

***Interprofessional Education in Co-Occurring  
Developmental Disabilities and Behavioral Health***  
**Behind the Scenes of Integrated Care: The Case of Willow McDonald**

**Program Description**

The lack of access to behavioral health services is among the greatest health care disparities in the United States, and access is particularly problematic for children and transitional age youth (10-25). Youth and young adults who have co-occurring developmental disabilities (DD) and behavioral health (BH) issues have a prevalence rate conservatively estimated at 33%. The presence of BH problems can greatly reduce the quality of life of youth and young adults with DD as they transition from family life to independence, along with a profound impact on their postsecondary education and workforce opportunities. However, few professionals are trained in this specialty and even more are unaware of how frequently the two conditions coexist. The lack of education among health and behavioral health professionals around issues affecting individuals with DD is a contributing factor in the health faced by this population each day. Patients with DD also report “lack of dignity during examinations,” poor medical explanations, and feeling “rushed and overlooked” in clinical settings. In clinical encounters involving transitional age youth and adults with disabilities, failures in communication have hindered the medical interview, undermined patient understanding of treatment options and risks, and diminished patient satisfaction. The American Association on Intellectual and Developmental Disabilities has declared, “All people, including people with intellectual and developmental disabilities (IDD), should have timely access to high quality, comprehensive, accessible, affordable, appropriate healthcare that meets their individual needs, maximizes health, well-being and function, and increases independence and community participation.”

Through lecture and the use of a videotaped Standardized Patient case simulation (The Case of Willow), participants will gain knowledge and skill in the following areas: Integrated health care and Interprofessional collaboration in a primary care setting, co-occurring DD/BH disorders, Family-Centered Practice, Family Support, transition planning and patient and family support

**Learning Objectives**

Upon completion of this program, participants will:

1. Increase awareness of issues related to co-occurring DD/BH disorders in transition age youth and young adults
2. Identify key components of interprofessional education and integrative medicine movement
3. Understanding the benefits of using case simulation and Standardized Patient Model for healthcare provider and clinician education
4. Discuss the appropriate use of people-first language
5. Understand guardianship, self-determination and self-advocacy
6. Explore strategies to improve communication and decrease anxiety
7. Explore transition planning and family support resources for transition age adolescents/young adults
8. Address key issues related to working interprofessionally with transition age youth with DD/BH disorders in primary care settings

**Contact Hours:** 1/2 day (3 hours) or Full Day (6 hours).

## **Agenda**

- Welcome and Introductions
- Co-occurring DD and BH issues of transition age youth seen in primary care settings
- Interprofessional education and integrative medicine movement
- Using Standardized Patient model and case simulation for healthcare provider and clinician education
- The appropriate use of people-first language and understand the reasons for its use;
- Guardianship, self-determination and self-advocacy
- Effective communication strategies
- Family Support and Transition Planning
- Summary and Evaluation

## **Target Audience**

Clinicians, social workers, psychologists, speech and language therapists, occupational therapists, nutritionists, physicians, nurses, families and others interested in integrated healthcare and interprofessional partnerships to improve outcomes for individuals who have special needs and their families.

## **Faculty**

**Tamara Norris**, MSSW, MPA is the Director of the Family Support Program, and Clinical Associate Professor at the University of North Carolina at Chapel Hill School of Social Work, where she has taught Community, Management, and Policy Practice courses; supervised graduate students in field placement; and worked with the NC Child Welfare Education Collaborative, the NC Family and Children's Resource Program, and the Field Education Office. She joined the Family Support Program in 2005. Early in her career, she worked in program development and funding with major social services agencies in New York City. She has been in Chapel Hill since 1992, and worked at several nonprofit organizations in addition to UNC. Ms. Norris has Master of Science in Social Work and Master of Public Administration degrees from Columbia University.

**Barbara Leach** is a Family Support Specialist and Special Projects Coordinator at the University of North Carolina at Chapel Hill School of Social Work, Family Support Program. She joined the Family Support Program in 2005. Prior to joining the Family Support Program, she was a training specialist for the UNC School of Social Work, Children's Mental Health Project. Ms. Leach has over 30 years of experience as an advocate for families with children who have mental illnesses, developmental disabilities, and other special needs. Ms. Leach is an experienced trainer and facilitator who has made numerous state and national presentations. Presentation and workshop topics include: family-centered practice, family- and self- advocacy, family support, cultural competence, and family/provider partnerships