapy Association has written a position statement regarding the role of physical therapists in early intervention. They have also developed competencies for physical therapists working in neonatal intensive care units.

The third course of action followed by other professions appears to be to develop no specific personnel standards or recommendations/guidelines for providing services to children with disabilities from ages birth to three and their families at this time (Hanson, 1990).

Each of the professional organizations, even if not currently planning to develop specific standards or guidelines, has demonstrated an interest and commitment to the planning and development of appropriate early intervention services, exemplified by the creation of task forces and publication of articles regarding Part H of P.L. 99-457.

Each of the professional organizations was also offering some type of inservice training through either special workshops or through presentations at their national conventions. The AOTA, the APTA, and the DEC of CEC were promoting specific preservice and inservice



training for work with infants, toddlers, and their families on a nationwide basis. Other professional organizations such as NASP had information available regarding accredited programs that had recently received grants to establish personnel preparation specific to early intervention. This information may be obtained by contacting the organization representatives listed in Appendix C.

It is interesting to note that the three professions currently facing the most severe personnel shortages (nursing, occupational therapy, and physical therapy) were also the professions choosing to develop new personnel guidelines specific to working with birth to three year olds and their families. As previously mentioned, the representatives from each of these organizations seemed to indicate that these guidelines would not have an adverse impact on personnel shortages because there would be no additional requirements for either entering professionals, or professionals at work now, in each of these fields.

The standards that each of the professional associations had or were developing are intended to serve as guidelines to practitioners and state agencies for delivering appropriate early intervention services. Even though these standards will not be applied through any type of certification requirements at this time, they do represent an initial measure taken to improve the quality of early intervention services to infants and toddlers with handicaps and to their families and should serve as an impetus to increasing educational opportunities.

The current status of curriculum across all professions, however, was at the point of "saturation," with many current social issues (e.g., AIDS, homelessness, drug abuse) needing to be addressed. Issues

addressing early intervention will probably be added as modules within already existing courses, rather than adding courses specific to infants and toddlers with handicaps and their families (D. Beless, Council on Social Work Education, personal communication, July, 1990; T. Martin, APTA, personal communication, May, 1990).

There are currently no plans to add to existing certification standards and there is a definite resistance to adding additional coursework to an already crowded curriculum. The hope has been expressed that a reorganization of existing coursework plus vigorous inservice training experiences will provide the special knowledge and experience needed.

It will be very difficult to add courses or even to add sections to existing courses specific to early intervention without extending the length of time required for students to complete professional programs. Curriculum specialists in each of the professions are considering how to make practicum experiences relevant to infants and toddlers with handicaps and their families available to students. Specific practicum experiences in preservice training program may be one of the most viable strategies in meeting the educational needs of persons planning to work in early intervention without extending course requirements and length of time in the program.

The states appear to be listening carefully to the professional associations rather than starting from scratch to develop new personnel standards on these complex issues. This would seem to be a wise course of action, given the many other problems the states must contend with in implementing this law. One set of standards is

preferable to fifty different standards, with the accompanying problems of comparability and reciprocity that would result.

Much of the personnel preparation for persons working with infants and toddlers and their families seems destined to take place in inservice programs and short term workshops. Many of the professional associations are playing a significant role in seeing to it that there are adequate materials and modules available to help ensure the quality of such training.

Fortunately, the Carolina Institute for Research on Infant Personnel Preparation is also preparing a variety of inservice and preservice training modules as well as preservice courses. This Institute is focusing their efforts in the development of training or course materials in five major areas related to P.L. 99-457: families, team development of the IFSP, case management, infant learning, and infant assessment. The Institute also has a collaborative project with the American Occupational Therapy Association in which they are studying the effects of several workshop follow-up strategies to inservice training of early intervention professionals. These activities will certainly contribute as will those of the national associations to adequate preparation of personnel working with infants and toddlers with handicaps and their families.

While the professional associations have all taken steps to improve personnel preparation for those working with infants and toddlers, they have not raised standards or required more time of training institutions or preservice students. Whether inservice training and learning modules are enough to prepare professionals for

multidisciplinary team activities, constructive work with families, etc., remains to be seen.

We are reporting on a situation that is a very dynamic one. Experience with the strategies proposed here will no doubt modify further how the professional associations will approach this relatively new emphasis on infants and toddlers and their families. It is clear that all of the associations are watching the developments in this field with interest and concern.

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**Task Force on Nursing Practice Standards, National standards of practice for early intervention services. American Nurses Association (working draft).**

## **Appendices**



## Appendix A. Survey Questions

- (a) How will your new standards of practice be adopted specific to early intervention service delivery with infants and toddlers with handicaps and their families?
- (b) What time frame do you expect for the adoption of these standards?
- (c) How will these standards be applied (required certification, testing, etc)? Will these activities be carried out by national or state agencies?
- (d) Do your new standards include service delivery specifically to:
- birth to three year olds?
  - three to five year olds?
  - families?
- (e) How do/will your standards deal with the following essential concepts of Part H, P.L. 99-457:
- multidisciplinary approach?
  - case management?
  - consultation?
  - family issues?
- (f) How will these standards affect current educational requirements for
- entry and/or masters level personnel?
  - COTAs, PTAs, LPNs, etc?
- (g) How will educational programs (universities, community colleges, etc.), in your judgement, be able to meet the personnel preparation needs of these standards?

- (h) How do you think additional coursework, possible certification, and testing may affect current and potential practitioners in your profession?
- (i) Do you plan to use a "grandfather" clause for current practitioners? What will be the requirements of this clause?
- (j) As a way of dealing with shortages in your profession, is your organization using any of these strategies and, if so, how?
- lobbying for higher salaries?
  - increasing recruitment efforts?
  - expanding/changing service delivery models?
  - using any other strategy not mentioned here?

**Appendix B. References for Personnel Preparation Issues:  
Part H, P.L. 99-457**

Bailey, D. (1989). Issues and direction in preparing professionals to work with young handicapped children and their families. In J. Gallagher, P. Trohanis, & R. Clifford (Eds.), Policy implementation and P.L. 99-457. Baltimore, MD: Paul H. Brookes.

This chapter provides detailed information regarding the needs of entry level professionals from all appropriate fields to work with infants and toddlers with special needs and their families. Barriers to implementing needed changes and strategies to overcome these barriers are offered.

Bailey, D., Palsha, S., and Huntington, G. (1990). Preservice preparation of special educators to work with handicapped infants and their families: Current status and training needs. Journal of Early Intervention, 14(1), 43-54.

This article reports the results of a mail survey, a telephone survey, and a working conference designed to determine the status of preservice programs for special educators preparing them to work with infants and toddlers with special needs and their families. This article also identifies current training needs and materials development in this area.

Bailey, D., Simeonsson, R., Yoder, D. and Huntington, G. (in press). Infant personnel preparation across eight disciplines: An integrative analysis. Exceptional Children.

This study looked at university programs specifically related to personnel preparation for working with infants, toddlers, and families across eight of the disciplines named as primary service providers in Part H, P.L. 99-457 (nursing, nutrition, occupational therapy, physical therapy, psychology, social work, special education, and speech-language pathology).

The findings of this report indicated considerable variability across the eight professions in terms of required academic coursework and practical experience. One observation of the personnel preparation programs of all of these professions was the apparently limited amount of practical and applied information provided to students about the infancy period and coursework and experiences in working with families.

Crais, E. and Leonard, C. (1989). P.L. 99-457: Are speech-language pathologists trained and ready? ASHA, 31(5), 32-34.

This paper reports on the current status of speech-language pathology preservice programs in their preparation of SLPs to work with infants and toddlers with special needs and their families. Implications of the findings of the study are discussed regarding needed curricular changes.

Cochrane, C., Farley, B. and Wilhelm, I. (in press). Preparation of physical therapists to work with handicapped infants and their families: Current status and training needs. Journal of Physical Therapy.

The purpose of this study was to determine the current status of preparing physical therapists to work with infants and toddlers with special needs and their families. The findings indicated that many students received minimal or no exposure to family related topics, but did receive instruction in infant related subjects. The results of this study provide direction for designing an infant and family focused curriculum for physical therapists.

Hanft, B. and Humphrey, R. (1989). Training occupation therapists in early intervention. Infants and Young Children, 1(4), 54-65.

Challenges for occupational therapists working in early intervention are identified. Suggestions for inservice training and decreasing personnel shortages are offered to help increase the quality of services to infants and toddlers with special needs and their families.

Hanson, M. (1990). California early intervention personnel model, personnel standards, and personnel preparation plan. San Francisco State University: Department of Special Education.

This survey of California's early intervention programs provides detailed recommendations for personnel preparation and standards of practice for all professionals working with infants and toddlers with special needs and their families. Strategies to achieve these standards specific to the birth to three population are offered.

Holditch-Davis, D. (1989). In light of P.L. 99-457, how well are novice nurses prepared. In Touch, 7(2), 4.

This article reports the findings of a survey of a sample of nursing preservice programs regarding their preparation of entry level nurses to work with infants and toddlers with special needs and their families. Case management was the only topic area regarding this population that was omitted from the nursing preparatory programs. Suggestions for improving these programs relative to the needs of this population are offered.

Humphrey, R. & Link, S. (in press). Entry level preparation of occupational therapists to work in early intervention programs. American Journal of Occupational Therapists.

This survey of 43 occupational therapy preservice programs revealed a wide range of numbers of hours devoted to topics related to infants and toddlers with special needs and their families. Faculty reported limited availability of time for increasing these topics. Recommendations are given regarding curricular changes and basic competencies for entry level occupational therapists working in early intervention.

Josten, L. (1989). Public Law 99-457, The Education of the Handicapped Act: Implications for Public Health Nursing Administration. In Touch, 7(2), 5.

This article targets nurses' ability to work in interagency, collaborative settings. Such interagency collaboration is emphasized by P.L. 99-457, Part H. Strategies to increase the role of nurses in working with other disciplines are outlined.

Kaufman, M. (1989). Are dietitians prepared to work with handicapped infants? P.L. 99-457 offers new opportunities. Journal of the American Dietetic Association, 8(9), 1602-1605.

The results of this survey of a sample of entry level and coordinated dietetic programs and dietetic internships indicated that the growth and development of handicapped infants and their related nutritional needs are underexposed in this preservice programs. Experts in this field offer competencies for entry level dietitians which would enable them to function as team members in delivering early intervention services to infants and toddlers with special needs and their families.

Kaiser, A. & McWhorter, C. (Eds.), (1990). Preparing personnel to work with persons with severe disabilities. Baltimore, MD: Paul H. Brookes.

Chapter six of this interesting resource book is authored by Phillipa Campbell. This chapter offers a thorough review of current studies regarding personnel issues related to implementation of Part H, P.L. 99-457. Strategies including the needed changes in roles and service delivery options in early intervention are discussed.

Klein, N. & Campbell, P. (1990). Preparing personnel to serve at-risk and disabled infants, toddlers, and preschoolers. In S. Meisels & J. Shonkoff (Eds.), Handbook of Early Childhood Intervention. New York: Cambridge University Press.

Presents a model for Early Childhood Special Education personnel preparation with special attention to the infant-toddler population and such Part H concerns as parent consultant, case management, etc.

Schakel, J. (1988). Curricular approaches in early childhood special education. Preschool Interests, 3(3), 1-10.

This entire edition of Preschool Interests suggests a variety of models for programs and curricula for early childhood education. The purpose of this edition is to help school psychologists working with preschool children to become

familiar with these different approaches to preschool special and regular education to enhance their consultative service to this population.

Simeonsson, R. and Brandon, L. (unpublished manuscript). School psychology and early intervention: Training issues.

This paper examines the historical perspectives, current status and emerging trends of the roles of school psychologists in early intervention. Training priorities in response to P.L. 99-457 are proposed.

Widerstorm, A. Mowder, B., & Willis, G. (1989). The school psychologist role in the early childhood special education program. Journal of Early Intervention, 13(3), 239-249.

This study surveyed school psychologist currently working in elementary and high schools and early childhood special educators. The respondents were asked to identify the role of school psychologist in early intervention. The school psychologists viewed their role as a team member primarily conducting psychological evaluation. The early childhood special educators viewed the role of the psychologists to one of a consultant on behavior/emotional problems and assistance with problems related to name and family concerns. Implications of there results are discussed in terms of service delivery and school psychology training.

## **Appendix C. National Professional Organizations' Contact Personnel, Personnel Preparation Issues, Part H, P.L. 99-457**

- American Nurses Association (ANA): 816-474-5720; Susan McLaughlin, Senior Staff Specialist; Margaret Miles, Early Intervention Task Force
- American Dietetic Association (ADA): 312-280-5000; Barbara Bobeng, Assistant Executive Director
- American Occupational Therapy Association (AOTA): 301-948-9626; Barbara Hanft, Early Intervention Project Manager
- American Physical Therapy Association (APTA): 812-479-2345; Tink Martin, Pediatric Section
- American Psychological Association (APA): 202-955-7600; Brian Wilcox, Professional Standards
- American Speech-Hearing-Language Association (ASHA): 301-897-5700; Camille Catlette, Project Director
- Child Welfare League: (202) 638-2952; Robert Aptekar, Director of the Institute for Child Welfare Practice.
- Council for Exceptional Children (CEC): 703-620-3660; John Davis, Coordinator for Professional Standards
- Council on Social Work Education (CSWE): (703) 683-8080; Donald Beless, Executive Director.
- National Association of School Psychologists (NASP): 414-229-4213; Stacy McLinden, Head of Preschool Interest Group; Carolyn Cobb, Chief Consultant, Pupil Personnel Services Section, N.C. Department of Public Instruction
- National Association of Social Workers (NASW): 800-638-8799; Isadora Hare, Standards Division



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