The mission of the National Institute on Disability and Rehabilitation Research is to generate new knowledge and promote its effective use to improve the abilities of people with disabilities to perform activities of their choice in the community, and also to expand society’s capacity to provide full opportunities and accommodations for its citizens with disabilities.

The NIDRR Program Directory is produced by the National Rehabilitation Information Center
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The mission of NIDRR is to generate new knowledge and promote its effective use to improve the abilities of people with disabilities to participate in community activities of their choice, and also to enhance society’s capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDRR conducts comprehensive and coordinated programs of research and related activities to assist in the achievement of the full inclusion, social integration, employment, and independent living of individuals of all ages with all types and degrees of disability, including low-incidence disability. This edition of the NIDRR Program Directory lists all projects funded by NIDRR during the 2014 fiscal year.

**NIDRR’s Research Program**

NIDRR is committed to maintaining its focus on practical application of research and development, knowledge translation, capacity building, technical assistance, and information dissemination to improve the lives of individuals with disabilities and their families. Under the 2013-2017 Long Range Plan, NIDRR supports a wide range of research, development, and other activities designed to assist individuals with disabilities to achieve long-term outcomes such as independent living, community participation, employment, and health and well-being. The majority of NIDRR grantees are universities and organizations of rehabilitation or related services. NIDRR makes awards through several program mechanisms including ADA National Network Projects, Advanced Rehabilitation Research Training Projects, Disability and Rehabilitation Research Projects, Mary E. Switzer Research Fellowships, Model Systems, NIDRR Contracts, Rehabilitation Engineering Research Centers, Rehabilitation Research and Training Centers, and Small Business Innovation Research. Program descriptions are provided below. NIDRR’s Long-Range Plan for 2013-2017 was published in the Federal Register in April 2013. To download a copy, go to https://federalregister.gov/a/2013-07879.

**ADA National Network Projects**

NIDRR funds the ADA National Network to provide information, training, and technical assistance related to the Americans with Disability Act (ADA) to businesses, agencies, and the public, as well as conducting ADA-related research. Presently, ten ADA regional centers and one ADA collaborative research center are funded under this program. Beginning in 2011, NIDRR funded an ADA Network Knowledge Translation Center (ADA Network-KTC) to support knowledge translation activities of all ADA National Network centers.

**Advanced Rehabilitation Research Training Projects**

The Advanced Rehabilitation Research Training (ARRT) Program provides research training and experience at an advanced level to individuals with doctorates, or similar advanced degrees, who have clinical or other relevant experience. ARRT projects provide training to rehabilitation researchers, including researchers with disabilities, with particular attention to research areas that support the implementation and objectives of the Rehabilitation Act of 1973, as amended (Act), and improve the effectiveness of services authorized under the Act.

Grants are made to institutions to recruit qualified trainees, and to provide a training program that includes didactic and classroom instruction, is multidisciplinary, emphasizes scientific research methodology, and may involve collaboration among institutions.
Disability and Rehabilitation Research Projects

The Disability and Rehabilitation Research Projects (DRRP) program funds projects that include a range of activities including research, development, demonstration, training, technical assistance, and knowledge translation. These projects may develop methods, procedures, and rehabilitation technology to assist in achieving the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most significant disabilities, or to improve the effectiveness of services authorized under the Rehabilitation Act.

Mary E. Switzer Research Fellowships

The Research Fellowships, named for the late Mary E. Switzer, give individual researchers the opportunity to develop new ideas and gain research experience. There are two levels of fellowships: Distinguished Fellowships and Merit Fellowships. Distinguished Fellowships go to individuals who have seven or more years of research experience in subject areas, methods, or techniques relevant to disability and rehabilitation research and must have a doctorate, other terminal degree, or comparable academic qualifications. Merit Fellowships are given to individuals who have either advanced professional training or independent study experience in an area directly pertinent to disability and rehabilitation but who do not meet the qualifications for Distinguished Fellowships, usually because they are in earlier stages of their careers. Both fellowship levels support one year of independent research activities.

Model Systems

NIDRR administers programs that have become world-renowned model systems of care for persons with burns, spinal cord injuries, and traumatic brain injuries. The Model Systems establish innovative projects for the delivery, demonstration, and evaluation of comprehensive medical, vocational, and other rehabilitation services. The work of the Model Systems begins at the point of injury and ends with successful re-entry into full community life. These projects collect and contribute data on patient characteristics, diagnoses, causes of injury, interventions, outcomes, and costs to a uniform national database; conduct research, both independently and collaboratively with other Model System centers; and coordinate research efforts with other related grant recipients. Beginning in 2006, NIDRR funded a Model Systems Knowledge Translation Center (MSKTC) to support knowledge translation activities of all three Model Systems.

NIDRR Contracts

Through its contracts, NIDRR seeks improved methods, systems, products, and practices to enhance its work. The contracts are for specific activities related to management, research, and information dissemination.

Rehabilitation Engineering Research Centers

Rehabilitation Engineering Research Centers (RERCs) conduct programs of advanced research of an engineering or technical nature designed to apply advanced technology, scientific achievement, and psychological and social knowledge to solve rehabilitation problems and remove environmental barriers. Each center is affiliated with one or more institutions of higher education or nonprofit organizations. In-
involved at both the individual and systems levels, RERCs seek to find and evaluate the newest technologies, products, and methods that ultimately can benefit the independence of persons with disabilities and the universal design of environments for all people of all ages. The centers also exchange technical and engineering information worldwide and engage in technology transfer activities to maximize the use of new technology in producing end-user products, both commercialized and non-commercialized, that are readily available for public consumption. Since 2008, NIDRR has funded the Knowledge Translation for Technology Transfer (KT4TT) Center to assist RERC grantees in their technology transfer efforts.

Rehabilitation Research and Training Centers

NIDRR’s Rehabilitation Research and Training Centers (RRTCs) conduct coordinated and integrated advanced programs of research targeted toward the production of new knowledge, which may improve rehabilitation methodology and service delivery systems, alleviate or stabilize disabling conditions, or promote maximum social and economic independence for persons with disabilities. Operated in collaboration with institutions of higher education or providers of rehabilitation or other appropriate services, RRTCs serve as centers of national excellence in rehabilitation research. Also, they are national or regional resources for research information for individuals with disabilities and the parents, family members, guardians, advocates, or authorized representatives of the individuals. These centers also conduct related training programs, including graduate, pre-service and in-service training. The centers also disseminate and promote the utilization of research findings.

Small Business Innovation Research

The purpose of the Small Business Innovation Research (SBIR) program is to stimulate technological innovation in the private sector, strengthen the role of small business in meeting Federal research or research and development needs, increase the commercial application of Federally-supported research results, and improve the return on investment from Federally-funded research for economic and social benefits to the Nation. SBIR grants at NIDRR help support the production of new assistive and rehabilitation technology. NIDRR supports Phase I and Phase II SBIR projects. Phase I grants support research that will contribute to proving the scientific or technical feasibility of the approach, concept, or product identified in the proposal. Phase II grants expand on the results of Phase I projects, allowing these businesses to pursue further development and to begin to explore the potential for commercialization.

NARIC and the NIDRR Program Directory

The Program Directory is compiled by the National Rehabilitation Information Center (NARIC). NARIC functions as a specialized library, providing the public with disability- and rehabilitation-related information and services to help locate those materials and resources. Since 1977, NARIC has been the primary source of rehabilitation and disability information about, and information generated by, NIDRR-funded projects.

NARIC also produces REHABDATA, an index of disability and rehabilitation literature produced by NIDRR grantees as well as commercial publishers. Grantees submit copies of NIDRR-supported research products to NARIC and they are added to the reference collection and REHABDATA database. Information about holdings is available online at http://www.naric.com.
Neither NARIC nor NIDRR assumes liability for the Directory’s contents or the use thereof. NARIC does not evaluate or certify the programs or products of the organizations listed in the Directory.

This Directory is not intended for use as a fiscal document to show how NIDRR funds are allocated; its purpose is to display the range of programs that NIDRR supports. This listing is current as of December 31, 2014. This directory may include projects that have passed the indicated extension date.

NARIC operates under U.S. Department of Education contract ED-OSE-10-0074.
As stated in NIDRR’s Long-Range Plan for 2013-2017, employment and earnings are essential to independence, self-determination, and contribution to society. NIDRR’s employment research focuses on the lifelong challenges to and opportunities presented by transitions in employment experienced by people with disabilities. Employment research addresses methods to integrate the unique needs of employers and disability populations to improve employment outcomes across the life span. NIDRR supports centers and projects that address unemployment, underemployment, and unnecessary dependence on public benefits. The research and development activities in this domain examine employment policies and practices, vocational rehabilitation services, and technologies and accommodations that contribute to improved employment and career outcomes for individuals with disabilities.

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Rehabilitation Research and Training Centers (RRTCs)
Maryland

RRTC on VR Practices for Youth and Young Adults

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Project Number: H133B140043
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000; FY 18 $875,000

Abstract: The RRTC on Vocational Rehabilitation (VR) Practices for Youth and Young Adults provides a comprehensive, balanced, and rigorous view of the strategies, methodologies, and models of VR service for youth and young adults (Y&YA) with disabilities in the United States. The Center’s activities provide knowledge for ongoing academic analysis, policy development, and in-the-field practice by: (1) analyzing the association between individual and agency level factors and outcomes of transition-age youth seeking VR services; (2) designing, implementing, and testing a data analytic system to support VR agency learning and continuous improvement of service delivery to transitioning youth; (3) evaluating the efficacy and utility of a comprehensive VR-led transition program; (4) identifying characteristics and strategies used by highly effective VR staff in order to develop and test a training resource for promoting highly effective performance; (5) analyzing the role and impact of VR services in inclusive higher education for students with significant disabilities; (6) producing robust and extensive publications of research findings; (7) compiling, creating, and disseminating information on the Center’s research that is accessible and useful to interested stakeholders; and (8) providing training and technical assistance in order to address gaps in knowledge and practice. The Center is a partnership of TransCen, Inc., University of Maryland-College Park, Mathematica Policy Research, Inc., and the Institute for Community Inclusion at the University of Massachusetts-Boston, as well as the Council of State Administrators of Vocational Rehabilitation (CSAVR) and other relevant stakeholders, to provide a deeper understanding of the knowledge, policies, and practices that enable Y&YA to transition to successful employment and productive careers.
Rehabilitation Research and Training Centers (RRTCs)
Massachusetts

Improved Employment Outcomes for Individuals with Psychiatric Disabilities

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**Project Number:** H133B090014

**Start Date:** October 01, 2009

**Length:** 60 months

**NIDRR Officer:** Leslie J. Caplan, PhD

**NIDRR Funding:** FY 09 $849,535; FY 10 $850,000; FY 11 $847,289; FY 12 $850,000; FY 13 $848,218; FY 14 (No-cost extension through 9/30/2015)

**Abstract:** This project develops and tests innovative interventions, identifies barriers to and facilitators of effective partnerships among providers of employment services, and develops and tests adaptations of evidence-based employment interventions for individuals with psychiatric disabilities from traditionally underserved groups. Additionally, this project incorporates research findings into practice and policy by developing, evaluating, and implementing strategies to increase their utilization; and conducts training, technical assistance, and dissemination activities (TDTA) with the same purpose. TDTA projects are organized into programmatic areas which together focus on the development and implementation of practices and services to improve employment outcomes. Using the knowledge transfer framework, TDTA projects produce usable, new technologies for improving employment outcomes.
Rehabilitation Research and Training Centers (RRTCs)
Massachusetts

Vocational Rehabilitation and Developing Strategies to Meet Employer Needs in Changing Economic Environments

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Principal Investigator: Susan Foley, PhD
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Project Number: H133B120002
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $650,000; FY 13 $650,000; FY 14 $650,000; FY 15 $650,000; FY 16 $650,000

Abstract: This center produces strategies for assessing employer needs and expectations, develops strategic planning models that support state vocational rehabilitation (VR) agency efforts to anticipate and prepare for changing employer and labor market needs, identifies existing programs that may be useful to VR agencies, and produces methods for tracking, analyzing and reacting to changing employer needs. Research, training, technical assistance, and dissemination activities build upon current knowledge of demand-side strategies and fill a knowledge gap on agency-level practices to address three main themes in improving VR responsiveness to employer needs: (1) integrating labor market and business relations data into business intelligence and strategic planning efforts in Alabama; (2) aligning just-in-time job training with industry needs to ameliorate middle skill labor shortages in Nebraska; and (3) testing an emerging and piloted model in four state VR agencies of “no-risk, low risk” dual customer job placement services created in Vermont. This project is a partnership with The Institute for Community Inclusion at the University of Massachusetts Boston, the Alabama Department of Rehabilitation Services, the Nebraska Vocational Rehabilitation, the Vermont Division of Vocational Rehabilitation, and the New England Council.
Rehabilitation Research and Training Centers (RRTCs)
Massachusetts

Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities

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Project Number: H133B140026
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $874,999; FY 18 $874,999

Abstract: The goal of this RRTC is to address the elements needed to bring integrated employment to scale for all adults with intellectual and developmental disabilities (IDD). Research suggests that bringing individual and local successes in employment to scale requires an integrated approach that engages all stakeholders in addressing: individual and family expectations and knowledge; employment consultants’ ability to provide high quality individual employment services and supports; community rehabilitation providers effectiveness to rebalance resources and transform their organizations to a focus on integrated employment; and state’s effectiveness at implementing policies and practices that establish employment as the first priority across all service systems including vocational rehabilitation, education, and IDD. The Center (1) develops and tests a comprehensive information, outreach, and support framework for individuals and families; (2) assesses a cost-effective strategy for improving the implementation of employment support practices by integrating online training, data-based performance feedback, and facilitated peer supports; (3) develops and tests an evidence-based intervention to support organizational transformation and rebalancing across networks of community rehabilitation providers; and (4) analyzes state employment systems policies and practices and their relationship to individual outcomes at a multi-agency level and defines policies and practices of high-performing state employment systems. This project includes a cross-stakeholder network of advisors and seven organizational dissemination partners to extend the effectiveness and utilization of project findings and resources. Project partners include The Arc of the United States, the University of Minnesota, the National Association of State Directors of Developmental Disabilities Services, SABE, and APSE. Participation of a cross-stakeholder network of advisors and eight organizational dissemination partners extend the effectiveness and use of project findings and resources.
Rehabilitation Research and Training Centers (RRTCs)
Massachusetts

Rehabilitation Research and Training Center on Improving Employment Outcomes for Individuals with Psychiatric Disabilities

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Principal Investigator: E. Sally Rogers, ScD; Marianne Farkas, ScD
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Project Number: H133B140028
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 14 $499,596; FY 15 $574,991; FY 16 $574,956; FY 17 $574,959; FY 18 $574,965
Other Funding: FY 14 $375,400 (Substance Abuse and Mental Health Services Administration (SAMHSA)); FY 15 $375,400 (SAMHSA); FY 16 $375,400 (SAMHSA); FY 17 $375,400 (SAMHSA); FY 18 $375,400 (SAMHSA)

Abstract: The goal of this project is to improve employment outcomes through development of technology, examination of individual and work environment factors associated with improved employment outcomes, and by investigating the effects of government practices, policies, and programs on employment outcomes for individuals with psychiatric disabilities, including those from traditionally underserved groups. To achieve this goal, this project develops a National Resource Center (NRC) on Employment and Vocational Recovery to conduct training, provide technical assistance, and conduct dissemination activities to increase the utilization of research findings targeted to states seeking to implement evidence-based supported employment, to organizations delivering or planning to deliver employment services, and to individuals with psychiatric disabilities, families, employers, providers, administrators, and other key stakeholders. This project is a collaboration between the Center for Psychiatric Rehabilitation, Dartmouth Medical School Psychiatric Research Center, and other organizations from around the nation.
Learning and Working During the Transition to Adulthood

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Project Number: H133B090018
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 09 $800,398; FY 10 $800,398; FY 11 $800,392; FY 12 $800,380; FY 13 $800,388; FY 14 (No-cost extension through 6/1/2015)

Abstract: This project focuses on school-to-work transitions and develops an integrated research program examining this developmental stage for transition age youth and young adults with serious mental health conditions. The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center provides national leadership in this area and shares developing knowledge with key stakeholders including youth and young adults, their families, researchers, policymakers, and practitioners. The transition to adulthood is a critical life stage when the learning that occurs, both in school and in the larger world, lays an important foundation for individuals’ future work life. Serious psychiatric disability issues can disrupt the school-to-work pathway and contribute to school dropout, psychiatric hospitalization, homelessness, and jail. The Center develops and translates knowledge from state-of-the-art rigorous research on education and work experiences for 14-30 year olds. The research is informed by consumer and family input and is carried out in real-world settings. This project contributes to new knowledge about interventions for this population who are often from disadvantaged backgrounds, and improves coordination between child and adult mental health services. The translation of this knowledge speeds capacity building for service providers and the movement of findings into practice and policy.
Rehabilitation Research and Training Centers (RRTCs)
Massachusetts

The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (Transitions RRTC)

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Project Number: H133B140040
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 14 $874,996; FY 15 $874,993; FY 16 $874,995; FY 17 $874,993; FY 18 $874,993

Abstract: This project focuses on school-to-work transitions with an integrated research program examining this developmental stage for transition-age youth and young adults (Y&YAs) with serious mental health conditions (SMHCs). The Center develops and translates knowledge from state-of-the-art rigorous research on education and work in 14-30 year olds with SMHCs. Research is conducted in real-world settings in partnership with Y&YAs with lived experience and informed by family input to address three critical areas: (1) identifying the range of paths in the transition to employment and the factors that contribute to the variability in educational and working success of Y&YAs with SMHCs, (2) continuing to develop and test interventions with preliminary evidence of efficacy, and (3) continuing to examine the ways in which state vocational rehabilitation, child mental health, and adult mental health agencies can improve employment success within subpopulations of those vulnerable to poor transitions to employment (i.e., young parents and individuals with justice-system involvement). This fundamental research increases capacity-building for service providers, and the movement of findings into practice and policy. The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (Transitions RRTC) provides national leadership in this area and shares developing knowledge with key stakeholders including youth and young adults, their families, researchers, policy-makers, and practitioners.
Rehabilitation Research and Training Centers (RRTCs)
Mississippi

RRTC on Employment Outcomes for Individuals Who Are Blind or Visually Impaired

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Project Number: H133B100022
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 10 $850,000; FY 11 $850,000; FY 12 $850,000; FY 13 $850,000; FY 14 $850,000

Abstract: The overall purpose of this project is to improve competitive employment outcomes for persons who are blind or visually impaired (B/VI). Project 1 involves developing, implementing, and evaluating a customized transportation intervention through a state-federal vocational rehabilitation agency. Project 2 involves modifying an existing business mentoring program for college seniors. Project 3 evaluates existing practices used by vocational rehabilitation (VR) agencies to interact with employers, with a focus on their use of the model of business development. Project 4 involves an evaluation of the Randolph-Sheppard Program that includes evaluating managerial skills, training needs, and recruitment strategies. Project 5 evaluates the VR service delivery process and outcomes for B/VI consumers who are SSDI beneficiaries. Project 6 involves evaluating the accessibility and usability of two important workplace devices that have known accessibility issues for persons who are B/VI: multifunctional document centers and business internet telephone systems. Training, technical assistance, and dissemination activities flow from the results of the six research projects and include a State of the Science conference held in Year Four. A large number of outputs and outcomes emanate from this project. Example of outputs are a minimum of 13 peer-reviewed publications, 18 conference presentations, 2 intervention manuals, 2 evidence-based practice guidelines, and 7 training webinars. Important overall project outcomes resulting from these outputs include increased knowledge about the effectiveness of existing practices and new interventions, utilization of research findings in the development of rehabilitation practices and policies, and improved employment outcomes for persons who are B/VI.
Rehabilitation Research and Training Centers (RRTCs)
New Hampshire

RRTC on Employment Policy and Measurement

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Project Number: H133B100030
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 10 $850,000; FY 11 $850,000; FY 12 $850,000; FY 13 $850,000; FY 14 $850,000

Abstract: This project investigates the impact of government policies and programs on employment, with particular attention to the effects of program interactions; examines new ways of measuring employment outcome; and facilitates the translation of research findings into policymaking and program administration. The project includes a comprehensive set of 13 research projects, focusing on interactions among government programs and employment measurement. These projects utilize cross-sectional and longitudinal data derived from several sources: national surveys, program administrative records, administrative records linked across programs, and/or surveys linked to administrative records. The researchers at the Rehabilitation Research Training Center on Employment Policy and Measurement are conducting an integrated set of knowledge translation projects designed to convey research findings to key stakeholders and work with these stakeholders to develop research-to-policy implementation strategies.
Rehabilitation Research and Training Centers (RRTCs)
New Jersey

Rehabilitation Research and Training Center: Individual-Level Characteristics Related to Employment Among Individuals with Disabilities

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Project Number: H133B120005
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $850,000; FY 13 $850,000; FY 14 $850,000

Abstract: This RRTC generates new knowledge regarding the economic disparities of individuals with disabilities and the role of individual characteristics, building upon evidence-based research that improves strategies and interventions for attaining better employment outcomes for the various subpopulations of people with disabilities. This project blends the social model of disability with labor economic theory, adopting the framework of the International Classification of Functioning, Disability and Health focusing on three research domains: health conditions, personal characteristics, and environmental characteristics. The first domain, health conditions, researches the physical and mental characteristics that underlie disability. The second domain researches personal characteristics including demographic characteristics, human capital (education and training), and social capital (an individual’s family, community, and employment relationships). The third domain researches environmental characteristics including accessibility, transportation, the local economy, public policies, and geography. This project conducts research in three phases: Phase 1 - reviewing existing literature and providing comprehensive review of the vocational rehabilitation and social science literature on facilitators and barriers to employment for persons with disabilities; Phase 2 - utilizing existing data from Phase 1 and data from disability-related public programs and national and international surveys to examine the geographic and individual variation within the data supporting identification of individual, social, economic, and environmental barriers and facilitators to employment; and Phase 3 - applying new data to design, implement, and analyze the National Survey on Disability and Employment.
Rehabilitation Research and Training Centers (RRTCs)
New York

Cornell RRTC on Employer Practices Related to Employment Outcomes Among Individuals with Disabilities

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Project Number: H133B100017
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 10 $800,000; FY 11 $800,000; FY 12 $800,000; FY 13 $800,000; FY 14 $800,000

Abstract: This RRTC creates new knowledge of specific employer practices most strongly associated with desired employment outcomes for individuals with disabilities and the prevalence of these practices; increases knowledge about how these practices relate to employer success in hiring, retention, and promotion of individuals with disabilities; and increases the incorporation of these findings into practice and policy by collaborating with employer groups to develop, evaluate, or implement strategies to promote utilization of positive practices as identified by the project. Project goals are reached through a series of 13 research and 14 outreach projects. Specifically, rigorous research is conducted (1) using national survey and administrative data sets with employer variables; (2) focus groups and network-wide surveys with partner employer member organizations; (3) in-depth employer case studies in at least one private and one public employer workplace to identify barriers to best practices implementation, as well as practices that cultivate inclusive climates for people with disabilities; and finally, (4) designing and testing an online employer best practices benchmarking tool based on research results. Through research and outreach projects, this project expands the availability and accessibility of useful information on how employer practices are related to employer success in hiring, retaining, and advancing people with disabilities.
Rehabilitation Research and Training Center on Employment of Individuals with Physical Disabilities

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Project Number: H133B130011
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 13 $873,811; FY 14 $862,741; FY 15 $871,087; FY 16 $874,918; FY 17 $871,129

Abstract: This project is developing and implementing five research studies that directly impact the employment outcomes of individuals with physical disabilities. These studies focus on: (1) technology that improves employment outcomes for individuals with physical disabilities; (2) individual and environmental factors associated with improved employment outcomes; (3) interventions that contribute to improved employment outcomes; (4) effects of government practices, policies, and programs on employment outcomes; and (5) practices and policies that contribute to the improved outcomes for transition-aged youth and young adults with physical disabilities. The activities of this project include: (1) conducting a mixed-method, quasi-experimental study to identify the barriers and facilitators of employment for individuals with physical disabilities and testing the effectiveness of specific knowledge translation strategies used by individuals with physical disabilities to promote the use of employment disability research findings; (2) conducting research on customized employment to identify evidence-based practices that will facilitate the employment of transition-age youth with physical disabilities; (3) conducting research on the employment of veterans with amputation conditions; (4) conducting research to evaluate demand-side employment and a toolkit for use by rehabilitation professionals; (5) studying successful employment and quality of work life after severe disability for individuals with multiple sclerosis and spinal cord injury; and (6) establishing and maintaining a National Resource Center for individuals with physical disabilities and their families that is guided by Rehabilitation Research and Training Center research. This project is a collaboration of VCU, the Medical University of South Carolina, and the University of Wisconsin-Madison.
Rehabilitation Research and Training Centers (RRTCs)
Wisconsin

Creating Evidence-Based Vocational Rehabilitation Service Delivery Practices

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Project Number: H133B100034
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 10 $942,082; FY 11 $918,828; FY 12 $935,201; FY 13 $929,632; FY 14 $939,710

Abstract: This rehabilitation research and training center for evidence based practice in vocational rehabilitation (RRTC-EBP VR) generates new knowledge related to theory-driven, evidence-based vocational rehabilitation (VR) practice to improve the effectiveness of VR service delivery practice generally and to improve employment outcomes of subpopulations of VR customers with the lowest outcomes. The project includes three research phases. During the first phase, RSA-911 and related data are analyzed to examine organizational level variables (e.g., state unemployment rates) and individual level data (e.g., race and disability type) to determine personal and environmental interactions and their associations with quality of employment outcomes using multi-level analysis. The second phase includes in-depth case study of two exemplary VR agencies, comparing them with other VR agencies to identify promising practices. In the third phase, new data fill gaps identified in Phase 1 and 2 through collection of new data. Major Phase 3 projects include validating the International Classification of Functioning, Disability, and Health as a VR model, testing a motivational enhancement model for VR, evaluating the effectiveness of a motivational interviewing intervention, and conducting a controlled study on a counselors’ toolkit for incorporating evidence-based VR practices. In addition, Phase 3 includes a national survey to determine readiness of state VR to incorporate evidence-based interventions in service delivery practice.
DRRP on Universal Design Practices to Enhance Work Outcomes

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Project Number: H133A120120
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $499,962; FY 13 $499,875; FY 14 $499,928; FY 15 $499,972; FY 16 $499,954

Abstract: The goal of this project is to increase knowledge about, availability of, and access to universal design (UD) accommodations to enable employees with disabilities to participate fully in the workplace, enjoy enhanced employment outcomes, and have equal opportunities for advancement. To accomplish this goal, the specific aims of the research activities are to develop new tools to measure UD accommodation practices and workplace participation; utilize these tools to establish an evidence base for UD accommodations to improve work outcomes; and translate that evidence into practice. To accomplish these aims, the project: (1) develops and validates the Workplace Accommodation Rating System and Standards (WARSS), a set of standards and a new rating system for UD accommodations based on the Commercial Building Standards developed by IDEA Center for the Global Universal Design; (2) expands the scope of the Work RERC Workplace Participation Survey, originally developed and validated for workers who use wheelchairs in an office setting, to include workers with all types of limitations, including vision, hearing, mobility, dexterity, speech, and cognition in multiple work settings; (3) describes the relationship between employer accommodation practices and work outcomes; (4) identifies the salient UD accommodation practices that are associated with positive work outcomes for employees with disabilities; and (5) identifies needs and opportunities to develop and disseminate materials about accommodation policies and practices. The DRRP produces new tools for employers and rehabilitation professionals to measure UD and participation in a workplace, including standards for measuring UD in the workplace; an evidence base for UD accommodation practices; and educational and outreach materials in formats that are useful to and usable by employers, industry organizations, rehabilitation professionals, policymakers, and organizations that influence policy including employer practice guidelines, articles in industry trade journals, and evidence-based policy recommendations for policymakers.
Disability and Rehabilitation Research Projects (DRRPs)
Indiana

Evaluating the Impact of a School-to-Work Collaborative on the Employment Outcomes of Transition-Aged Youth

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Project Number: H133A130028
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $471,327; FY 14 $474,403; FY 15 $474,678; FY 16 $474,314; FY 17 $474,729

Abstract: This project collaborates with state and local partners and the Indiana University’s Center on Community Living and Careers at the Indiana Institute on Disability and Community to evaluate the effects of a school-to-work collaborative on the employment outcomes of transition-age youth with disabilities. The goal of the Collaborative is to provide employment opportunities for transition-age youth by embedding employment resources into the school to focus on employment outcomes and reduce or eliminate duplication of services; specifically, a provider employment specialist who serves as a single point-of-contact representing a coalition of providers serving the Collaborative while overlapping supports with schools to ensure a coordinated and seamless system of transition. Five sites for the study are selected to implement the local collaborative and five additional sites are selected as the control group. Key elements of the local Collaborative include: a single point of contact, development of student personal profiles, self-determination/soft skill training, immersed internship, family training, and benefits counseling with asset development/financial literacy training. Each local Collaborative includes key stakeholders: local vocational rehabilitation counselors or supervisors, community employment/rehabilitation providers, school districts representatives, INSOURCE parent representative, and other representatives that are locally determined. Results from this study provide data for a replicable model both within Indiana and across the country enhancing the employment outcomes for transition-age youth.
Disability and Rehabilitation Research Projects (DRRPs)
Maryland

Center on Transition to Employment for Youth with Disabilities

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Project Number: H133A100007
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 10 $649,999; FY 11 $649,999; FY 12 $649,999; FY 13 $649,999; FY 14 $649,999

Abstract: This center provides a comprehensive, balanced, and rigorous view of the strategies, methodologies, and models of transition to employment for youth with disabilities contributing to ongoing analysis, policy development, and in-the-field practice for transition-to-employment services. Project activities include: (1) conducting a systematic review of promising practices for transitioning students with disabilities to employment; (2) conducting a risk modeling of the National Longitudinal Transition Study and developing a prediction model for successful transition to employment; (3) analyzing data from a standardized transition-to-employment program serving primarily minority urban youth to identify factors explaining work outcomes, and to identify demographic and service characteristics that predict employment success; (4) identifying characteristics and perceptions of staff of a standardized national program serving primarily minority youth with disabilities that explain employment outcomes; (5) identifying factors that enable schools to effectively serve youth with intellectual and developmental disabilities preparing for and transitioning to on-going supported employment service; (6) implementing and studying a transition service model and applying this model across school districts and across categories of youth that features paid work, early vocational rehabilitation case initiation, and multi-party collaboration prior to school exit; (7) producing publications of research findings; and (8) compiling, creating, and disseminating training and technical assistance materials based on the center’s research in order to address gaps in knowledge and practice.
Disability and Rehabilitation Research Projects (DRRPs)  
Massachusetts

Research and Technical Assistance Center on Vocational Rehabilitation Program Management

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Project Number: H133A090002  
Start Date: October 01, 2009  
Length: 60 months  

NIDRR Officer: Leslie J. Caplan, PhD  
NIDRR Funding: FY 09 $1,500,000; FY 10 $1,500,000; FY 11 $1,500,000; FY 12 $1,500,000; FY 13 $1,500,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: This Center uses a three-stage process to develop and test a Vocational Rehabilitation (VR) Program Management Model. In the model development stage, project staff conduct research activities that build on existing management models, integrate knowledge generated from other public systems and the private sector, and review evidence indicating associations between management practices and organizational outcomes. In the second stage, model verification and transfer, staff coordinate three research projects that emphasize the collection and evaluation of knowledge generated directly by the VR program, translate findings from the development phase into actionable management strategies, and finalize the VR Program Management Model. In the third stage, the management practices laboratory, the VR Program Management Model, its implementation, and validation are studied at seven partnering state VR agencies. An Advisory Committee ensures the VR Program Management Model is technically sound, relevant, and functional for the VR system. Training and technical assistance (TA) activities are integrated into the research agenda and designed for replication and distribution by the VR TA Network. Tools developed by the Center promote effective and efficient VR management practices leading to improved organizational performance and high quality employment outcomes for people with disabilities.
Development Center to Enhance Evidence-Based Supportive Employment with a Technology-Based Management System

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Project Number: H133A120164
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $496,422; FY 13 $499,576; FY 14 $499,107; FY 15 $499,412; FY 16 $498,886

Abstract: This project develops a range of technology-based products as part of an overall platform, called the Individual Placement and Support (IPS) Management System, to enhance the availability, consumer-centeredness, service quality, expansion, effectiveness, and efficiency of vocational services for people with serious mental illness on a national scale. The IPS model of supported employment is firmly established as the most effective practice to help people with serious mental illness become employed and succeed as steady workers. The IPS Management System builds on existing technology and evidence-based components that are not yet computerized. It includes a variety of tools to help consumers, families, vocational rehabilitation counselors, employers, employment specialists, mental health teams, supervisors, and administrators. The tools are iteratively developed and tested for acceptability and usability, using methods that have been empirically proven in the development of treatment technology. Examples of these tools include: consumer-empowering software to enable consumers to build their own career profiles and job plans; information on disability benefits and employment for families; IPS training for Vocational Rehabilitation counselors; information for employers on the advantages of hiring IPS participants; job development tracking systems for employment specialists; IPS training for mental health teams; and management systems for supervisors and administrators.
Manual and Training Program to Promote Career Development Among Transition Age Youth and Young Adults with Psychiatric Conditions

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Project Number: H133A130092
Start Date: December 23, 2013
Length: 48 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 13 $499,954; FY 14 $499,145; FY 15 $499,951; FY 16 $499,998
Abstract: This project develops, evaluates, and implements an innovative career development intervention, Helping Youth on the Path to Employment (HYPE), a manual and training program to integrate Supported Education (SEd) with Supported Employment (SE) and other vocational services in order to adequately support transition age youth and young adults (TAYYA) with psychiatric conditions in achieving self-sufficient lives. HYPE is a comprehensive, integrated career development intervention for TAYYA with psychiatric conditions that can be implemented across a variety of settings. A manualized model that is guided by a National Advisory Council (NAC) and Participatory Action Committee (PAC) consisting of young adults and youth with lived experiences is informed by the findings of four activities of the development program: (1) a scoping literature review; (2) an innovative practices survey; (3) qualitative interviews with TAYYA to learn about the practices that promote career development, obstacles commonly faced, and critical times for service delivery; and (4) activity synthesis and consensus conference where all activity findings will be integrated and vetted through the NAC and PAC in order to reach consensus agreement regarding the critical features of career development for TAYYA. The manual to be developed addresses strategies for meeting common challenges such as cognitive deficits, substance abuse, and legal involvement, as well as how to integrate SE and SEd interventions that specifically target TAYYA. The manual also features a training materials section to prepare staff in providing career development services for young adults and youth. This project is a collaboration of The UMDNJ Department of Psychiatric Rehabilitation and Counseling Professions and the University of Massachusetts Medical School Transitions Research and Training Center.
Disability and Rehabilitation Research Projects (DRRPs)
New York

**Intervention to Augment the Knowledge, Skills, and Behaviors of Placement Professionals**

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**Project Number:** H133A140011

**Start Date:** October 01, 2014

**Length:** 60 months

**NIDRR Officer:** Shelley Reeves

**NIDRR Funding:** FY 14 $499,999; FY 15 $499,999; FY 16 $499,999; FY 17 $499,999; FY 18 $499,999

**Abstract:** This project develops and evaluates the Diversity Partners Intervention (DPI) to augment the knowledge, skills, and behaviors of general placement professionals (GPPs) and disability placement professionals (DPPs) for the purpose of improving employment outcomes for people with disabilities. DPI prepares GPP and DPP provider organizations in the development of organizational practices and policies which support meaningful relationships with employers and aids in the development and testing of intervention tools designed to provide on-going support to placement professionals in their daily practice. The DPI enables placement professionals to build relationships with employers by adding value to employers’ efforts to hire and fully include employees with disabilities. Placement professionals improve their knowledge of best practice around all aspects of employing people with disabilities, strengthening their ability to engage employers around hiring and retaining employees with disabilities, and helping employers to build disability-inclusive organizational cultures and practices that support their on-going recruitment, hiring, retention, and career advancement of people with disabilities. The project also creates systems and tools to support national dissemination and broad adoption of these tools in provider organizations within the context of their work and their local communities.
Disability and Rehabilitation Research Projects (DRRPs)
New York

Center on Effective Delivery of Rehabilitation Technology by Vocational Rehabilitation Agencies

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Project Number: H133A090004
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 09 $499,630; FY 10 $499,455; FY 11 $499,601; FY 12 $499,492; FY 13 $499,969; FY 14 (No-cost extension through 9/30/2015)

Abstract: This Center uses quantitative and qualitative research methods to identify and document indicators of effective rehabilitation technology (RT) service delivery. Effectiveness is defined by quality indicators incorporating variables of structure, policy, decision making processes, and costs related to outcomes and counselor and consumer satisfaction. The Center also analyzes supports necessary for effective RT delivery, including counselor education, assessment tools and measures, information management, consumer education, quality assurance mechanisms, and public and private sector relationships. Selection and analysis of “effective RT service delivery models” takes into account variances related to urban versus rural areas, different types of disabilities, and programs administered within and outside state vocational rehabilitation (VR) agencies. The Center’s research team conducts in-depth evaluation of six state VR programs and six outside programs. The goal of the Center is to develop a new validated instrument and system of measurement to improve RT service delivery and reduce RT non-use and poor employment outcomes. The tool is accompanied by an interactive training program for VR counselors to build knowledge of RT solutions and an improved assessment process, including a set of exemplars, tools, and guidance that VR agencies and other programs can use to improve RT service delivery.
Disability and Rehabilitation Research Projects (DRRPs)
Ohio

Translate and Adapt VR Assessment Tools into ASL

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Project Number: H133A140053
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 14 $489,988; FY 15 $489,999; FY 16 $489,998; FY 17 $489,995; FY 18 $489,956

Abstract: This goal of this project is to improve vocational rehabilitation (VR) services and enhance employment outcomes for individuals who are Deaf. The project: (1) translates and adapts widely used VR instruments into American Sign Language (ASL) and validates these assessment tools for use with VR consumers who are Deaf; (2) develops a vocational assessment instrument in ASL designed specifically for use with Deaf VR consumers; (3) develops online access to these ASL-based VR assessment instruments for Deaf consumers; (4) evaluates the feasibility, usability, and adoption of online assessment resources by VR counselors and consumers who are Deaf and hard-of-hearing; and (5) promotes utilization of DRRP-developed ASL resources to state and territorial VR agencies with a targeted knowledge translation strategy.
**Disability and Rehabilitation Research Projects (DRRPs)**

**Ohio**

**Project CAREER: Development of an Interprofessional Demonstration to Support the Transition of Students with Traumatic Brain Injuries from Postsecondary Education to Employment**

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**Project Number:** H133A130066  
**Start Date:** October 01, 2013  
**Length:** 60 months  
**NIDRR Officer:** Leslie J. Caplan, PhD  
**NIDRR Funding:** FY 13 $474,945; FY 14 $474,917; FY 15 $474,968; FY 16 $474,947; FY 17 $474,945

**Abstract:** Project Career is an inter-professional development project to improve the employment success of undergraduate college and university students with traumatic brain injury (TBI). This project develops, tests, and implements a technology-driven, long-term, and resource-rich individualized support program by merging assistive technology (AT) for cognition (e.g., Cognitive Support Technology [CST]) and a collection of vocational rehabilitation (VR) services and supports to improve career readiness and employment outcomes of civilian and veteran students with TBI participating in and graduating from postsecondary two- and four-year colleges and universities. In a collaborative venture, Kent State University, JBS International, Inc., West Virginia University, and Boston University implement this project, providing services and supports to a minimum of 150 civilian and Veteran students with TBI at all stages of postsecondary education. iPads, provided to each participating student, are used as a CST device and as a virtual platform to provide coaching, education, counseling, and career mentoring services. Additional services include field-based internship placements, and support for post-graduation job placement. Guided by stakeholders including people with TBI, those in the allied health and rehabilitation professions, employers, and CST experts, the following full range of services and supports are included: (1) Comprehensive assessment and planning of (a) students’ needs, readiness, and preferences for CSTs to compensate for cognitive limitations and (b) students’ vocational goals and preferences; (2) individualized CSTs targeted toward the needs and capabilities of each student; (3) training in the use of the iPad and the specific CSTs; (4) an electronic-mentoring (e-mentoring) program based on a peer support model; (5) individualized vocational case management services provided by Certified Rehabilitation Counselors; (6) assistance in securing field-based internships; (7) a resource-directed job placement and accommodation planning seminar focused on technology transfer, self-advocacy, and professional networking; and (8) post-graduation follow-along employment support provided by Certified Rehabilitation Counselors.
Successful Employment and Quality Work Life After Severe Disability Due to Spinal Cord Injury

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Project Number: H133A120122
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $499,805; FY 13 $499,412; FY 14 $498,646; FY 15 $499,195; FY 16 $499,790

Abstract: The purpose of this project is to perform a state-of-the-art study of employment after spinal cord injury (SCI), to identify factors related to successful employment throughout the life cycle. Research and service delivery models of employment after disability typically focus heavily on transition or return to work, rather than a focus on maintaining employment, advancing in career, and maximizing earning potential. This is a two-stage research study beginning with a qualitative component that elicits factors related to successful employment from the perspective of stakeholders with SCI, including those who have had highly successful careers. A large-scale, quantitative study, incorporating the qualitative findings and input from advisory panels is used to develop econometric models of participation in employment and quality employment outcomes throughout the work life cycle. The project includes an integrated program of dissemination, training, and technical assistance to ensure the new knowledge generated may be translated into policy and practice.
Facilitating Employment for Youth with Autism: A Replication Study of an Internship Model to Identify Evidence Based Practices

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Project Number: H133A120140
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 12 $499,995; FY 13 $489,085; FY 14 $499,466; FY 15 $497,639; FY 16 $497,639

Abstract: This project is designed to determine the efficacy of a nine-month hospital-based internship intervention for transitioning young adults with autism spectrum disorders (ASD). This internship program, based on the Project SEARCH model, is currently being tested and evaluated in a randomized clinical trial at two Bon Secours Hospitals in Richmond, Virginia. This project replicates this intervention in two new Virginia hospitals: one in Northern Virginia and one in the Norfolk area. The intervention consists of two components: (1) 900 hours of onsite training over 9 consecutive months at the host hospital site, and (2) training and support provided by employment specialists with expertise in autism, applied behavior analysis, supported employment, and business networking. Data collection focuses on a number of key measures when comparing the outcomes of the youth participating in the randomized clinical trials. First, did the young adults with ASD obtain and retain competitive employment? Second, did they earn a commensurate wage (at least minimum wages) and benefits? Third, how many hours per week were they employed? This project is a collaboration of Virginia Commonwealth University’s Department of Physical Medicine and Rehabilitation and the Virginia Department of Aging and Rehabilitation Services.
VR-ROI Project: Estimating Return on Investment in State Vocational Rehabilitation Programs

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Project Number: H133A140095
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 14 $499,856; FY 15 $499,902; FY 16 $499,530; FY 17 $499,819; FY 18 $499,771

Abstract: This project examines the return on investment (ROI) in eight state vocational rehabilitation (VR) programs. ROI information for the state-federal VR program is increasingly seen as a way to demonstrate the effectiveness of VR. Recent years have seen substantial growth in the numbers of ROI studies of state VR programs. However, the analytic methods, time periods covered, and data used in existing VR ROI studies have varied widely. Most recent analyses have serious shortcomings that limit the credibility and utility of their results. This project refines and tests existing ROI models using a more heterogeneous set of state agencies and a more recent cohort of applicants for VR services. The project also tests a ”turnkey” approach to ROI analysis that can generate rigorous and credible estimates for any size agency, for individuals with virtually any type of disability, and for different types of VR services. The project includes development of a user-friendly, Web-based “ROI Estimator” to allow state agencies to simulate the impact of different VR services on the employment outcomes of VR clients and to develop ROI estimates for the entire state program. Project activities include VR ROI estimates for specific populations, including youth in transition, individuals with several low-incidence disabilities and individuals with disabilities from minority backgrounds; development and dissemination of training materials for state VR agencies interested in conducting ROI analyses; and training in effective use of both the project’s methodological framework and the agency-specific results produced by the ROI Estimator. This project is a collaboration of the University of Richmond, the Virginia Department for Aging and Rehabilitative Services, the George Washington University, and the University of Arkansas CURRENTS.
Integrated Program to Improve Competitive Employment in Dually Diagnosed Clients

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Project Number: H133G140261
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 14 $200,000; FY 15 $200,000; FY 16 $200,000

Abstract: This study extends the research on the Individual Placement and Support (IPS) model, a well-established evidence-based supported employment model for people with severe mental illness, to people with a dual diagnosis of severe mental illness and opioid use. Individuals who are dually diagnosed with severe mental illness and substance use face multiple barriers to recovery. This group also faces lower employment levels, which is even more pronounced for African Americans in urban areas. The project integrates the IPS model with a highly successful treatment program employing medication-assisted therapy to reduce opioid use, combined with a tailored cognitive behavior therapy approach. Using a randomized controlled design, this study evaluates whether IPS improves employment outcomes over a 12-month period. The project’s secondary goal is to assess whether employment lessens substance use and psychiatric symptoms and improves quality of life and healthy friendships. A qualitative sub-study examines staff and client experiences with this innovative employment program. This study is being conducted by senior clinician-researchers from the Department of Psychiatry at Howard University, one of the nation’s best-known historically Black universities, in collaboration with Dartmouth University.
Field Initiated Projects (FIPs)
Illinois

Evaluating the Efficacy of an Occupational Intervention
Targeting Young Adult Brain Tumor Survivors

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Project Number: H133G110289
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 11 $162,659; FY 12 $200,000; FY 13 $196,441; FY 14 (No-cost extension through 9/30/2015)

Abstract: The goal of this project is to evaluate the efficacy of an occupational development and work adjustment program for young adult brain tumor survivors to increase their participation in educational, vocational, or occupational settings; their social involvement and community integration; and overall psychological functioning. This project implements a state of the art, theoretically-grounded occupational development and work adjustment program through the Children’s Brain Tumor Foundation (CBTF) in New York City. CBTF offers patient education and supportive care services to over 1,000 brain tumor survivors and their families annually. Although the program is implemented at CBTF, the State/Federal Vocational Rehabilitation program is a collaborative partner with the program both through the service delivery process and advisory committee. In order to examine the sustained impact of the intervention, the program and outcomes of interest are evaluated at 6, 12, and 18 months.
A Supported Employment Program for People with HIV/AIDS

Chicago House and Social Service Agency
iFOUR Employment Program
1925 North Clybourn Avenue, Suite 401
Chicago, IL 60614
www.chicagohouse.org

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Project Number: H133G110108
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 11 $198,849; FY 12 $199,393; FY 13 $199,365; FY 14 (No-cost extension through 9/30/2015)

Abstract: Chicago House and Social Service Agency and the Center on Mental Health Services Research and Policy (CMHSRP) at the University of Illinois at Chicago (UIC) are collaborating to assist people with HIV infection in living healthier, more productive lives within the community. Through the Increasing Income and Individual Independence (iFOUR) Program, individuals in recovery from HIV/AIDS throughout the City of Chicago have the opportunity to participate in an evidence-based, supported employment program specifically designed and adapted for people with HIV/AIDS. iFOUR is an innovative program built on a multi-faceted curriculum designed to assist people with HIV/AIDS to return to work, maintain employment, and receive the on-the-job supports and reasonable accommodations as needed. The iFOUR Program includes several distinct components focused on rapid job placement, job training and finding services, career counseling, and paid-internship opportunities. These components have been adapted from models of supported employment with demonstrated effectiveness and efficacy. The iFOUR intervention consists of a comprehensive, intense four-week employment workshop plus one-on-one meetings with the Career Specialist and a Peer Employment Specialist on personal employment goals and interests. The intervention also tailors one-session each week to issues specific to recovery and community reintegration among individuals with HIV/AIDS, including health issues, medication adherence, disclosure and workplace accommodations, and benefits planning. For the comparison condition, participants have one-on-one meetings with the Peer Employment Specialist only, as well as receive services through the State Division of Vocational Rehabilitation (DRS).
Assessing Family Employment Awareness Training (FEAT)

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Project Number: H133G130261
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 13 $199,995; FY 14 $199,997; FY 15 $199,997
Abstract: This project conducts a comparative study to assess the efficacy of the Family Employment Awareness Training (FEAT) knowledge-based intervention in impacting competitive employment outcomes for individuals with significant support needs aged 16-22 years. The aims of this research are to assess the efficacy of this intervention on impacting knowledge/attitude changes (short-term) and behavioral changes (intermediate) over time. Methods include pre- and post-training surveys of attendees and interviews with families regarding employment experiences, including barriers families encounter when seeking competitive employment for their member with significant support needs. Objectives of this project are: To explore how families describe their employment knowledge and expectations and any influencing factors, to understand the experiences of families as they attempt to obtain and/or maintain employment for their family member with a disability, to identify the barriers families perceive as affecting employment outcomes of their child, and to understand how families overcome barriers to competitive employment.
Project Work Opportunity Through Resource and Capacity Building (WORC): Transition Age African American Youth with Emotional, Intellectual, and Behavioral Disabilities

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Project Number: H133G130301
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $200,000; FY 14 $200,000; FY 15 $200,000

Abstract: This project develops methods and procedures that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of African Americans with emotional, intellectual, and behavioral (EIB) disabilities. The goal of the project, collaboratively designed with Louisiana Rehabilitation Services (LRS), is to construct and validate Project Work Opportunity through Resource and Capacity Building (Project WORC), a service delivery model that has the potential to enable African American transition-age youth with EIB disabilities to achieve five guideposts that can steer families, service systems, and youth through the transition processes: (1) school-based preparatory experiences, (2) career preparation and work-based learning experiences, (3) youth development and leadership, (4) connecting activities and supports such tutoring and mentoring, and (5) family or caring adult involvement. The project evaluates the effect of Project WORC on self-determination to work, stages of change work participation, job-seeking self-efficacy outcome expectation, actual job seeking behaviors, and summer employment outcomes of 220 African American high school students with EIB disabilities who are LRS clients. Special attention focuses on issues such as the importance of exposure to employment, development of independent living skills, and absolute necessity to provide culturally appropriate services. Project objectives are to: (1) offer community-based and self-determined career planning and implementation; (2) provide transition services to move youth from financial dependency to self-sufficiency; and (3) identify modes of integrating needs of employers and youth with disabilities so that quality employment can be achieved.
Determining the Efficacy of the Self-Determined Career Development Model of Instruction to Improve Employment Outcomes for Adults with Developmental Disabilities

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Project Number: H133G120071
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $200,000; FY 13 $200,000; FY 14 $200,000
Abstract: This project determines the efficacy of the Self-Determined Career Development Model (SDCDM) in improving employment outcomes for adults with intellectual and developmental disabilities. The SDCDM is a self-directed process using a three-phase problem-solving strategy in which a facilitator supports a person with a disability to identify and set a career or employment goal, develop an action plan to achieve that goal, and self-monitor and self-evaluate progress toward the goal, revising the action plan or goal as needed. Project objectives include: To build the capacity of employment facilitators to implement the SDCDM by providing training, technical assistance, and coaching on the model; to implement the three-phase SDCDM intervention with adults with I/DD; to measure the impact of the SDCDM on individual levels of self-determination; to measure the impact of the SDCDM on attainment of employment and career-related goals; to measure the impact of the SDCDM on individual levels of autonomy and self-regulation; to measure the fidelity of implementation of the SDCDM intervention; and to publish and disseminate the results of this research study.
Field Initiated Projects (FIPs)
New Hampshire

A Prospective National Study of Sustaining IPS Through Vocational Rehabilitation and Mental Health Collaboration

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Project Number: H133G110161
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 11 $199,811; FY 12 $199,981; FY 13 $198,937; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project conducts a prospective study of the sustainability of evidence-based vocational services, a two-year prospective study of programs in the Individual Placement and Support (IPS) learning collaborative. The project examines the barriers and facilitators to sustaining IPS in collaboration with the mental health and vocational rehabilitation systems in the 13 participating states. At the program level, researchers conduct telephone interviews with IPS program leaders at baseline and again at two-year follow-up using a structured interview developed in prior research. These interviews document the rates of sustaining IPS for the overall collaborative and for different subgroups within the collaborative. At the state level, researchers conduct phone interviews during the second year, interviewing key leaders from state vocational rehabilitation agencies, mental health authorities, and technical assistance centers, as well as family and consumer advocates. The aim is to identify practical, malleable factors leading to the continuation versus the discontinuation of IPS services.
Treating Hidden Barriers to Employment: Integrated Treatment for PTSD in Supported Employment

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Project Number: H133G140147  
Start Date: October 01, 2014  
Length: 36 months  
NIDRR Officer: Joseph A. DePhillips  
NIDRR Funding: FY 14 $199,914; FY 15 $199,978; FY 16 $199,986  
Abstract: This project evaluates the feasibility and effectiveness of integrated cognitive behavioral treatment (I-CBT), an intervention aimed at enhancing employment among people with psychiatric disabilities and co-morbid post-traumatic stress disorder (PTSD) who are receiving supported employment services. The project adapts an existing evidence-based CBT intervention proven to reduce PTSD symptoms in individuals with psychiatric disabilities and integrates it into a supported employment program. The goal is to develop an evidence-based program to support individuals with co-occurring psychiatric disabilities and PTSD seeking employment and address PTSD as a hidden barrier to their success.
Evaluating the Impact of Employment Services in Supportive Housing

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Project Number: H133G130310
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $199,826; FY 14 $198,594; FY 15 $197,030

Abstract: This project examines the impact of adding employment services to the supportive housing environment on employment outcomes for people with psychiatric disabilities. Supportive housing has been identified as a complementary program to which supported employment can effectively be added. These services share an overall philosophy and service approach that uses community-based services, supports community inclusion, and provides highly individualized services. Supportive housing also provides a safe and stable environment for individuals with psychiatric disabilities, creating a good foundation on which to build the pursuit of meaningful activities, such as employment. For this project ten supportive housing program sites participate via cluster randomization to one of two conditions (five programs in each condition): (1) Experimental – with staff trained to provide employment services via an in-vivo coaching method, or (2) Active Control – with staff exposed to basic information regarding the positive impact of work on recovery and the availability of existing community resources. Two hundred individuals with psychiatric disabilities from the enrolled supportive housing programs participate. Research data is collected from participants over a period of 12 months with major data collection at enrollment, 6 months, and 12 months and brief employment tracking forms completed monthly.
Field Initiated Projects (FIPs)
New York

Organizational Practices to Increase Employment Opportunities for People with Disabilities: The Power of Social Networks

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Project Number: H133G110219
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 11 $200,000; FY 12 $200,000; FY 13 $200,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: The purpose of this study is to identify workplace policies and practices which present barriers and also facilitate maximal inclusion of people with disabilities in the workplace, with a focus on how leadership, informal climate, and social networks shape workforce participation, engagement, and success for persons with disabilities. The target population is people with disabilities, specifically individuals employed in the US federal workforce. Project outcomes include: design and implementation of a survey measuring the impact of workplace policies, practices, climate, leadership, and social networks on the inclusion and employment success of people with disabilities; production of a final report to be shared with federal agency partners, and the Office of Personnel Management, Office of Disability Employment Policy, and the Equal Employment Opportunity Commission; and information to inform ways to improve employment outcomes for people with disabilities in the federal sector.
Field Initiated Projects (FIPs)
New York

Getting and Keeping People with Disabilities in the Workforce: Negotiating Work, Life, and Disability

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Project Number: H133G130136
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $200,000; FY 14 $200,000; FY 15 $200,000
Abstract: This project examines the strategies and resources used by individuals with disabilities who are successfully employed to negotiate the work and non-work domains leading to longer, more satisfying work lives, and the role of employers and disability service professionals in supporting this. Balance between work and the rest of life is vital to individuals’ employment success and overall well-being. Employees who lack work-life balance (WLB) may experience reduced productivity, decreased job satisfaction, and opt to leave their jobs or exit the workforce altogether rather than struggle to meet competing demands. The project aims to: (1) understand how individuals with disabilities perceive WLB, and its relationship with Quality of Work-Life (QWL); (2) categorize the strategies and resources these individuals utilize to manage their work-life needs; (3) identify the individual and work context factors which facilitate positive WLB for employees with disabilities; and (4) inform and support individuals with disabilities, employers, and service professionals about how to improve the QWL for employees with disabilities. The project utilizes surveys and focus groups with individuals with disabilities in various job sectors, as well as targeted outreach to employers and disability service professionals.
Field Initiated Projects (FIPs)
Ohio

Evaluating the Effectiveness of Online, Portal-Based Vocational Rehabilitation Services

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Project Number: H133G140194
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 14 $199,999; FY 15 $199,988; FY 16 $199,990

Abstract: This project evaluates the effectiveness of online, portal-based vocational rehabilitation (VR) services by comparing the outcomes and cost effectiveness of online VR services with the outcomes and cost effectiveness of traditional VR services offered in Ohio, Illinois, and Kentucky. Many individuals with significant disabilities have limited access to VR services because of physical, cultural and social barriers, such as mobility issues and communication difficulties. The goal of this portal project is to improve access to VR services and enhance employment outcomes for these individuals with disabilities. Specific aims are to: (1) implement online VR services that are delivered through personal portals that are optimized for use on cell phones, tablets, and computers; (2) compare employment outcomes and cost effectiveness of online VR services and traditional VR services in a randomized controlled trial; and (3) evaluate the feasibility, usability, and adoption of online services by VR counselors and consumers. The long-term goal is to train and encourage VR counselors across the nation to use online technology to provide services to VR consumers when time, distance, and/or disability constrain the delivery of traditional VR services.
Field Initiated Projects (FIPs)
Virginia

Enhancing Outcome-Based Performance Measures for the Public Vocational Rehabilitation Program: Developing Return on Investment Models

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Project Number: H133G100169
Start Date: October 01, 2010
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 10 $197,359; FY 11 $197,359; FY 12 $197,359; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 3/31/2015)

Abstract: This project tests the wider applicability of valid and methodologically sound processes for assessing the “return on investment” (ROI) within individual state vocational rehabilitation (VR) agencies, using models developed in Virginia. Additionally, this project expands on the preliminary work of the collaboration between the Virginia Department of Rehabilitative Services (DRS) and the Bureau of Disability Economics Research (BDER) at the University of Richmond. Having established a longitudinal data repository for the purpose of conducting long-term employment outcome evaluations, the DRS and BDER repository contains data on VR program participants from the administrative records of both DRS and the state. Project development includes several major components: (1) developing and testing a ROI model used in identifying the necessary components for a sound ROI model for VR, using Virginia data to develop VR-specific outcome models, and validating these models with other state VR agencies, including the Virginia Department for the Blind and Vision Impaired and the Maryland Division of Rehabilitation Services, using data from those states’ administrative records; (2) developing model interagency agreements and protocols for accessing employment and earnings data from existing state administrative records and from Social Security Administration, testing those models with the partner states, and providing technical assistance in their use; and (3) developing and testing guidance documents, and providing technical assistance to partner state VR agencies, to conduct ROI analyses with their own states’ administrative data.
Field Initiated Projects (FIPs)
Wisconsin

**Improving Work Ability Among Breast Cancer Survivors**

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**Project Number:** H133G110003  
**Start Date:** October 01, 2011  
**Length:** 36 months

**NIDRR Officer:** Leslie J. Caplan, PhD

**NIDRR Funding:** FY 11 $200,000; FY 12 $200,000; FY 13 $200,000; FY 14 (No-cost extension through 9/30/2015)

**Abstract:** The purpose of this project is to determine the feasibility and effect of WISE (Work ability Improvement through Symptom management and Ergonomic education), a web-based, survivor-centered intervention, on work ability in breast cancer survivors (BCS). Many BCS who continue to work report decreased ability to perform work activities. Not all BCS want to return to work; yet for those who do the inability to do so can have dramatic consequences on financial stability and access to health insurance. The primary aims are to: (1) refine and pilot test WISE, (2) determine the feasibility of WISE, and (3) determine the short-term effects of WISE on work ability. A secondary aim is to explore individual and workplace factors among BCS at risk for work disability. To accomplish these aims, BCS and health care providers evaluate the usability and feasibility of WISE and a two-arm randomized controlled trial is used to evaluate the effect of WISE on work ability. This project uses an innovative approach by applying a work systems model that focuses on improving work ability through optimizing the relationship between the work system and the work capacity of the individual. This is the first study to target both symptom management of BCS as it relates to work activities, and modifiable workplace risk factors to minimize work disability. The long-term goal is to develop effective interventions that improve employment outcomes, reduce work-related disability, and mitigate the economic impact of surviving cancer.
Community Living and Participation

NIDRR is committed to improving the opportunities and abilities of individuals with disabilities to live as integrated members of their communities and to participate in community activities of their choice. NIDRR supports centers and projects to increase community living and participation through improvements in policy, services and support delivery, assistive technologies, environmental modifications, and person-centered planning and therapeutic interventions. Activities funded in this area are consistent with the underlying principles of the independent living programs authorized under the Rehabilitation Act and the ADA.

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Rehabilitation Research and Training Centers (RRTCs)
California

Rehabilitation Research and Training Center on
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Project Number: H133B130034
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Phillip Beatty, PhD
NIDRR Funding: FY 13 $875,000; FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000

Abstract: This project identifies methods of improving the long-term services and support (LTSS) system in the US, improves data collection on community living policy, and develops a strategic plan for community living research through six broad research studies, knowledge translation (KT), training, technical assistance, and dissemination. Study objectives are to (1) develop a strategic plan for community living research, which involves convening an expert panel to identify and prioritize research questions, and then identifying research strategies that could address these questions; (2) identify promising practices in state LTSS systems, using workgroups to nominate candidate practices, followed by collection and synthesis of research findings on the practices, and then selection of promising practices by an expert panel; (3) conduct an inventory of state LTSS policies, practices, programs, and future plans, which includes surveys of state officials on policies related to access to home- and community-based services (HCBS) and collection of data on participants and expenditures in different HCBS programs in the states; (4) conduct evaluations and case studies, involving (a) the transition to managed LTSS in California; (b) comparisons across local managed LTSS implementations in California; (c) comparisons across managed LTSS and care coordination models implemented in Illinois; and (d) comparisons across model states in worker training standards; (5) conduct basic research on selected topics in community living, involving analysis of national survey datasets to obtain information on (a) trends in family caregiving and the impact of policy on caregiving; (b) supply of and demand for accessible, affordable housing; and (c) state variation in community participation among people with disabilities; and (6) develop methods for improved monitoring of progress in state LTSS systems, which involves needed data elements and strategizing ways of collecting that data and making it available for analysis. A KT effort provides stakeholder input into all phases of the research activities, identifies topics of interest for and approaches to dissemination, and helps create dissemination products. The project’s training activities are centered on developing an online curriculum for personal assistants and caregivers; while a technical assistance network will serve as a conduit between the project’s research and systems at the state level.
Rehabilitation Research and Training Centers (RRTCs)
Illinois

Rehabilitation Research and Training Center (RRTC) on Family Support

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Project Number: H133B140046
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 14 $874,999; FY 15 $874,999; FY 16 $874,995; FY 17 $874,983; FY 18 $874,989

Abstract: The goal of the RRTC on Family Support is to bridge aging and disability research, practice, and policies to generate new knowledge in family supports which contributes to improvements in community living, participation, health and function, and other outcomes for individuals with disabilities from different racial and ethnic backgrounds who are supported by family members. The Center conducts six research projects: (1) Development of a Strategic Plan for Family Support uses a participatory approach to generate and prioritize research topics and questions, an expert panel design research strategies, and secondary analysis of national data to answer identified questions; (2) Identifying Promising Practices in Family Support Services uses a participatory approach with stakeholders to nominate, investigate, and synthesize promising local and state family support practices that can be disseminated and used more widely; (3) Family Member Roles and Well-Being in Self-Directed Waiver Programs examines the relationship between self-directed waiver program components, family environment, and caregiver well-being; (4) Understanding Experiences, Trends, and Needs in Self-Directed Support Programs uses mixed methods to investigate national trends in self-directed support, and the experience and satisfaction of caregivers in self-directed support programs; (5) Family Support in Managed Care investigates the impact of transitioning from fee for service to managed care on families and individuals who receive services; and (6) Parents Taking Action: A Parent Training Program for Latino Families of Children with Autism Spectrum Disorders (ASD) tests the efficacy of an intervention that engages parents of children with ASD in providing education and training to other parents. The Center partners with the Lurie Institute for Disability Policy at Brandeis University, the National Resource Center for Participant-Directed Services at Boston College, the RTC on Community Living at the University of Minnesota, and the National Council on Aging as well as various organizational partners.
Rehabilitation Research and Training Center on Community Living

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Project Number: H133B110006
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 11 $849,810; FY 12 $849,659; FY 13 $849,921; FY 14 $849,941; FY 15 $849,752

Abstract: The goal of the Rehabilitation Research and Training Center on Community Living (RRTC/CL) is to increase the continuity of community living and full community participation of people with disabilities through the development and implementation of scientifically sound, theoretically driven, and evidence-based data analysis and interventions. The RRTC’s 13 core projects represent a comprehensive, integrated, and robust array of activities promoting community participation among people with disabilities. These projects recognize “disability” as an interaction between the characteristics of an individual and his/her environment. Six research projects conduct secondary data analyses to provide a knowledge foundation about how the barriers to and experiences of community living may differ across socio-demographic and geographic groups within the diverse population of individuals with disabilities. Five intervention projects evaluate the efficacy of programs, policies, and practices to improve services and supports that provide community participation opportunities for individuals with disabilities. These interventions address consumer participation needs in the areas of housing, health, recreation, and community and civic involvement. Several of these address the services and supports needed to transition from institutions, nursing homes, and other health and community institutions to the community and to maintain continuity of community living. Project investigators and staff regularly work with consumers with disabilities to incorporate their input on individual projects, as they are planned and implemented. The Center employs and adds to the latest knowledge translation approaches to disseminate research results that target multiple audiences, including advocates, policymakers, and program planners. The goal of the dissemination plan is to translate knowledge to allow scientists, policymakers, consumers, and consumer advocates in the area of disability and independent living to create and maintain greater opportunities for community living and participation of people with disabilities.
ENhancing ACTivity and Participation for Persons with Arthritis (ENACT)

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Project Number: H133B100003
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 10 $799,983; FY 11 $799,968; FY 12 $799,992; FY 13 $799,988; FY 14 $799,992

Abstract: This project advances, disseminates, and applies knowledge in rheumatological rehabilitation—an interdisciplinary field that integrates rheumatologic, musculoskeletal, neurological, behavioral, and social systems to optimize activity and participation among persons with arthritis. Project objectives include: (1) advancing science regarding effective interventions to optimize activity and enhance social, community, and work participation among persons with arthritis; (2) developing a team of interdisciplinary rheumatology rehabilitation clinical researchers knowledgeable in disablement, rehabilitation, rheumatology, and clinical research methods; and (3) disseminating knowledge, resources, and programs to consumers, providers, and researchers to promote activity and participation among persons with arthritis. These project objectives are addressed by a series of nine inter-related project activities: Project 1: “Efficacy of a Modified Vocational Rehabilitation Intervention for Work Disability” is a randomized controlled trial examining work disability outcomes of a structured intervention that poses solutions to work barriers identified by persons at risk of work loss; Project 2: “Can Computer-Based Telephone Counseling Improve Long-Term Adherence to Strength Training in Elders with Knee Osteoarthritis?” is a randomized controlled trial of a telecommunications physical activity adherence program for older adults with knee osteoarthritis; Project 3: “Community and Home Participation after Total Knee Replacement” is an epidemiological and qualitative study examining factors associated with poor participation outcomes post total knee joint replacement; Project 4: In partnership with Massachusetts Chapter of the Arthritis Foundation, a series of community consumer forums address knee osteoarthritis for members of underrepresented groups in the Greater Boston area; Project 5: A series of in-services and webinars are conducted to disseminate knowledge to providers of persons with arthritis; Project 6: A state-of-the-science conference on enhancing activity and participation for persons with arthritis is conducted; Project 7 is a partnership with the Arthritis Foundation to train new leaders of the Arthritis Foundation Exercise Program for future implementation of the program in underrepresented communities; Project 8: Devel-
development and evaluation of a new online program to help adults with knee osteoarthritis problem-solve the potential challenges experienced when initiating physical activity programs; and Project 9: Development and evaluation of a new online program providing resources for adults with arthritis optimizing job retention. Additionally, this project implements and evaluates a structured mentored training program developing a new group of scientists in the field of rheumatological rehabilitation.
Rehabilitation Research and Training Centers (RRTCs)
Minnesota

Research and Training Center on Community Living for People with Intellectual Disabilities

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Project Number: H133B130006
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 13 $875,000; FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000

Abstract: The University of Minnesota’s Research and Training Center on Community Living (RTC/CL) conducts research, training/technical assistance, and dissemination activities focused on community living and participation of individuals with intellectual and developmental disabilities (I/DD). Research studies within the RTC/CL include a policy and outcome analyses using the largest, most comprehensive data set of individual outcomes for a random sample of adults with ID/DD from 36 geographically representative states; intervention studies related participation through self-determination, social inclusion, employment, and the direct support workforce in a variety of community living service settings including family and individual homes. The RTC/CL provides a comprehensive training program that has and will continue to develop new generations of competent and skilled disability researchers and professionals. Outreach programs provide training and technical assistance to agencies and individuals across the U.S. The RTC/CL training programs include: a) the annual Reinventing Quality Conference, b) presentations at national, regional, and state conferences c) a state of the science conference, d) training and TA with national, state and local community organizations. The RTC/CL’s College of Direct Support, an acclaimed national interactive internet-based training program, train’s over 390,000 DSPs each day. The RTC/CL disseminates practical information to targeted varied audiences through nationally recognized video/film productions and publications, including IMPACT, Policy Research Brief, and Frontline Initiative. RTC/CL websites provide access to its various publications and products.
Rehabilitation Research and Training Centers (RRTCs)
Montana

Rehabilitation Research and Training Center on Disability in Rural Communities

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Project Number: H133B130028
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 13 $875,000; FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000

Abstract: The Research and Training Center on Disability in Rural Communities (RTC:Rural) at the University of Montana advances the science of rural disability and rehabilitation by finding solutions to rural issues experienced by people with disabilities (PWD) in the areas of health, employment, and community living. Current research and development projects include: Geography of Rural Disability uses GIS and national data sources (i.e. American Community Survey and Public Use Microdata Samples) to examine the distribution of PWDs and availability of services in rural communities; Ecology of Rural Disability uses longitudinal data to examine how personal and environmental factors impact community participation; Resilience in Community Participation studies factors that contribute to active community participation among PWDs; Person-Environment Fit in Rural Communities uses real-time assessment data to predict community participation; Measuring Opportunity in Rural Events creates a validated measure for assessing the accessibility of rural community events; Rural Contracted Employment Services develops recommendations for increasing employment support providers in rural communities by examining variations in provider payments structures; Social Media for Employment aims to improve use of online job search and social media strategies to improve rural employment opportunities; Rural Self-Employment Opportunities evaluates a process for increasing the skills of vocational rehabilitation counselors in the area of self-employment; Community Accessibility of Rural Environments demonstrates how community accessibility data can be used to advocate for community improvement; and Rural Mobile Health Promotion Intervention develops a mobile device application to addresses common secondary health conditions. The RTC: Rural Knowledge Translation activities communicate research findings to a broad audience through dissemination, training, and technical Assistance (TA). Dissemination includes publications, conference presentations, print and electronic mailings, websites, and social media. Specific training efforts include a state of the science conference series, development of a rural rehabilitation and disability curricula, mentoring student researchers, a rural policy series, and continued
training on established projects. TA includes rapid research response to stakeholder requests; and supporting the Association of Programs for Rural Independent Living National Training and TA in rural policy issues.
Rehabilitation Research and Training Centers (RRTCs)
Oregon

Rehabilitation Research and Training Center for Pathways to Positive Futures: Supporting Successful Transition for Youth and Young Adults with Serious Mental Health Conditions

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Project Number: H133B090019
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 09 $800,400; FY 10 $800,400; FY 11 $800,400; FY 12 $800,400; FY 13 $800,400; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project incorporates research, targeted training, and dissemination while adhering to a single conceptual framework of synthesizing research guided by an intervention approach. This framework focuses on building assets in four areas: (1) self-determination and positive identity, (2) youth- and young adult-directed decision making, (3) skills for adult roles, and (4) supportive relationships with peers and adults. The eight research projects (R1-R8) employ randomized controlled trial design, focusing on testing the efficacy of an intervention and improving outcomes for transition-age youth and young adults with serious mental health conditions. R1: My Career Vision tests an approach to career planning and employment for young adults, ages 21 to 25, who are receiving Social Security Insurance or extended special education services. R2: Better Futures tests a comprehensive intervention to assist young people in foster care with serious mental health conditions to prepare to participate in post-secondary education. R3: Achieve My Plan studies the efficacy of an approach to helping young people lead their mental health treatment planning teams, and to build service capacity to support youth engagement. Two projects develop and test assessment inventories: R4: Transition Policy Consortium develops an inventory that assesses the level of community support for transition services with a specific emphasis on measuring collaboration and continuity of care between the child and adult mental health systems; and R5: Finding Our Way furthers the development of a culturally specific self-assessment tool for American Indian/Alaskan Native youth, ages 13 to 19, and the tool is modified to include issues relevant to transition. Training, supervision, and coaching materials are produced to improve provider practice. R6: eHealth examines the ways youth and young adults use the Internet to find information about mental health care, conditions, symptoms, or medications. The R6 project identifies the kinds of information...
that young people look for, tracks their search processes, and assesses how they verify the accuracy of the information they find; then uses this information to develop and test an eHealth literacy curriculum. R7: Recovery Outcomes analyzes data from the System of Care National Evaluation related to young people’s recovery outcomes. R8: Mediators of Stigmatization analyzes data from nationally representative samples of youth and young adults, and uses this information to identify potentially effective anti-stigmatization strategies.
Research and Training Center for Pathways to Positive Futures: Building Self-Determination and Community Living and Participation

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Project Number: H133B140039
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 14 $499,600; FY 15 $499,600; FY 16 $499,600; FY 17 $499,600; FY 18 $499,600
Other Funding: FY 14 $375,400 (Substance Abuse and Mental Health Services Administration (SAMHSA))

Abstract: This Center conducts research, training, and dissemination activities focused on building self-determination and enhancing community living and participation outcomes in young people with serious mental health conditions (SMHCs). The Center conducts six intervention-based projects: FUTURES tests an approach to improving college retention and success, as well as community participation and self-determination, among first-year college students with SMHCs who are, or have been, in foster care. EASA Connections tests a web-based psychoeducation and decision-aid intervention designed to increase the extent to which young people who are experiencing a first episode of psychosis are engaged and self-determined with regard to their treatment. A third project, Mentee-Nominated Mentoring, is a developmental investigation of a cutting-edge approach to helping young people who have been living in psychiatric inpatient facilities transition back to the community and build social and cultural capital. Two additional projects develop and evaluate interventions designed to increase providers’ skill in working with youth and young adults with SMHCs to increase their self-determination and enhance their community living and participation: Technology-Enhanced Coaching for Positive Development focuses on professional providers and their supervisors, while AMP+: Developing the Young Adult Peer Support Workforce works with young adult peer support providers and their supervisors and agency administrators. Both of these projects employ new technology to improve training, coaching, and supervision. Finally, System/Policy Analysis and Change is focused on understanding key system issues and policy challenges that impede or support accessible and effective services for young adults with SMHCs. This project also examines examples of young adult lead policy change and the challenges young adult advocacy organizations face when they enter the policy arena. Additionally, this RRTC assesses the utiliza-
tion of Promoting Positive Pathways to Adulthood, a series of online training modules designed for service providers who work with youth and young adults with SMHCs. Collaborations with young people and other stakeholders, including providers, researchers and family members, ensure that interventions are practical and feasible, and that training and dissemination are relevant and useful.
Temple University Rehabilitation Research and Training Center on Community Living and Participation of Individuals with Psychiatric Disabilities

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Project Number: H133B130014
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 13 $875,000; FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000

Abstract: This project advances the development of interventions that maximize community living and participation of individuals with psychiatric disabilities through research and knowledge translation activities in partnership with consumers and other key stakeholders. This project conducts seven research studies in the areas of technology, individual and environmental factors, and interventions, and includes transition-aged youth. The research includes randomized, controlled designs; cross-sectional studies where structural equation modeling and geographic information systems technology are utilized; and epidemiological methods. This project also conducts three technical assistance, three training, and two dissemination projects.
Rehabilitation Research and Training Centers (RRTCs)
Texas

Developing Strategies to Foster Community Integration and Participation (CIP) for Individuals with Traumatic Brain Injury

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Project Number: H133B090023
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 09 $849,956; FY 10 $849,968; FY 11 $849,955; FY 12 $849,966; FY 13 $849,980; FY 14 (No-cost extension through 9/30/2015)

Abstract: This rehabilitation research and training center conducts three research projects and five training projects, providing a comprehensive approach to improving participation in all areas of community integration for all persons with traumatic brain injury (TBI), including minorities. Research Project 1 is a randomized controlled trial of a community-based contextualized intervention to improve memory and memory-related participation activities. This trial compares the effectiveness of a contextualized memory intervention provided in the participant’s home to standard instruction in use of a memory notebook for improving functional memory and community participation. Research Project 2 is a randomized controlled trial of an extended case coordination service to maximize access to and benefit from state vocational rehabilitation services. This trial compares employment outcomes for persons receiving a case coordination intervention to those only receiving a referral for state vocational rehabilitation services. Research Project 3 develops a comprehensive list of symptoms of TBI, and based on this list, creates a classification system for persons with TBI utilizing symptoms, barriers, and facilitators for community integration. This system deploys an innovative, user-friendly, web-based application. Training and technical assistance activities facilitate the widespread dissemination of educational materials on evidence-based strategies for improving function and participation after TBI. Training projects focus on increasing capacity for social networking and on providing education to persons with TBI, caregivers, and treating clinicians, in order to maximize community participation. Training is also conducted in use of the classification system to assist researchers and clinicians in allocating persons with TBI to appropriate treatments. Technical assistance activities are also conducted to improve implementation of training activities and to maximize resulting community integration.
Disability and Rehabilitation Research Projects (DRRPs)
Alabama

Obesity Research Project on Prevalence, Adaptations, and Knowledge Translation in Youth and Young Adults with Disabilities from Diverse Race/Ethnic Backgrounds

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Project Number: H133A120102
Start Date: August 16, 2012
Length: 36 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 12 $450,145.23; FY 13 $400,000; FY 14 $400,000

Abstract: This project expands upon ongoing research on obesity in youth and young adults with disabilities (formerly funded under DRRP-I) by addressing significant gaps in the literature related to prevalence, risk factors, and consequences of obesity; successful and promising community-based strategies for obesity prevention; and knowledge translation issues that limit access to important research findings. The target population includes transition-age youth and young adults, ages 15 to 25 years, with physical and cognitive disabilities from culturally diverse racial and ethnic backgrounds. Goals and objectives include: (1) identifying obesity prevalence using multiple longitudinal and cross-sectional data sets that include self-report and actual measurement data of height/weight, (2) examining the antecedents and consequences of obesity, (3) establishing methods and criteria for creating guidelines that enhance access to evidence-based and community-based obesity prevention strategies and associated programs using a national expert panel, and (4) developing and testing an integrative knowledge translation framework for rapidly and effectively delivering research findings and recommendations to key stakeholders from national and state-level organizations across the US. The project consists of three integrated research studies and a comprehensive national dissemination plan. Project R1 involves extensive secondary analyses of several longitudinal and cross-sectional national and state-level data sets. Project R2 uses a modification of the ADAPTE collaboration framework and national expert panel for establishing a formal set of methods and criteria for modifying/adapting evidence-based and community-based obesity prevention strategies and the programs associated with them. Project R3 tests a modification of Graham’s Knowledge Translation Model for implementing dissemination of research findings and adaptations using an early adopter framework that targets disability and health program directors. Project outcomes include: (1) accurate set of obesity prevalence data by disability group and sociodemographic factors, (2) knowledge of the antecedents (i.e., risk factors) and consequences (i.e., secondary conditions) of obesity, (3)
valid set of methods and criteria for adapting community-based obesity prevention strategies and programs, (4) national guidelines for promoting inclusive obesity-prevention programs across the US in current and future programs, and (5) integrative knowledge translation framework that effectively moves research findings into the hands of key stakeholders who can effect policy and/or program change.
Families with Disabilities Through the Life Cycle: Disability Culture Perspectives

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Project Number: H133A110009
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 11 $500,000; FY 12 $500,000; FY 13 $500,000; FY 14 $500,000; FY 15
$500,000
Abstract: This project incorporates two inter-related and overarching frameworks for all project activities: (1) to understand and document the life cycle of families with diverse disabilities – from those parents with and without disabilities who are at the initial stages of having an infant with a disability, through children with disabilities growing up to become parents with disabilities, to adults with disabilities caring for their elderly parents; and (2) to use the perspectives of disability and Deaf communities to inform all project activities with an overall goal to increased participation and community living for individuals with disabilities and their families. Project goals focus on research, development, training, technical assistance, and dissemination activities: (1) increase the national availability of accessible and disability-appropriate resources for families with disabilities that incorporate perspectives drawn from diverse personal and family disability experiences across the life cycle; (2) increase families’ and providers’ knowledge about families with disabilities across the life cycle; (3) increase informed practice and informed decisions regarding families with disabilities across the life cycle; and (4) increase state and local legislative and policy changes to decrease discrimination against families with disabilities. This project targets four national populations: (1) parents and grandparents with diverse disabilities, (2) children with diverse disabilities, (3) members of families in which a parent or child has a disability, and (4) service providers and trainees. Over 5 years the DRRP (1) conducts 7 separate research and 18 new development projects; (2) provides technical assistance to at least 25,000 parents, family members, and providers; (3) conducts focused trainings to 10,000 diverse parents and providers; (4) nationally disseminates at least 200,000 project materials and products consolidated from project activities as well as from other NIDRR-funded projects. Project activities are designed to address critical gaps in knowledge and resources that impact the daily lives of the families with disabilities. Each of these research, development, and training projects target different facets of families with diverse disabilities – from national prevalence and demographics to understanding the perspectives of families at different stages of family formation to discriminatory or uninformed practice.
I-CONNECT PLUS: Enhancing Community Participation for Adolescents and Adults with ASD Using Online Instruction, Coaching, and Accessible Self-Management Technologies

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Project Number: H133A130032
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 13 $458,224; FY 14 $474,772; FY 15 $467,313; FY 16 $462,543; FY 17 $473,103

Abstract: This project develops I-CONNECT PLUS, a technology-supported instructional system to teach social competence, problem-solving skills, and organizational/self-monitoring skills for adolescents and young adults with Autism Spectrum Disorder (ASD). The project provides remote tele-coaching by community providers, peers, and family members for promoting generalized use; and focuses on the use of self-management and monitoring of outcomes to promote independence and full engagement across settings. This project includes five objectives: (1) developing instructional technology including use of mobile applications (e.g., I-CONNECT PLUS) to teach social competence, problem solving, and organization/self-monitoring skills for adolescents and young adults with ASD; (2) developing tele-coaching materials to generalize skills to community settings; (3) adapting a self-management system to include applicable system features (e.g., skill task analysis, link to instructional modules) for I-CONNECT PLUS; (4) conducting initial pilot trial of the entire I-CONNECT PLUS program; and (5) assessing the feasibility of I-CONNECT PLUS program.
Measurement of Community Participation Using a Computer Adaptive Test (CAT) in Persons with Burn Injuries (PWB)

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Project Number: H133A130023
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 13 $475,000; FY 14 $475,000; FY 15 $475,000; FY 16 $475,000; FY 17 $474,999

Abstract: This project develops and evaluates a computerized adaptive test (CAT) metric for assessing outcomes in adults with burn injuries for purposes of assessing community participation during ambulatory outpatient rehabilitation. The Burn Injury Computer Adaptive Test (BI-CAT) is developed by focusing on three domains: social interaction, work re-integration, and sexual function, with the goal of improving long-term community participation and functioning of individuals with burn injuries. A demonstration of BI-CAT provides an evaluation of respondent burden, acceptability to patients and clinicians, precision, sensitivity to change, and validity in outpatients with burn injury who are receiving care from the Boston Harvard – Burn Injury Model System (BHBIMS) at Massachusetts General Hospital (MGH) and Spaulding Rehabilitation Hospital. Comparisons are made between a well-established legacy measure, the Young Adult Burn Outcomes Questionnaire (YABOQ), and BI-CAT over a six-month follow-up period. This project builds on the resources of the BHBIMS, Boston University School of Public Health, MGH Burn Care Unit and Spaulding Rehabilitation Hospital, the National Phoenix Society, American Burn Association, and World Burn Congress.
Disability and Rehabilitation Research Projects (DRRPs)
Massachusetts

Enhancing the Community Living and Participation of
Individuals with Psychiatric Disabilities

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Project Number: H133A140032
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 14 $494,906; FY 15 $494,829; FY 16 $494,721; FY 17 $494,502; FY 18 $494,474
Abstract: This project includes several studies targeting the development of a new measure of community living and participation for individuals with psychiatric disabilities and the development and effectiveness testing of an innovative peer-led intervention promoting community living and participation in this population titled “Bridging Community Gaps Photovoice”. These development activities are informed by a comprehensive exploratory study examining the barriers and facilitators to the community engagement of individuals with psychiatric disabilities. Finally, this project provides training and technical assistance in the use of the “Bridging Community Gaps Photovoice” and widely disseminates the intervention manuals, the new Multi-Dimensional Assessment of Community Participation (MDACP) instrument, and findings from related exploratory research activities.
The Community for all Project to Develop a Series of Six Online Toolkits
to Improve Community Living and Participation for People with
Intellectual and Developmental Disabilities

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Project Number: H133A140063
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 14 $420,139; FY 15 $484,055; FY 16 $499,972; FY 17 $495,699; FY 18 $404,305

Abstract: This project develops a six-part toolkit for self-advocates, families, professionals, and policymakers designed to improve community living and participation for people with intellectual and developmental disabilities (I/DD). The toolkits are based on the 2004 Community for All: Resources for Supporting Community Living. The six components are titled Deinstitutionalization for All (an update of the 2004 toolkit); Self-Advocacy and Choices for All; Community Participation for All; Lifelong Learning for All; Family for All; and Digital Communities for All. Each toolkit consists of downloadable materials, a website, and an app. Development and modification of the toolkits are based on literature, suggestions from participants in Policy Institutes for each toolkit topic area, and recommendations from a technology conference for self-advocates. Annual Design Institutes advise the project regarding universal design and accessibility, and the development of basic computer instruction videos. Each toolkit prototype is field tested in New York with final versions tested nationally. Technical assistance is available throughout the project and there are four planned toolkit trainings. This project is a collaboration between the Center of Human Policy, Law, and Disability Studies; Taishoff Center for Inclusive Higher Education; the University of Delaware; and the Self-Advocacy Association of New York State (SA-NYS).
Deaf Interpreter Certification Project: Certifying Intermediary Interpreters Who Are Deaf to Ensure Effective Communication for the Deaf, Hard of Hearing, and Deaf-Blind

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Project Number: H133G110100
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 11 $199,998; FY 12 $199,946; FY 13 $199,990; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project develops empirically-based, criterion-referenced certification tests for Deaf interpreters. Relay interpreting with an intermediary interpreter who is Deaf provides the critical link in accommodating the significant range of language abilities and deficits present in this population (e.g., alingualism, semiligualism, close vision/tactile American Sign Language [ASL] for the deaf-blind, and others). Accommodating these diverse communicative modalities, educational deprivations, and language deficits requires strong proficiency in standardized, non-standardized, and highly idiosyncratic visual gestural communication (VGC) styles. Deaf interpreters specialize in the non-standard VGC styles that meet the culturally, educationally-deprived, socially, regionally, or dialectically idiosyncratic communication needs of a significant proportion of the Deaf, hard of hearing, and deaf-blind communities. The ASL Proficiency Test and Deaf Interpreter Performance Test ensures certified Deaf interpreters possess the requisite knowledge, skills, and abilities to competently perform their duties. The development and administration of these Deaf Interpreter Certification Tests builds upon existing empirical research and University of Arizona’s National Center for Interpreter Testing Research and Policy’s widely accepted interpreter testing model, which has been successfully applied to the development of Texas’ ASL/English Interpreter Certification Tests and the NIDRR-funded (2004-2008) Trilingual (ASL/Spanish/English) Interpreter Certification Tests, both of which have been validated and proven effective with a national audience.
Field Initiated Projects (FIPs)
Georgia

Language and Literacy Outcomes of Preschool Children with Traumatic Brain Injury

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Project Number: H133G110109
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 11 $199,293; FY 12 $194,698; FY 13 $197,772; FY 14 (No-cost extension through 9/30/2015)
Abstract: The purpose of this study is to identify language and reading outcomes in young children with traumatic brain injuries (TBI) who are at high risk for disabilities that impact their academic performance and vocational outcomes. This study lends insight into the severity of long-term pediatric TBI outcomes via a longitudinal design with measurements taken at three time points: at the time of study entry between the ages of 6 years to 9 years, 11 months; one year later between the ages of 7 years to 10 years, 11 months; and the third time point between the ages of 8 years and 11 years 11 months. TBI research participants are compared to a matched control group who sustained an orthopedic injury with no TBI. Cognitive (executive function), language, and reading measures are assessed in both groups to examine concurrent relations between deficits in cognitive and language abilities that may explain the extent of reading performance. In addition to these performance measurements, researchers examine injury and family environmental variables and their relationship outcomes. Cognitive and language predictors of reading outcomes are determined by regression analysis with reading measures as the dependent variable and cognitive and language measures as predictors.
Field Initiated Projects (FIPs)
Georgia

Safe@Home: A Self-Management Program for Individuals with Traumatic Brain Injury and Their Families

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Project Number: H133G130149
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 13 $199,989; FY 14 $199,984; FY 15 $199,998

Abstract: This project conducts a clinical trial and evaluation of Safe@Home for individuals with moderate or severe traumatic brain injury (TBI). Many individuals with moderate or severe TBI transition from rehabilitation to home settings with impaired cognition, visuomotor skills, and judgment that place them at risk for subsequent unintentional injury or harm resulting from improper use of equipment, fire, or sharp objects; falls; victimization; loss of money or valuables; or medication errors. Risk is highest in the first 12 months following rehabilitation discharge and often has serious consequences including death, ER visits, hospitalizations, increased disability, and reduced independence and life quality. Safe@Home is a person-family education and training program based on a social cognitive theory framework that has been used to develop successful, self-directed health management and injury prevention programs in other medical populations. The specific aims of this project are to evaluate whether the Safe@Home program reduces the number of unintentional injuries and harmful events in the home and community and increases individuals’ daily hours of self-managed activities. Safe@Home participants receive a personalized risk assessment, tailored education, and in-home training supplemented with mobile communication supports. Individuals with TBI benefit from a program that builds on their strengths, helps set goals, and identifies progressive, achievable steps to reduce unintentional injury and harm and increase their self-managed activities. Family members may anticipate a broader range of safety risks, better identify needed environmental modifications, and have an empirical basis for deciding how best to be involved in, i.e., oversee individuals with TBI activities and when to feel comfortable that they can be independent safely.
Field Initiated Projects (FIPs)
Illinois

Enhancing Written Communication in Persons with Aphasia:
A Clinical Trial

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Project Number: H133G120123
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 12 $199,936; FY 13 $199,845; FY 14 $199,800
Abstract: This project is a clinical trial to compare ORLA (Oral Reading for Language in Aphasia), a treatment that involves choral reading, to ORLA+WT (ORLA plus Writing Treatment). ORLA+WT involves a combination of choral reading and repeated writing of sentences. Treatment is delivered via computer using state-of-the-art virtual therapist technology in which a perceptive, life-like animated computer agent, using visible speech, reads aloud each sentence in unison with the person with aphasia and then directs the participant to copy the sentence and write it from memory. Participants can work intensively and independently on their home computer which is connected to a central server. This allows the clinician to monitor participant use and progress remotely either in real time during the treatment session or after the session at a convenient time. ORLA+WT and ORLA groups practice for nine hours per week for a six week period of time. Language and communication skills are evaluated pre-treatment, immediately post-treatment, and at six weeks after the end of treatment to assess maintenance effects.
Field Initiated Projects (FIPs)
Illinois

Parents Taking Action: A Parent Training Intervention for Latino Immigrant Families

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Project Number: H133G140128
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 14 $196,215; FY 15 $199,916; FY 17 $188,110
Abstract: This project evaluates a parent education program designed to meet the needs of Latino parents of children with autism spectrum disorders (ASD). This intervention draws from existing knowledge about autism, treatments, services, and strategies and makes it accessible to the Spanish speaking Latino community in a culturally competent and cost-effective way. The curriculum for this program is delivered by community health educators and/or promotoras de salud, who are parents of children with autism. Participants are Spanish speaking mothers who have a child between the ages of 2 and 8 with an autism spectrum disorder (ASD) and who receive 14 weeks of home visits from the promotora. The promotora delivers intervention content using an interactive approach. The first part of the intervention includes understanding autism symptoms and diagnosis, evidence-based interventions, advocacy, reducing stress, and explaining their child's behavior to others. The second part of the intervention teaches parents how to reduce problem behaviors and improve their child’s social and communication skills. Measures of caregiver outcomes (family empowerment, caregiver efficacy, and use of targeted intervention strategies) and child outcomes (autism related symptoms, services received) are collected pre and post intervention and at two additional follow-up points.
Field Initiated Projects (FIPs)
Kansas


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Project Number: H133G110131
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 11 $200,000; FY 12 $200,000; FY 13 $200,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project seeks to address the access and training deficit for Spanish-speaking parents of children with autism spectrum disorders (ASD) by adapting the Online and Applied System for Intervention Skills (OASIS) Training Program for use with parents who speak Spanish and have a child with an ASD to teach them how to implement empirically-based interventions with their child. The development of this program proceeds across five phases: (1) initial project development, (2) translation and adaptation of existing training resources for Hispanic caregivers, (3) formative evaluation and revision, (4) full program evaluation and revision, and (5) final analysis and preparation for dissemination. During training, parents practice the techniques discussed in that week’s online tutorials with their child while receiving guidance and immediate feedback from a bilingual clinician with a background in behavior analysis and trained to implement OASIS. Program effectiveness is evaluated based on: parental knowledge and skill fluency, child adaptive behaviors, and reported family quality of life. In addition, families complete exit surveys to elicit feedback regarding program improvement and any problems they experienced, particularly regarding cultural and/or language barriers experienced.
Access to Success: Replication and Impact of a Training Program
Supporting Post-Secondary Students in Requesting Disability Accommodations

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Project Number: H133G140213
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 14 $199,774; FY 15 $199,774; FY 16 $199,636

Abstract: This project investigates the efficacy of a training program, Access to Success, in supporting post-secondary students with disabilities to request accommodations from community-college faculty and staff, to maximize their opportunity for success in their post-secondary career. Access to Success provides students with disabilities with the knowledge and skills enabling them to advocate for accommodations needed to succeed in their coursework as well as to learn skills that may help gain more independence. The training model, developed through a previous NIDRR Field Initiated Development Project, includes two components: First, an interactive online tutorial that provides knowledge about (a) students’ rights through the ADA and other legislation, including how to establish eligibility for accommodations in post-secondary settings; (b) self-assessment activities to help students understand their own strengths and needs and the most appropriate accommodations to support them; and (c) an introduction to the seven-step negotiation framework for requesting accommodations, including videos of students demonstrating the skills. The second component emphasizes skills development and consists of an in-person workshop with students, providing negotiation skills practice through role-play scenarios. For this project, researchers investigate whether the training results in more long-term outcomes, related to attitudes toward requesting and using supports, generalized use of the skills taught, and successful completion of courses.
TerpTube: An Accessible Online Portfolio for Deaf Mentors and Sign Language Interpreters

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Project Number: H133G110190
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 11 $199,938; FY 12 $199,961; FY 13 $199,982; FY 14 (No-cost extension through 5/31/2015)

Abstract: This project develops an accessible online environment that supports mentoring between Deaf users of American Sign Language (ASL) and sign language interpreters in an effort to promote language and cultural competence. The web-based project software builds on social networking concepts and the sharing of personal digital videos in a one-stop-shop mentoring portfolio system (TerpTube). Deaf mentors provide asynchronous annotations to video-recorded interpretations in their native ASL. Likewise, interpreters benefit from seeing ASL video-based annotations since this, not text, provides the most appropriate format for modeling ASL. The ability to add video-based ASL annotations to video is accomplished through the application of SignLinking technology originally developed by partners at Ryerson University. In addition to applying SignLinking, the TerpTube mentoring portfolio system is integrated with existing online mentoring projects as well as a social networking website. It also includes accessible interpreter practice materials, mentoring best practices, and tips for setting up a mentoring business. This project addresses the need to increase involvement of Deaf ASL users in the education of professional sign language interpreters.
Evaluation of “Project TEAM (Teens making Environmental and Activity Modifications)”: Effectiveness, Social Validity, and Feasibility

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Project Number: H133G120091
Start Date: October 01, 2012
Length: 36 months

NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 12 $199,696; FY 13 $198,156; FY 14 $199,657

Abstract: The purpose of this study is to determine the extent to which Project TEAM (Teens making Environment and Activity Modifications) is an effective, socially valid, and feasible intervention that prepares youth with developmental disabilities ages 14-21 to respond to environmental barriers and increases participation in school, work, and the community. Project TEAM is a manualized intervention co-facilitated by a disability advocate and a licensed professional. The intervention includes eight group sessions and two experiential learning field trips. In addition, young adults with disabilities serve as peer mentors on field trips and contact youth weekly to support attainment of goals. Project TEAM outcomes are to: increase youths’ knowledge of environmental factors and modification strategies; reduce the impact of environmental barriers on participation; increase self-efficacy and self-determination; and increase participation in a personal activity goal in the area of education, employment, or community life. This project builds on a participatory action research partnership with disability community stakeholders to address the following research questions: (1) To what extent do youth with disabilities participating in Project TEAM achieve intervention outcomes? (2) What are the characteristics of youth with disabilities who most benefit from Project TEAM? (3) To what extent are goals, procedures, and outcomes of Project TEAM important and acceptable (socially valid) to youth with disabilities?
Toolkit of Recovery Promoting Competencies for Mental Health Rehabilitation Providers

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Project Number: H133G120117
Start Date: October 01, 2012
Length: 36 months

NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 12 $199,714; FY 13 $199,921; FY 14 $199,869

Abstract: This project develops, evaluates, and disseminates two Recovery Promoting Competencies Toolkits, one to better prepare providers when they serve Latinos and one to better prepare providers when they serve non-Latinos. The Toolkits for providers of mental health and rehabilitation services enhance recovery promoting competencies by: (1) increasing provider attention to the factors that individuals with psychiatric disabilities perceive to be important in facilitating recovery; (2) increasing their knowledge about recovery and these factors; (3) increasing their ability to use strategies and core relationship skills to promote recovery from serious mental illnesses. The development of the Toolkits is informed by research findings from previous NIDRR-funded studies that contributed to the development of the Recovery Promoting Competency Scale for both providers, including one for those serving Latinos.
Field Initiated Projects (FIPs)
Massachusetts

Community-Based Non-Work: Developing Research-Based Guidance for States and Service Providers

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Project Number: H133G140150
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 14 $599,995; FY 15 $1 (Funds for FY2015 were funded using FY2014 money); FY 16 $1 (Funds for FY2016 were funded using FY2014 money)
Abstract: This project forms, refines, and disseminates two toolkits, one for state agency personnel and one for community rehabilitation providers (CRPs), to guide in the implementation of high quality community-based non-work services (CBNW) for people with intellectual and developmental disabilities (I/DD). The toolkits are piloted with CRPs and states to understand process and determine their impact on the desired results. This project supports recent federal rules and policies requiring provision of day and employment services in community-based settings. It supports provision of CBNW services that have optimal potential to work in tandem with employment supports toward a full life in the community for people with I/DD. The collaborative development activities of this project include case studies, toolkit development, and pilot testing and refinement. The dissemination activities ensure widespread knowledge transfer and expand the capacity of the field to support people with I/DD.
Recovery 4 US - Development of a Photovoice-Based Social Media Program to Enhance the Community Participation and Recovery of Individuals with Psychiatric Disabilities

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Project Number: H133G140190
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 14 $199,895; FY 15 $199,994; FY 16 $199,966

Abstract: This project develops, evaluates, and disseminates a new social media program aimed at the enhancement of community participation and overall recovery of individuals with psychiatric disabilities. Recovery 4 US is an innovative e-mental health program that integrates Internet and mobile technologies and is designed to be a self-sustaining recovery-oriented virtual community for individuals living with a psychiatric disability based on the principles of Photovoice – a public health community-based participatory research method with significant mental health promise. Members of the Recovery 4 US virtual community post their personal experiences of recovery using photographs and corresponding narratives (i.e. Photovoice works) and share their thoughts on the work of others. In addition to building a virtual community based on ongoing Photovoice creation and dialog about posted work, the Recovery 4 US program includes a Meet-up feature which enables participating members to engage in joint activities, if they so choose, in their actual communities of residence. Finally, the program is designed to provide members with ongoing personal support and encouragement through a mobile phone application which delivers tailored hope-inspiring messages and images to participating members’ smartphones.
Partnerships in Wellness: Training and Technical Assistance Model

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Project Number: H133G120090
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 12 $200,000; FY 13 $200,000; FY 14 $200,000
Abstract: This project develops a research-based, universally-designed health promotion curriculum for adults with intellectual and/or developmental disabilities (I/DD) that addresses the unique learning needs of this population. The curriculum partners an adult with I/DD with a peer “buddy” to increase comprehension of the material. Project objectives include: (1) Develop a universally-designed health promotion curriculum suitable for use by adults with I/DD that involves support staff or family members throughout the training; and (2) field-test the health promotion curriculum with people with I/DD and a family member or support staff member. Development of this curriculum uses an iterative process that involves input from adults with I/DD, support staff members, family and foster family members, as well as a technical advisory group from both academic and community sources. The curriculum is tailored to people with moderate to severe intellectual disabilities and is designed to be completed by teams consisting of a person with I/DD and an adult family or foster family member, or a direct support staff member. The goals are to improve the quality of life and longevity of people with I/DD by increasing physical activity, reducing obesity and weight gain; prevent lifestyle related secondary conditions; and reduce associated health care costs.
Participation Interference Patterns: Investigating the Relative Impact of Pain and Environmental Barriers on Participation

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Project Number: H133G110077
Start Date: October 01, 2011
Length: 36 months

Abstract: This study examines the impact of pain and environmental barriers on community participation. The study includes a population-based random sample of 350 participants aged 18 to 65 with mobility and sensory impairments in a longitudinal, population-based study of community participation. Researchers collect 3 surveys over 12 months to analyze general patterns of pain intensity, environmental barriers, and participation. The study employs a technology-based measurement strategy called Ecological Momentary Assessment (EMA) that uses handheld computers (i.e., iPod Touch) to more closely examine the temporal relationships between these three variables. This investigation of the dynamic ecological model of disability and participation explores participation interference patterns that emerge from the interaction of environmental barriers and pain. The study has three goals: (1) increase understanding of how personal factors like pain interact with environmental barriers like physical accessibility to influence community participation in adults with mobility and sensory impairments living in the community, (2) establish methods that rehabilitation researchers and practitioners can use to better evaluate the dynamic interplay of personal and environmental factors on participation outcomes, and (3) publish results that rehabilitation scientists and practitioners can use to enhance interventions and increase participation of adults with disabilities.
Field Initiated Projects (FIPs)
Montana

Partnering with People with Intellectual Disabilities to Address Violence

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Project Number: H133G130219
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH

NIDRR Funding:
FY 13 $199,945; FY 14 $199,937; FY 15 $199,846

Abstract: This project conducts a randomized, controlled evaluation of an interpersonal violence (IPV) group prevention program designed to meet the unique needs of men and women with intellectual disabilities (ID). Research suggests that a person with ID may be up to 10 times as likely to be victimized as a person without ID. People with ID are at a high risk of experiencing physical, sexual, psychological, and disability-related abuse. Although their work is effective for victimized women, community-based domestic violence and sexual assault victim programs often do not address disability-related abuse nor offer accessible services for IPV crime victims with disabilities. This program, A Safety Awareness Program for Men and Women with Intellectual Disabilities (ASAP), draws upon existing research findings on violence against men and women with disabilities, prior work on a safety awareness group program for women with diverse disabilities, and the strengths of a community-based participatory research approach to develop and evaluate a group prevention modality that responds to the unique needs of people with ID. ASAP consists of eight weekly sessions that provide information on topics such as self-advocacy, self-care, nature and dynamics of IPV, safety planning strategies, healthy relationships, and community resources. Each session also includes interactive activities to enhance self-efficacy and safety-related skills. During the first year, curriculum and measures are adapted to meet the unique language, content, and process needs of men and women with ID. During the following years, the program is implemented and tested in partnership with twelve centers for independent living across the US. Project staff provide comprehensive online training for independent living center staff from each site to serve as ASAP group facilitators.
Field Initiated Projects (FIPs)
New York

Examining Determinants of Community Participation Among Persons with Psychiatric Disabilities

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Project Number: H133G130086
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $197,460; FY 14 $199,860; FY 15 $199,378
Abstract: The objective of this project is to identify individual, housing, and social environment determinants of community participation for people with psychiatric disabilities, in order to guide the development of enhanced services and targeted community stigma interventions geared toward maximizing community participation in this population. Using the Capabilities Framework as a theoretical guide, the project examines how individual, housing, and neighborhood characteristics interact to predict community functioning, helping to identify “optimal fits” between these characteristics to guide the development of targeted programs. Participants include persons with psychiatric disabilities representing a range of socio-economic groups living in supported independent housing and congregate housing with on-site support. The project addresses three related aims: (1) Examine the interaction between housing type (independent scatter-site vs. congregate) and individual-level personal capacity (independent living skills, psychiatric symptoms, substance use, self-efficacy, and coping style) factors in predicting community participation among people with psychiatric disabilities; (2) examine the interaction between social environment characteristics (neighborhood social disadvantage and community stigma) and individual-level personal capacity factors in predicting community participation among people with psychiatric disabilities; and (3) examine the individual-level personal capacity predictors of community participation among people with psychiatric disabilities.
Implementing Psychiatric Advance Directives with Peer Specialist Facilitators

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Project Number: H133G120070
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 12 $196,140; FY 13 $198,724; FY 14 $197,435
Abstract: This project studies the effectiveness of two models for assisting individuals with serious mental illness (SMI) to complete psychiatric advance directives (PAD), using trained peer facilitators (persons in recovery from serious mental illness) and non-peer clinicians on Assertive Community Treatment teams. Both are built on the Facilitation Psychiatric Advanced Directive (FPAD), a structured, one-on-one session that guides individuals with SMI through a person-centered, recovery-focused process of completing a PAD. Participants are randomly assigned to either the Peer-Facilitated Psychiatric Advance Directive or the (non-peer) Clinician Facilitated Psychiatric Advance Directive. Participants are interviewed before and after the FPAD intervention to determine completion rates, content and structure of resulting PAD documents, ratings of PADs’ feasibility and concordance with practice standards, as well as to gauge participants’ sense of empowerment, working alliance, and treatment motivation. The ultimate goal of the research is to provide reliable evidence to guide policymakers in efforts to cost-effectively institute PADs, and PAD facilitation, as routine practice within the array of community-based behavioral healthcare services for adults with SMI.
Field Initiated Projects (FIPs)
Ohio

SPAN - A Tool for Social Participation and Navigation

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Project Number: H133G130272
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 13 $199,940; FY 14 $199,700; FY 15 $199,971

Abstract: This project develops and evaluates an intervention, Social Participation and Navigation (SPAN), to facilitate social participation of teens with traumatic brain injury (TBI) by integrating training in social communication, problem-solving, self-regulation skills, and social participation goal attainment planning and monitoring via peer coaches (college students), smart phone apps, and linkages to a virtual community. Teens with TBI often experience limitations in their social participation in school and community activities. Consequences of TBI such as impairments in social, behavioral, and executive functioning, as well as inadequate environmental supports and resources at school and in the community may contribute to these limitations. Social participation is associated with enhanced quality of life, health, and daily life functioning across the lifespan in teens with and without disabilities and is a primary rehabilitation outcome. This intervention is developed in three phases. In Phase 1, researchers conduct focus groups and interviews with key stakeholders (teens with TBI, their parents, potential college student coaches, and professional experts) to inform the app and training development. The app and training are developed in Phase 2 and subjected to initial usability testing with teens with TBI, their parents, and peer coaches, with refinements based on results from this testing. In Phase 3, researchers conduct an open label trial to gather further information regarding usability/feasibility and preliminary efficacy in improving social participation prior to dissemination.
Field Initiated Projects (FIPs)
Oregon

Defining Success: Web-Based Transition Training for Students with Traumatic Brain Injury

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Project Number: H133G130307
Start Date: October 01, 2013
Length: 12 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 13 $282,850; FY 14 (No-cost extension through 3/31/2015)
Abstract: This project develops and evaluates the efficacy of an interactive, web-based information and training program, Defining Success: Web-based transition training for students with traumatic brain injury (TBI). The program includes modules for (1) students with TBI to teach them self-determination, self-advocacy, and problem-solving strategies to cope with the challenges of TBI; (2) parents of students with TBI to help them better understand the on-going challenges following adolescent TBI and how to support their child in the transition process; and (3) educators, to increase their awareness of the needs of students with TBI and their families and to teach them how to modify transition materials to meet the needs of these students. The website includes a secure tracking portal, accessible by all members of the transition team, via the computer or cell phone. The Defining Success site is developed, tested, and revised in partnership with a national group of consultants, family members, students with TBI, parents, and educators. Product testing occurs across three phases, culminating in a randomized control trial with a national sample of school-based teams consisting of students with TBI, parents, and educators.
Field Initiated Projects (FIPs)
Oregon

GPS-TBI: Generalizing Problem Solving Strategies to Everyday Environments Following TBI

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Project Number: H133G130309
Start Date: October 01, 2013
Length: 24 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 13 $200,000; FY 14 $200,000

Abstract: This project develops and experimentally evaluates the GPS-TBI: Generalizing Problem Solving Strategies to Everyday Environments Following Traumatic Brain Injury (TBI) program. The three-stage process includes: (1) GPS–Acquisition: The client and coach (rehabilitation staff) select the most relevant types of problems to address. The client then participates in an online training program to learn an evidence-based problem solving strategy sequence; (2) GPS–Adaptation: The client uses a customized mobile application to support generalized use of the problem solving strategy sequence in everyday life; and (3) GPS–Follow Up: The client and coach meet for follow-up sessions to assess the day-to-day impact of the mobile application and to modify the program, as needed. Program development and usability testing include focus groups, structured interviews, and testing with individuals with TBI, their families, and professionals to inform development of the prototype. The final program is disseminated through the project website and Brainline.org.
Field Initiated Projects (FIPs)
Oregon

In the Classroom: Supporting Students with TBI

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Project Number: H133G140059
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 14 $199,674; FY 15 $199,670; FY 16 $199,672
Abstract: This project utilizes the educational and training program In the Classroom (ITC): Supporting Students with Traumatic Brain Injury (TBI) to increase the knowledge and skills of educators related to students with TBI. The program includes: (1) interactive learning modules that offer specific strategies and techniques for managing TBI-related cognitive, behavioral, and social problems in a school setting; (2) the TBI Educator resource center, with printable forms, resource links, and practical tools for the classroom; and (3) Steps to Success, a tool for identifying and evaluating the effectiveness of support strategies. The project uses a randomized control study to establish evidence that the ITC program produces a positive change in student outcomes. Dissemination activities include making the series available to state departments of education, offering the series as an online university class for credit for pre-service and in-service teachers, and making the series available through WETA/Brainline Kids.
Field Initiated Projects (FIPs)  
Oregon

Internet Safer and Stronger Program for Men with Disabilities (Men’s SSP)

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Project Number: H133G130207  
Start Date: October 01, 2013  
Length: 36 months  
NIDRR Officer: Joyce Y. Caldwell  
NIDRR Funding: FY 13 $200,000; FY 14 $200,000; FY 15 $200,000

Abstract: This project conducts a randomized controlled study of an Internet-based violence prevention program, the Safer and Stronger Program for Men with Disabilities (Men’s SSP), which is specifically designed to meet the unique needs of men with diverse disabilities. Community-based programs for interpersonal violence (IPV) prevention and intervention are just beginning their efforts regarding physical and sexual violence against men. However, those programs may not address disability-related abuse, such as the refusal to provide assistance with essential activities of daily living. Additionally, men with disabilities experience multiple barriers to accessing these traditional community-based domestic violence services. The Internet-based Men’s SSP was created by and for men with diverse disabilities. It provides information about IPV against men with disabilities, risk factors, and safety-promoting strategies specific to lives of men with disabilities. The program integrates male survivor stories and affirming narration. During this project, researchers partner with three centers for independent living (CILs) to implement three interrelated studies: (1) The Men’s SPP Pilot Study, which ensures the consistent implementation of the field-test and fidelity of protocols; (2) The Men’s SPP Field-Test Study; and (3) Member-Checking Focus Group Evaluation, designed to provide qualitative feedback about respectively receiving and delivering the Men’s Internet SPP. The Men’s SSP Field-Test is a 3 x 3 (Men’s SSP alone, Men’s SSP in combination with support from a male CIL peer staff, or a control group that will receive an equal-length health promotion Internet program) randomized controlled trial to evaluate the feasibility and efficacy of the Men’s SSP, delivered by CILs alone or in conjunction with support from a peer who is a male staff member with a disability.
Field Initiated Projects (FIPs)
Pennsylvania

Increasing Community Participation in Adults with Schizophrenia

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Project Number: H133G130137
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $196,940; FY 14 $196,940; FY 15 $196,940

Abstract: This project uses a novel community-based intervention, the Independence through Community Access and Navigation (ICAN), to increase community participation and decrease sedentary behavior in adults with schizophrenia spectrum disorders (SSD). Research indicates individuals with SSD spend greater than 90% of their day in sedentary or sleep behavior. Sedentary behavior is a unique and modifiable health risk factor that has a significant impact on the health status and life expectancy of individuals with SSD. The ICAN intervention is a recreational therapy intervention theoretically grounded in Self-Determination Theory that operationalizes an individualized placement and support model to promote independent, community-based recreation participation, which facilitates positive efficacy beliefs. Targeting negative symptoms and sedentary behavior through non-pharmacological interventions is consistent with a recovery orientation to mental health treatment. This project draws from a social psychological framework and from a recent innovative model of cognition and negative symptoms, which proposes negative symptoms result from poor efficacy beliefs. This project examines the outcomes of the ICAN intervention using a randomized control trial. Participants in the experimental group participate in the 6 month ICAN intervention, while the active control participants receive literature about freely available community-based activities and the benefits of participation. Goals of this intensive research study include establishing outcomes and outcome measures for the ICAN intervention; establishing the relationship between negative symptoms and motivation, social functioning, community mobility characteristics, and sedentary behavior; and hypotheses about potential change variables associated with the ICAN intervention.
Field Initiated Projects (FIPs)
Pennsylvania

Identifying Enabling Environments Affecting Adults with Psychiatric Disabilities

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Principal Investigator: Mark Salzer, PhD
Public Contact: 215/204-7879

Project Number: H133G140040
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 14 $200,000; FY 15 $200,000; FY 16 $200,000

Abstract: This project aims to help people with psychiatric disabilities move from institutional care to more integrated settings and to increase their opportunities to participate in a wide range of roles in their communities by generating knowledge about enabling environments that affect them. The project focuses on utilizing emerging research methods, such as Global Position System (GPS) and geographic information systems technologies, to identify social/environmental characteristics that stimulate and support full and meaningful mobility and participation and facilitate the creation of enabling environments for individuals with psychiatric disabilities. By paying attention to the environment, the project offers a new direction in psychiatric rehabilitation research and focus for policy, program, and practice innovations.
Field Initiated Projects (FIPs)
Tennessee

Improving Trauma Outcomes: A Goal Management Approach

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Principal Investigator: Kristin R. Archer, PhD, DPT
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Project Number: H133G120052
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $199,989; FY 13 $199,995; FY 14 $199,372

Abstract: This project conducts a three-group randomized controlled trial to determine the efficacy of Goal Management Training (GMT), a structured manual-based intervention targeting executive functions that impact a person’s ability to carry out daily tasks, with the goal of improving cognitive functioning, functional status, and psychological health in trauma survivors with mild traumatic brain injury. Eligible participants are randomized to 10 weeks of (1) telephone-based GMT, (2) telephone-based attention-control, or (3) usual care. Primary outcomes include observed and self-reported executive functioning and self-reported functional status as measured by a battery of standardized and previously validated cognitive tests and instruments. Secondary outcomes consist of depressive and post-traumatic stress disorder symptoms. This intervention serves to broadly disseminate evidence-based cognitive strategies to a trauma population that has difficulty returning to productive life both inside and outside the home due to profound functional and psychological disability.
Small Business Innovation Research (SBIR), Phase I  
Colorado

Development and Evaluation of a Cognitively Accessible App to Facilitate Social Networking for Individuals with Intellectual Disabilities

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Principal Investigator: Daniel K. Davies  
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Project Number: H133S140066  
Start Date: October 01, 2014  
Length: 6 months  
NIDRR Officer: Dawn Carlson, PhD, MPH  
NIDRR Funding: FY 14 $75,000

Abstract: This project develops and evaluates a mobile interface (app) for Facebook that is independently usable by individuals with intellectual disabilities, including those with limited or no literacy skills. New social networking technologies have served to provide a popular format for increasing human socialization opportunities world-wide. Challenges to independent access to social networking sites for individuals with intellectual disabilities include excessively featured, cluttered interfaces and primarily text-based interfaces. Facebook, with over 1.11 billion current users, is among the most popular social networking sites. While entities such as the American Federation for the Blind have begun making inroads to improving the accessibility of Facebook for citizens with visual impairments, no such effort has been undertaken for students and adults with intellectual disabilities. This app aims to address accessibility for those with intellectual disabilities by using Facebook’s Software Development Kit and open development opportunities to provide a multimedia (e.g., voice recording, icons, text-to-speech) interface, a customizable filtering tool to limit screen features, and computer-generated prompts to guide the user in accessing Facebook’s features. A feasibility study determines if the simplified multimedia interface approach can significantly increase independent access to the most commonly used Facebook features for students and adults with intellectual disabilities.
Small Business Innovation Research (SBIR), Phase I
Colorado

Mobile Connect: A Cloud-Based, Universally Designed Text Messaging and Email Program to Facilitate Social Connectedness and Community Inclusion for Individuals with Intellectual Disabilities

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Principal Investigator: Daniel K. Davies
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Project Number: H133S140009
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $75,000

Abstract: This project develops and evaluates the technical merit and feasibility of Mobile Connect, a cognitively accessible text messaging and email program universally-designed to meet the unique needs of individuals with intellectual disabilities (ID) in community settings. As the individuals with ID continue to make strides in achieving greater independence and access to the community, there is an increased need for remote communications to stay in touch with family and caregivers for safety and support. Existing smartphone technologies are often not accessible to individuals with ID due to complex design and technical requirements. Mobile Connect increases opportunities for independence for individuals with ID by providing them with a cognitively accessible remote communication tool to stay in contact with family members, friends, employers, teachers, staff and other caregivers while in community settings. The ability for these individuals to let others know that they have made it to work, or are at home cooking dinner can provide an important level of assurance to caregivers and help alleviate some safety or security concerns that may arise with increased independence and community presence. Phase I includes system requirements research, prototype development, and a pilot study to evaluate the independent usability of Mobile Connect for individuals with ID. Phase II extends the field research to evaluate the system’s ability to increase opportunities for community access for students and adults with ID, as well as individuals with autism and traumatic brain injuries.
Small Business Innovation Research (SBIR), Phase I
Kansas

Online and Applied System for Intervention Skills – Supervision (OASIS-S)

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Principal Investigator: Katrina Ostmeyer, PhD
Public Contact: 913/662-7071; Fax: 913/662-7072

Project Number: H133S140058
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $74,995

Abstract: This project develops and evaluates a pilot version of the Online and Applied System for Intervention Skills – Supervision (OASIS-S), a cloud-based portal for the supervision of individuals in service fields that require post-degree supervision. Initially, OASIS-S includes two modules (online and skill-based activities) for those seeking certification as behavior analysts. This system incorporates each element of a good supervision experience such as (1) providing structure for group and individual supervision meetings, (2) informational tutorials in targeted competency areas, (3) pre/post-test assessments for supervisee’s knowledge and skill application, (4) an online “home” for uploading supervision documents/videos, and (5) a “classroom” discussion board to build cohorts of professionals. For Supervisors, this system includes (1) supervisory access to monitor progress and competency levels, (2) an avenue for distance supervision documentation, and (3) a means of managing supervision activities from a distance. For employers this system offers a comprehensive database that provides administrators with the ability to monitor employees’ professional development activities, and a way to manage costs associated with providing services and supervision experiences to employees in the field and/or those who live and provide services in geographic areas removed from the central office.
Digital Storyteller: A Cognitively Accessible Literary Compositioning Tool for Individuals with Intellectual and Other Cognitive Disabilities

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Project Number: H133S140091
Start Date: October 01, 2014
Length: 24 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $287,500; FY 15 $287,500

Abstract: This project continues the design, development, and evaluation of Digital Storyteller (DST), a universally-designed multimedia compositioning tool that supports self-expression and document publication and preservation for individuals with intellectual and other cognitive disabilities. In Phase I, a limited prototype of DST was developed and evaluated in a pilot study with 17 study participants with intellectual disabilities. The results of the Phase I project demonstrated the technical merit and feasibility of the DST approach for providing a platform for individuals with intellectual disabilities to more independently create multimedia compositions when compared to two leading mainstream compositioning tools. Phase II expands the system to develop and test specialized modules that are optimized for specific outputs, such as Book Report, Short Answer, Essay, Activity Reporting, Therapy Journal, Diary Keeping, Web Log, Storytelling, or Memoir modules, and evaluates the usability and efficacy of the system for increasing literary output. When complete, DST provides benefits of increased self-direction, positive benefits on self-esteem, greater opportunities for self-advocacy, greater opportunities for students with intellectual disabilities to participate in the general curriculum, cost savings for schools and agencies by relieving transcription needs, and a greater societal presence for individuals with intellectual disabilities via audio blogging or other Internet distribution methodologies of original literary content.
Small Business Innovation Research (SBIR), Phase II
Oregon


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Project Number: H133S140096
Start Date: October 01, 2014
Length: 24 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $286,001; FY 15 $288,719

Abstract: This is a Phase II project to develop and evaluate the effectiveness of a responsively designed web application, Goal Guide, that enables individuals with intellectual disabilities and autism to effectively manage self-defined goals for everyday living across personal, educational, and vocational life domains. Users will be able to easily enter goals, work with data for each goal, engage with information displays that communicate progress, and complete the self-management loop by self-monitoring progress and linking it with contingent incentives that they have defined. The primary interface for users with cognitive disabilities resides on the mobile device while teacher and parent interfaces emphasize shared access to oversee usage, receive notifications, and provide assistance as needed. Cognitively accessible self-management applications offer an untapped resource to augment the functional ability of individuals with disabilities who cannot use typical commercial applications because of inability to work with interfaces that are text-based and cognitively complex. Participants include 30 individuals with mild to moderate intellectual disabilities and autism aged 18-21 in a postsecondary program focused on teaching daily living skills, employment, and social skills toward successful transition to adulthood.
Maximizing health and function among people with disabilities is critical to the achievement of NIDRR’s mission and the associated higher-order goals of employment and community participation. Functional ability reflects the complex interaction between individuals and the environments in which they live. NIDRR supports centers and projects on health and function that improve understanding of health status, health needs, and health care access of individuals with disabilities. These centers and projects also develop and test interventions, including public policy interventions, to improve health outcomes, increase or maintain functional abilities, and contribute to more effective medical rehabilitation and long-term services and supports, including integrated health and long-term services and support approaches.

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Rehabilitation Research and Training Centers (RRTCs)
California

Rehabilitation Research and Training Center in Neuromuscular Diseases (RRTC-NMD)

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Principal Investigator: Craig M. McDonald, MD
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Project Number: H133B090001
Start Date: October 01, 2009
Length: 60 months

NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 09 $800,000; FY 10 $800,000; FY 11 $800,000; FY 12 $799,999; FY 13 $1; FY 14 (No-cost extension through 10/31/2015)

Abstract: The Rehabilitation Research and Training Center in Neuromuscular Diseases (RRTC-NMD) has five goals: (1) develop and test improved outcome measures for use in intervention and natural history studies in persons with neuromuscular diseases (NMDs); (2) identify or develop and test the effectiveness of new medical rehabilitation interventions, and document the effectiveness of existing interventions, in persons with NMDs; (3) provide training, including graduate, pre-service, and in-service training, to help rehabilitation personnel effectively provide rehabilitation services to individuals with NMDs; (4) disseminate informational materials and provide technical assistance to individuals with NMDs, their representatives, providers, and other interested parties; and (5) serve as a national center of excellence in rehabilitation research for individuals with disabilities, their representatives, providers, and other interested parties. The RRTC-NMD conducts four research projects related to developing improved outcome measures. In Project 1, both currently used and novel clinical endpoints related to mobility and secondary conditions are studied. The clinical meaningfulness of those outcome measures are assessed in comparison to a new person-reported outcome measure (the NeuroQOL) which addresses impaired mobility, and decreased self-care due to weakness, pain, and fatigue. In Project 2, the NeuroQOL instrument is further refined and validated for children 5 to 12 years of age who are commonly targeted for new interventions. Projects 3 and 4 evaluate novel and existing medical rehabilitation interventions in Duchenne muscular dystrophy (DMD). Project 3 uses a multicenter prospective natural history study of 347 individuals with DMD to evaluate existing medical rehabilitation interventions designed to enhance mobility and reduce the severity of secondary conditions. Project 4 examines the uses of a first-in-class medication to maintain or improve function in patients with DMD who have a premature stop codon mutation. Project 4 also focuses on individuals severely affected with DMD who are non-ambulatory and evaluates ataluren and its effects on mobility/upper extremity function, secondary conditions, and health-related quality of life.
Rehabilitation Research and Training Centers (RRTCs)
District of Columbia

Rehabilitation Research and Training Center on Secondary Conditions in Spinal Cord Injury

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Project Number: H133B090002
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 09 $799,995; FY 10 $799,998; FY 11 $799,998; FY 12 $799,999; FY 13 $800,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: This RRTC focuses on the frequent and costly complications of obesity such as cardiometabolic syndrome (inclusive of obesity, insulin resistance, hypertension, dyslipidemia, and inflammation), and pressure ulcers among people with spinal cord injury (SCI), with a specific focus on the underserved. Utilizing novel diagnostic and therapeutic practices, this RRTC addresses three major secondary conditions that lead to significant health decay in people with SCI. This RRTC includes three research (R1-R3) and training (T1-T3) projects. Project R1 determines the degree to which obesity is related to cardiometabolic health, cardiometabolic risk (CMR) factors, and atherosclerotic burden. Those requiring intervention based on CMR profile and atherosclerotic burden in R1 are selected to participate in Project R2, a randomized control trial examining impact of an omega-3 dietary supplement intervention. Project R3 determines the physiologic response of sacral and ischial skin to sitting and pressure relief. A behavioral self-management program is assessed to ensure future recommendations can be evidence-based. These research findings feed into three training activities that include culturally sensitive consumer education: T1 emphasizes underserved populations, T2 emphasizes professional training and education of rehabilitation and non-rehabilitation professionals utilizing online media, and T3 emphasizes dissemination through a state-of-science research and training conference.
Rehabilitation Research and Training Centers (RRTCs)
Illinois

RRTC on Psychiatric Disability and Co-occurring Medical Conditions

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Project Number: H133B100028
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 10 $649,976; FY 11 $649,976; FY 12 $649,976; FY 13 $649,962; FY 14 $649,976

Abstract: The Rehabilitation Research Training Center (RRTC) on Psychiatric Disability and Co-occurring Medical Conditions conducts a series of projects to identify and reduce health disparities among people with psychiatric disabilities while promoting wellness and recovery, enhancing employment outcomes, and providing targeted education and training. Research projects include a seven-state health screening of people with psychiatric disabilities to estimate the prevalence of medical co-morbidities and people’s health care needs. Also included are two randomized controlled trial studies on: (1) an electronic decision support system to motivate smoking cessation treatment, and (2) the Georgia Peer Support Whole Health model to determine its effectiveness in helping people set and achieve personal health goals. Another project involves assessment of the impact of using a disease registry to improve health and mental health care coordination for people with co-occurring diabetes and psychiatric disabilities. The final research project involves developing and testing a new model combining evidence-based practice-supported employment with peer wellness promotion. Training projects include adaptation of an evidence-based weight management intervention into a curricular format for use by clinicians and peer providers, as well as a how-to health screening manual to be tested in three locations to promote public policy shifts that improve medical care. Another program equips medical students and residents with knowledge about evidence-based medicine when treating co-occurring diabetes and psychiatric disabilities, while another project explores the utility of an electronic performance-tracking and outcomes-monitoring system linking statewide peer-run self-help centers. Also offered is an on-line instructional program, as well as the creation and evaluation of a web-based employee wellness program for a peer workforce employed in five states. Also included is a project to create large-scale system change by using Medicaid dollars to fund peer-delivered illness prevention and health promotion services. Finally, the Center is convening a state-of-the-science national conference in 2014 resulting in a comprehensive report.
Rehabilitation Research and Training Center on Developmental Disabilities and Health

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Project Number: H133B130007
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 13 $874,992; FY 14 $874,992; FY 15 $874,999; FY 16 $874,992; FY 17 $874,994

Abstract: This project enhances the health and function of adults with intellectual and developmental disabilities (IDD) over their lifespan through a coordinated set of research, training, technical assistance, and dissemination activities. The goals of the center are to (1) increase the understanding of health status, health access, and health behaviors of adolescents and adults with IDD; (2) improve the health and function of persons with IDD through health promotion interventions; and (3) improve health care access through integrated care practices. Research activities include, but are not limited to, national database analyses of the Medical Expenditure Panel Survey, the National Health Interview Survey, Survey of Child Special Health Care Needs, and the Survey of Adult Transition and Health; a continuing prospective cohort study of health behaviors on health and function over a 10-year period, including minorities with IDD; the development of a technology based intervention to reduce obesity; and evaluation of the scaling up of the evidence-based “Health Matters” exercise and nutrition program for individuals with IDD developed by the project, under a previous grant. The Center includes a prospective study to assess the impact of changes in health and long-term practices to health and function, health care access, preventative services, and satisfaction of adults with IDD in the process of a change from fee-for-service to integrated health and long-term care with specific analyses targeting persons with diabetes, heart disease, and Alzheimer’s disease. The project’s innovative training and technical assistance approaches include (1) dissemination through national provider, professional, and consumer collaborations; (2) development of user-friendly products in various formats; (3) use of the train-the-trainer and peer training models to promote local ownership of effective practices; (4) targeted promotion of systemic changes that maintain programmatic and policy changes; (5) leadership in national task forces; and (6) use of web-based technologies to provide global access to knowledge and training products, including dissemination through the project’s website, the National Center on Health, Physical Activity and Disability, and the Health Matters Program; and (7) provision of certificate programs in disability and health promotion. This project continues its leadership role in increasing the self-determination of adults with IDD and their families by involving consumers in all phases of its research, training, and dissemination activities.
Rehabilitation Research and Training Centers (RRTCs)
Illinois

RRTC on Developing Optimal Strategies in Exercise and Survival Skills to Increase Health and Function

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Project Number: H133B140012
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 14 $874,864; FY 15 $874,768; FY 16 $874,820; FY 17 $874,793; FY 18 $874,782

Abstract: This RRTC develops and tests innovative strategies to enable people with disabilities to achieve and maintain their optimal health and function, assesses the optimal dosing, cost-effectiveness, and value of selected approaches to achieve and maintain their health and function; and disseminates information regarding these strategies to various stakeholders. Specific project objectives include: (1) establishing and operating a coordinated, comprehensive, and interdisciplinary Center comprised of a team of specialists with expertise in clinical rehabilitation and research methodology; (2) evaluating the contributions of the task-specific training parameters, intensity, and variability on lower extremity function post-stroke; (3) evaluating the impact of focused, intensive training applied during clinical inpatient physical therapy on mobility outcomes, health, and community participation in patients with acute neurological injury; (4) conducting a randomized clinical trial to compare the efficacy and cost-effectiveness of two different dosing methods for providing an Intensive Comprehensive Aphasia Program; (5) developing and evaluating the feasibility, acceptability, and effectiveness of a targeted evidence-based Peer Health Navigator program for Medicaid beneficiaries with physical disabilities; and (6) assessing the economic and social value of each proposed research intervention. This project also conducts knowledge translation activities and builds research capacity through educating future generations of disability researchers, professionals, people with disability and their families, and the general public, by providing them with the tools and training they need to be able to understand important information regarding health, function, community living, and research methods.
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**Project Number:** H133B090010  
**Start Date:** October 01, 2009  
**Length:** 60 months  
**NIDRR Officer:** A. Cate Miller, PhD

**NIDRR Funding:** FY 09 $799,337; FY 10 $799,915; FY 11 $799,884; FY 12 $799,542; FY 13 $799,682; FY 14 (No-cost extension through 9/30/2015); FY 15 (No-cost extension through 9/30/2016)

**Abstract:** This project addresses the need for interventions for children and youth with traumatic brain injury (TBI). Interventions designed for this population must: (a) target the continuum of service delivery; (b) address the changing needs of the population; and most importantly, (c) include tools, training activities, and dissemination mechanisms for all of the “everyday” people who support children and youth. Project research identifies a reliable and valid measurement battery for assessing functional improvements arising from TBI interventions; and initiates a national, shared database of TBI outcomes data. This RRTC: (1) evaluates specific interventions to improve cognitive, behavioral, and psychosocial outcomes with a range of children and youth with TBI through randomized clinical trials; (2) evaluates the effectiveness of the validated interventions in natural settings; and (3) uses multi-method evaluations of the efficacy of training, technical assistance, and dissemination activities to verify the utility of the final products.
Rehabilitation Research and Training Centers (RRTCs) 
South Carolina

Rehabilitation Research and Training Center on Secondary Conditions in Individuals with SCI

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Project Number: H133B090005
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 09 $794,504; FY 10 $797,646; FY 11 $791,037; FY 12 $794,494; FY 13 $786,639; FY 14 (No-cost extension through 9/30/2015)

Abstract: This Rehabilitation Research and Training Center combines an integrated program of research to identify risk and protective factors for secondary conditions in spinal cord injury (SCI) with a systematic program of education, training, dissemination, and technical assistance. This program allows new knowledge to be directly translated into prevention strategies at the policy, rehabilitative, clinical, community, and individual consumer levels. The key to prevention of secondary conditions is to first identify to whom they occur and why, then to widely educate and disseminate new knowledge to professionals and consumers in a format they can directly use in the prevention of secondary conditions. Through three research studies, integrating two theoretical models of risk of secondary conditions, the project identifies the risk and protective factors that put the greatest number of individuals at risk for the greatest number of conditions. Study 1 is a longitudinal follow-up of 1,755 participants who completed an extensive assessment of risk and protective factors for secondary conditions that include adverse events (e.g., pressure ulcers, hospitalizations), chronic conditions (e.g., pain, fatigue), and psychosocial conditions (e.g., depressive disorder). The study examines the stability of secondary conditions and identifies psychological, environmental, and behavioral predictors of future episodes of secondary conditions. Study 2 identifies the association of access to health services, including initial rehabilitation services (i.e., inpatient, outpatient only, no rehabilitation), with presence of secondary conditions. By using a population-based cohort, this study identifies the role of access to services among those with the fewest resources as they are at greatest risk for secondary conditions. Study 3 utilizes a 17-year follow-up among 845 participants from Rancho Los Amigos National Rehabilitation Center to investigate the stability of metabolic syndrome over time and its relationship with secondary conditions including pain, fatigue, and a depressive disorder.
University of Washington Rehabilitation Research and Training Center on Promoting Healthy Aging for Individuals with Long-Term Physical Disabilities

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Project Number: H133B130018
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 13 $875,000; FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000

Abstract: This project is devoted to better understanding the factors associated with healthy aging in persons with spinal cord injury (SCI), multiple sclerosis (MS), late effects of polio (PPS), and muscular dystrophy (MD). Research activities focus on the impact of secondary conditions and barriers to health care access; testing the feasibility of community-based health and wellness intervention to promote healthy aging in persons with SCI, MS, PPS, and MD; developing an intervention to promote positive psychological adjustment in persons with MS; enhancing understanding of the effect of federal programs such as Medicaid Managed Care on receipt of and satisfaction with health care services; and serving as a national resource center on aging with long-term physical disabilities. Four interrelated scientific studies on healthy aging and disability make up this project and are conducted with the full involvement of consumers and key stakeholder groups. Project I continues a recently-completed, longitudinal survey of 1,600 individuals with long-term physical disabilities, creating the largest longitudinal database of secondary health conditions in the target population. Project II tests the efficacy of an existing, empirically supported health and wellness intervention in promoting healthy aging for adults with SCI, MS, MD, or PPS in collaboration with a large, regional community senior services agency. Project III develops and pilot tests a novel intervention designed to promote positive psychological factors that are key to healthy aging in individuals with MS. Project IV builds on an existing study of Medicaid Managed Care to evaluate the impact of Medicaid managed Care on health care utilization, function, and consumer satisfaction in a sample of more than 14,000 individuals with long-term physical disabilities. Dissemination activities include (1) holding a state-of-the-science conference on aging with disabilities; (2) publishing the findings from the studies in national and international journals; and (3) presenting the findings at high profile scientific conferences in the field. This project plans for knowledge translation to occur through pre-service curricula, national consumer organizations, and web-based platforms.
Disability and Rehabilitation Research Projects (DRRPs)
Alabama

Dose-Response Effects of Transformative Exercise in Improving Health and Function in Adults with Spinal Cord Injury and Multiple Sclerosis

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Project Number: H133A130044
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 13 $475,000; FY 14 $475,000; FY 15 $475,000; FY 16 $475,000; FY 17 $475,000

Abstract: This project consists of three overlapping studies focused on developing and implementing sustainable and effective approaches to improving health and function in people with spinal cord injury (SCI) and multiple sclerosis (MS). The first study (R1) develops and conducts a longitudinal trial focused on prospectively examining the relationships between variables such as sociodemographics, physical activity, diet, health outcomes, and environmental and sociocultural factors in a longitudinal cohort of 100 adults with SCI and 100 adults with MS. Each participant receives twice-yearly assessments via questionnaire and annual laboratory health/physical function tests. Anticipated outcomes include increased knowledge of variables that affect the health trajectories of people with SCI and MS as well as a data-driven framework for the development and testing of interventions to address secondary health conditions, functional deficits, and quality of life in people with disabilities. The second study (R2) is a randomized controlled trial examining the dose-response effects of two types of innovative group exercise classes on the health and functional status of adults with SCI and MS, and determines the relationship between gains in physical function and health status in this population. Finally, the third study (R3) utilizes a tele-health exercise training and monitoring system (e.g., tele-exercise) in translating clinical findings into a home-based exercise program addressing the needs of adults with SCI and MS which is supervised via a remote tele-coach.
Robot-Aided Diagnosis, Passive-Active Arm Motor and Sensory Rehabilitation Post Stroke

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Project Number: H133A140065
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $499,930; FY 15 $499,930; FY 16 $499,720; FY 17 $499,829; FY 18 $499,678

Abstract: This project develops a custom rehabilitation system to provide a robot-aided diagnosis and passive-active arm motor and sensory rehabilitation post stroke. Project objectives are threefold: (1) quantify the progression of neuromechanical properties throughout the upper extremity during recovery from stroke, (2) address allocation of therapy resources between the arm and hand, and (3) examine the benefits of combining passive stretching with active movement training. Custom devices are employed to both perturb and measure the arm and hand. The data captures the timeline for the advent of specific complications such as spasticity in the different joints and the extent to which they change over time and provides a guide for future treatment. The project investigates and assesses a rehabilitation paradigm for targeting the entire upper extremity, rather than just the arm or just the hand. Both passive stretching and active movement therapy are implemented by two unique devices, the IntelliArm and the X-Glove. The multi-joint IntelliArm rehabilitation robot is capable of controlling and measuring the shoulder, elbow, and wrist simultaneously in order to carry out multi-joint sensorimotor characterizations, forceful stretching, and robot-guided active movement training. The X-Glove robot independently actuates each digit, allowing for stretching and movement assistance customized for each digit. Subacute stroke survivors participate in a blinded, controlled longitudinal intervention trial. Outcome evaluations in stroke survivors capture changes both in clinical measures of upper extremity performance and in neuromechanical properties. The results provide important data for deciding how best to devote limited resources to therapy.
TBI Model System Collaborative Study of Amantadine for Post TBI Irritability and Aggression

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**Project Number:** H133A080035  
**Start Date:** October 01, 2008  
**Length:** 60 months  
**NIDRR Officer:** A. Cate Miller, PhD

**NIDRR Funding:** FY 08 $855,000; FY 09 $855,000; FY 10 $855,000; FY 11 $855,000; FY 12 $855,000; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 9/30/2015)

**Abstract:** This study focuses on the challenging problem of irritability (primary aim) and aggression (secondary aim) in post-traumatic brain injury (TBI) by using a rigorous approach to generate and disseminate new knowledge on this high impact, pervasive, and under-studied problem that affects approximately 29 to 71 percent of individuals with TBI. Building upon prior research, project goals include: (1) assessing the effect of amantadine for 28 days at reducing TBI irritability; (2) assessing the effect of amantadine for 28 days at reducing TBI aggression; (3) assessing the effect of amantadine for 60 days on TBI irritability and aggression; and (4) assessing the effect of amantadine on cognitive function following TBI. Continuous input from the TBI community is incorporated into the development and implementation of the project, and throughout the course of this project in the areas of research implementation, interpretation of findings, knowledge translation, project planning, and evaluation. Additionally, this project is a collaborative research partnership between five other prominent TBI research centers: University of Washington, The Institute for Rehabilitation and Research, The Ohio State University, Kessler Institute for Rehabilitation, and Spaulding Rehabilitation Hospital. The knowledge generated by this project benefits those living with TBI by increasing awareness through targeted products and training with healthcare providers, consumers, researchers, vocational counselors, independent living providers, third party payers, and policy makers.
Disability and Rehabilitation Research Projects (DRRPs)  
Pennsylvania

Collaboration on Mobility Training (COMIT)

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Project Number: H133A120004  
Start Date: October 01, 2012  
Length: 60 months  
NIDRR Officer: Theresa San Agustin, MD  
NIDRR Funding: FY 12 $900,000; FY 13 $900,000; FY 14 $900,000; FY 15 $900,000; FY 16 $900,000

Abstract: This project addresses lack of training in wheelchair use and maintenance provided to individuals with spinal cord injury (SCI) through randomized controlled trials of two training interventions: the Wheelchair Skills Program (WSP) and the Wheelchair Maintenance Training Program (WMTP). The WSP includes an assessment, the Wheelchair Skills Test (WST), and a training protocol (WSTP). This project: (1) tests the ability of the WSTP to improve manual wheelchair skills in individuals with chronic SCI; (2) refines and tests the WMTP, a readily translatable intervention to improve the maintenance of manual and power wheelchairs by users with SCI and their caregivers; (3) identifies the relative benefits of the combination of WSP and WMTP on quality of life of wheelchair users; and (4) develops and tests readily accessible web-based training programs for clinicians to learn the WSP and WMTP. By improving training in use and maintenance, the project aims to reduce wheelchair breakdowns and repetitive strain injuries for manual wheelchair users.
Rehabilomics: Revolutionizing 21st Century TBI Care and Research

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Project Number: H133A120087
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 12 $430,100; FY 13 $430,090; FY 14 $430,100; FY 15 $430,100; FY 16 $430,100

Abstract: This project provides comprehensive, multidisciplinary services for individuals with traumatic brain injury (TBI), and applies the principles of Rehabilomics to develop systems-based and best-practice approaches to person-centered care that maximally impact function and recovery. The project includes site-specific research exploring the relationship between dopamine system dysfunction following TBI and genetic variation in dopamine-related genes. In addition to contributing longitudinal data to the TBI Model Systems national database, this project conducts a rehabilitation technology pilot component for developing ecological momentary assessment tools for real-time symptom journaling and data collection tailored to individuals with TBI, infrastructure that critically links biomarkers, and other molecular signatures with assessments grounded in the International Classification of Functioning, Disability, and Health. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Promoting Independence and Self-Management Using mHealth

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Project Number: H133A140005
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 14 $499,911; FY 15 $499,562; FY 16 $499,291; FY 17 $499,619; FY 18 $499,581

Abstract: This project develops and implements mobile health (mHealth) tools to support self-management and aid youth with brain and spinal anomalies (BSA) in their transition to adulthood. Individuals with developmental BSAs, who may have impairments in self-management skills, are susceptible to secondary conditions. The early teen years are a developmentally appropriate time in one’s life to seek separation from one’s parents and gain full independence with regard to self-management. Many teens fail to develop the self-management skills necessary to independently manage medical and self-care routines. One major barrier identified was the lack of developmentally appropriate tools to help in this transition. The mHealth tools incorporate mechanisms for caregiver and family involvement and peer support. This project builds upon previous research with a self-management pilot project for individuals with spinal bifida, implementing the mHealth supported self-management program in a community setting and developing educational support for participants.
Modulation of Catabolism Mediated by Catecholamine in Severely Burned Children: Analysis of Outcomes at Hospital Discharge, 6 Months, 1, 2, 5, 10, 15 and 20 Years Post-Injury

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Project Number: H133A120091
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $373,000; FY 13 $373,000; FY 14 $373,000; FY 15 $373,000; FY 16 $373,000

Abstract: This Pediatric Burn Center conducts clinical research studies that aim to modulate the catabolic and hypermetabolic response to burn trauma and improve long-term outcomes in children with severe burns. Site-specific studies assess: (1) the efficacy of propranolol administered for one year post-burn to diminish the effects of catecholamine to reduce the hypermetabolic and catabolic response, and (2) the efficacy of the combination of oxandrolone plus propranolol administered for one year post-burn to diminish the effects of catecholamine to reduce the hypermetabolic and catabolic response.
Multicenter Evaluation of Memory Remediation After Traumatic Brain Injury with Donepezil (MEMRI-TBI-D)

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Project Number: H133A130047
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 13 $600,000; FY 14 $600,000; FY 15 $600,000; FY 16 $600,000; FY 17 $600,000

Abstract: This project evaluates the effectiveness of donepezil as treatment for traumatic brain injury (TBI)-related memory deficit. The study is a four-site, randomized, parallel design, double-blind, placebo-controlled, 10-week trial of donepezil 10 mg daily for verbal memory problems among adults with TBI in the sub-acute or chronic recovery period. The study recruits persons with TBI and functionally important memory problems during a four-year period of open recruitment to evaluate the effects of treatment with donepezil on verbal memory. Additionally, the study evaluates the effects of treatment with donepezil on memory-related activities. Data are collected assessing the effects of donepezil on attention, processing speed, neuropsychiatric symptoms, community participation, quality of life, and caregiver experiences.
Burn Injury Model Systems
Massachusetts

Boston-Harvard Burn Injury Model System

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Project Number: H133A120034
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 12 $361,000; FY 13 $361,000; FY 14 $361,000; FY 15 $361,000; FY 17 $361,000

Abstract: The goal of this project is to provide a multidisciplinary comprehensive system of care for individuals with burn injury that spans the complete continuum from preventative programs and emergency services to community reintegration and vocational rehabilitation and fosters burn injury rehabilitation research. The project includes a site-specific project to treat pain, itch, and psychological impairments in burn injury using transcranial Direct Current Stimulation (tDCS), a novel, noninvasive method of brain stimulation. The project also contributes to the Burn Injury Model System national database to facilitate the comprehensive longitudinal assessment of burn injury outcomes. In addition, the Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center. The project is a collaboration of clinical and research resources of Harvard Medical School, Partners Healthcare System (Spaulding Rehabilitation Hospital, Massachusetts General Hospital), and Shriners Hospitals for Children.
North Texas Burn Rehabilitation Model System (NTBRMS)

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Project Number: H133A070024
Start Date: October 01, 2007
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 07 $362,500; FY 08 $362,500; FY 09 $362,500; FY 10 $362,500; FY 11 $362,500; FY 12 (No-cost extension through 9/30/2013); FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 4/30/2015)

Abstract: The North Texas Burn Rehabilitation Model System (NTBRMS) includes one collaborative research module project entitled “Long-Term Follow-up of the Burn Model System National Database Sample (LTF-NDS)” and two site specific research studies entitled “Biomechanical Properties of Burn Scar” and “Efficacy of Social Interaction Skills Training Post Burn Injury.” Collaboration occurs on many levels at the NTBRMS. Clinical collaboration is the hallmark of the burn team, which includes individuals from several institutions who work together seamlessly as well as collaboration with our rural care providers through outreach clinics. Research collaboration occurs locally with the surgeons and academic computing and nationally with the other model systems. The evaluation plan specifically focuses on the overall objectives for demonstration, research, and dissemination with specific quantifiable targets, which are reassessed quarterly. Dissemination of NTBRMS materials occurs at many levels and in a variety of formats: lectures by key personnel, publication in peer reviewed journals, a quarterly newsletter, and an accessible website. The NTBRMS collaborates with NIDRR-funded Model Systems Knowledge Translation Center (MSKTC) by participating in its systematic reviews of evidence and facilitating knowledge management by identifying the information needs and barriers among the various stakeholders both at national and local levels.
North Texas Burn Rehabilitation Model System (NTBRMS)

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Project Number: H133A120090
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 12 $383,000; FY 13 $383,000; FY 14 $383,000; FY 15 $383,000; FY 16 $383,000

Abstract: This project provides comprehensive, multi-disciplinary services to children and adults who sustain major burn injuries from the time of injury to long-term follow-up. The project contributes data to the Burn Model System national database, including follow-up data on eligible subjects at 6 months, 1, 2, 5, and 10 years, and extends follow-up to every 5 years thereafter. NTBMRS includes a quarterly rural satellite clinic to serve the needs of those patients who cannot return to the burn center for a follow-up. The project includes two site-specific studies: (1) The Effect of Heat Intolerance on Exercise and Physical Function, a prospective, randomized single center study on the efficacy of an exercise intervention and outcomes relating to heat intolerance among survivors of a burn injury to assess if perception of heat intolerance and the related fear of exercise among burn survivors changes following an exercise intervention; and (2) The Evaluation of a Web-Based Social Skills Training (SST) Program for Burn Survivors, a program that is designed to assist burn survivors who have a disfigurement in preparing for social situations after leaving the hospital. The NTBRMS collaborates with the Model System Knowledge Translation center in planning its dissemination activities and providing scientific results and information to clinical and consumer audiences by participating in its systematic reviews of evidence and development of consumer factsheets. Other dissemination efforts include state-of-the-science meetings, several webinars, and other materials.
Burn Injury Model Systems
Washington

Northwest Regional Burn Model System Center

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Project Number: H133A120024
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $383,000; FY 13 $383,000; FY 14 $383,000; FY 15 $383,000; FY 16 $383,000

Abstract: This project builds upon past efforts to address significant issues of concern to burn survivors – pain management, distress, hypertrophic scarring, community re-entry, and return to work. In addition to participation in the long-term outcomes national database, the project includes one major dissemination project and one site-specific research project. Project 1 – Return to Work After Burn Injury Website Dissemination Project utilizes web-based dissemination efforts to provide education regarding challenges and processes encountered following a significant burn injury. Project 2 – Impact of Hypnosis on Post-Burn Pain and Itch: Randomized Controlled Trial utilizes expertise in clinical management of pain and itch, and experience with hypnosis as an innovative non-pharmacologic intervention. The control group receives pharmacologic treatment using an established treatment algorithm for post-burn itch; the experimental group undergoes hypnosis as well as a standard treatment regimen.
**Spinal Cord Injury Model Systems**

Alabama

### UAB Spinal Cord Injury Model System

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**Project Number:** H133N110008
**Start Date:** October 01, 2011
**Length:** 60 months
**NIDRR Officer:** Kenneth D. Wood, PhD

**NIDRR Funding:** FY 11 $475,998; FY 12 $475,998; FY 13 $475,998; FY 14 $475,998; FY 15 $475,998

**Abstract:** The University of Alabama Spinal Cord Injury Model System (UAB-SCIMS) spans the clinical continuum from emergency services through rehabilitation and community re-entry. This multidisciplinary, comprehensive system provides rehabilitation services specifically designed to meet the needs of individuals with spinal cord injury (SCI). The project participates in one or more collaborative research modules, and one in-house research project, the latter aimed at improving the health and function of individuals served. The in-house research project is a controlled intervention trial of a novel approach to treating neuropathic pain, one of the most problematic and difficult-to-treat complications of SCI. UAB-SCIMS continues to participate in data collection activities for the National Spinal Cord Injury Statistical Center, and disseminates its results through a variety of accessible formats and venues for both professionals and persons with SCI and their families.
Southern California Spinal Cord Injury Model System at Rancho Los Amigos National Rehabilitation Center

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Project Number: H133N110018
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 11 $463,000; FY 12 $463,000; FY 13 $463,000; FY 14 $463,000; FY 15 $463,000

Abstract: The overarching objective of the Southern California Spinal Cord Injury Model System (SCIMS) at Rancho Los Amigos National Rehabilitation Center (Rancho) is to generate new knowledge that directly contributes to improving the health and function, and community participation for persons with spinal cord injury (SCI). This project includes four integrated categories of effort, each led by a management team: (1) comprehensive service delivery, (2) participation in the National Spinal Cord Injury Database, (3) site-specific research, and (4) collaborative research module(s). The site-specific research project uses a longitudinal randomized clinical trial to identify whether a home-based intervention that was demonstrated to be effective at reducing chronic shoulder pain in persons with SCI could be used as a preventative program to decrease the rate of shoulder pain onset. Additionally, the project tests whether a more interactive version of the prevention program would also enhance community participation and self-efficacy for exercise engagement, in addition to further lowering the rate of shoulder pain onset.
Spinal Cord Injury Model Systems
Colorado

The Rocky Mountain Regional Spinal Injury System

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Project Number: H133N110006
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 11 $483,127; FY 12 $482,270; FY 13 $483,438; FY 14 $482,985; FY 15 $482,484

Abstract: The Rocky Mountain Regional Spinal Injury System (RMRSIS) is well-established, progressive, and offers state-of-the-art acute trauma, rehabilitation, and follow-up throughout the lives of people with spinal cord injury (SCI). The RMRSIS’ goals are to: (1) implement a program of research focusing on the immediate and long-term health, function, community living, and participation of people with SCI; (2) continually improve its existing and well-integrated, comprehensive lifetime system of care for people with SCI; and (3) continue exemplary participation in the National SCI Database. A site-specific research study tests a group intervention aimed at improving self-efficacy for people with SCI. The RMRSIS participates in collaborative research modules with other Model Systems in both lead and support capacities. The RMRSIS includes two Level I trauma centers with specialized acute neurotrauma care facilities (St. Anthony Hospital and Swedish Medical Center) and the rehabilitation and lifetime follow-up services of Craig Hospital.
Spinal Cord Injury Model Systems  
Florida

South Florida Regional Spinal Cord Injury Model System

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Project Number: H133N110003  
Start Date: October 01, 2011  
Length: 60 months  
NIDRR Officer: Dawn Carlson, PhD, MPH  
NIDRR Funding: FY 11 $444,000; FY 12 $444,000; FY 13 $444,000; FY 14 $444,000; FY 15 $444,000

Abstract: The South Florida Spinal Cord Injury System (SFSCIS) serves a high volume of patients with spinal cord injury (SCI) providing comprehensive rehabilitation services specifically designed to meet their needs. The clinical components of the SFSCIS include in-patient rehabilitation at Jackson Memorial Rehabilitation Hospital, vocational services, community and job placement, and long-term community follow-up and health maintenance. Project research includes: (1) a longitudinal study of the development of shoulder pain/pathology during the first year after injury using quantitative ultrasound (QUS), and (2) a randomized controlled trial of an exercise intervention using QUS as a biologic marker. The goal is to improve outcomes in the preservation or restoration of function following SCI. Additionally, this project contributes to the National Spinal Cord Injury Database; utilizes culturally appropriate methods of education, training, and outreach throughout the care system; and includes a comprehensive evaluation program.
Spinal Cord Injury Model Systems
Georgia

Southeastern Regional Spinal Cord Injury Model System at Shepherd Center

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Project Number: H133N110005
Start Date: October 01, 2011
Length: 60 months

NIDRR Officer: Theresa San Agustin, MD

NIDRR Funding: FY 11 $483,500; FY 12 $483,499; FY 13 $483,499; FY 14 $483,500; FY 15 $483,500

Abstract: This model system conducts research and training activities that provide a comprehensive, integrated continuum of pre-hospital, medical, surgical, and rehabilitation services to persons with acute and chronic spinal cord injury (SCI). The current project includes four comprehensive elements: (1) continued management of a large model of service delivery for individuals with a diagnosis of traumatic SCI in the Southeastern United States, from point of injury through lifetime follow-up (500 SCI admissions annually); (2) comprehensive and timely collection of data on subjects who meet the inclusion criteria in three categories: Form I (inpatient hospitalization, 125 new subjects annually); Form II (longitudinal collection at 1,5,10, 15, 20, 25, and 30 years post-injury, 600 subjects followed annually); and Registry (demographics only, 200 new subjects annually); (3) two site specific research project titled: “Evaluation of an Improved Method to Assess and Follow the Recovery of Motor Control in SCI” and “A Longitudinal Study of Gainful Employment 10 Years After SCI Onset: Comparisons of Those Who Do and Do Not Return to the Pre-Injury Employer”; and (4) participation in four collaborative “module” research projects: Longitudinal Follow-Up of Individuals Having Diaphragm Pacing Systems Implanted; Extending the SCIREhab Project--Five Year Follow-Up; Evaluating the Sensitivity and Responsiveness of the SCI-QOL CATs; and Neurological Recovery.
Spinal Cord Injury Model Systems
Illinois

Midwest Regional Spinal Cord Injury Care System (MRSCIS)

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Project Number: H133N110014
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 11 $483,127; FY 12 $482,270; FY 13 $483,438; FY 14 $482,985; FY 15 $482,484

Abstract: The Midwest Regional Spinal Cord Injury Care System (MRSCIS) provides comprehensive, multi-disciplinary medical and rehabilitation care to persons with spinal cord injury (SCI) from the site of injury to community reintegration. The objectives of the MRSCICS are to (1) provide a comprehensive continuum of care for persons with SCI, (2) contribute to assessment of long-term outcomes by enrolling 80 subjects per year into the national SCI database, (3) conduct one site-specific study, (4) disseminate research findings to various stakeholders in an effective and timely manner, (5) collaborate effectively with the Model System Knowledge Translation Center, and (6) involve individuals with disabilities in research and dissemination activities. The site-specific study, Mobility, Activity and Participation in Spinal Cord Injury (MAPS), evaluates a novel intervention to enhance the participation and community living outcomes of persons with SCI. The amount of daily physical activity is a primary determinant of self-reported and clinical measures of activity and participation, and quality of life. Specific exercise interventions can improve activity limitations and participation restrictions, including increased walking speed, metabolic capacity and efficiency, and self-reported participation.
Frazier Rehabilitation and Neuroscience Spinal Cord Injury Model System (FRNCSIMS)

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Project Number: H133N110007
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 11 $443,999; FY 12 $443,999; FY 13 $443,999; FY 14 $443,999; FY 15 $443,994

Abstract: Frazier Rehabilitation and Neuroscience Spinal Cord Injury System (FRNCSIMS) provides comprehensive, individualized care at all stages and levels of recovery, in all rehabilitation modalities, and across the life span of its patients with spinal cord injury (SCI). It uses a recovery model of care, state-of-the art technologies, and an integrated team approach to maximize functional recovery and reintegration into the community for the individual who has experienced an SCI. Project objectives are to: (1) provide an integrated multidisciplinary system of rehabilitation care specifically designed to meet the needs of individuals with SCI; (2) engage in an active research program that seeks to identify innovative evidence-based approaches to treating SCI and to move research findings into rehabilitation and clinical settings including participating in a collaborative module and conducting a site-specific research project, titled Baclofen with Locomotor Training: The Effect on Function and Neuroplasticity in Chronic Incomplete Spinal Cord Injury, which examines the impact of the antispasticity medication baclofen on locomotion in chronic incomplete SCI in a prospective, controlled, randomized study; and (3) enroll at least 30 subjects per year in the Spinal Cord Injury Model Systems database.
Spinal Cord Injury Model Systems
Massachusetts

NERSCIC: Improving the Lives of People with SCI Across the Lifespan Through Innovative Science and Technology

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Project Number: H133N120002
Start Date: October 01, 2012
Length: 48 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 12 $463,000; FY 13 $463,000; FY 14 $463,000; FY 15 $463,000

Abstract: The New England Regional Spinal Cord Injury Center (NERSCIC) conducts research and clinical activities to improve the health and function of people with spinal cord injury (SCI). This Model System is a partnership among Boston University Medical Center in Boston, Gaylord Hospital in Wallingford, CT, and Hospital for Special Care in New Britain, CT. The objectives of this project are to: (1) improve the health and function of people with SCI by expanding the New England SCI Toolkit (previously referred to as the Standards of Care) network, in concert with regional dissemination and technical support, especially to health professionals serving vulnerable groups; (2) employ innovative technology to improve health and function across the lifespan, especially for the most vulnerable, through better access to care and better outcome measures, building upon our successful research to date; (3) translate and disseminate state-of-the-art knowledge, measures, and resources for consumers and professionals on both a regional and national level to improve function and prevent secondary conditions, in collaboration with the Model Systems Knowledge Translation Center (MSKTC); and (4) empower and engage the SCI community across the lifespan in all of our clinical, educational, and research activities, especially the most vulnerable groups. NERSCIC includes the following projects and activities: My Care/My Call, a peer-led health care empowerment phone training for people with SCI (site-specific project #1); Missing Links: Assessing Function Across the Lifespan in Persons with SCI (site-specific project #2), which utilizes computer adaptive technology (CAT) to develop a mechanism to assess the functional abilities of children with SCI across the lifespan; the New England SCI Toolkit (NESTC) training and the Toolkit itself, a comprehensive set of clinical standards to improve the management of patients with SCI, based on best practices. Our module projects include: Our lead project, formerly known as SCI-CAT, the SCI-FI 2 Enhancement and Evaluation with a specific aim of refining and augmenting the existing SCI-FI 1 instrument. We are collaborating on the University of Michigan’s lead project: Evaluating the sensitivity and responsiveness of the SCI-QOL CATs. The aim of this study is to further establish the psychometric properties of the SCI-QOL CATs by examining their sensitivity and responsiveness to clinically mean-
ingful change across time and University of Pittsburgh’s lead project: Equity and Quality in Assistive Technology. The objective of this project is to investigate the equity and quality of assistive technology provision and outcomes for individuals with SCI.
Spinal Cord Injury Model Systems
Massachusetts

Spaulding-Harvard Spinal Cord Injury Model System

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Project Number: H133N110010
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 11 $444,000; FY 12 $444,000; FY 13 $444,000; FY 14 $444,000; FY 15 $444,000

Abstract: The Spaulding-Harvard Spinal Cord Injury System is a comprehensive network of care spanning from preventative programs and emergency services to outpatient care with a special focus on community reintegration and vocational rehabilitation. Clinical and investigative activities are directed to developing evidence-based rehabilitation interventions and clinical practice guidelines through spinal cord injury (SCI) research. The project develops and improves its multidisciplinary system of rehabilitation care designed specifically to meet the needs of individuals with SCI, contribute to the SCI Model Systems National Database and facilitate the longitudinal assessment of long term SCI outcomes, and contribute to improved long term SCI outcomes by conducting a site-specific research project and participating in a collaborative research project. A site-specific research project seeks to use transcranial direct current stimulation technology to treat sublesional neuropathic pain following SCI.
Spinal Cord Injury Model Systems
Michigan

University of Michigan Spinal Cord Injury Model System

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Project Number: H133N110002
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 11 $457,000; FY 12 $457,000; FY 13 $456,263; FY 14 $456,717; FY 15 $456,829

Abstract: The University of Michigan Spinal Cord Injury Model System (UM-SCIMS) conducts research, information dissemination, education, and training to improve the lives of people with spinal cord injury (SCI). This system also provides comprehensive rehabilitation and community participation services to those with SCI admitted to the University Hospital, part of the University of Michigan Health System. The UM-SCIMS includes two integrated research studies focusing on factors related to bladder and bowel complications following injury and their impact on quality of life. While the first study provides a conceptual framework for identifying mechanisms by which these factors impact quality of life, the second study focuses on how to prevent such complications by testing an intervention: a self-management program developed exclusively for those with SCI. Dissemination efforts include the development of products related to the two studies in collaboration with the Model Systems Knowledge Translation Center, SCI Lecture Series, consumer briefs, newsletters, website updates, and community outreach activities utilizing a network of state and local community partners.
Spinal Cord Injury Model Systems
New Jersey

Northern New Jersey Spinal Cord Injury System

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Principal Investigator: Trevor Dyson-Hudson, MD; Steven Kirshblum, MD; 973/324-3576
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Project Number: H133N110020
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 11 $456,998; FY 12 $456,999; FY 13 $456,999; FY 14 $456,999; FY 15 $456,999

Abstract: The Northern New Jersey Spinal Cord Injury System (NNJSCIS) provides a comprehensive continuum of state-of-the-art care for persons with spinal cord injury (SCI) and their families from the time of injury through rehabilitation and return to the community. Research and clinical activities at NNJSCIS include: a collaborative module with an associated model SCI system; a site-specific study to test a novel combination therapy using dalfampridine—a drug recently approved to improve walking in patients with multiple sclerosis—with a standardized program of locomotor training—a rehabilitative intervention that has improved walking and other functional outcomes in persons with SCI; and active communication with the SCI consumer and research communities through web and social media, consumer and professional conferences, newsletters, professional publications, and scientific presentations. The NNJSCIS is a cooperative effort of Kessler Foundation, Kessler Institute for Rehabilitation, Rutgers, The State University of New Jersey, and University Hospital.
Abstract: The goal of the Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV) is to provide and evaluate a comprehensive program of coordinated patient care, education, and research activities for individuals who have sustained a traumatic spinal cord injury (SCI). Clinical activities are directed at promoting evidence-based practice, understanding the particular needs of the target population, and providing individualized lifetime care to persons with SCI. Research activities are designed to generate longitudinal data on impairment, activities, participation, and quality of life as part of the national database, and to determine the effectiveness of an early pharmacological intervention to prevent loss of bone mass after SCI. Research and clinical activities include: a collaborative module with other model systems; an onsite, randomized, placebo-controlled clinical trial of intravenous zoledronic acid, a potent bisphosphonate, provided within two weeks of injury, on sublesional bone mass at the proximal femur, distal femur, and proximal tibia in persons with complete SCI; ethnographic interviews with older persons with SCI focusing on changing health needs, access to care, participation in life activities, and the changing experiences in assisting with the care of someone with a disability; and development of educational resources and offerings for patients, healthcare providers, and researchers, including online materials and training workshops in the use of outcome measures.
Spinal Cord Injury Model Systems  
Pennsylvania

University of Pittsburgh Model Center on Spinal Cord Injury

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Project Number: H133N110011  
Start Date: October 01, 2011  
Length: 60 months  
NIDRR Officer: Theresa San Agustin, MD  
NIDRR Funding: FY 11 $457,000; FY 12 $457,000; FY 13 $457,000; FY 14 $457,000; FY 15 $457,000

Abstract: The University of Pittsburgh Model Center on Spinal Cord Injury (UPMC-SCI) continues to investigate the relationship between transfer technique and markers of shoulder injury. The center utilizes previous research to develop transfer training material targeted at clinicians and people with spinal cord injury (SCI) and evaluates the impact of the training in a single-blind randomized controlled trial. During the previous funding cycle, the center led a successful module related to assistive technology (AT). This module found that wheelchair failures are increasingly prevalent and are disproportionately impacting individuals from minority backgrounds. Additionally, it was found that wheelchair users lack the wheelchair skills needed for full participation. The center continues the AT module work allowing further investigation of the impact of recent Centers for Medicare and Medicaid Services changes, such as competitive bidding, on AT quality. In addition, specific interventions as part of a new module address both AT quality and wheelchair skills. UPMC-SCI continues its heavy focus on knowledge translation so that this research can lead to changes in clinical care.
Spinal Cord Injury Model Systems
Washington

Northwest Regional Spinal Cord Injury System

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Project Number: H133N110009
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 11 $463,000; FY 12 $463,000; FY 13 $463,000; FY 14 $463,000; FY 15 $463,000

Abstract: The University of Washington’s Northwest Regional Spinal Cord Injury System (NWRSCIS) provides a comprehensive, integrated continuum of pre-hospital, medical, surgical, and rehabilitation services to persons with acute and chronic spinal cord injury (SCI). Goals for this model system are to (1) contribute an average of 50 new subjects per year to the Spinal Cord Injury Model Systems national database; (2) exceed rigorous benchmark standards for subject recruitment and retention; (3) conduct high quality research that contributes to improved outcomes and better evidence-based rehabilitation for people with SCI and is of sufficient quality that it improves evidence based rehabilitation and clinical guidelines; and (4) enhance services to various consumers and stakeholders, especially racial/ethnic minority persons, low income, and other traditionally underserved groups. A site-specific study uses an innovative “real world” trial designed to test the effectiveness of a collaborative care approach to improving outpatient treatment for inactivity, chronic pain, and depression. This is a single-blind, randomized controlled trial comparing collaborative care to usual care. The primary outcome measure is overall quality of life. Secondary outcomes are increased physical activity, reduced pain intensity and depression severity, and cost-effectiveness.
Traumatic Brain Injury Model Systems
Alabama

UAB Traumatic Brain Injury Model System

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Principal Investigator: Thomas A. Novack, PhD
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Project Number: H133A120096
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 12 $447,500; FY 13 $447,500; FY 14 $447,500; FY 15 $447,500; FY 16 $447,500

Abstract: This project provides rehabilitation services specifically designed to meet the special needs of individuals with traumatic brain injury (TBI) through a multidisciplinary, comprehensive model system which spans the clinical continuum from emergency services through rehabilitation and community re-entry. Research activities include data collection for the Traumatic Brain Injury Model System national database and a site-specific research project aimed at addressing excessive weight gain following TBI, tailoring an established, evidence-based program that has proved successful with other groups. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Center.
The Rocky Mountain Regional Brain Injury Model System (RMRBIMS)

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Project Number: H133A120032
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 12 $441,000; FY 13 $441,000; FY 14 $441,000; FY 15 $441,000; FY 16 $441,000

Abstract: This project provides comprehensive, multidisciplinary services for individuals with traumatic brain injury (TBI) and conducts research that develops evidence-based rehabilitation interventions and clinical practice guidelines. The RMRBIMS conducts two site-specific, randomized controlled clinical trials. The first study, titled “Home-Based Virtual Reality Treatment for Chronic Balance Problems in Adults with TBI” evaluates a low-cost, home-based physical therapy program that incorporates the use of a commercially available virtual reality system aimed at increasing balance and community mobility, enhancing overall balance system function, reducing the risk of falls, maximizing treatment adherence, and improving participation in life activities for individuals with TBI who have exhausted their formal physical rehabilitation opportunities. The second study, titled “Improving Well-Being After TBI Through Structured Volunteer Activity” evaluates the efficacy of a novel intervention to facilitate successful volunteer placement following TBI, and examines the effect of structured altruistic volunteering upon well-being. In addition to these projects, the RMRBIMS participates in collaborative module research, participates in the TBI Model Systems National Database, and works with the Model Systems Knowledge Translation Center to disseminate research to the widest audience.
South Florida Traumatic Brain Injury Model System (SF-TBIMS)

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Project Number: H133A120099
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $427,188; FY 13 $503,526; FY 14 $426,780; FY 15 $426,484; FY 16 $427,145

Abstract: This project provides rehabilitation services and research aimed at meeting the special needs of individuals with traumatic brain injury (TBI) through a coordinated, multidisciplinary, comprehensive TBI program. The project includes active participation and data collection for the TBI Model Systems national database, participation in collaborative modules, and two site-specific studies: (1) “Evaluation and Intervention of Sleep Disordered Breathing (SDB) in Persons with Traumatic Brain Injury,” and (2) in “Evaluating Assessment Methods for Pain in Persons with Traumatic Brain Injury.” Activities of the SF-TBIMS reflect an active partnership within the components of the University of Miami and Jackson Memorial Medical Center Health System (UM/JMMC) and Miami HealthSouth Rehabilitation Hospital, and between UM and community organizations such as the Brain Injury Association of Florida, The Florida Department of Health Brain and Spinal Cord Injury Program, and the WellFlorida Council. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Traumatic Brain Injury Model Systems  
Indiana

Brain Research in Aggression and Irritability Network (BRAIN):  
Building Evidence-Based Approaches to Managing  
Traumatic Brain Injury

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Project Number: H133A120035  
Start Date: October 01, 2012  
Length: 60 months  
NIDRR Officer: Leslie J. Caplan, PhD  
NIDRR Funding: FY 12 $427,500; FY 13 $427,500; FY 14 $427,500; FY 15 $427,500; FY 16 $427,500

Abstract: This project aims to further the evidence for improving clinical management and outcomes for irritability and aggression in individuals with traumatic brain injury (TBI). BRAIN is a comprehensive model service delivery and research system serving individuals with TBI. The System includes prevention and emergency medical services, intensive and acute care, comprehensive medical rehabilitation, long-term follow-up, community reintegration, and vocational rehabilitation. The project includes two site-specific studies: (1) Buspirone for the treatment of chronic post-TBI irritability and aggression: A 91-day single-site, flexible-dose, parallel group, randomized, double-blind, placebo-controlled trial; (2) Preliminary Development of the Aggression and Irritability Impact Measure: Study 2 works towards the development of a standardized measure to evaluate the impact of irritability and aggression on various aspects of functioning and participation. Measuring impact is a novel, yet complementary approach to existing measures that evaluate the expression of irritability and aggression. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Traumatic Brain Injury Model Systems
Massachusetts

Spaulding-Harvard Traumatic Brain Injury Model System

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Project Number: H133A120085
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $430,100; FY 13 $430,100; FY 14 $430,100; FY 15 $430,100; FY 16 $430,100

Abstract: This project provides comprehensive, multidisciplinary services for individuals with traumatic brain injury (TBI), and conducts neuroimaging research that favorably impacts persons with severe TBI, their families, and rehabilitation providers. The project contributes to the TBI Model System national database and monitors long-term functional outcomes. Research includes a site-specific study using novel neuroimaging technologies to reduce diagnostic error and facilitate restoration of communication in persons with post-traumatic disorders of consciousness. The project also contributes to improved long-term TBI outcomes by participating in collaborative, multi-site research. The TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Traumatic Brain Injury Model Systems
Minnesota

Mayo Clinic Traumatic Brain Injury Model System

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Project Number: H133A120026
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 12 $430,100; FY 13 $430,100; FY 14 $430,100; FY 15 $430,100; FY 16 $430,100

Abstract: This project provides comprehensive, integrated, team-based rehabilitation to individuals with traumatic brain injury (TBI) and their families to promote full personal and societal participation, and to fill gaps in research knowledge and service delivery. The project includes a trial of CONNECT, a model of care that connects individuals hospitalized with TBI, their families, and their local health care providers remotely to specialized brain rehabilitation resources. CONNECT utilizes traditional (i.e. phone) and customized information and communications technology to increase system capacity and access to services for those in a broader geographic region. The goal of CONNECT is to test the extent to which a complex brain rehabilitation intervention delivered remotely improves participation outcomes and satisfaction compared to a matched group receiving usual care in their communities. In addition, this project contributes to the TBI Model Systems national database, participates in collaborative modules, and disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Northern New Jersey Traumatic Brain Injury System (NNJTBIS)

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Project Number: H133A120030
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 12 $441,000; FY 13 $441,000; FY 14 $441,000; FY 15 $441,000; FY 16 $441,000

Abstract: This project provides a comprehensive continuum of state-of-the-art rehabilitation care for persons with traumatic brain injury (TBI) and conducts TBI research, including clinical trials and the analysis of standardized data. In this project, the NNJTBIS conducts a site-specific, double-blinded, randomized controlled trial of a cognitive rehabilitation intervention for processing speed deficits utilizing a proven methodology shown to be effective through multiple studies in the aging population. The project also includes a collaborative modular project to be determined. Finally, the NNJTBIS contributes new data to the National TBI Model Systems Database, and coordinates with the NIDRR-funded Model Systems Knowledge Translation Center to provide scientific results and information for dissemination to clinical and consumer audiences.
New York Traumatic Brain Injury Model System (NY-TBI-MS)

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**Project Number:** H133A120084

**Start Date:** October 01, 2012

**Length:** 60 months

**NIDRR Officer:** Leslie J. Caplan, PhD

**NIDRR Funding:** FY 12 $430,099; FY 13 $430,099; FY 14 $430,099; FY 15 $430,099; FY 16 $430,099

**Abstract:** The objectives of this project focus on improving the quality of life of persons with traumatic brain injury (TBI) through state-of-the-art clinical care, innovative research, and multi-platform, extensive dissemination of research results and other information on TBI to consumers and professionals. This project provides a regional multidisciplinary system of care that includes a number of clinical programs for people with TBI in the New York City metropolitan area; contributes longitudinal data to the TBI National Database; conducts two local research projects to evaluate promising novel approaches to clinical treatment; and participates in “module” and other collaborative research. Two site-specific studies aim to improve quality of life for TBI survivors by developing effective treatments of post-TBI secondary conditions: The first study is a randomized clinical trial that evaluates the impact of light therapy on post-TBI fatigue. The second study examines internet-based group treatment for post-TBI emotional dysregulation. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Traumatic Brain Injury Model Systems
New York

Rusk Rehabilitation Traumatic Brain Injury
Model System of Care at NYU

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Project Number: H133A120100
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $427,452; FY 13 $427,253; FY 14 $427,151; FY 15 $427,171; FY 16 $427,218

Abstract: The goals of this model system are generating new knowledge and scientific evidence to improve outcomes for all persons with traumatic brain injury (TBI) through the development of innovative interventions, clinical assessment and outcomes tools, and expanded service delivery options. The project conducts research and development activities including contribution to the TBI Model Systems national database, participation in collaborative modules, and two site-specific studies. The first study uses a two-phase approach to examine cultural disparities in rehabilitation healthcare among patients with TBI. The first phase is a descriptive study to collect data on culturally diverse patients with TBI from both Bellevue and Rusk Rehabilitation, who have been admitted into acute inpatient rehabilitation. Data collection examines the patients’ race/ethnicity, acculturation, family support, trust in health care providers, and health and language literacy as related to retention in healthcare after discharge from acute inpatient rehabilitation. The second phase of the study involves the development of the Multimedia Multicultural Educational Program for TBI (MMEPT) to provide patients with culturally-accessible knowledge about their TBI and the rehabilitation process to facilitate improved outcomes, particularly return for follow-up outpatient care. The second study assesses the responsiveness and sensitivity of the Traumatic Brain Injury Quality of Life Measurement System (TBI-QOL) computerized adaptive tests. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Ohio Regional Traumatic Brain Injury Model System

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Project Number: H133A120086
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Leslie J. Caplan, PhD
NIDRR Funding: FY 12 $447,500; FY 13 $447,500; FY 14 $447,500; FY 15 $447,500; FY 16 $447,500

Abstract: This project provides comprehensive, multidisciplinary services for individuals with traumatic brain injury (TBI), and conducts site-specific research examining chronic health conditions related to TBI designed to contribute new protocols for a “disease management” approach. The first site-specific study is a randomized controlled trial that builds on previous studies to determine how Screening and Brief Intervention (SBI) techniques for alcohol misuse can be adapted for persons with moderate and severe TBI. SBI protocols are elaborated by (1) enhancing positive expectations for health and wellness benefits that accrue from reduced alcohol consumption, (2) including “booster sessions” as has been incorporated into SBI protocols used in Emergency Departments, and (3) providing additional accommodations for cognitive deficits. The second study combines data from two studies, thus allowing examination of the contribution of premorbid and co-occurring conditions to later decline up to five years following a moderate or severe TBI. Data from almost 350 participants enrolled in both the TBI Model Systems National Dataset and the TBI Practice-Based Evidence Study are combined to allow in-depth medical information on co-morbid conditions to be examined for their effect on mortality and morbidity over the five years following injury. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center and Brainline.org.
The Moss Traumatic Brain Injury Model System

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Project Number: H133A120037
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 12 $447,500; FY 13 $447,500; FY 14 $447,500; FY 15 $447,500; FY 16 $447,500

Abstract: This project utilizes a network of local and regional, national, and international collaborations to provide a full continuum of high-quality treatment spanning emergency and acute trauma/neurosurgical care through community re-entry with which to achieve multiple goals in clinical care, research, and dissemination. The project includes two site-specific research projects, both designed to generate new knowledge that leads to improved practices to meet the needs of people with TBI. Project 1 is a randomized controlled trial examining the effects of a novel, theoretically motivated treatment to promote emotional health via increased levels of rewarding activity for persons with post-acute TBI. The treatment combines principles of Behavioral Activation with intervention methods derived from action phase theories of behavior change, and uses SMS (text) messaging to support increased activity in values-driven goal areas. Project 2 develops and performs initial validation studies on an observational pain scale, with the potential to extend effective pain management to the at-risk population of patients with TBI who cannot self-report pain due to impairments in consciousness or communication. Moss TBIMS includes strong components for dissemination and knowledge translation targeted to people with TBI and their families, clinical staff across the continuum of care, and other professional and lay audiences.
North Texas Traumatic Brain Injury Model System

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Project Number: H133A120098
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $447,500; FY 13 $447,500; FY 14 $447,500; FY 15 $447,500; FY 16 $447,500

Abstract: The purpose of this project is to improve the outcomes of patients with traumatic brain injury (TBI) in the North Texas region and beyond by providing multidisciplinary state-of-the-art care to meet the needs of TBI patients and families. Project activities include contributing longitudinal data to the TBI Model Systems national database, both new enrollment and follow-up, two site-specific projects, and participation in collaborative research modules. The two site-specific studies are: Project 1: To study the comparative effectiveness of variations in clinical practices and patient outcomes across TBIMS rehabilitation centers and the development of evidence-based practice guidelines for TBI rehabilitation, and Project 2: To identify TBI patients that may benefit from early methylphenidate therapy utilizing Single Photon Emission Computed Tomography (SPECT) imaging of dopamine transporter. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Traumatic Brain Injury Model Systems
Texas

Texas TBI Model System of TIRR

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Project Number: H133A120020
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 12 $447,500; FY 13 $447,500; FY 14 $447,500; FY 15 $447,500; FY 16 $447,500

Abstract: This project conducts a program of research, dissemination activities, and clinical care designed to decrease emotional distress and to improve participation outcomes for persons with traumatic brain injury (TBI). Research activities include: (1) contributions to the TBI Model Systems (TBIMS) National Database, (2) participation in collaborative, module projects, and (3) a local project that is a randomized controlled trial of Acceptance and Commitment Therapy (ACT) as compared to a devised standard of care intervention to decrease emotional distress and improve participation for persons with TBI. This initial trial will lead to larger multicenter comparative effectiveness trials using this intervention. In addition, the TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
Traumatic Brain Injury Model Systems
Virginia Commonwealth Traumatic Brain Injury Model System

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Project Number: H133A120031
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $436,200; FY 13 $436,200; FY 14 $436,200; FY 15 $436,200; FY 16 $436,200

Abstract: This project utilizes rigorous scientific methods to examine the benefits of two interventions. Projects focus on survivors and couples. One study examines a structured, curriculum-based approach to improve survivors’ resilience and adjustment. The second study examines the benefits of an intervention for couples. Although many professionals agree that strengthening caregivers can enhance rehabilitation outcomes, there is little research regarding the benefits of interventions designed specifically to address the needs of couples after injury. In addition to the site-specific trials, the project collects data for the National Database and participates in a collaborative module project. The TBI Model System disseminates research findings in the region and nationally through seminars, presentations at professional and consumer meetings, publishing in professional and consumer journals, and collaboration with the Model Systems Knowledge Translation Center.
University of Washington Traumatic Brain Injury Model System (UWTBIMS)

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Project Number: H133A120028
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $441,000; FY 13 $441,000; FY 14 $441,000; FY 15 $441,000; FY 16 $441,000

Abstract: This project provides a multidisciplinary system of rehabilitation within a full continuum of medical care by conducting a high quality research site-specific project on post-traumatic headache (PTH), participating in a collaborative research projects with other centers, coordinating with the Model Systems Knowledge Translation Center to extend dissemination, addressing the needs of underserved populations with traumatic brain injury (TBI), involving persons with TBI in center operations and research, contributing new data to the TBI Model System database, and participating actively in all Project Directors’ meetings. The site specific project is a trial of sumatriptan, an FDA-approved treatment for migraine, to treat moderate to severe headache after TBI. Activities include training study participants to maintain a reliable headache diary data to monitor compliance with the complex protocol (necessary to adequately treat headaches), as this may present difficulties for those with cognitive challenges and require caregiver assistance, and testing interactive smart phone and web-based diaries that utilize reminders to determine efficacy and acceptance by subjects and caregivers. A collaborative module studies the effect of phototherapy on sleep after acute TBI. This is a randomized controlled trial of two groups with the hypothesis that treatment using bright white light results in improved sleep and secondarily, in improved cognition and behavior.
Field Initiated Projects (FIPs)
Alabama

Cognitive Behavioral Therapy (CBT) for Caregivers of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Service Members with Traumatic Brain Injury (TBI)

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Project Number: H133G120237
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $200,000; FY 13 $200,000; FY 14 $200,000

Abstract: This project evaluates the impact of Problem-Solving Training (PST), a telehealth-based, cognitive behavioral therapy intervention for adult, non-paid military family caregivers of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) service members with combat-related traumatic brain injury (TBI). A randomized clinical trial has the following objectives: (1) To test the efficacy of an innovative, telephone-based, PST intervention for adult, non-paid military family caregivers of OIF/OEF service members with combat-related TBI on improving caregiver quality of life outcomes. (2) To test the indirect impact of a telephone-based, PST intervention for military caregivers on quality of life outcomes of OIF/OEF service members with combat-related TBI. Primary and secondary outcomes are assessed at baseline prior to intervention implantation and at three-and seven-month follow-up.
Falls-Based Training to Improve Balance and Mobility Post-Stroke

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Project Number: H133G120297
Start Date: October 01, 2012
Length: 12 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 12 $197,493; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 9/30/2015)

Abstract: This project utilizes falls-based training to compare balance and mobility outcomes against a standardized program of body-weight support treadmill training within a single-blinded, randomized controlled trial design in a cohort of 40 individuals with chronic (longer than six months) post-stroke hemiplegia. Overground walking training is shown to be an effective intervention for improving muscle coordination and functional locomotor outcomes in persons with chronic post-stroke hemiplegia. However, the physical challenges to balance during overground walking training are limited by safety concerns; consumers may not experience difficult tasks that might result in loss of balance. Using a new robotic device called the KineAssist, participants practice a repertoire of six challenging tasks that represent environmental hazards while the KineAssist provides safety and a graded challenge. As participants practice these tasks, and gain competency in withstanding mobility situations that require a high level of neuromuscular control, they make important and substantial gains in mobility function. The primary balance outcome measure includes changes to the Berg Balance Score, and primary walking outcomes of a gait speed over a 10 meter distance and distance on the 6-minute walk test. Secondary measures include the scores on the Activities-Specific Balance Confidence Scale and changes in quality of life as measured by the SF-36 and Stroke Impact Scale.
Field Initiated Projects (FIPs)
California

NEW DOOR: Nutrition, Exercise, Weight Management & Disability Obesity Options and Resources

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Project Number: H133G120093
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell

NIDRR Funding: FY 12 $199,999; FY 13 $199,999; FY 14 $199,999
Other Funding: FY 12 $80,000 Kaiser Permanente Northern CA Benefits Program

Abstract: This project develops and implements NEW DOOR, a multifaceted wellness program designed to reduce obesity and encourage healthy living for people with disabilities. NEW DOOR emphasizes workable changes toward healthy nutritional choices based on federal nutrition guidelines, and empowering fun, inclusive physical activity, via fitness classes, team sports, biking, boating, dancing, etc. Participants engage with and help educate their own health providers to monitor health indicators such as blood pressure, heart rate, and secondary conditions. The model is disseminated through a comprehensive, accessible, bilingual website offering resources for peer-led education and training about inclusive fitness and obesity interventions. The model utilizes social media, online videos, and personal fitness success stories. Outputs include the NEW DOOR Disability Cook Book, with disability friendly, healthy recipes, and simple, accessible meal preparation tips, to be distributed to national organizations.
Walking and its Effect on Health and Function in Individuals with Cerebral Palsy as they Transition to Adulthood: A Health Outcomes Study

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Project Number: H133G130200
Start Date: October 01, 2013
Length: 36 months

NIDRR Officer: William V. Schutz, PhD, MSW, MPH
NIDRR Funding: FY 13 $199,999; FY 14 $199,530; FY 15 $199,948

Abstract: This project conducts a comprehensive longitudinal study of walking ability and overall health status in young adults with cerebral palsy (CP). This population is particularly at risk since there is now substantial evidence that as people with CP grow into adulthood, they can display a variety of symptoms secondary to their primary condition that are mediated by pain and chronic fatigue, and lead to reduced activity and overall mobility. The project comprehensively evaluates the physical, metabolic, mood, cognition, and quality of life of a cohort of 72 young adults with cerebral palsy from Colorado who had previously been tested at the Center for Gait and Movement Analysis (CGMA) as children, adolescents, or teenagers, including subjects across several levels of walking ability, disease severity, and greatest risk of decline. As all members of the cohort will have had instrumented gait analysis and a physical exam at CGMA in the past, measures of their walking ability, biomechanics, their Gross Motor Function Classification System level, and selected measures of strength, range of motion, and spasticity are compared longitudinally. The remaining measures serve as a cross-sectional sample of young adults with CP, focusing on the measures that commonly describe the secondary conditions most frequently reported, as well as a detailed physical, cognitive, and quality of life assessment. By combining both a longitudinal and cross-sectional study of individuals with CP, the project aims to better understand the functional basis for the decline in health status often reported.
Field Initiated Projects (FIPs)
Illinois

Interpreting COPD Dyspnea Change: Sensitivity, Responsive and Predictive Validity of the DMQ-CAT

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Project Number: H133G140186
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 14 $199,956; FY 15 $199,977; FY 16 $199,987

Abstract: The aim of this project is to test the relative sensitivity to change, responsiveness, and predictive validity of DMQ-CAT, a comprehensive dyspnea-outcome computer adaptive test (CAT) that measures new anxiety and activity avoidance in adults with chronic obstructive pulmonary disease (COPD). The 71-item DMQ-CAT captures four distinct dyspnea constructs: intensity, anxiety, activity avoidance, and self-efficacy to evaluate outcomes of COPD pharmacologic, preliminary rehabilitation, and cognitive-behavioral therapy. This project expects to (1) begin to transform how dyspnea is assessed; (2) improve dyspnea symptom management; (3) impact functional status; (4) improve quality of life; (5) facilitate the earlier treatment and prevention of exacerbations; (6) improve COPD prognosis and survival; and (7) improve COPD healthcare utilization. The DMQ-CAT addresses the limitations of other dyspnea scales by using state-of-the-art item banking method techniques to provide a tailored multidimensional dyspnea assessment using only a minimal number of items.
Combining Brain Stimulation and Peripheral Nerve Stimulation to Improve Upper Extremity Function After Severe Stroke

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Project Number: H133G120086
Start Date: October 01, 2012
Length: 24 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $199,994; FY 13 $1 (Funds for FY 2013 were funded using FY 2012 program money); FY 14 (No-cost extension through 9/30/2015)

Abstract: This project measures neuroplastic change and motor recovery from severe post-stroke hemiparesis in response to a novel combination of brain stimulation techniques and intensive upper extremity motor training. Transcranial direct current stimulation (tDCS) and peripheral nerve stimulation (PNS) are noninvasive brain stimulation techniques. Each technique can modulate neuroplasticity and enhance the outcomes of motor training in subjects with stroke. The study investigates the neuroplastic and motor functional effects of combined tDCS/PNS preceding intensive upper extremity motor training for subjects with severe post-stroke hemiparesis. Subjects in this study undergo one of four stimulation conditions: (1) combined active tDCS with active PNS (“Active+Active”), (2) combined active tDCS with sham PNS (“Active+Sham”), (3) combined sham tDCS with active PNS (“Sham+Active”), or (4) combined sham tDCS with sham PNS (“Sham+Sham”). Each stimulation session is followed by intensive upper extremity motor training.
Take Charge of Burn Pain: A Randomized Controlled Trial of a Web-Based Self-Management Intervention to Improve Burn Pain Outcomes

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Project Number: H133G140079
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 14 $198,000; FY 15 $198,000; FY 16 $198,000

Abstract: This project uses a randomized control trial to test the efficacy of Take Charge of Burn Recovery – Pain (TCBR-Pain), a web-based self-management intervention. The Project goals are to (1) determine the efficacy of TCBR-Pain in improving pain management efficacy, and reducing pain and pain related interference in burn survivors; and (2) determine whether TCBR-Pain improves psychological health and participation in life activities for burn survivors with pain. Participants are randomized into a control group or a standard-care plus TCBR-Pain group and are evaluated at baseline, two months, and five months follow-up. The project advances the knowledge about management of burn related chronic pain, pain interference and pain-related distress. The project disseminates information utilizing a Cloud-based system that allows for nationwide dissemination, facilitates patient-centered care and improves access for persons with disabilities.
Auditory and Visual Working Memory in Children with Cerebral Palsy

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Project Number: H133G110015
Start Date: October 01, 2011
Length: 36 months

NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 11 $199,396; FY 12 $199,911; FY 13 $199,971; FY 14 (No-cost extension through 9/30/2015)

Abstract: The purpose of this study is to examine auditory and visual-spatial working memory (WM) using accessible test strategies in children diagnosed with cerebral palsy (CP). The objective of the study is to develop a more universally accessible measure of WM and to improve understanding of WM profiles in children diagnosed with CP. Participants are presented with visual-spatial and auditory stimulus streams, with parametric manipulations of memory load and delay. This study characterizes WM for higher functioning children with CP and produces feasibility data regarding task accessibility for children with the most significant disabilities. This study has three specific aims: (1) to develop an accessible measure of auditory and visual-spatial WM that is comparable to traditional WM measures, (2) to examine visual-spatial and auditory WM accuracy in children diagnosed with CP (who are verbal communicators) compared to their typically developing peers, and (3) to examine interactions of load and delay in association with accuracy.
Field Initiated Projects (FIPs)
Michigan

The Menopause Transition in Women with Traumatic Brain Injury

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Project Number: H133G130011
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 13 $199,790; FY 14 $198,262; FY 15 $197,657

Abstract: This project examines the experience of menopause symptoms (vasomotor, somatic, psychological and cognitive) during menopause in women with traumatic brain injury (TBI) and whether this experience significantly differs from their non-injured peers. The objectives rest on the premise that due to the direct and indirect effects of TBI on health and functioning, the experience of symptoms during menopause transition will be exacerbated among women with TBI compared to their peers without TBI. This project has five phases: Phase I engages post-menopausal women with TBI to participate in focus groups to identify key issues experienced during menopause. This informs the content of a new survey tool and is developed in collaboration with a consultation team of women with TBI, who work with investigators for the duration of the project. In Phase II the survey content and momentary assessment methodology are developed. In Phase III, survey data is collected from 150 mid-life women with TBI and 150 women without TBI. Later in Phase III, the project conducts a momentary assessment data collection in a local sample of 48 women with and without TBI. This methodology allows researchers to examine within-and between-day variability of symptoms and the impact of contextual factors on symptom experience. In Phase IV, researchers conduct quantitative data analysis of the cross-sectional survey and momentary assessment data to characterize the target population. Phase V culminates in the production of a comprehensive protocol and guidance for conducting menopause research in women with TBI with the broader vision of it being adapted to other populations of women with cognitive, physical, and/or sensory disabilities.
Field Initiated Projects (FIPs)
Michigan

Prevention of Long-Term Consequences of Mild Traumatic Brain Injury

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Project Number: H133G130021
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 13 $198,520; FY 14 $199,062; FY 15 $193,748

Abstract: The main objectives of this study are to evaluate the clinical utility of a Brief Concussion Educational Intervention in adults with mild traumatic brain injury (mTBI), and to determine the effectiveness of a brief concussion recovery guide in comparison to a longer, but well-validated guide, with regard to protection against long-term consequences of mTBI. Early education and development of positive expectancies for recovery after mTBI can decrease disability substantially, in some cases by half. Yet, mTBI educational materials are typically cumbersome due to their length and complexity; therefore, emergency department (ED) personnel understandably resist providing educational interventions with patients routinely. For this study, participants with mTBI who presented to the ED, were treated, and discharged to home are randomized to one of three groups: (1) a group that receives an intervention using the Brief Concussion Recovery Guide; (2) a group that receives an intervention using the original, well-validated, but lengthy concussion recovery guide; and (3) a usual care group that receives standard instructions for patients with mTBI provided by the ED upon discharge (e.g., told to follow-up with primary care physician and return to the emergency room if they experience continued headaches, dizziness, vomiting, or blurred vision). Primary outcomes of interest are severity of mTBI symptoms, perceived community integration, and return to work, as well as comprehension and retention of information provided in the concussion recovery guides and satisfaction with the materials.
Field Initiated Projects (FIPs)
New Jersey

Developing Executive Functioning Through Cognitive Remediation for College Students with Psychiatric Disabilities

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Project Number: H133G130311
Start Date: December 23, 2013
Length: 9 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 13 $199,670; FY 14 (No-cost extension through 3/31/2015)

Abstract: This project evaluates an innovative intervention specified for college students with psychiatric disabilities. Students with psychiatric disabilities require tailored, education-specific interventions to maintain matriculation in postsecondary settings. While specialized services have been developed to help these students manage their psychiatric conditions, it has become obvious that there is a set of common skills that are missing yet critical in these same students. These skills may well represent an important layer of the “invisible disability” that goes unnoticed and could contribute to poor academic performance, high attrition rates, and poor vocational trajectory. To develop the competencies often associated with academic success, this study utilizes strategy coaching, the compensatory method of cognitive remediation. This project modifies Twamley’s Cognitive Training Manual for college students in order to develop Focused Academic Skill Training (FAST). The goal of this study is to test whether individuals receiving FAST experience improved academic success such as better grades and greater number of courses completed than those receiving campus services alone at one-year follow-up.
Abstract: This study examines whether improving respiratory muscle strength and endurance also improves overall exercise capacity and, in turn, functional performance. The most common symptom of multiple sclerosis (MS) is fatigue that interferes with an individual’s function. Fatigue also affects respiratory muscles, which leads to stealing of blood from other working muscles, causing their fatigue as well. Thus, respiratory muscle weakness contributes to exercise intolerance. It has been shown that exercise can reduce fatigue in individuals with MS. The goals of this research study are: (1) to determine the effects of a six-week resistive respiratory muscle training (RRMT) program of the inspiratory and expiratory muscles on respiratory muscle strength and endurance, exercise capacity, pulmonary function, functional performance, perceived fatigue, and quality of life; and (2) to assess the effects of a once-a-week RRMT maintenance program on maintaining these variables over a six-month period for individuals with mild to moderate MS.
TBITutor: An Intelligent Tutoring System to Improve Educational Outcomes in Youth with TBI

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Project Number: H133G140134
Start Date: October 01, 2014
Length: 36 months

NIDRR Officer: A. Cate Miller, PhD

NIDRR Funding: FY 14 $199,675; FY 15 $199,869; FY 16 $199,654

Abstract: This project develops TBITutor, a cloud-based intelligent tutoring system designed to help students achieve their academic goals when they return to educational settings after a traumatic brain injury (TBI). As they return to their homes and communities, many of these students face severe challenges, particularly in the academic arena. The most common TBI-related sequelae related to school performance are memory and executive dysfunction, which often result in a progressive lag in academic achievement. The goal of TBITutor is to provide a learning environment that places minimal demands on the executive functioning system and to therefore allow the learner to allocate all memory and attention resources to the learning activities rather than to managing the learning process. TBITutor can be used at home or in school using the students’ own course materials. It guides students through a sequence of evidence-based learning activities while they are doing their homework or studying for tests. TBITutor provides (1) effective scaffolding for an optimal learning process, (2) tailored support and guidance as needed based on skill level, cognitive profile and extent of the impairment, and (3) consistent feedback on the content as well as the learning process. TBITutor has the potential to support adult learners with TBI as well as young students.
Project EF: Executive Function in Infants and Toddlers
Born Low Birth Weight and Preterm

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teachingresearchinstitute.org/projects/pepi
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Project Number: H133G140244
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 14 $200,000; FY 15 $200,000; FY 16 $200,000

Abstract: This project examines whether traditional assessment methods that have components of executive function (EF) in their structure can discern early indicators of executive functioning in three subgroups of children ages six months to three years: (a) children born low birth weight (LBW) and preterm at low risk, (b) children born LBW and preterm at high risk, and (c) children born at full term. The primary goal in Years 1 and 2 is to assess a sample of 100 children born LBW and preterm and 50 children who were full term by administering a battery of standardized measures of infant and toddler development involving both caregiver report and individual assessment. In Year 3, the children are assessed on these measures and a measure of executive function. In the first phase of Project EF, researchers examine differences among the LBW and preterm groups (at low and high risk) and the full-term sample on domains of early development (Bayley Scales of Infant Toddler Development III and Dimensions of Mastery Questionnaire (DMQ-17). In the second phase of Project EF (Year 3), researchers examine the relationship between children’s performance on these developmental measures and later performance on a measure of EF: Behavior Rating Inventory of Executive Function: Preschool Version (BRIEF-P).
Field Initiated Projects (FIPs)
Oregon

Promoting Adoption and Implementation of the Healing Pathways Program to Reduce Depressive Symptoms in Women with Physical Disabilities

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Project Number: H133G110083
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 11 $599,701; FY 12 $1 (Funds for FY 2012 were funded from FY 2011 program money); FY 13 $1 (Funds for FY 2013 were funded from FY 2011 program money); FY 14 (No-cost extension through 6/30/2015)

Abstract: The overall aim of this project is to develop products that promote the sustainable adoption and implementation of the Healing Pathways (HP) program into disability communities, increasing options for efficacious mental health treatment for women with physical disability (WPD) outside of the traditional mental health system, promoting consumer control, and increasing quality of life for members of this population. The HP program is a strengths-based, peer-implemented cognitive behavioral group therapy program for WPD experiencing depression. This project includes an Agency Tool-Kit to guide consumer-run agencies in making information decisions about HP program adoption and implementation, and an HP Peer Facilitator Certification and Training program to ensure that when the HP program is adopted, it is implemented with safety and fidelity.
Dynamic Supported Mobility for Infants and Toddlers with Cerebral Palsy

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Project Number: H133G140166
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: William V. Schutz, PhD, MSW, MPH
NIDRR Funding: FY 14 $200,000; FY 15 $200,000; FY 16 $200,000

Abstract: The objective of this project is to determine if dynamic supported mobility (DSM) using novel technology leads to greater improvement in motor function than conventional (CONV) physical therapy in infants and toddlers with cerebral palsy (CP). Participants receiving DSM training are given dynamic weight support and therapy focuses on child-directed motor play and exploration in a physically challenging environment designed to encourage motor variability and error experience with minimal assistance or correction from the therapist. CONV therapy involves therapist-directed activities with a focus on the repeated practice of typical movement patterns with assistance and correction from the therapist. The primary outcome measure is gross motor function. Motor outcomes are compared to published percentile scores to determine if the trajectory of predicted motor development has been altered. Secondary outcomes include improvements in physical activity at home, postural control, engagement in daily life, and parent satisfaction and cognition.
Field Initiated Projects (FIPs)
South Carolina


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Project Number: H133G110157
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 11 $199,998; FY 12 $200,000; FY 13 $200,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project builds upon a 40-year ongoing longitudinal study of spinal cord injury (SCI) to better understand the natural course of aging and to lay the foundation for intervention strategies to improve outcomes. This study was initiated in 1973 using a revolving-panel longitudinal design with routine follow-ups every five years, and the intermittent addition of new participant samples to counter attrition (this is the eighth stage of data collection). Study enhancements include identification of age-related changes, factors predicting change, and the role of resiliency in buffering individuals from age-related declines. The project identifies the natural course of changes in employment, participation, health, life satisfaction, and self-reported problems using an expanded version of the Life Situation Questionnaire (developed in 1973). Several additional key constructs are addressed. Specific measures have been added related to aging, with more detail and diversity than those that are included in more basic large-scale data sets. The data are analyzed using sequential designs that combine cross-sectional and longitudinal elements. Researchers also identify factors related to unfavorable changes in outcomes over time by contrasting participants whose outcomes are stable with those whose outcomes have declined; and policy recommendations at the individual (recommended practices), rehabilitative (programmatic needs), and legislative federal level (allocation of funds in areas that will promote better outcomes).
Prevalence of Chronic Disease After Spinal Cord Injury: A Longitudinal Study

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Principal Investigator: Lee Saunders, PhD
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Project Number: H133G140101
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 14 $199,707; FY 15 $199,823; FY 16 $199,952

Abstract: The aim of this project is to perform a comprehensive and epidemiologic assessment of the prevalence and risk factors of chronic health conditions (CHC) after spinal cord injury (SCI). This project utilizes a population-based cohort from a state SCI surveillance system registry (SCISSR), lays the foundation for the development of prevention strategies, and provides valuable knowledge needed for the allocation of limited resources. The objectives of this project are: (1) identify the prevalence of CHC’s and the added risk associated with SCI relative to the general population; (2) identify differences in health behaviors compared with the general population; (3) identify risk and protective factors for multiple CHCs; and (4) assess the change in prevalence of a subset of CHC’s over a five-year interval. A community advisory panel convenes to provide stakeholder input from people with SCI. Dissemination activities are geared to both professional and stakeholders through multiple avenues. The ultimate goal of the entire project is to generate new knowledge that may be used in diverse settings and diverse circumstances to promote better outcomes, specifically, the prevention of or early intervention for CHC after SCI.
Field Initiated Projects (FIPs)
South Carolina

Risk of Early Mortality After Spinal Cord Injury

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Principal Investigator: James Krause, PhD
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Project Number: H133G140048
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 14 $199,638; FY 15 $199,926; FY 16 $199,596

Abstract: This project conducts a cohort study of more than 3,000 participants to link risk and protective factors to both all-cause and cause-specific mortality after spinal cord injury (SCI). Data collection includes psychological, socio-environmental, behavioral, and health status. Data analysis: (1) evaluates each set of predictors in relation to mortality, using time dependent covariates; (2) assesses change in predictive variables between two follow-ups in relation to mortality; (3) classifies causes of death in comparison to the general population; and (4) identifies predictors of specific causes of death. The project includes input from stakeholder and professional advisory panels on study design, analyses, and dissemination. A primary focus is developing recommendations for prevention strategies that target high risk factors for both all cause and specific causes of mortality. Prevention strategies will be directed at rehabilitation, public health, policy, and stakeholder audiences. Dissemination includes peer-reviewed publications, presentations at national conferences, and publication in stakeholder journals.
Readmission and Disability Outcomes Related to Post Acute Care

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Project Number: H133G140127
Start Date: October 01, 2014
Length: 36 months

NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 14 $199,321; FY 15 $199,632; FY 16 $199,866

Abstract: This project aims to determine the factors associated with hospital readmissions from post-acute care settings and create and test predictive models to identify those persons at high risk for re-hospitalization. To this end, this project (1) examines national data from the Centers for Medicare & Medicaid Services (CMS) to determine rates of hospital readmission for diagnostic groups receiving post-acute rehabilitation in the US including stroke, fracture of lower extremities, and joint replacement of the lower extremity; (2) determines patient socio-demographic characteristics, clinical factors and functional variables associated with hospital readmission across different post-acute care settings; and (3) uses information generated from 1 and 2, this data to create risk profiles and quantitative models to predict hospital readmission for persons across disability groups and post-acute care settings. This project addresses priorities of the Affordable Care Act, assists in validating readmission as a national quality indicator for post-acute care settings, helps reduce health care costs, and helps in establishing guidelines and parameters for emerging bundled payment programs.
Amitriptyline to Prevent Headache After Traumatic Brain Injury

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Project Number: H133G120055
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $199,213; FY 13 $198,418; FY 14 $199,826

Abstract: This project conducts a two-arm, open-label pilot study to determine if early treatment with amitriptyline will decrease the frequency and severity of headaches after mild traumatic brain injury (TBI). Specific Aim 1 is to conduct a two-arm open-label study to examine the effect of preventive treatment with amitriptyline on the frequency and severity of headache after mild TBI. Specific Aim 2 is to collect data needed for design of a Phase III study, including an estimate of effect size, headache variability, and desirable drug treatment start date. Specific Aim 3 is to examine the feasibility of using headache diaries with individuals with mild TBI. Specific Aim 4 is to establish the safety and tolerability of amitriptyline for the prevention of headache after mild TBI. Headache is one of the most common persisting pain complaints after mild TBI. Preventive treatment of headache after TBI may not only reduce chronicity but also improve general health and quality of life for those with TBI.
Disability Demographics

As stated in NIDRR’s 2013-2017 Long-Range Plan, valid and reliable demographic data help all agencies and research in the disability field. NIDRR continues to work with other Federal agencies to meet its statutory mandate to collaborate in producing demographic and statistical data that describe the population of individuals with disabilities. Projects funded in this area generate and disseminate new and current information that can be used by individuals with disabilities, service providers, policy makers, and others working to identify disparities in employment, community living and participation, and health and function.

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Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC)

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Project Number: H133B130015
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 13 $874,998; FY 14 $875,000; FY 15 $874,999; FY 16 $874,998; FY 17 $874,998

Abstract: The objective of the Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC) is to narrow and actively bridge the divide between the producers and end users of disability statistics. In pursuit of this objective, the RRTC conducts 12 research and 15 knowledge translation projects that build upon the work of past StatsRRTC projects. Several of the research projects focus on the collection of disability statistics and narrow the divide by (a) developing recommendations and tools that improve the identification of the population with disabilities and measurement of services, and (b) conducting experiments to test alternative survey methods. Project activities include (a) analyzing existing data to assess progress towards national goals and address information needs about critical programs; (b) providing access to timely and relevant disability statistics through national and state-level Annual Reports on Disability that track key indicators and an Annual Disability Statistics Compendium that allows end users to access even more statistics; (c) providing technical assistance to key stakeholders to produce customized statistical analyses and compilations; (d) developing and maintaining a State/Local Statistics which allows users to create customized reports; (e) providing information and referral services, and technical consultation on collection methods and data analysis; and (f) increasing the capacity of end users to effectively utilize disability statistics through the Annual Report and Compendium Rollout event, online training courses for VR evaluators, and the Center’s State-of-the-Science conference.
Rehabilitation Research and Training Centers (RRTCs)
New Jersey

Rehabilitation Research and Training Center on Disability Statistics and Demographics

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Project Number: H133B120006
Start Date: October 01, 2012
Length: 12 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $850,000; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 12/31/2014)

Abstract: The Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC) facilitates evidence-based decision making in many different service and policy arenas to benefit persons with disabilities, leading to improved education and employment outcomes. StatsRRTC is a collaborative effort that brings together the lead investigators from three current RRTCs: the StatsRRTC, Employment Service System RRTC, and Employment Policy RRTC; and partners them with leaders in the disability advocacy community from the American Association of People with Disabilities and leaders in vocational rehabilitation from the Council of State Administrators of Vocational Rehabilitation. Project activities include: (1) producing a set of guides to and meta-analyses of existing survey and administrative data sources; (2) conducting experiments to test alternative survey methods; (3) expanding and distributing the Annual Disability Statistics Compendium; (4) expanding and revising the Source Guide for Surveying People with Disabilities; (5) providing an information and referral technical assistance service; (6) providing stylized statistical estimates and methodological consulting for key stakeholders as a follow-up to outreach and training activities; and (7) conducting training designed to build capacity among consumers and within the vocational rehabilitation system and other support services systems related to data collection and analysis, secondary data analysis, and reporting processes. Project goals include: improving the knowledge of and access to existing data; generating the knowledge needed to improve future disability data collection; and strengthening connections between the data from and regarding respondents, researchers, and decision makers.
Field Initiated Projects (FIPs)
Colorado


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Project Number: H133G120010
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 12 $200,000; FY 13 $200,000; FY 14 $200,000
Abstract: This project is a comprehensive longitudinal study of the characteristics, trends, and determinants of public spending for disability programs in the United States. The study analyzes disability services and spending trends in the 50 states and District of Columbia in four broad domains: income maintenance, general health care, long-term care, and special education services. The study develops and maintains a comprehensive state-by-state database on public disability spending and services during the 17-year period encompassing fiscal years 1997-2013. The project also responds in a timely fashion to data dissemination requests from state and federal legislators and their staffs, executive officials in Washington and the states, and to state and national disability-related advocacy organizations, self-advocates, and researchers. The project provides information and technical assistance to consumers with disabilities, state governments, and service providers. Collaborators for dissemination and technical assistance include the Denver-based National Conference of State Legislatures (NCSL), the Washington, DC-based Consortium for Citizens with Disabilities (CCD) (a network with over 100 member organizations), and ADAPT, which, along with project staff, provide internet-based dissemination and produce and distribute publications with detailed state-by-state financial and programmatic data.
Field Initiated Projects (FIPs)
Maryland

Impacts and State Utilization of HCBS Waiver Services for Families and Children with Autism

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Project Number: H133G120030
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 12 $200,000; FY 13 $199,999; FY 14 $200,000

Abstract: This project explores impacts of implementation of Medicaid Home and Community Based (HCBS) Waiver initiatives in support of children and families who experience autism. In a two-pronged approach, the project studies state policy makers and factors contributing to or impeding implementation of HCBS autism waivers at the state level, and studies families and youth in a state with an autism waiver in place -- Maryland -- to learn more about service needs, impacts of the waiver on children/youth and families, and service configurations that may make the most difference to children with autism and their families at younger ages as compared to transition ages. In Study One, Phase 1 involves in-depth qualitative interviews with policy makers in four states concerning perspectives about facilitators and barriers to implementing HCBS waivers in general and autism waivers in particular. These results are used to develop a national survey to be distributed in Phase 2 to all 50 states. Study Two involves in-depth qualitative interviews with 48 Waiver and Registry families to probe their perspectives about their child and family needs, impacts of the child’s disability, concerns about approaching transitions, and impacts of the services they are receiving. The results of this study inform Phase 2 of Study Two (as well as any additional issues identified in the national survey of states from Study One), which is a statewide survey distributed to families receiving Waiver services and on the Registry list.
Technology for Access and Function

With NIDRR’s research priorities, technology spans the goals of sustaining health and function, employment, and community living and participation reflecting the critical contributions of technology to successful outcomes for persons with disabilities in all of these areas. At the individual level, the primary focus is on assistive technology devices that enhance the physical, sensory, and cognitive abilities of people with disabilities and assist them in participating and functioning more independently in the home, at work, in recreational settings, and at cultural and community events. At the systems level, the emphasis is on applying technology research and development in ways that enhance community integration, independence, productivity, competitiveness, and equal opportunity by mitigating or eliminating barriers found in large social systems such as public transportation, telecommunications, IT, and the built environment. This research area also includes research to ensure the accessibility and potential of cloud computing to support the independence, employment, and functional capabilities of persons with disabilities.

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Rehabilitation Engineering Research Centers (RERCs)
Alabama

Interactive Exercise Technologies and Exercise Physiology for
People with Disabilities

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Project Number: H133E120005
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 12 $950,000; FY 13 $950,000; FY 14 $950,000; FY 15 $950,000; FY 16 $950,000

Abstract: This Center conducts an advanced engineering research and development program using new and emerging technologies to address the high rates of physical inactivity in youths and adults with disabilities. The Center includes a coordinated set of research, development, capacity building, and knowledge translation/dissemination projects focused on promoting healthier, more active lifestyles for people with disabilities. The key target areas for the research and development projects are improving access to recreation and exercise venues and equipment, increasing opportunities for people with disabilities to participate in beneficial exercise, using technology to support greater adherence to regular exercise, and promoting regular exercise and active lifestyles for people with disabilities as a way to improve health and function. The research agenda includes projects aimed at (1) determining a valid methodology for using commercially available activity monitors to estimate energy expenditure (i.e., daily physical activity) in manual wheelchair users; (2) the use of off-the-shelf e-health technology for promoting safe and effective dose-response tele-exercise training in the home for adults with mobility disability; and (3) evaluation of a highly scalable information communication technology platform that promotes community-based physical activity for youths with disabilities. Development projects include (1) adaptation of sensors and game controllers to allow youths with disabilities to participate in currently inaccessible active video games; (2) high definition video-based virtual exercise environments integrated into an Advanced Virtual Exercise Environment Device for promoting socially engaging physical activity in people with disabilities; and (3) development of universal design standards for accessible fitness equipment and fitness facilities. Capacity building efforts include a rehabilitation engineering mentorship program, student design coursework in exercise/recreation technology, and infusion of rehabilitation engineering and disability into the graduate curriculum. Knowledge transfer projects include a state-of-the-science conference in exercise/recreation technology, a RecTech wiki, and a series of webinars and online newsletters promoting new knowledge in exercise science, engineering, and recreation.
Rehabilitation Engineering Research Center: Develop and Evaluate Technology for Low Vision, Blindness, and Multi-Sensory Loss

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Project Number: H133E110004
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 11 $949,490; FY 12 $949,149; FY 13 $949,892; FY 14 $949,332; FY 15 $949,198

Abstract: This project conducts a comprehensive research and development program in the areas of blindness, low vision, and sensory loss, focusing on assessment, access to technology, and education in science, technology, engineering, and math (STEM). Within these three main areas, the project identifies and addresses outstanding problems faced by the different age and population groups including infants and young children, school and working age individuals, elders, returning veterans, and persons with combined visual and hearing impairments. Assessment projects include utilizing visual evoked potential technology to investigate how to best predict likely future visual ability for reading, assessing the factors leading to reading deficits in elders and veterans, determining optimal eye movement strategies for persons with blind spots in their central visual fields, and guidelines for evaluation of visual function afforded by visual prostheses. The CamIO system addresses access to graphics, appliances, and devices with visual displays and controls, using computer vision to capture finger motions relative to device controls, read display contents, and provide auditory feedback for real-time interaction. Expanding the existing computer-vision-based sign finding and sign reading research to solve practical user-oriented problems such as camera aiming and user information overload address access to signage. The project also develops a next-generation, reduced-cost variant of the Remotely Accessible Infrared Signage technology, and pursues development of special hearing aids designed to enhance wayfinding cues for people with combined visual and hearing impairments. Finally, the project partners with a major science curriculum developer to apply these and other technology to adapt widely used mainstream science curricula for universal access to support STEM education for students with visual impairments.
Rehabilitation Engineering Research Centers (RERCs)
Colorado

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Cognitive Rehabilitation

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Project Number: H133E090003
Start Date: October 01, 2009
Length: 60 months

NIDRR Officer: Margaret Campbell, PhD

NIDRR Funding: FY 09 $949,999; FY 10 $949,995; FY 11 $949,999; FY 12 $949,999; FY 13 $949,994; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project focuses on the research and development of cognitive technologies for individuals with cognitive disabilities across the life span. Cognitive technologies increase the quality of life of consumers, their families, and caregivers; expand inclusion in all aspects of life and work; and increase independence. Focusing on three main areas, this project addresses: (1) development of a product usability testing facility focusing on rigorous industry-standard product testing protocols for cognitive assistive technology; (2) development of a core software/sensor platform to support mobile animated agents used for multiple applications; and (3) development of standards—currently a critical missing link for cognitive technology information technology access and technologies. Project activities focus on the challenges of people with cognitive disabilities in obtaining and maintaining employment, and succeeding in the workplace. Moreover, this project addresses a number of specific challenges such as effective non-linear job coaching, coaching for jobs and tasks involving multiple workplace locations, returning to a task after the many types of interruptions presented in the modern technological workplace, and learning vocabulary for the workplace. Long-term project outcomes include increasing employment, job longevity, and job satisfaction for people with cognitive disabilities.
Rehabilitation Engineering Research Centers (RERCs)
Colorado

Rehabilitation Engineering Research Center for Advancing Cognitive Technologies (RERC-ACT)

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Project Number: H133E140054
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 14 $950,000; FY 15 $949,999; FY 16 $949,999; FY 17 $949,999; FY 18 $950,000

Abstract: The goal of this RERC is to research, develop, evaluate, implement, and disseminate innovative technologies and approaches that will have a positive impact on the way in which individuals with significant cognitive disabilities function within their communities and workplace. The Center’s six research and development activities focus on expanding the cognitive technology standards for work, training, dissemination/knowledge utilization, and commercialization by: (R1) performing usability tests with the myriad technologies used by persons with cognitive disabilities in order to improve individual consumer selection of the ‘right’ technology and to improve the design and development of existing, emerging, and new technologies for working-age adults with traumatic brain injury; (R2) developing a simulator which enables researchers to test, in a very controlled manner, specific user interface features with specific populations; and (R3) conducting an applied clinical trial of the Non-Linear Context-Aware Interactive Prompting Platform (IPP). The clinical trial has three major development components: (D1) providing an easy-to-configure authoring system for non-technical set-up of the IPP in warehouse environments, (D2) combining workplace business systems monitoring (computerized inventory management/business processes) with navigation and contextualized prompts, and (D3) collecting ongoing data and comparing the prescribed task to actual performance, enabling error detection and correction.
RERC on Improving the Accessibility, Usability, and Performance of Technology for Individuals who are Deaf or Hard of Hearing (DHH-RERC)

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Project Number: H133E140056
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $950,000; FY 15 $950,000; FY 16 $950,000; FY 17 $950,000; FY 18 $950,000

Abstract: This RERC’s mission is to provide consumers who are hard of hearing or deaf, as well as their families and clinicians, with the knowledge and tools necessary (1) to take control of their communication and hearing technologies; adapt those technologies to their needs in real-world environments, and achieve greater autonomy in their technology use; and (2) to derive full benefit of the shift from special-purpose devices to increasingly powerful and interconnected consumer electronics. The RERC aims to narrow the gaps between the potential for new technologies to improve the lives of individuals who are hard of hearing or deaf and their ability to exploit this potential. The center carries out three research and three development and training projects, as follows. R1 investigates how a previously successful face-to-face, clinical program of aural rehabilitation for cochlear implant users can be transferred to a telerehabilitation model, in which services are delivered in the home to previously underserved populations with limited access to clinical facilities using the interactive platform for telehealth and collaborative applications developed by the RERC on Telerehabilitation. R2 investigates how consumers with hearing loss can customize their own cochlear implant mapping using a consumer-driven system to control the programming of the device and personally explore a range of programming parameters to determine if this type of user-driven customization can maximize device benefit. R3: investigates new clinical tools to address a critical gap in fitting hearing devices to very young, prelingual children with hearing loss. D1 develops a framework for a consumer-centric, technology-focused train-the-trainer program, which develops skilled consumer trainers to provide improved quantity and quality of technology training to other consumers. D2 develops field tools, implemented through the integration of hearing devices and smartphones, for monitoring listeners’ perceptions, environmental context information, and hearing device configuration during real-world listening situations, so that factors that interfere with the ability of consumers to use or benefit from hearing devices can be identified. D3 develops interactive
learning environments, where consumers can explore virtual, yet realistic, listening situations, learn how
to optimize the use of their hearing technology, and then transfer the knowledge and skills they have
acquired to similar situations encountered in the real-world.
Rehabilitation Engineering Research Centers (RERCs)
Georgia

Rehabilitation Engineering Research Center for Wheeled Mobility in Everyday Life

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Project Number: H133E080003
Start Date: October 01, 2008
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 08 $949,998; FY 09 $949,995; FY 10 $949,994; FY 11 $949,998; FY 12 $949,995; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 9/30/2015)

Abstract: This project promotes new ways of conceptualizing and understanding wheeled mobility while focusing on devices and interventions that impact device use and activity performance. This approach enables as many individuals as possible to actively participate in everyday life. Project goals include four integrated program areas in research, development, training, and dissemination that utilize a variety of methodologies and scientific approaches taking research out of the laboratory and putting it into real-world, everyday environments. Project research centers on four activities: R1. Pressure Ulcer Prevention: Susceptibility and Pressure Relief Effectiveness; R2. Effects of Mobility Device and Environmental Facilitators on Activity and Participation; R3. Improved Training to Improve Function which studies the effect of immediate video feedback on acquisition of advanced wheelchair skills, and the impact of an innovative wheelchair Tai Chi program on health, activity, and participation; and R4. Improved Wheelchair Prescription which examines effects of wheelchair type on performance of elders in public spaces and investigate how well clinicians predict the wheelchair use of their clients. Development projects address standards and test methods and commercial projects and include: D1. Development of Standards and Test Methods which develops three wheelchair cushion standards and a wheelchair test method to accurately measure the mechanical effort required to propel manual wheelchairs; D2. Inventor-Driven Product Development that assists in developing products that have been conceived by small companies and inventors; and D3. Development of Orphan Technologies, developing devices that have small markets but serve useful needs. Four training projects focus on a variety of audiences including: T1. Evidence-Based Online Wheelchair Seating and Positioning Course; T2. Advanced Rehabilitation Research Training; T3. Creating Rehabilitation Engineering and Assistive Technology Experiences; and T4. State of the Science Conference.
Rehabilitation Engineering Research Centers (RERCs)  
Georgia

Rehabilitation Engineering Research Center for Wireless Technologies

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Project Number: H133E110002  
Start Date: October 01, 2011  
Length: 60 months  
NIDRR Officer: Stephen Bauer, PhD  
NIDRR Funding: FY 11 $950,000; FY 12 $950,000; FY 13 $950,000; FY 14 $950,000; FY 15 $950,000

Abstract: The mission of the Rehabilitation Engineering Research Center (RERC) for Wireless Technologies is to: (1) promote access and use of wireless technologies by people with disabilities, and (2) encourage adoption of universal design approaches in future generations of wireless technologies. The Research Section includes two projects focused on user-centered approaches to research, development, and evaluation of wireless technologies and policy initiatives to remove barriers to and promote use of wireless innovations by people with disabilities. User-Centered Research: Consumer Advisory Network (R1) is designed to provide the wireless industry and government regulators with reliable, actionable, and independent data on the needs and wants of consumers with disabilities. Policy Approaches to Accelerate Access to Advanced Wireless Technologies (R2) conducts policy research and analysis as it relates to the needs of people with disabilities, accessibility, and migratory shifts in wireless technologies. The Development Section includes two projects aimed at responding to ongoing trends in handheld technology, wireless networks, and federal policy. The App Factory (D1) is an “open (to any app developer) shop” to promote development of a variety of software applications that address needs, support independence, and improve quality of life and community participation of people with disabilities, including those with cognitive, physical, sensory, or communication disabilities. Emergency Lifelines on Wireless Platforms (D2) identifies, develops, and tests solutions for ensuring that next-generation emergency communication systems (e.g., NG 9-1-1 and mobile broadband alerting) afford full access to people with disabilities, particularly as emergency alerts move from conventional broadcast media (radio and TV) to wireless networks and devices. The Training and Dissemination Section includes three projects that promote the adoption of new knowledge into practice. The State of the Technology conference focuses on strategies for engaging consumers in rehabilitation research and engineering, impact of public policy
on equitable access and migration from legacy, analog technologies to next-generation, digital technologies. The RERC’s two other training projects undertake initiatives designed to educate consumers, service providers, manufacturers, and other professionals. Efforts include consumer workshops, university courses, an annual student design competition, and conference tutorials; all geared toward access and usability of mobile wireless technologies.
Rehabilitation Engineering Research Centers (RERCs)
Georgia

Rehabilitation Engineering Research Center on Technologies to Support Successful Aging with Disability (RERC TechSAge)

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Center for Assistive Technology and Environmental Access (CATEA)
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Project Number: H133E130037
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 13 $924,999; FY 14 $924,994; FY 15 $924,992; FY 16 $924,998; FY 17 $924,994

Abstract: The RERC TechSAge conducts programs of advanced rehabilitation engineering and technical research and development (R&D) to increase knowledge about, availability of, and access to effective, universally-designed technologies that enable people to sustain independence, maintain health, safely engage in basic activities of daily living at home and the community, and participate in society as they age with disability. The RERC conducts nine R&D projects. Research projects include: R1. User Needs. This project uses a multi-faceted approach to provide converging evidence to support development of integrated technology that meets the needs of older adults with disabilities. Specifically, it develops a taxonomy of everyday support needs, assesses user needs for home-based activities, and creates an integrated dataset to predict task performance and technology need: R2. Effects of Age-Related Hearing Loss. This project investigates the ancillary impact of age-acquired hearing impairment on the use of mobility-related assistive technology (AT) and outdoor mobility among visually-impaired older adults to identify impacts on AT use, mobility, and community participation, resulting in design and practice guidelines: R3. Telewellness Technologies. This project identifies the requirements of telepresence technology interventions to compensate for activity limitations and participation restrictions among older adults with disabilities through an understanding of telerobot acceptance by the target population, determining the effectiveness of telerobot exercise interventions for enhancing self-efficacy and social connectedness, and assessing the usefulness and ease-of-use of a telerobot. Development projects include: D1. App Development. This project develops mobile applications to support successful aging by older adults with a disability. Three apps are planned: cognitive training to prevent functional decline, route planning to promote community mobility, and gait analysis to predict activity limitations: D2. Smart Bathroom. This project develops a system of smart bathroom technologies and fixtures, such as grab bars and adjustable toilets, that adapt to user’s needs and functional abilities based on an analysis of gait, balance, posture, grip strength, and other factors: D3. Mobile Manipulator Robot. This project develops an open-source code, open hardware robotic system that performs common actions with its hand (e.g.,
tool use) and is capable of adapting to changes in a user’s abilities and preferences to provide better assistance. Project activities result in universally-designed interventions that support successful aging with disability.
Rehabilitation Engineering Research Centers (RERCs)
Illinois

Machines Assisting Recovery from Stroke and Spinal Cord Injury for Reintegration into Society (MARS3)

Rehabilitation Institute of Chicago (RIC)
Sensory Motor Performance Program (SMPP)
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Principal Investigator: Jim Patton, PhD; David J. Reinkensmeyer, PhD; 949/824-5218 (Reinkensmeyer)
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Project Number: H133E120010
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 12 $949,613; FY 13 $949,754; FY 14 $949,782; FY 15 $949,717; FY 16 $949,800

Abstract: Machines Assisting Recovery from Stroke Rehabilitation (MARS3) is a multi-institutional center designed to evaluate the utility of robotic devices for providing rehabilitation therapy after neural injury. Research activities focus substantially on recovery from stroke because individuals with stroke are by far the largest user group requiring intensive rehabilitation and assistance. However, this center also pilots new applications in spinal cord injury, cerebral palsy, traumatic brain injury, and aging. Seven research and development projects center on the use of robots for restoration of function and return to society: D1: Development of expertise in lower-extremity exoskeleton use; D2: A body-machine interface for promoting motor recovery while controlling assistive devices; D3: Wheelchair-based robotic upper extremity exercise and power-assisted propulsion; D4: Wearable aid for fall prevention; R1: Robotic mobility activity center in a fitness facility for people with disabilities; R2: Virtual environment for hand home therapy following stroke; and R3: Community-ready upper extremity interactive rehabilitation. Additionally, three crosscutting core facilities will assist all projects: (1) avatar communications with users; (2) statistical design; and (3) technology transfer. This Center is an international collaboration with the Rehabilitation Institute of Chicago, University of Illinois at Chicago, the University of California at Irvine, Northwestern University, The Illinois Institute of Technology, and Delft University of Technology in the Netherlands.
Rehabilitation Engineering Research Center on Timing Investigation Dosage Implementation (TIDI)

Rehabilitation Institute of Chicago (RIC)
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Project Number: H133E130019
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 13 $924,937; FY 14 $924,906; FY 15 $924,805; FY 16 $924,726; FY 17 $924,719

Abstract: The Rehabilitation Institute of Chicago (RIC) together with its partners, Northwestern University (NU), Emory University, Carnegie Mellon University, University of Colorado at Boulder, and Ekso Bionics, design and implement a program of research and development centered on establishing a rational basis for quantifying the appropriate time distribution for use of robotic and computer based interventions in rehabilitation therapy. The center also investigates how therapists interact with robotic devices when delivering therapy. Seven areas of research and development include: D1-R1 mixed-reality therapy for restoration of arm function in stroke survivors; D2-R2 development of computer-based algorithms for restoration of speech after stroke; D3-R3 effect of stretching of ankle muscles on locomotion in stroke survivors; and D4 how to train people with a spinal cord injury to use a robotic exoskeleton. Training for the center includes an advanced Education and Training project for undergraduate engineers dedicated to the design of simple devices for rehabilitation as part of NU’s highly successful initiative in engineering design education. Dissemination includes presentations at engineering and rehabilitation conferences, and publications in high-impact peer reviewed journals, press releases, websites, and faculty presentations.
Rehabilitation Engineering Research Centers (RERCs)
Illinois

Technologies to Evaluate and Advance Mobility and Manipulation (TEAMM) Rehabilitation Engineering Research Center

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Principal Investigator: Todd Kuiken, MD, PhD; Levi Hargrove, PhD; Arun Jayaraman, PhD; Konrad Kording, PhD; Christian Poellabauer, PhD; W. Zev Rymer, MD, PhD; 312/238-1315
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Project Number: H133E130020
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 13 $924,939; FY 14 $924,997; FY 15 $924,972; FY 16 $924,931; FY 17 $924,953

Abstract: This RERC develops technologies to evaluate and advance mobility and manipulation for people with movement disabilities and includes a total of six projects: three combined development/research projects, two research projects, and one development project. Two projects are focused on upper limb amputees: the Voluntary Opening and Voluntary Closing Terminal Device (VOVC) Project and the Partial-hand Control Project. The VOVC Project is a clinical trial of an innovative new terminal device that enables two types of grasp that traditionally require two separate devices. The Partial-hand Control Project develops a pattern recognition–based control system for motorized fingers and evaluates this technology in a clinical trial. The EKso Project evaluates use of a powered exoskeleton device to improve gait and mobility therapy in people following severe stroke. The Social Mobility Project develops and evaluates a new research tool that uses a cell phone application (app) to monitor a person’s mobility at home and anywhere in the community. The app identifies the mobility mode (i.e., walking, wheelchair, car, etc.) and assesses social interactions by analyzing where people go. While focusing on people with stroke, one of the largest populations with disability, this app can be applied to virtually any population with mobility-limiting disability. The Manual Standing Wheelchair (MSW) Project develops and evaluates a wheelchair that enables users to be mobile in a sitting or standing position utilizing an ergonomically efficient lever drive. The MSW Project focuses on a large array of wheelchair users, including those with spinal cord injury, spina bifida, and multiple sclerosis. Finally, the Powered Leg Project uses state-of-the-art-technology to create a lightweight powered leg system targeted for older or smaller persons with a lower limb amputation.
Rehabilitation Engineering Research Centers (RERCs)
Michigan

Technology Increasing Knowledge: Technology Optimizing Choice (TIKTOC) Rehabilitation Engineering Research Center (RERC)

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Principal Investigator: Michelle A. Meade, PhD; Edmund Durfee, PhD
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Project Number: H133E130014
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 13 $923,442; FY 14 $924,560; FY 15 $924,502; FY 16 $920,402; FY 17 $922,220

Abstract: This project develops and evaluates innovative rehabilitation strategies, techniques, and interventions to enhance health, participation, and employment outcomes among adolescents and young adults with physical, cognitive, and neurodevelopmental disabilities. Center projects include two research studies: R1: An exploratory study to identify the primary cognitive and motivational variables that impact self-management ability and behaviors among adolescents and young adults with neurodevelopmental disabilities; R2: A randomized clinical trial of a serious game developed to enhance self-management ability among adolescents and young adults with spinal cord dysfunction. The Center has four development activities: D1: The development of an effective system of data collection, analysis, and display tools to assist healthcare teams support individuals with disabilities to prioritize, address, measure, and track success in achieving personally optimal levels of health and participation; D2: The development of a dynamic scheduling system based on state-of-the-art artificial intelligence (AI) techniques that augments human cognition to support the management of health and participation of young adults with disabilities; D3: The development of a cloud-based mobile system for dynamic, personalized self-management plans, allowing continuous coordination among the adolescent or young adult with physical disability, clinical staff, and caregiver networks and providing each with different capabilities for viewing, updating, acting on, and reporting progress on the shared plans and related medical information; and D4: The development of a visual, interactive, AI enhanced intervention that uses reinforcement learning to target health management behaviors among transition age adolescents and young adults with neurodevelopmental disabilities. This project is an interdisciplinary collaboration of clinicians and researchers from the School of Medicine, the College of Engineering, the College of Pharmacy, and the School of Information within the University of Michigan.
Rehabilitation Engineering Research Centers (RERCs)  
New York

RERC on Universal Design in the Built Environment

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Project Number: H133E100002  
Start Date: October 01, 2010  
Length: 60 months  
NIDRR Officer: Kenneth D. Wood, PhD  
NIDRR Funding: FY 10 $950,000; FY 11 $950,000; FY 12 $950,000; FY 13 $950,000; FY 14 $950,000

Abstract: This project advances knowledge translation for universal design using a Knowledge-To-Action Model. It generates strategically important research, development, training, and dissemination deliverables that integrate universal design principles with the generally accepted models, methods, and metrics in the building and product manufacturing industries. Research and dissemination activities address three broad domains of the built environment: (1) housing, (2) public buildings, and (3) community infrastructure. Research projects produce new knowledge about needs and priorities in universal design and critical human factors data essential to resolving design and engineering problems in each of the three domains. One research project establishes a knowledge base for home modification service delivery and standards; another studies the effectiveness of current universal design standards and conducts targeted human performance studies to improve the evidence base for public building design. A third project evaluates, organizes, and improves knowledge to support and improve current policy initiatives and standards related to universal design of public rights-of-way. One set of development initiatives improves and creates consensus standards and evidence-based guidelines to implement universal design concepts through a certification and accreditation process. Another applies best practices in new product development to produce exemplar products and environments with industry partners. Training activities increase understanding and build capacity for a wide range of stakeholders through online education for professionals, research and development experiences for advanced graduate students, and outreach and assistance to design schools. Dissemination outputs include traditional refereed and trade publications, an extensive website with downloadable information products, and outreach activities related to newly emerging federal policy. The State of the Science Conference involves stakeholders in identifying knowledge gaps in practice. Collectively, these projects generate strategically important deliverables that address high priority needs that increase the adoption of universal design within the built environment.
Rehabilitation Engineering Research Centers (RERCs)
North Carolina

Rehabilitation Engineering Research Center for Communication Enhancement (AAC-RERC)

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Project Number: H133E080011
Start Date: October 01, 2008
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 08 $949,965; FY 09 $949,991; FY 10 $949,901; FY 11 $949,987; FY 12 $949,993; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 9/30/2015)
Abstract: The mission of the Rehabilitation Engineering Research Center for Communication Enhancement (AAC-RERC) is to assist people who use augmentative and alternative communication (AAC) technologies in achieving their goals across environments. The goals and objectives of the AAC-RERC are to advance and promote AAC technologies through the outputs and outcomes of its research and development activities; and to support individuals who use, manufacture, and recommend these technologies in ways they value. The project builds on collaborative relationships with researchers and developers both in and outside of the field of AAC and assistive technology, including DynaVox Technologies, the Federal Laboratory Consortium, Department of Navy, and Research In Motion among others. Research projects include: (1) AAC technologies to reduce cognitive/linguistic load; (2) new interface strategies for AAC technologies; and (3) AAC technologies to increase usability, acceptance, and learnability. Development activities include: (1) Connecting to the World -AAC access to mainstream technologies; (2) new interface strategies for AAC technologies; and (3) usability, acceptance, and learnability of AAC technologies.
Rehabilitation Engineering Research Center on Telerehabilitation

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Project Number: H133E090002
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 09 $949,997; FY 10 $949,999; FY 11 $949,999; FY 12 $949,999; FY 13 $949,999; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project conducts research and develops methods, systems, and technologies to support consultative, preventative, diagnostic, and therapeutic interventions to improve and promote telerehabilitation (TR) for individuals who have limited access to comprehensive medical and rehabilitation outpatient services. This project’s research and development activities address cognitive and vocational rehabilitation, communication technology assessment and training, TR infrastructure, and prevention and management of secondary conditions. Specific project goals include: (1) developing a scalable informatics infrastructure, (2) developing and evaluating a neuropsychological assessment protocol, (3) investigating a program of applied cognitive rehabilitation, (4) developing and evaluating a TR enhanced wellness program in spina bifida, (5) investigating the use of TR to manage chronic edema and lymphedema in individuals with mobility disabilities, (6) developing and evaluating tools for augmentative and alternative communication and computer access service delivery, and (7) TR capacity building via selected technology implementation projects and the development of a uniform dataset for TR.
Rehabilitation Engineering Research Centers (RERCs)  
Pennsylvania

Rehabilitation Engineering Research Center on  
Physical Access and Transportation

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Project Number: H133E130004  
Start Date: October 01, 2013  
Length: 60 months

NIDRR Officer: Kenneth D. Wood, PhD  
NIDRR Funding: FY 13 $923,878; FY 14 $924,054; FY 15 $922,383; FY 16 $923,440; FY 17 $923,446

Abstract: The RERC on Physical Access and Transportation empowers consumers, manufacturers, and service providers in the design and evaluation of accessible transportation equipment, information services, and physical environments. Project activities build upon previous work to focus on enabling technology and universal design to support independent and efficient multi-modal travel in daily life, including its significant role in employment and social participation. Research and development activities provide new tools, research findings, guidelines, and products that advance the field of transportation and “last mile” (e.g., the portion of a trip from public transportation to the rider’s final destination) issues. Research Project 1 focuses on understanding real-time trip information and community dialog as methods for empowering accessible travel. Research Project 2 expands the evidence base for boarding and disembarking policies, practices, and products with an in-depth examination of vehicle ramp and interior design in large transit vehicles. Research Project 3 studies para-transit usage and the usability of the “last mile”. Development Project 1 leverages existing technologies to implement software systems to help riders during multi-modal trips. Development Project 2 partners with bus manufacturers, service providers, and transit agencies to produce standards and regulations, reference designs, and vehicle interior concepts ready for commercialization. This project’s training activities increase understanding and build capacity for accessible transportation and pedestrian right-of-ways for a wide range of stakeholders through an online continuing education program, multi-disciplinary research and development experiences for university students, and advanced graduate students. Dissemination outputs include traditional refereed and trade publications; an extensive website with downloadable information products and design tools; and outreach activities with professional, business, and standards development organizations. Finally, a State-of-the-Science conference brings together all stakeholder groups to envision how future transportation systems can support independent transit use and incorporate universal design as a guiding philosophy.
Rehabilitation Engineering Research Center (RERC):
From Cloud to Smartphone – Accessible and Empowering ICT

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Project Number: H133E140039
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $949,413; FY 15 $949,361; FY 16 $947,365; FY 17 $949,360; FY 18 $949,301

Abstract: The goal of this RERC is to mitigate accessibility barriers to information and communication technology (ICT) for persons with disabilities (PwDs) with functional and device limitations, provide affordable access to ICT for underserved populations, and develop innovative ICT to improve health and function, social participation, and employment among PwDs. The theme of “From Cloud to Smartphone: Empowering and Accessible ICT” guides the Center’s research and development activities which address cognitive and vocational rehabilitation, communication technology assessment and training, tele-rehabilitation infrastructure, and prevention and management of secondary conditions through six projects: (1) Cloud Accessibility WebAnywhere, (2) Accessible TeleWellness, (3) Accessible Mobile Vocational Coaching, (4) Speech and Language Teletherapy to Rural Underserved Areas, (5) Adaptive Accessible mHealth Transcoding, (5) Longitudinal Accessibility of Web 2.0, and (6) Privacy and Security for PwDs. Center collaborators include the University of Pittsburgh School of Health and Rehabilitation Sciences, the Computer Sciences Human-Computer Interaction Institute at Carnegie-Mellon University, and Physical Medicine and Rehabilitation at the DePaul School of Hearing and Speech.
Rehabilitation Engineering Research Center on Augmentative and Alternative Communication (The RERC on AAC)

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Project Number: H133E140026
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $948,188; FY 15 $949,461; FY 16 $949,224; FY 17 $949,976; FY 18 $949,600

Abstract: This project conducts rigorous evidence-based research for designing effective augmentative and alternative communication (AAC) technologies and interventions, develops and evaluates innovative AAC engineering solutions driven by consumer needs, and provides comprehensive training and dissemination to ensure that all individuals, including those with severe disabilities, have access to effective AAC to enhance the communication of individuals with complex communication needs (CCN). The Center’s research and development activities (R & D) are organized around three themes: (1) improving access to technologies for individuals with CCN who have severe motor impairments by investigating and developing new access techniques (e.g., brain control interfaces and multimodal access); (2) developing language support technologies to enhance communication for those with significant language/cognitive limitations (e.g., technologies that facilitate the transition to literacy, provide contextually relevant smart prediction, and support video visual scene displays to enhance participation in school, work and community routines); and (3) improving the AAC human-computer interface to reduce cognitive processing demands and enhance communication. Additionally, the Center brings together a team of rehabilitation engineers and scientists to deliver targeted training and dissemination to build greater capacity and maximize the effective translation of R & D for real-world use.
Rehabilitation Engineering Research Centers (RERCs)
Wisconsin

Rehabilitation Engineering Research Center on Telecommunications Access

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Project Number: H133E090001
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 09 $950,000; FY 10 $950,000; FY 11 $950,000; FY 12 $950,000; FY 13 $950,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: This project lays the foundation for access in next generation technologies and creates bridge technologies, allowing users to migrate to new communication technologies without losing access to emergency services or the ability to communicate with colleagues and family who are still on older telecommunication networks. Extending across disabilities and technology platforms, research and development activities focus on three specific issues: (1) telecommunication access in emergency situations, (2) interoperability and transition between current and next generation telecommunication access, and (3) access to telecollaboration for employment and participation. Project R1 focuses on identifying and quantifying the problems faced by people with hearing loss in using new Internet telecommunications products and networks. The project includes both a user input-gathering activity and a study to quantify the impact of Internet transmission on hearing loss. Projects R2 and D1 focus on telecollaboration and include a series of 14 sessions with consumer groups, software developers, and corporate users to identify barriers and potential strategies for increasing access to telecollaboration systems. Project D2 addresses the transition between legacy and next-generation text communication technologies. The project has two components: develop and prototype an affordable interim solution to reconnect Deaf users of mobile technology who lost access to 9-1-1; and prototype a bridge technology for maintaining interoperability between old and new text communication technologies during the decade of transition to the next-generation (interoperable) text and total conversation (text, voice, and video) technologies. Project D3 provides research, prototypes, consultation, tools, and open source implementations, and other support to consumers, researchers, and industry in order to help move solutions that are already known and proven out of research labs and into commercial products, industry standards, professional practice, and the ultimately users’ hands.
Rehabilitation Engineering Research Centers (RERCs)
Wisconsin

Rehabilitation Engineering Research Center on
Universal Interface and Information Technology Access

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Project Number: H133E130028
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 13 $925,000; FY 14 $925,000; FY 15 $925,000; FY 16 $925,000; FY 17 $925,000

Abstract: This RERC is focused on accessibility of information and communication technologies, for persons across disability types and socio-economic levels. Accessibility issues addressed by this RERC stem from the interaction of four trends in information technology: (1) technology is increasingly required for all aspects of life (education, employment, health, safety, transportation, community participation, home management); (2) accessibility solutions do not exist for many groups – especially people with non-“mainstream” disabilities; (3) solutions that exist are often unaffordable; and (4) the number of different technology platforms, operating systems, and technology types that an individual must be able to use is increasing faster than assistive technology (AT) vendors can address. The RERC builds on and coordinates with the ongoing work of an international consortium (“Raising the Floor”) engaged in development of an underlying inclusive infrastructure that can greatly simplify accessibility and reduce costs for users and developers. This “Global Public Inclusive Infrastructure” (GPII) is designed to make assistive technologies and other access solutions available for many more users, much more efficiently and cost-effectively. (Both the consortium and the GPII concept were originated in the predecessor RERC.) The RERC’s research and development activities include: (1) Continuing development of the GPII concept – evolving it to address the changing technology landscape and our growing understanding of its role based on discussions with accessibility and mainstream stakeholders; (2) Moving the GPII from concept, papers, and laboratory prototypes, through to field implementations to test the efficacy and viability of the concept with real-world conditions, users, and limitations/realities; specifically: • Development and testing of a package for deploying and applying the GPII in public libraries of all sizes, with a focus on providing libraries with cost-effective ways of serving users with a wider range of abilities – including those with cognitive, memory, and digital-literacy related barriers such as elders and first-time users; • Development and testing of a decision support tool based on the GPII Unified Listing, that provides users and clinicians with a new capability for tracking and selecting ever-changing solutions for users – including not only comprehensive information on assistive technologies, but also...
not-previously-available information on the access features that are built into mainstream technologies. (3) Facilitating and promoting access built directly into mainstream ICT products – through technology transfer programs and research support for industry standards groups and governmental agencies working on accessibility standards.
Rehabilitation Engineering Research Center on Technologies for Children with Orthopedic Disabilities

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Project Number: H133E100007
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 10 $872,886; FY 11 $950,000; FY 12 $950,000; FY 13 $950,000; FY 14 $890,264

Abstract: This project conducts research and development projects aimed at addressing the needs of children with orthopedic disabilities. The overall goal of the project is to transfer and commercialize the research to offer new tools, better technologies, and improved treatment strategies for children with cerebral palsy, clubfoot, spina bifida, spinal cord injury, osteogenesis imperfecta (OI), and other conditions that cause mobility and manipulation problems. The project designs and develops devices and improved protocols that will help alert doctors, therapists, caregivers, and family members of joint overload concerns. Those devices include the development of an elliptical machine to improve neuromuscular control and stability in children. Other development projects are a novel pediatric robotic gait trainer, a biplanar (3-D) fluoroscopic imaging system that allows researchers to see the internal motion of the bones inside the foot, and a customized orthotic (brace) based on sensor technologies to treat pediatric flat foot. The research projects include: gait analysis of children with OI and severe clubfoot deformity to determine strain on the femur and humerus in those using crutches in order to modify activities or design better devices to absorb forces (and thus prevent fractures) and to better direct surgeons so they are aware of high load areas; using MRI and fMRI imaging for children with cerebral palsy to assess if there are changes in brain activity as a result of surgery or robotic-assisted rehabilitation of the arms and legs; evaluation of home-based robot-guided therapy, combined with interactive game elements to keep children interested, and tele-assessment to determine effectiveness in maintaining mobility in children with cerebral palsy; and mobility modeling of the upper and lower extremities (arms and legs) to determine the relationship between internal joint forces, assistive devices, ankle arthroeresis (implants), and longer-term tissue level effects as they relate to pain and function.
Disability and Rehabilitation Research Projects (DRRPs)
Pennsylvania

Disability and Rehabilitation Research Project on
Inclusive Cloud and Web Computing

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Project Number: H133A130057
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 13 $748,126; FY 14 $748,192; FY 15 $748,208; FY 16 $748,455; FY 17 $748,957

Abstract: This project researches and develops methods to enable software providers to easily and rapidly implement inclusive user experiences so that consumers are empowered to fully participate in cloud and web systems. The project is guided by four main principles: (1) rapid utilization, (2) cloud services, (3) universal design, and (4) a focus on users with low vision and cognitive disabilities. Research and development activities are built upon cutting-edge efforts in computer science, human-computer interaction, and machine learning. The research projects are focused on forming a better understanding of how end users want and should interact with and utilize enabling software components. Key areas of research include crowd-sourced assistance, adaptive user interfaces, and authentication. The development projects are focused on implementing prototypes and moving them rapidly towards deployment and eventual commercialization. They are designed to draw from the research projects and ensure rapid transition of new knowledge through a variety of utilization pathways.
Self-Management Assistance Through Technology (SMART) - 
Virtual Coaches for Wheelchair Users

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Project Number: H133A130025
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 13 $473,772; FY 14 $474,735; FY 15 $474,724; FY 16 $474,590; FY 17 $474,685

Abstract: This project aims to improve health and functional outcomes of wheelchair users by increasing their knowledge of appropriate wheelchair use and their role in the wheelchair service delivery process, and providing supportive technologies to assist them in leading a healthy lifestyle through the development and testing of a two virtual coaches. The Wheelchair/Seating Usage Coach is a suite of interactive mobile apps and portable sensing devices that teach safe and effective use of a wheelchair (e.g., wheelchair fit, propulsion techniques, wheelchair maintenance, and use of seat functions), and assists wheelchair users in navigating the service delivery process. The Lifestyle Coach is a suite of interactive mobile apps and portable sensing devices that assist wheelchair users to self-monitor and manage their weight and physical activity. Through partnership with the United Spinal Association, peer support groups in the Pittsburgh area and other regions assist in the development and testing of these virtual coaches. The project expects to commercialize the portable sensing devices and disseminate the mobile apps through app stores, partner organizations, professionals pursuing continuing education credits, professional conferences, and social media. The coaching tools can be incorporated into a community-based program that teaches self-management skills applied to wheelchair use and healthy lifestyle for wheelchair users.
Prosody and Voice Characteristics of Children with Cochlear Implants

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Project Number: H133G120272
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 12 $199,967; FY 13 $199,498; FY 14 $198,256
Abstract: This project examines the prosodic and voice characteristics of 40 children with cochlear implants (CIs) in two groups – a 4-5 year old group and a 7-8 year old group. For comparison, matched groups of hearing children are also studied. In addition to examining how prosodic and voice characteristics differ between younger and older children with CIs, this work permits identification of those characteristics that differ from those of hearing children and that persist despite experience with the implant. This project also examines the relative contribution of prosodic and voice attributes to overall speech intelligibility in CI children, analyzing the co-occurrence of prosodic and voice issues with measures of other features such as vocabulary and articulation that can influence spoken language communication. Finally, the project explores selected acoustic factors in the CI children’s productions to explain the acoustic and production bases for their prosody and voice difficulties.
Field Initiated Projects (FIPs)
Florida

Development of an Intelligent Assistive Robotic System for Individuals with Multiple Sclerosis

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Project Number: H133G120275
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 12 $199,837; FY 13 $198,842; FY 14 $199,957
Abstract: Individuals with multiple sclerosis (MS) may use a power wheelchair for mobility and require caregiver assistance to perform activities of daily living (ADL tasks). Wheelchair Mounted Robotic Arms are capable of assisting with these ADL tasks as they are highly versatile and can work in unstructured environments. In recent laboratory and field demonstrations researchers at UCF’s Assistive Robotics Laboratory have shown the ability for a computer to see, recognize, and track environmental objects using a robot-mounted stereo camera head – this has allowed for segmentation of robotic movements into fine and gross components which can better serve the needs of users with disabilities. This project develops and implements two variants of a motion control paradigm for an intelligent assistive robotic arm relevant to users with MS, namely, (a) hybrid control mode (user plans and executes gross translation for the robot while computer plans and executes automatic motion for fine translational/rotational adjustments), and (b) fully automatic control mode (computer plans and executes automatic motion for both gross and fine motion). To ensure safety, the robot motion in both these modes are used under user supervision using a variety of access devices. The designs are evaluated periodically at Orlando Health’s MS Comprehensive Care Center by a sample of the target MS population to provide feedback to the research team for refining the design of the human computer interface as well as the underlying computer vision, computation, and control software.
Field Initiated Projects (FIPs)
Georgia

Virtual Home Modifications Education Assistant (VHMEA) for Educators, Students, and Consumers

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Project Number: H133G120204
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 12 $599,189; FY 13 $1 (Funds for FY 2013 were funded using FY 2012 program money); FY 14 $1 (Funds for FY 2014 were funded using FY 2012 program money)
Abstract: This project develops an online Virtual Home Modifications Education Assistant (VHMEA) for educators and students in building construction, design, occupational therapy, and rehabilitation disciplines; professionals in housing fields; users of the built environment; and consumers with disabilities. When complete, the VHMEA features an online, virtual home that demonstrates the need for home modifications for people with disabilities, allowing users to encounter problems, solve them, and examine the results of modifications and universal design (UD) efforts. The VHMEA trains users on how modifications and UD can reduce issues of disability and aging by ameliorating environmental barriers. Project aims are to: (1) demonstrate the impact of barriers and facilitators in the built environment; (2) develop a dynamic teaching tool that will allow educators and students to participate across distances, eliminating educational barriers; (3) allow students to learn home modifications and the use of assistive technologies by doing; (4) create a user experience that will increase the use of UD principles in teaching and practice; and (5) help consumers make choices on accommodations and improve self-advocacy. The VHMEA allows users to explore the 3-D virtual home through the use of customizable character avatars. The home simulates barriers and the uses of UD, targeted accommodations, and assistive technologies. It provides interactivity with simulated features of the home. Multiple users can interact with each other and the environment, and explore with avatars that simulate multiple disabilities and the effects of aging in the home. Accommodation solutions are keyed to the Assistivetech.net database of products for individuals with disabilities (www.assistivetech.net), allowing users to reference real-world solutions to problems. Large classes as well as small group or individuals may use VHMEA for instruction as distance education, an in-class demonstration tool, or solo exploration by consumers.
Field Initiated Projects (FIPs)
Illinois

The Development of a Commercial Rehabilitation Device to Regain Arm Function Following Stroke

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Project Number: H133G100208
Start Date: October 01, 2010
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 10 $197,710; FY 11 $197,888; FY 12 $197,635; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 3/31/2015)

Abstract: This project develops an interactive, low-cost, and inherently safe 3-D passive arm coordination training device (PACT-3D) designed to reduce the negative effect of gravity during reaching movements with the paretic upper limb. Previous results have shown that moderately to severely affected chronic stroke subjects can be trained to increase their active reaching range of motion using a progressive shoulder abduction loading paradigm, thus giving rise to this device development project. The PACT-3D is designed for use with any seating system. The PACT-3D system provides high-resolution measurements of functional performance (reaching workspace) that are readily employed in assessing the effectiveness of rehabilitation interventions. Additionally, the commercial PACT-3D system is designed for use as an assistive device and for the implementation of novel rehabilitation interventions increasing the functional reaching abilities of individuals with stroke. The system provides a safe and relatively compact intervention/measurement device that can be deployed easily even in the smallest clinics or at home. Project activities include: (1) developing a prototype of the device incorporating patented limb weight modulating technology, (2) developing a second prototype that includes automated weight support control with real-time visual feedback for measurement and therapeutic applications, and (3) testing the performance of the PACT-3D in the measurement of reaching movements and arm workspace for various levels of shoulder abduction loading in individuals with chronic hemiparetic stroke.
Development of a Low-Cost Dilatancy-Based System for Orthotic Fabrication

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Project Number: H133G110266
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 11 $178,097; FY 12 $169,159; FY 13 $179,996; FY 14 (No-cost extension through 12/31/2014)

Abstract: This project creates a dilatancy (vacuum-based) system that enables low-cost and rapid fabrication of orthoses. The project goal is to design and evaluate an orthotic dilatancy casting system for capturing the impression of a body part in order to fabricate a custom orthosis biomechanically individualized for the person with disability. This system would replace the conventional method of taking impressions using plaster bandages. The project has four phases: (1) Design and Laboratory Testing Phase—Develop equipment and procedures and to conduct laboratory testing on positive plaster models. (2) Clinical Evaluation Phase—Conduct clinical evaluations of new orthotic fabrication system on research subjects. (3) Review and Demonstration Phase—Demonstrate new orthotic dilatancy fabrication systems to practicing orthotists and students receiving orthotics education to acquire feedback and suggestions for further refinement. (4) Knowledge Translation Phase—Prepare detailed technical manuals for each validated orthotic dilatancy fabrication system for knowledge translation and hold workshops to train orthotists. Efforts are focused on five different types of orthoses that are commonly prescribed and fitted by orthotists: foot orthosis, ankle-foot orthosis, knee orthosis, knee-ankle-foot orthosis, and spinal orthosis.
The Effect of Resistance to Participant-Supported Reaching on Workspace of the Hand in Severe Chronic Stroke

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Project Number: H133G110245
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 11 $197,732; FY 12 $196,422; FY 13 $197,094; FY 14 (No-cost extension through 5/31/2015)

Abstract: This study utilizes the ACT3D robot, developed as part of a previous NIDRR project, to incorporate resistance to reaching while accounting for the known benefits of progressive abduction loading in individuals with severe chronic stroke. Disturbances in movement coordination are the least well understood but often the most debilitating with respect to functional recovery following stroke. These deficits in coordination are expressed in the form of abnormal muscle synergies and result in limited and stereotypic movement patterns that are functionally disabling. The result of these constraints in muscle synergies is an abnormal coupling between shoulder abduction and elbow flexion (i.e., the flexion synergy), which significantly reduces the reaching function of an individual with stroke when they lift up the weight of the impaired arm against gravity. In this project, two groups practice reaching under abduction loading; however, the experimental group also moves against resistance while reaching. Previous neurotherapeutic research has shown that the abnormal synergy between shoulder abduction and elbow flexion can be significantly reduced thus increasing total reaching range of motion in individuals with severe stroke.
Design and Development of a Novel Body-Powered Prehensor and Hand

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Project Number: H133G120059
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 12 $198,621; FY 13 $199,576; FY 14 $198,704

Abstract: This project develops novel body-powered terminal devices for upper-limb prostheses that provide significantly greater function than currently available options and that are both clinically and commercially viable. Body-powered prostheses are the most commonly used type of device, and offer two terminal device options: a prehensor (hook) or a hand. Because of superior functionality, prehensors are often chosen over hands; however, although they are lightweight, robust, and relatively inexpensive, they are non-anthropomorphic and not aesthetically pleasing. Body-powered hands look somewhat more natural, but are heavy, more expensive, and provide comparatively poor function. For both of these device categories, users must choose between voluntary opening (VO) or voluntary closing (VC) devices, options that differ both in their inherent advantages and functional drawbacks. This project refines and tests a design for a body-powered prehensor that combines the features of both VO and VC devices: a body-powered hand that provides multiple grasps, fingers that can be used in power grips or locked out of the way to allow precision grips, a passive thumb that can be used to select different grip patterns, and a novel VO/VC switch.
Field Initiated Projects (FIPs)
Illinois

The Development of a Real Time Platform for Intuitive Control of Grasp and Release During Functional Arm Activities Following Stroke

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Project Number: H133G120287
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 12 $198,020; FY 13 $198,020; FY 14 $198,020

Abstract: This project develops a reliable and intuitive control of an assistive device for the hand (ReIn-HAND) to provide reliable hand control during functional arm activities following stroke. Specific aims of the project are to: (1) develop a series of algorithms for the detection of hand grasp, release, and rest of moderate to severely impaired stroke survivors during different arm activities; (2) implement the developed algorithm into a real-time platform to control an electric stimulation device to assist the hand movements; and (3) test the performance of the developed platform. To further improve the performance of the platform, researchers: (1) collect data from individuals with moderate to severe stroke in well-control, robot-mediated haptic environments using the Arm Coordination Training 3-D robot developed by Dewald Rehab Tech, LLC; and (2) use novel methods to reduce the impact from flexion synergy, to improve the platform’s performance. This project is a consortium between Northwestern University, Dewald Rehab Tech, LLC, Simple System, Inc., and Biodex Medical Systems, Inc.
Field Initiated Projects (FIPs)
Illinois

Development of a Web-Based Nemeth Code (Braille Mathematics) Tutorial for Use by Individuals Who Are Blind

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Project Number: H133G110122
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 11 $599,998; FY 12 $1 (Funds for FY 2012 were funded using FY 2011 program money); FY 13 $1 (Funds for FY 2013 were funded using FY 2011 program money); FY 14 (No-cost extension through 3/31/2015)
Abstract: This project develops and disseminates a downloadable, interactive Braille math tutor, a tool to help Braille readers become fluent in Nemeth Code, the Braille code for mathematics, on an independent basis. Many people who read Braille lack the opportunity to learn Nemeth Code through the conventional method because of the scarcity of teachers who possess this competency, or through independent study because of limitations (expense and obsolescence) of the only Nemeth Code tutor currently available which is accessible to people who are blind. This web-based tutorial is developed to be compatible with the full range of mainstream technology products, including Windows and Macintosh computers, as well as tablets and hand-held devices.
Field Initiated Projects (FIPs)
Kentucky

In-Depth Investigation of Wheelchair Activities on Paratransit

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Project Number: H133G130166
Start Date: October 01, 2013
Length: 24 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 13 $116,606; FY 14 $102,384

Abstract: This project consists to two interrelated tasks designed to gain an improved understanding of factors contributing to wheeled mobility device users (WhMD users) difficulties and incidents on paratransit: (1) a nationwide survey of WhMD users to quantify and characterize difficulties and incidents when using paratransit, and (2) prospective monitoring and assessment of WhMD-related activities (during boarding, alighting and transit) on a paratransit vehicle utilizing an in-vehicle video surveillance system, combined with a lift load measurement system. Research indicates that 12 percent of WhMD passengers have been involved in an incident while using paratransit services. The majority of incidents occur in transit. Fewer incidents occur during boarding or alighting, however these incidents account for the majority of injuries. Data collected through this study contributes to ADA commercial vehicle lift-related legislation and policy, and allows for the development of WhMD lift design guidelines and operational recommended best practices for improved WhMD user safety, accessibility, and usability on paratransit vehicles.
Access to Electronic and Personal Health Records

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**Project Number:** H133G110095  
**Start Date:** October 01, 2011  
**Length:** 36 months

**NIDRR Officer:** Hugh Berry, EdD  
**NIDRR Funding:** FY 11 $200,000; FY 12 $200,000; FY 13 $200,000; FY 14 (No-cost extension through 9/30/2015)

**Abstract:** This project integrates accessibility requirements with usability factors in development and evaluation of prototypes to make electronic health record systems (EHRs), personal health records (PHRs), and technology-based patient information accessible to people who have disabilities. Project activities and deliverables include: Development of field-derived user requirements including a gap analysis of accessibility and usability barriers within technology-based personal health records and patient education information products or services, offered across the continuum of inpatient, outpatient and home-care services provided by hospitals, clinics, and skilled-nursing and independent-living facilities; prototype development informed by user requirements and complex use cases which meet both usability and accessibility criteria for providing equal and meaningful access to the range of medical and health-care information offered via EHRs/PHRs; and participation in national health IT usability and standard initiatives to promote review of use cases and prototypes and support inclusion of accessibility requirements in EHR and PHR requirements and certification processes.
Developed of a Pediatric Intelligently Controlled Assistive Rehabilitation Elliptical (Pedi-ICARE) Training System to Promote Walking and Fitness in Children with Physical Limitations

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Project Number: H133G130274
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 13 $200,000; FY 14 $200,000; FY 15 $200,000

Abstract: The overall goal of this project is to develop the Pedi-ICARE trainer and therapeutic intervention, an affordable tool that can be used in healthcare and other community settings to help children (3 to 12 years of age) with physical disabilities and special health care needs improve/retain their walking and cardiovascular function. Specifically, the project develops, refines, and field-tests a prototype Pedi-ICARE trainer, including an affordable intelligent control system that adapts the movement pattern of an elliptical to the unique physical assistance needs of children as they work to regain, sustain, or obtain the ability to walk and exercise. In year one, the project identifies essential design features (ergonomic and clinical) and iteratively develops two prototype trainers for children. In year two, a fully functional prototype is pilot-tested and refined in a laboratory environment to optimize function, features, walking biofidelity, durability, and affordability. In year three, the Pedi-ICARE system is implemented in multiple pediatric rehabilitation settings to evaluate the capacity to improve walking ability and cardiovascular function of children with varied gait dysfunctions and develop a therapeutic program using the device.
Field Initiated Projects (FIPs)
New Hampshire

WorkingWell: Developing a Mobile Employment Support Tool for Individuals with Psychiatric Disabilities

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Project Number: H133G140089
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 14 $199,619; FY 15 $199,149; FY 16 $199,779

Abstract: This project develops and tests WorkingWell, an innovative, easy-to-access, self-directed, and individualized mobile employment support tool (smartphone “app”) for individuals with psychiatric disabilities, available when and where the user needs it. WorkingWell targets autonomy-supportive constructs derived from Self-Determination Theory, and builds on previous research and the Individual Placement and Support (IPS) model of supported employment to help people succeed at work. This project aims to (1) develop the information architecture, functionality, technical specifications, and general design for the WorkingWell prototype via iterative, user-centered design including focus groups of users and employment specialists, and expert review; (2) develop the fully functional WorkingWell prototype using state-of-the-art processes informed by iterative, formative testing of the usability, accessibility, and acceptability of prototype components; and (3) test the acceptance and feasibility of WorkingWell through a six-month pretest-posttest demonstration field test with individuals receiving IPS supported employment, usage metrics, and post-implementation feedback interviews with a sample of users and employment specialists. The goal is to create a validated application that can be easily installed onto a mobile phone to facilitate wide-scale and far-reaching dissemination of IPS and follow-up support for people with severe psychiatric disabilities.
Impact of Prism Adaptation Therapy for Spatial Neglect on Home and Community Outcomes

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Project Number: H133G120203
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 12 $196,849; FY 13 $198,956; FY 14 $199,951
Abstract: This project examines prism adaptation therapy (PAT), and whether the discovery that spatial-motor aiming neglect predicts better neglect recovery is specific to PAT or whether this classification method identifies patients more likely to recover spontaneously. Additionally, the project evaluates the impact of receiving two weeks of PAT in the inpatient setting to home and community outcomes at three and six months after treatment. Disseminating grant activities and products to clinician and survivor/family stakeholders through a consumer conference, and training clinician collaborators, is intended to result in better clinical practice guidelines, to increase the rate of identification, management, and treatment of spatial neglect, and launch a multi-site clinical trial of PAT at the next research stage. The long-term goal of this research is to reduce falls, accidents, and other morbidity affecting stroke survivors with spatial neglect and other hidden disabilities, through methods of patient classification and targeted use of PAT and other spatial neglect therapies, to optimize eventual home and community functional outcomes.
The Development of a Virtual Reality Program to Improve Executive Functioning in Individuals with TBI

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Project Number: H133G130189
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 13 $199,624; FY 14 $199,578; FY 15 $199,716

Abstract: This project develops an innovative treatment that is strongly motivating, yet relevant to real-life function for people with traumatic brain injury (TBI): the Virtual Reality Executive Function Training (VREFT). Many studies have shown that executive function (EF) impairments are a key problem following TBI, and deficits in EF have been shown to impact multiple areas of the lives of people with disabilities, including societal and family functioning and employment. EFs are complex and dynamic in nature, making it a very difficult area of function to address using traditional rehabilitation tools. In order to rehabilitate EF skills, interventions must allow patients the opportunity to practice implementing sequences of actions and the complex behavioral patterns required of everyday interactions. Whereas traditional clinical treatment environments often lack the sequence of actions and reactions that occur in real life, the technology of virtual reality (VR) allows for the creation of an intervention environment with realistic spatial and temporal scenarios that closely mimics real-life, thus increasing the intervention's ecological validity. The project development objectives are to: (1) Design and develop a functional, interactive virtual environment that simulates the complexity of occupational scenarios; (2) develop and implement a set of cognitive tasks in the virtual environment that specifically train problem solving, set shifting, and divided attention; and (3) implement adaptive task difficulty to optimize training progress. The completed VREFT prototype is tested in a pilot evaluation trial with individuals with TBI and moderate to severe EF impairments.
Patient-Specific In-Shoe Orthoses for Knee OA
Prescribed Using Weight Bearing MRI

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Project Number: H133G140183
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 14 $199,878; FY 15 $199,983; FY 16 $199,994
Abstract: This project refines the process for prescribing in-shoe footwear modifications, leveraging in particular the weight-bearing MRI technology developed under a previous NIDRR field initiated project Improved Weight Bearing Evaluation of Knee Osteoarthritis. This project consists of two phases: (1) investigation of the immediate effect of incremental lateral in-shoe wedging on both static and dynamic descriptors of lower extremity biomechanics, as assessed using weight bearing MRI and gait analysis; and (2) a short term interventional trial in which the clinical effect of patient-specific in-shoe wedging is compared against the performance of a neutral (un-wedged) orthotic. Functional mobility tests and questionnaire reporting are utilized to evaluate the clinical effect on osteoarthritis-related pain and disability.
Field Initiated Projects (FIPs)
New York

Studying Treatments and Effectiveness of Prosthetic Systems (STEPS): Utilizing a Regional Collaborative Longitudinal Outcomes Database (CLOUD)

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Project Number: H133G120262
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 12 $598,479; FY 13 $1 (Funds for FY 2013 were funded using FY 2012 program money); FY 14 $1 (Funds for FY 2014 were funded using FY 2012 program money)

Abstract: This project develops a collaborative longitudinal database of veterans and civilians living with amputation to compare and contrast physical and psychosocial outcomes between the two populations in an effort to link prosthetic and orthotic treatments, devices, and supports to patient outcomes. The project enrolls individuals with lower limb amputation, including participants with newer amputations and those at least one year post injury. Follow-up interviews provide longitudinal data. As the database matures, it has the ability to examine and ultimately draw evidence-based conclusions regarding pertinent issues facing individuals with limb loss, such as heterotopic ossification and pain. Furthermore, the database serves as an immediate launching point for pilot studies involving gait and motion analysis, advanced biomarker detection for diabetes, and standardization of radiographic limb length measurement, as well as set up long-term research projects designed to develop more efficient and productive evidence-based healthcare practices, effectively improving the standard of care.
Field Initiated Projects (FIPs)
North Carolina

Building the Foundation of Clinical Practice of EMG Pattern Recognition for Prosthetic Arm Control

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Project Number: H133G130308
Start Date: October 01, 2013
Length: 24 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 13 $550,942; FY 14 $1 (Funds for FY 2014 were funded using FY 2012 program money)

Abstract: This project improves the function of upper limb prostheses by developing a reliable, robust, and clinically-viable prosthesis control system based on electromyography (EMG) pattern recognition (PR). Conventional prosthesis control (i.e. body-powered or proportional EMG control) is inadequate for multifunctional prostheses operation. Research in laboratory has shown that EMG PR enables tran-sradial (TR) amputees or above-elbow amputees with targeted muscle reinnervation surgeries to control multiple degrees of freedom of a prosthesis intuitively and efficiently. Unfortunately, no commercially available prosthetic arms use EMG PR control scheme due to several challenges for clinical practice, including high computational complexity, lack of wearability, poor robustness, and need for frequent recalibrations. The objective of this project is to develop new technologies and engineering solutions that resolve the difficulties in current EMG PR-based prosthesis control, advancing its adoption in practice. The design incorporates: (1) an optimized EMG PR algorithm for accurate, reliable, and responsive user intent recognition; (2) novel sensor fault detectors, system recovery technologies, and spatial filtering approaches to ensure the robustness of the sensor interface and EMG PR system; (3) a new wearable and user-friendly calibration interface integrated with a prosthesis-guided calibration program; and (4) embedded implementation of advanced control algorithms specifically tailored to the hardware structure for fast and accurate algorithm execution with power efficiency.
Field Initiated Projects (FIPs)  
Oregon

Development of a Web-based Tool for Families Impacted by the Cognitive, Behavioral, and Social Challenges of Traumatic Brain Injury

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Project Number: H133G120298  
Start Date: October 01, 2012  
Length: 12 months  
NIDRR Officer: A. Cate Miller, PhD  
NIDRR Funding: FY 12 $200,000; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 9/30/2015)

Abstract: This project develops and evaluates the efficacy of an interactive, web-based information and training program: TBI Family Support: Interactive Program for Families Impacted by the Cognitive, Behavioral, and Social Challenges of TBI; and improves family member knowledge and skill in supporting a loved one experiencing cognitive, behavioral, and social challenges of traumatic brain injury (TBI). Currently no comprehensive, accessible tool exists to assist families affected by TBI to become informed about and manage the complex challenges of TBI. Interactive multimedia has been shown to be effective in providing the type of specific video-based training needed by families supporting a loved one with TBI. The TBI Family Support site is developed, tested, and revised in partnership with a national group of consultants, family members, individuals with TBI, researchers, and practitioners. Product testing occurs across three phases, culminating in a randomized control trial with a national sample of family members of individuals with TBI.
Field Initiated Projects (FIPs)
Oregon

MyLife: Development of a Cloud-Based Transition ePortfolio for Individuals with Cognitive Disabilities

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Project Number: H133G140192
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $199,989; FY 15 $199,857; FY 16 $199,855
Abstract: The goal of the MyLife e-Portfolio is to provide a cognitively accessible life-experience communication tool that grows and changes throughout transition and later life, providing an easily accessible life and work history in appropriate formats to students with disabilities, families, educators, and other transition-team members. Students with cognitive disabilities face significant challenges to involvement in transition planning and realizing meaningful outcomes in employment, post-secondary educational opportunities, and independent living. MyLife is a cloud-based application, enabling shared creation and management of an electronic transition portfolio for secondary transition students with cognitive disabilities such as autism and intellectual disability. MyLife is evaluated through a usability field study to aid iterative development followed by a repeated-measures study to assess impact of the full application on self-determination and transition outcomes. The project collaborates on testing and evaluation with a school-based transition program serving 18-21 year olds pursing a modified diploma.
Development of a Virtual Reality Weight Management Intervention for Women with Mobility Impairments

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Project Number: H133G120192  
Start Date: October 01, 2012  
Length: 36 months  
NIDRR Officer: Leslie J. Caplan, PhD  
NIDRR Funding: FY 12 $599,997; FY 13 $1 (Funds for FY 2013 were funded using FY 2012 program money); FY 14 $1 (Funds for FY 2014 were funded using FY 2012 program money)

Abstract: This project develops and pilot tests the first evidence-based weight management program designed to meet the unique needs of women with mobility impairments. The goal is to use a community-based participatory and multidisciplinary approach to develop and pilot test a weight management intervention that: (1) responds to the unique needs and expressed concerns of women with mobility impairments, (2) builds on prior weight management research conducted on adults in general, and (3) is delivered using virtual reality on the Internet. Project objectives are to: Adapt a face-to-face, evidence-based weight loss program for adults, the Lifestyle Change Program curriculum from the Diabetes Prevention Program, to GoWoman, an Internet-based, virtual reality weight loss intervention that responds to the specific needs of women with mobility impairments; pilot test the Internet-based weight management intervention; and disseminate the results of this project in the form of postings to the Center for Research on Women with Disabilities website for lay and professional audiences, publications in refereed journals, and podcasts and online illustrated lectures on approaches to weight management for women with mobility impairments. The project is a consortium of four institutions -- the Center for Research on Women with Disabilities at Baylor College of Medicine, the Texas Obesity Research Center at the University of Houston, the Rural Institute at the University of Montana, and Case Western Reserve University Medical School.
Experimental Research on Pedestrian and Evacuation Behaviors of Individuals with Disabilities; Theory Development Necessary to Characterize Individual-Based Models

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Project Number: H133G110242
Start Date: October 01, 2011
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 11 $199,606; FY 12 $196,177; FY 13 $198,699; FY 14 (No-cost extension through 3/31/2015)

Abstract: The purpose of this study is to measure and collect the pedestrian and evacuation behaviors of individuals with mobility-related disabilities through a series of the controlled and evacuation experiments using new radio-frequency identification (RFID) technology complemented by video tracking methods. The results are both microscopic and macroscopic evacuation behavior data sets necessary for the development of well-characterized individual-based theories and models which reflect the observed patterns of evacuation behavior of a diverse population. The research objectives are to: (1) develop automated methods for measuring pedestrian trajectories in both controlled built and evacuation environments using RFID and video tracking technologies, (2) collect the pedestrian behavior data of individuals with mobility-related disabilities by experimentally observing and measuring key behaviors in controlled built environments, (3) collect the evacuation behavior data of individuals with mobility-related disabilities by observing and measuring key behaviors in realistic evacuation environment, and (4) calibrate macroscopic pedestrian flow relationships and evacuation curves from the microscopic pedestrian trajectories that are necessary for building credible and valid pedestrian and evacuation models.
Development of a Passive Prosthetic Ankle with Energy Return that Matches that of a Natural Ankle

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Project Number: H133G120256
Start Date: October 01, 2012
Length: 36 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 12 $199,862; FY 13 $199,733; FY 14 $199,920

Abstract: The goal of this project is to develop an inexpensive ankle prosthesis that behaves the same as a natural ankle. Current commercially available prostheses (e.g., SACH, ESAR feet) allow the amputee to walk, but with significant limitations. The primary functions of a natural ankle during walking are: (1) the absorption of ground reaction forces, and (2) the generation of forces to propel the body forward. Existing devices absorb ground reaction forces, but do not generate sufficient or appropriately timed forces to propel the body forward during push-off. This project develops a purely passive prosthetic ankle, which is low in cost and light in weight, with active behavior that allows the amputee to walk with near-normal gait. The device uses a network of springs in a multi-degree-of-freedom mechanism to provide the active and nonlinear behavior normally provided by a natural ankle. It does this without using sensors or actuators. The force generated along the leg during walking is converted into ankle torque used to propel the body forward during push-off. As a result, the need for a relatively large motor to generate push-off torque is eliminated.
Optimal Augmentative and Alternative Communication Technology for Individuals with Severe Communication Disabilities: Development of a Comprehensive Assessment Protocol

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Project Number: H133G130275
Start Date: October 01, 2013
Length: 36 months

NIDRR Officer: William V. Schutz, PhD, MSW, MPH

NIDRR Funding: FY 13 $199,377; FY 14 $197,380; FY 15 $196,477

Abstract: This project develops and validates a decision-making protocol that speech-language pathologists (SLPs) can use in assessing individuals with severe communication disabilities in order to make the best recommendations for the most effective augmentative and alternative communication (AAC) technologies. A comprehensive assessment and recommendation of appropriate AAC systems is a significant factor in the success of intervention for individuals with severe communication disabilities. Many SLPs report that they are not comfortable providing AAC services. In spite of increased graduate education in AAC, recent research shows that general practice SLPs do not have the skills to perform consistently effective assessments in this area. This protocol provides SLPs with practice guidelines to consistently and efficiently complete quality assessments that result in an appropriate match between the communication needs of an individual with severe disabilities and an AAC system, thereby allowing full participation in daily activities. Project objectives are to: (1) Develop effective AAC assessment protocols for adults and children with a variety of motor or language impairments; (2) establish content validity of the protocols and refine them as necessary; (3) establish consequential and face validity of the protocols; and (4) disseminate the results of the project.
Field Initiated Projects (FIPs)
Wisconsin

Development of a Multi-Faceted Software Evaluation for Home Reintegration: There’s an App for That?

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Project Number: H133G140222
Start Date: October 01, 2014
Length: 36 months
NIDRR Officer: Joyce Y. Caldwell
NIDRR Funding: FY 14 $200,000; FY 15 $200,000; FY 16 $200,000
Abstract: This project develops a technology-based assessment and documentation system for home evaluation of individuals with disabilities returning home from institutional settings. The complexity of home evaluation requires the home evaluation expert to detail and integrate the myriad factors that affect a person’s ability to live independently. Currently, evaluators rely on pen-and-paper assessments and time-consuming tools that limit the number of evaluations that can be conducted. The aim of this project is to modernize this process with HESTIA, an in-depth, multi-faceted assessment to identify problems in the home environment that hamper a person’s ability to successfully live as independently as possible. HESTIA incorporates advances in handheld computing such as smart technology data collection through computer-based question branching, Bayesian-like predictive models, and cloud knowledgebase access to help a practitioner collect and integrate large amounts of complex data. HESTIA embeds intelligent measurement tools such as smart sensors that interpret distances for satisfactory door widths and meters that determine light and sound levels in the home. The tools are based on prototype mobile apps that use the sensors indigenous to hand-held devices available on the market. Three data-collection modules measure a person’s body structure and function, home environment accessibility, and performance in day-to-day activities. HESTIA combines the data, creating integrated reports to facilitate the home evaluation team’s identification of customized goals and select specific home interventions. Project activities include content development for HESTIA, development of three data collection and integrative report modules, and preliminary product validation.
Small Business Innovation Research (SBIR), Phase I
Colorado

Development and Evaluation of a Universally-Designed App to Support Self-Directed Diabetes Education and Self-Management for Individuals with Intellectual Disabilities

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Project Number: H133S140071
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $75,000

Abstract: This project develops and evaluates the technical merit and feasibility of Diabetes Education and Self-Management for Intellectual Disabilities (DES-MID), a universally-designed educational and prompting software application to promote diabetes knowledge retention for individuals with intellectual disabilities (ID). Education and self-management are key interventions in managing diabetes. However, due to literacy deficits and a lifelong lack of opportunities to practice self-direction, individuals with ID have not had the opportunity to utilize these key interventions. Phase I of this project integrates extensive multimedia and proven interface design techniques to develop an independently usable tool, available for iOS and Android, for students and adults with ID to become more knowledgeable regarding their diabetes and provide them with accessible, hands-on supports to become more self-directed in self-managing their health. Phase II includes further design and development of time-based and step-by-step personalized multimedia prompting and real-world prototype evaluation using key diabetes and quality-of-life indicators as outcome measures. It also includes research and development into a staff training module with both general and patient-specific information to help familiarize direct-service professionals and other advocates.
Small Business Innovation Research (SBIR), Phase I
Colorado

Test What You Learned - Assessment: A Cloud-Based Cognitively Accessible Testing Extender for Special Needs Learning App

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Project Number: H133S140035
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $75,000

Abstract: This project develops the Test What You Learned – Assessment (TWYLA), a powerful assessment system which can be coupled with any special-needs app on a mobile device to allow special education teachers, as well as special needs app developers, to seamlessly integrate a cognitively accessible testing component into their app learning environment. Special needs apps for mobile devices offer engaging and often effective learning activities to students with cognitive disabilities. However, it is usually up to the teaching professional to determine how to assess student progress, as few of these apps are research-based and contain integrated assessment components. Apps that do have an assessment component may still not have a cognitively “accessible” assessment interface. Moreover, they may not be assessing what is of interest to the teacher working with students with cognitive disabilities. The TWYLA system can be downloaded from a cloud-based library to iPad and Android tables used within a school. This system provides teachers with the capability to integrate assessment activities right alongside their students’ mobile learning environment and meets a significant need for cognitively accessible assessment of these learning activities.
Small Business Innovation Research (SBIR), Phase I
Massachusetts

Therapeutic Intermittent Compression Socket

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Project Number: H133S140057
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 14 $74,972

Abstract: The purpose of this project is to develop a device that provides rapid intermittent compression to the residual limb of amputees that do not have good blood flow in their limbs. Through Phase I and Phase II, the project develops an actuator that: (1) mimics the pressures and rise times of currently available pneumatic intermittent compression systems, (2) produces a compression profile that has been shown to be clinically effective, (3) can be fit to residual limbs with different shapes and sizes, (4) can be easily incorporated into prosthetic socket, and (5) has had its efficacy demonstrated on human subjects. The device is portable to provide the user with therapy throughout the day, which frees the user from being confined to a chair for up to six hours each day in order to receive the prescribed amount of therapy. The goal of the device is to reduce the number of ulcers that form, help those ulcers that do form to heal, and ultimately reduce the number of reamputation surgeries that need to occur by increasing blood flow in the limb.
Small Business Innovation Research (SBIR), Phase I  
Minnesota

Monitoring Individuals at Risk for Traumatic Brain Injury

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Project Number: H133S140023
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $75,000

Abstract: This project creates an affordable system to monitor adolescent athletes in contact sports in order to identify individuals at risk for traumatic brain injury from continual sub-concussive impacts. The system helps to reduce the risk of long-term brain injury by providing tools to tell when it’s risky/safe to play and find areas where strength training and technique may reduce risk on an individual level. The system creates a cumulative, personalized history and profile of impacts including sub-concussive impacts, for use in long-term risk management. Parents and coaches can access the data through custom-designed web interfaces. The log will give parents and athletes an overall picture of the risk in comparisons to other athletes to allow them to make better decisions. Software developed for coaches and trainers shows impact data for individuals of the team. These data will help coaches and trainers find players who are using incorrect techniques for activities such as tackling with the helmet. It can also help identify players who should be watched more closely due to unusual impact data to determine the cause. Solutions could involve more strength training, changing a player’s style of play or stopping play in the sport.
Sensing and Control of Stand-To-Sit Motions of a Wearable Bionics Suit

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Project Number: H133S140051
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 14 $75,000

Abstract: This project creates a system for the sensing and control of stand-to-sit motions of a wearable bionics suit. Robotic exoskeletons/bionic suits have the potential to enable individuals with mobility disabilities to stand up and walk, enhancing full participation and integration in the community. This project seeks to address one of the gaps in allowing for independent use of exoskeletons in the home and community, namely, functionality to transition from standing to sitting in a safe manner. For robotic exoskeletons to gain acceptance in every-day home and community use, many safety related functionalities still need to be addressed. Some of the newer exoskeleton systems can mechanically support transitioning a user from a standing to a sitting position; however, these systems currently lack contextual feedback regarding how far away the surface or chair to sit down upon is, the alignment between the suit and surface, or whether other obstacles, for instance armrests on a chair, are present. The system developed in Phase I and Phase II enables exoskeleton systems to determine a-priori whether sitting down on a given surface is safe and achievable by the exoskeleton. It also provides continuous, real-time feedback to the exoskeleton’s control systems for safely guiding the user onto the surface. The technology developed during the Phase I project is generally applicable to all exoskeleton systems. During the Phase II project, developers team with one or more existing exoskeleton manufacturers to integrate the proposed technology into their product line. This project is a collaboration of Innovative Design Labs and the Rehabilitation Institute of Chicago.
Interactive E-Learning to Promote Successful Postsecondary Employment Outcomes for Students with Intellectual Disabilities

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Project Number: H133S140039
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 14 $74,995

Abstract: This project develops a Web-based Occupational Resource Kit (W.O.R.K), a self-paced, adaptive job-skills intervention designed specifically to meet the learning styles and social-emotional needs of students with intellectual disabilities. W.O.R.K. provides instruction, support, and interactive exercises based on individual needs to promote the development of essential employment, self-determination, and advocacy skills of students with intellectual disabilities, thereby supporting these individuals in achieving and maintaining employment. Phase I of this project includes development of a fully functioning software prototype with tailored educator and student user interfaces; feasibility testing with educators who are likely purchasers and/or users of the end product with students with disabilities to examine the feasibility and potential value of the W.O.R.K. product within authentic special education settings; and usability testing of the prototype with secondary students with intellectual disabilities to ensure the prototype functions as intended. In developing W.O.R.K, the project (1) engages secondary students with intellectual disabilities in a customized online interactive environment for scaffolded learning and practice, (2) increases educators’ access to the intervention through easy-to-use and feasible technology, (3) strengthens the home-school partnership through integrated resources, reports, and activities for easy sharing with parents, and (4) enhances educators’ skills for implementing the intervention through online professional development tools.
Physiologically Compatible Hemodialysis Through Advanced Dialysate Regeneration

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Project Number: H133S140070
Start Date: October 01, 2014
Length: 6 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $74,999

Abstract: The overall objective in this project is to develop a dialysis regeneration system (DRS) which minimizes the disturbance of blood ion homeostasis and the loss of nutrients while efficiently removing a wide spectrum of uremic toxins, resulting in a significant enhancement in the quality of life of patients with end-stage renal disease. While necessary for survival, traditional dialysis processes, such as hemodialysis, remove vital ions and nutrients from the patient’s blood, leaving them weak and more susceptible to additional health complications. Traditional hemodialysis also requires a great deal of time investment by patients and their families who must travel to a treatment location several times per week. Better hemodialysis options (length, frequency, and location) are needed to enable individuals with this disability to work and engage in activities in their communities. The investigators use various surface chemistry techniques to develop an adsorption system effective for regenerating spent dialysate containing a wide spectrum of uremic toxins and maintain nutrients such as amino acids, vitamins and essential ions. The technical objectives in the Phase I program are: (1) design, preparation and characterization of the advanced DRS; (2) performance characterization of the advanced DRS for uremic toxin clearance; and (3) efficacy and safety test on DRC housing the advanced DRS.
Small Business Innovation Research (SBIR), Phase II
Florida

Fluentbuddy Device to Enhance the Sensory and Motor Function of Individuals with Speech Communication Disorders

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Project Number: H133S130071
Start Date: October 01, 2013
Length: 24 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 13 $250,000; FY 14 $250,000

Abstract: This project develops FluentBuddy, a rehabilitation framework that utilizes innovative speech processing algorithms, as a platform to enable new cloud computing-based service delivery solutions for autonomous assessment, treatment, and management of communication disorders outside of a clinic. This project focuses on disorders associated with problems of the physiological and anatomical system (namely, voice disorders, speech sound disorders, motor speech disorders, and the associated disabilities in children and adults). The four goals of this project are: (1) to enhance sensory and motor function to support improved functional capacity; (2) to enhance workforce participation; (3) to increase independence of individuals; and (4) to improve healthcare interventions. The goals are met through the development of the end-to-end Take Along Clinical Therapy (TACT) cloud computing platform integrated with FluentBuddy applications. TACT combines biologically plausible speech processing algorithms for automated assessment with speech-therapy procedures to develop a new platform for the delivery of clinical therapy that is used outside of the clinic, can be used in real world situations, and enables tele-therapy for speech pathologists and for individuals while providing an extraordinary therapy experience for each.
The Intelligent Brace: A Compliance Monitoring System for Scoliosis

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Project Number: H133S140097
Start Date: October 01, 2014
Length: 24 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $288,502; FY 15 $286,578

Abstract: The goal of this project is to provide real-time monitoring and data logging to help both the patient and clinician determine if and when a scoliosis brace is being worn effectively. There is widespread use of bracing for treatment of adolescent idiopathic scoliosis, and recent studies have begun documenting its efficacy and establishing a positive correlation between brace wear and treatment success. However, these studies have also indicated that user compliance is a large factor in the efficacy of scoliosis brace treatment. Two factors comprise wear compliance: (1) the quantity of wear (i.e. does the actual wear time meet the prescribed wear time?), and (2) the quality of wear (i.e. is the fit as tight as prescribed?). Without both of these criteria being met, the effectiveness of the brace treatment is compromised. The Intelligent Brace for Scoliosis utilizes advanced Micro-Electro-Mechanical Systems (MEMS) technology to measure the pressure at clinically important sites within the brace to determine both the quality and quantity of fit. With the Intelligent Brace, the patient receives immediate feedback if the brace is improperly adjusted, allowing them to obtain an optimal fit and maximum benefit from the brace. In addition, it would provide currently unavailable measures of wear compliance to the clinician on the quality of fit of the brace to better inform brace treatment.
Enhancing Conversation Intelligibility for Hearing Aid Users in Noisy Environments

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Project Number: H133S130064
Start Date: October 01, 2013
Length: 24 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 13 $288,376; FY 14 $288,376

Abstract: This project develops and tests an easy to use and unobtrusive hearing aid accessory that utilizes a directional microphone array to improve understanding of speech in noisy environments. A common problem amongst hearing aid users is trouble understanding speech while listening to a conversation in environments with competing speech babble noise and other noises such as restaurant conversations, social gatherings, and conversations in busy workplaces or schools. The prototype accessory enhances conversation intelligibility with a directional microphone array that wirelessly transmits audio to the user’s hearing aids or a wireless ear piece for those who do not use hearing aids.
Small Business Innovation Research (SBIR), Phase II  
Minnesota

Wheelchair Optimal Route Planning for  
Public Urban and Indoor Spaces

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Project Number: H133S140099  
Start Date: October 01, 2014  
Length: 24 months  
NIDRR Officer: Brian Bard  
NIDRR Funding: FY 14 $273,041; FY 15 $301,745  
Abstract: This project creates an easy-to-use navigation and route-planning aid system for wheelchair users to optimize wheelchair specific paths through complex urban landscapes and indoor environments. Since the Americans with Disabilities Act Accessibility Guidelines (ADAAG) were established in 1990, the ability of wheelchair users to navigate public spaces has greatly improved. However, there are still many areas in which modification for accessibility was not “readily achievable,” and therefore, may not be conducive to wheelchair travel. The system under Phase II development tracks the location of wheelchair users in indoor locations and provides wheelchair specific mobility guidance using a crowd-sourced model of data collection. The system is comprised of navigation electronics attached to the wheelchair, and a software application to provide a wheelchair user with a graphical, intuitive interface for cloud-based online routing tools. This system improves access and independence for people with limited mobility and allows wheelchair users freedom of movement between public and commercial buildings safely and efficiently.
Accessible Web Automation for People with Vision Impairments

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Principal Investigator: Yevgen Borodin
Public Contact: Sha Li 888/533-7884, ext. 1

Project Number: H133S120067
Start Date: October 01, 2012
Length: 24 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 12 $250,000; FY 13 $250,000; FY 14 (No-cost extension through 9/30/2015)

Abstract: This SBIR Phase II Project builds upon previous research to develop and deploy the Assistant—an enabling technology for accessible web automation—the underpinning of a next-generation accessibility technology that takes web browsing to the next level. Web automation, as embodied in the Assistant, automates many of the repetitive low-level actions such as form filling and activating controls (such as clicking on buttons and links) that one has to do in typical browsing tasks such as online shopping, banking, course registration, bill-payments, reservations, etc. While these tasks are easy for sighted people, they pose considerable difficulties for people with visual disabilities, especially those who are blind. The proposed Assistant dramatically improves the speed and efficiency with which people who are blind can do the aforementioned online tasks. The Assistant is driven by a predictive model coupled to an intuitive user interface. The unique aspect of the Assistant is that the model automatically learns from the history of browsing actions. The Assistant utilizes this model to predict and automate future browsing actions. The interface suggests these browsing actions and enable users either to follow the suggestions or bypass them and browse normally.
Ubiquitous Web Access for People with Vision Impairments

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**Project Number:** H133S120055  
**Start Date:** October 01, 2012  
**Length:** 24 months  
**NIDRR Officer:** Brian Bard  
**NIDRR Funding:** FY 12 $250,000; FY 13 $250,000; FY 14 (No-cost extension through 9/30/2015)

**Abstract:** This SBIR Phase II project builds upon previous research to develop and deploy Omni – an enabling assistive technology for ubiquitous web access. Omni facilitates usable synchronization of personalized accessibility settings and browsing context (opened web pages and reading positions) across devices. Omni allows people with vision impairments to access the Web from anywhere, seamlessly switch from one device to another, and continue browsing the same web pages from the same spot without having to readjust their personalized accessibility settings. The Omni ecosystem, which includes client-side applications, web interface, and a synchronization service, makes it easy to organize, manage, and consume web content. Omni provides simplified access to relevant web content via an interface similar to that of an audio player – users will be able to add web pages from any web site to the playlist and then listen to them and/or view them at any convenient time and on any device. More importantly, the playlist also serves as the medium for capturing and restoring the browsing context.
Accommodation Integrated Technology to Minimize the Impact of Disability on Students’ Assessment Performance

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Principal Investigator: Janey Sturtz McMillen, PhD
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Project Number: H133S140102
Start Date: October 01, 2014
Length: 24 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $319,215; FY 15 $255,781
Abstract: This SBIR project integrates universal design principles in assessing the development and testing of Assess2Progress; an innovative, easy-to-use, and secure web-based system by which kindergarten through 5th grade (K-5th) teachers can independently create assessments of any type in any subject area, and deploy that assessment to one or more students with embedded text-to-speech functions, audio controls, and visual accommodations. Objectives of Phase II are to complete development of a fully functioning software system with tailored teacher and student user interfaces; conduct pre-pilot usability testing with K-5th grade students and teachers; and conduct field testing to pilot the full product with K-5th grade students and teachers in authentic educational settings. The fourth and final objective is to prepare the Assess2Progress system for commercial dissemination. The Assess2Progress product is expected to place directly into the hands of teachers the technological capability of an assessment system that integrates universal design principles thus ensuring all students have access to the tools they need to demonstrate what they actually know and can do.
Knowledge Translation

For NIDRR, knowledge translation (KT) encompasses the multidimensional, active process of ensuring that new knowledge and products gained through the course of research and development ultimately improve the lives of people with disabilities and further their participation in society. KT involves not only knowledge validation, dissemination, and utilization but also the transfer of technology, particularly products and devices, from the research and development setting to the commercial marketplace to make possible widespread utilization of the products or devices. NIDRR funds a number of KT projects focusing on different content areas, not only to assist NIDRR grantees in their knowledge translation efforts through technical assistance, training, and other activities, but also to generate new knowledge and understanding of KT in the context of disability and rehabilitation.

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Rehabilitation Research and Training Centers (RRTCs)
Illinois

Rehabilitation Research and Training Center on Improving Measurement of Medical Rehabilitation Outcomes

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Project Number: H133B090024
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 09 $850,000; FY 10 $850,000; FY 11 $850,000; FY 12 $850,000; FY 13 $850,000; FY 14 (No-cost extension through 9/30/2015)
Abstract: This project focuses on combining innovative measurement, data collection, and reporting methods with practical concerns for usability, implementation, and multi-user communication. Measurement of the cognitive and environmental factors affecting participation is hampered by instruments that are not tailored appropriately to persons with disabilities or for use in time-pressed clinical settings. This project focuses on persons with traumatic brain injury, spinal cord injury, and stroke because these groups experience complex cognitive, physical, sensory, and emotional impairments that limit access to and use of standardized test protocols. Specific project goals include: (1) increasing the accessibility of measures of cognitive function for use in rehabilitation settings so that consumers’ needs and outcomes are documented; (2) examining the reliability, validity, and sensitivity of measures of cognitive function for persons with disabilities within major item banks including the NIH Toolbox, the Executive Function Performance Test, NeuroQOL, TBI-QOL, SCI-QOL, and SCI-CAT projects; (3) evaluating and refining measures of barriers and facilitators of community participation enabling better evaluation of the outcomes of rehabilitation services; (4) utilizing the large set of data to examine the validity of the cognitive items on the Continuity and Record Evaluation Tool, a standardized patient assessment instrument developed by the Centers for Medicare and Medicaid Services; and (5) evaluating the extent to which the International Classification of Functioning, Disability, and Health (ICF) represents disablement characteristics by mapping instruments collected as part of project activities to concepts within the ICF. This RRTC conducts research; hosts forums for discussion; publishes in the rehabilitation science, health policy, and consumer literature; trains new researchers in rehabilitation-focused health services research; and disseminates information to diverse scientific, clinician, consumer, and policymaker audiences.
Disability and Rehabilitation Research Projects (DRRPs)
Alabama

National Spinal Cord Injury Statistical Center

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Project Number: H133A110002
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 11 $625,000; FY 12 $625,000; FY 13 $625,000; FY 14 $625,000; FY 15 $625,000

Abstract: With the ultimate goal of advancing knowledge of spinal cord injury (SCI) outcomes, the National Spinal Cord Injury Statistical Center (NSCISC) provides resources and services that support the longitudinal Spinal Cord Injury Model System (SCIMS) Database, ensure high-quality data, and promote rigorous research. Project activities are planned with several target populations in mind: individuals with SCI, SCIMS centers, researchers who intend to use the database, and any person who needs SCI statistics. The web-based data management system is upgraded with advanced functionality and user-friendly features to enhance security, quality control, and data retrieval/reporting as well as support SCIMS module projects and research. High-quality reliable data are ensured through utilization of a network of experts, refinement of the Standard Operating Procedures, implementation of a comprehensive certification program for data collectors, monitoring data quality and conducting site visits, enforcement of on-site quality assurance procedures, training, and technical assistance. A series of analyses are conducted to identify underlying factors that contribute to racial/ethnic differences in enrollment, retention, and responsiveness to interview questions, along with continued assessment of intercultural competence status and needs as a guide for the development of training materials. To increase the quantity and quality of SCIMS Database research, this project has four objectives: (1) intramural and collaborative research; (2) internship, award, and other training programs; (3) development of education and information resources for investigators; and (4) individual consultation and technical assistance. To enhance SCIMS Database continuity, two previously established mechanisms (subcontract and centralized data collection) are utilized for continued collection of follow-up data from unfunded SCIMS centers, and procedures are enacted to ensure high-quality reliable data. Moreover, this project implements an evaluation plan designed to assess the quality and quantity of project outputs with the impacts of advancing knowledge in SCI rehabilitation outcomes and facilitating changes in policy and clinical practice through SCIMS research.
Disability and Rehabilitation Research Projects (DRRPs)  
Colorado

National Data and Statistical Center for the TBI Model Systems

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Project Number: H133A110006  
Start Date: October 01, 2011  
Length: 60 months

NIDRR Officer: Kenneth D. Wood, PhD  
NIDRR Funding: FY 11 $625,000; FY 12 $625,000; FY 13 $625,000; FY 14 $625,000; FY 15 $625,000

Abstract: The Traumatic Brain Injury Model Systems National Data and Statistical Center (NDSC) provides innovative technologies, training, and resources to the Traumatic Brain Injury Model Systems (TBIMS). Building upon a comprehensive system of data management, communication technologies, and operating procedures that emulate the best practices of clinical research organizations, the NDSC increases the rigor and efficiency of scientific efforts to longitudinally assess the experience of individuals with TBI and advance TBI rehabilitation. NDSC has nine project goals: (1) maintain the TBIMS National Database (NDB) providing for confidentiality, quality control, and data retrieval capabilities, using cost-effective and user-friendly technology; (2) provide training/technical assistance to TBIMS on subject retention, data collection procedures, data entry methods, appropriate use of study instruments, and monitoring data quality; (3) provide knowledge, training, and technical assistance to TBIMS on culturally appropriate methods of longitudinal data collection and participant retention; (4) provide statistical/methodological consultation to TBIMS; (5) implement a mechanism for continued follow-up data collection from defunded TBIMS; (6) collaborate with Spinal Cord Injury and Burn Data Centers and the Model Systems Knowledge Translation Center (MSKTC); (7) coordinate on research projects of mutual interest with NIDRR-funded projects; (8) involve individuals with disabilities in planning and implementing the research, training, and dissemination activities, and in evaluating its work; and (9) identify anticipated outcomes that are linked to stated grant objectives. NDSC introduces new innovations including web-based data collectors training; resources to support the important work of the TBIMS committees, module studies, and special interest groups; advanced longitudinal analytic strategies, and several proposed NDB analysis projects; new cultural competency resources and language translation services; collaboration with the MSKTC on a TBIMS exhibit and materials; and new collaborative partnerships. The success of the project is assessed by five measurable outcome goals: (1) advance TBI rehabilitation by increasing the scientific rigor and utilization the TBIMS NDB/Modules, as measured by an increase in the annual rate of peer-reviewed journal articles that cite the TBIMS NDB/Modules as the primary source of research data; (2) maintain the TBIMS NDB/Modules using cost-effective and
user-friendly technologies as measured by user acceptance of new technologies/methodologies as indicated by annual customer evaluations; (3) ensure high-quality, reliable data in the TBIMS NDB/Modules by providing comprehensive technical support as measured by center quality support visit reports and data quality reports; (4) improve data collected from NDB participants of all racial/ethnic backgrounds as measured by an increase in the follow-up rate of minorities; and (5) enhance continuity of the TBIMS NDB by developing mechanisms/strategies for following participants enrolled by defunded centers as measured by improvement of follow-up rates of TBIMS NDB participants.
Model Systems Knowledge Translation Center (MSKTC)

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Project Number: H133A110004
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 11 $800,000; FY 12 $799,999; FY 13 $799,999; FY 14 $800,000; FY 15 $799,999

Abstract: The mission of the Model Systems Knowledge Translation Center (MSKTC) is to enhance the rigor and relevance of the model systems research and to communicate this research effectively to all potential audiences. This project has three goals: (1) enhanced understanding of the quality and relevance of the findings of NIDRR’s Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), and Burn Model Systems (MS) programs; (2) enhanced knowledge of advances in SCI, TBI, and Burn research among consumers, clinicians, and other end users of such information; and (3) the centralization of SCI, TBI, and Burn Model Systems resources for effective and uniform dissemination and technical assistance. These goals serve to guide the Center’s strategies and activities to create an impact on the target population, including the MS grantees and other researchers as well as the broader audience of people with disabilities and their families, clinicians and practitioners, and policymakers and advocates through services in three areas. Service Area 1 uses a systematic approach to identify, evaluate, and synthesize evidence-based research findings. Tasks under Service Area 1 include: (1) establishing and maintaining a Technical Review Committee, (2) establishing standards for systematic reviews, (3) conducting reviews and publishing results, and (4) conducting quick turnaround reviews. Service Area 2 offers a strategic approach in knowledge translation (KT) support to grantees. Tasks under Service Area 2 include: (1) KT technical assistance and training, (2) communities of practice focused on each injury area among all audiences, and (3) conducting consumer needs research. Service Area 3 creates a central location to host all the KT resources and uses a multifaceted approach to knowledge dissemination, in order to ensure that audiences have timely access to relevant information that (1) helps facilitate the knowledge translation process; (2) informs decisions surrounding rehabilitation options in the areas of SCI, TBI, and Burn; and (3) informs the professional practices to key audiences. Tasks under Service Area 2 include: (1) website redesign and maintenance, (2) MSKTC multimedia development, (3) an online dissemination toolkit development, and (4) outreach and dissemination.
Center on Knowledge Translation for Technology Transfer

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Project Number: H133A130014
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 13 $924,512; FY 14 $924,511; FY 15 $924,511; FY 16 $924,564; FY 17 $924,559

Abstract: The objective of this project is to study and apply the theory and practice of knowledge translation (KT) to the knowledge outputs of NIDRR technology grantees. Goals of this project are to increase the rate of successful technology transfer (TT) of rehabilitation projects by NIDRR grantees to the marketplace and into engineering standards, increase understanding among rehabilitation engineers and disability researchers in development of TT processes and practices that lead to successful TT, and increase capacity of NIDRR grantees to plan and engage in TT activities. Research Project 1, Grantee Evidence of TT Practices, uses case-based examples from grantees in technology innovation processes to demonstrate how their actions and decisions affect TT outputs and outcomes. Research Project 2, Profile of Industry TT Receptivity and Capacity, optimizes the likelihood of accomplishing TT by evaluating industry opportunities and constraints. Development Project 1, Generate Three NtK Model Variants, utilizes planning and charting processes across three non-commercial output categories (standards and protocols, freeware, and instruments and tools) to increase capacity in TT and expand the original NtK Model for commercial products. Development Project 2, Collaborative Commercialization, utilizes partnerships between NIDRR grantees and corporations to bring new or improved commercial products to the marketplace through two utilization activities: (1) Delivering Practice-Level TT Training, and (2) Demonstrating Program-Level NtK Model Uptake by External Agencies. These activities increase grantees’ ability to plan, implement, and manage TT capacity by teaching how to accommodate best practices within personnel, time, and resource constraints while demonstrating the use of the NtK Model by other government and advisory agencies. KT4TT operates at the School of Public Health and Health Professions, University at Buffalo (SUNY), in partnership with Western New York Independent Living Inc. and a team of international consulting experts.
Disability and Rehabilitation Research Projects (DRRPs)
New York

Center for International Rehabilitation Research Information & Exchange (CIRRIE-3)

The Research Foundation of SUNY on behalf of the University at Buffalo
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Project Number: H133A100021
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 10 $399,994; FY 11 $399,994; FY 12 $399,992; FY 13 $399,992; FY 14 $399,995

Abstract: This project establishes a comprehensive program to identify, organize, and disseminate international research and development knowledge relevant to the disability and rehabilitation community in the U.S. The Center for International Rehabilitation Research Information and Exchange (CIRRIE-3) includes four coordinated sets of activities: database, dissemination, exchange, and cultural competence education. CIRRIE-3 continues to expand its Database of International Rehabilitation Research. In this cycle it is adding features making it comparable to major commercial databases. CIRRIE-3 continues to disseminate its previously created international information resources while developing new resources, including bibliographies on topics of interest to NIDRR-funded projects; databases of cross-walks of rehabilitation instruments to the ICF and resources on universal design; and access to international literature on development methods for assistive technology. Additionally, CIRRIE-3 is developing a comparative profile of US and international research in 50 topic areas and conducting a conference in 2011 on the WHO World Report on Disability and Rehabilitation. CIRRIE-3 is conducting a program for international exchanges of research and development personnel from NIDRR-funded projects and counterparts in other countries. Approximately 60 exchanges are occurring over the 5-year cycle. The focus of the program is on building productive R&D collaborations. CIRRIE-3 continues to develop educational resources for use in training future rehabilitation professionals to work effectively with persons with disabilities who were born in other countries. CIRRIE-3 is developing simulations involving cross-cultural rehabilitation with high fidelity manikins and standardized patients trained to mirror foreign-born rehabilitation clients. The CIRRIE-3 program is global in scope and encompasses all of the NIDRR domains of disability and rehabilitation research and development.
Disability and Rehabilitation Research Projects (DRRPs)
Texas

SEDL Center on Knowledge Translation for Employment Research

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Project Number: H133A100026
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 10 $650,000; FY 11 $650,000; FY 12 $650,000; FY 13 $650,000; FY 14 $650,000; FY 15 (No-cost extension through 9/30/2016)

Abstract: The Center on Knowledge Translation for Employment Research has a dual purpose: (1) assessing, describing, and informing relevant stakeholders about the current research base related to improving employment outcomes among individuals with disabilities; and (2) exploring and testing knowledge translation strategies that can increase the appropriate use of that research among four key audiences: individuals with disabilities, employers, policy makers, and vocational rehabilitation practitioners. To address those purposes, this project (1) reviews the research literature to identify evidence-based practices that can be used to improve employment outcomes for individuals with disabilities; (2) identifies gaps that need to be addressed in future research; (3) widely disseminates project findings; (4) conducts survey and interview research to explore factors that either impede or support the use of research findings among the four target audiences; (4) conducts several research studies to test ways of helping target audiences to access and use the evidence-based practices identified (i.e., testing knowledge translation strategies); and (5) provides training and technical assistance to researchers so that they can incorporate effective knowledge translation strategies into their research, development, and dissemination activities. This is a collaborative project with SEDL and Virginia Commonwealth University.
Disability and Rehabilitation Research Projects (DRRPs)
Texas

SEDL’s Center on Knowledge Translation for Disability and Rehabilitation Research

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Project Number: H133A120012
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 12 $750,000; FY 13 $750,000; FY 14 $750,000; FY 15 $750,000; FY 16 $750,000

Abstract: This project serves as a primary knowledge translation (KT) resource for NIDRR-funded researchers, developers, and KT brokers, addressing the need for access to and skills in implementing best practices, undertaking systematic reviews and other high-quality syntheses of research, and translating research findings and using them to make critical decisions. To address these needs, the Center provides an array of training, dissemination, utilization, and technical assistance activities, including: supports for the production of high quality systematic reviews and research syntheses, including long-term, individualized technical assistance; tools and training to assist in extracting data, assessing quality, and using evidence from systematic reviews in identifying research gaps and formulating research questions; training and assistance to help NIDRR grantees meet the challenges of evidence standards; training and assistance addressing KT planning, including use of planning templates and tools; supports for NIDRR grantees in the development of evidence-based knowledge products; establishment of a Consumer Review Panel to provide guidance in ensuring that knowledge products and KT strategies are relevant and accessible to knowledge users; ready access to an array of KT strategies, with information about evidence of their effectiveness, and support for their use among NIDRR grantees; facilitation of collaborative work and information-sharing among NIDRR grantees, through working groups and communities of practice; for knowledge users, awareness of and ready access to evidence-based knowledge through accessible Web-based resources and social media; tools for knowledge users that facilitate the assessment of quality of systematic reviews and research syntheses, and the identification and utilization of high quality research evidence; and strategies to help NIDRR grantees engage knowledge users in all phases of KT, from seeking and creating knowledge through its application.
Disability and Rehabilitation Research Projects (DRRPs)
Washington

National Data and Statistical Center for the Burn Model Systems

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Project Number: H133A130004
Start Date: April 12, 2013
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 13 $350,000; FY 14 $350,000; FY 15 $350,000; FY 16 $350,000; FY 17 $350,000

Abstract: The purpose of the National Data and Statistical Center for the Burn Model Systems (BMS Data Center) is to (a) maintain and enhance a longitudinal database following individuals with burn injury, (b) support research on health outcomes in burn injury conducted by both researchers in the NIDRR Burn Model Systems Centers (BMS Centers) and external to the BMS Centers, and (c) provide annual reports to the public. The project enhances the technological foundation of the BMS Database by adding more sophisticated reporting features; enhances the capacity of BMS Data Centers to collect high quality data on individuals with burn injury from all racial and ethnic backgrounds through training and technical assistance; improves the capacity of researchers within and outside of the BMS Centers to engage in research and statistical analysis of the longitudinal database through technical assistance and direct participation in research, statistical analysis, and writing; collaborates with other NIDRR-funded data centers in spinal cord injury and traumatic brain injury and with national organizations that collect large datasets on burn injury, such as the American Burn Association’s National Burn Repository, to increase efficiency and reduce redundant effort; and improves the quality of information provided to the public through better reports and the development of consumer-friendly materials. The primary outcome across all five years of the project will be the development of significant research evidence about the effects of burn injury on the lives of burn survivors through the maintenance and enhancement of a robust, high quality, longitudinal database, and through training and technical assistance to those who use it.
Field Initiated Projects (FIPs)
Massachusetts

Explore VR Increasing Adoption and Utilization of a Web-Based Open Share Public Portal of Survey Data on VR and Other Employment Service Providers

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Principal Investigator: Julisa Cully
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Project Number: H133G130110
Start Date: October 01, 2013
Length: 36 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 13 $199,641; FY 14 $199,806; FY 15 $199,322

Abstract: This project promotes the dissemination, adoption, and utilization of ExploreVR, a community-developed public web portal initiated under the auspices of the NIDRR-funded Rehabilitation Research and Training Center on Vocational Rehabilitation Research (VR-RRTC, 2007-2012). The original project gathered data from multiple employment systems to provide detailed descriptive information on the constellation of employment services for people with disabilities in all 50 states, the District of Columbia, Puerto Rico, and US territories, with the goal of offering a compendium for researchers, practitioners, and policymakers and create a base of knowledge that provides a foundation for future research and evaluation efforts. The original data collection has been expanded into a community-driven and -managed web portal making this a unique resource from data portals and resources currently available to the VR community. During this project, developers enhance ExploreVR in partnership with content and technical experts to provide accessible data for VR practitioners, policymakers, and rehabilitation researchers; link survey research variables with administrative data; import survey research datasets from various researchers into the portal to enable cross-organizational analysis and reduce respondent burden and fatigue; promote the generation of research and evaluation contracts by putting publicly collected data into the marketplace; and test and evaluate methods for promoting adoption and utilization of ExploreVR among VR practitioners, policymakers, and rehabilitation researchers.
ADA Technical Assistance Projects
Washington

ADA Network Knowledge Translation Center

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Principal Investigator: Kurt Johnson, PhD
Public Contact: 206/543-3677; Fax: 206/543-4779

Project Number: H133A110014
Start Date: October 01, 2011
Length: 60 months

NIDRR Officer: Pimjai Sudsawad, ScD

NIDRR Funding: FY 11 $850,000; FY 12 $850,000; FY 13 $850,000; FY 14 $850,000; FY 15 $850,000

Abstract: The purpose of the Americans with Disabilities Act (ADA) Network Knowledge Translation Center (ADA Network-KTC) is to ensure that information and products developed and identified through the ten ADA regional centers are of high quality, based on the best available research evidence, and are deployed effectively to multiple key stakeholders; and to develop processes and technology to facilitate highly collaborative and efficient progress toward accomplishing these goals. Stakeholders include: employers, researchers, educators, policy makers, staff of state and local government agencies, individuals with disabilities, family members, and project staff in the ADA regional centers and other related federal and privately-funded organizations. To achieve this purpose the ADA Network-KT Center has four project goals. Goal 1: Optimize the efficiency and impact of the ADA National Network’s training, technical assistance, and information dissemination by: (1) maintaining and further developing the ADA National Network’s website and ADA Document Portal, (2) developing an online system to enable the ADA Regional Centers to share training and technical assistance materials, (3) facilitating joint development of ADA products by the ADA Regional Centers to maximize resources and avoid duplication, and (4) organizing and providing logistical and financial support for annual meetings of the ADA Regional Centers. Goal 2: Increase the use of available ADA-related research findings to inform behavior, practices, or policies that improve equal access in society for individuals with disabilities by: (1) identifying topics of importance to ADA stakeholders in collaboration with the ADA Centers and other key informants and by conducting systematic reviews of the evidence; (2) identifying topics for future research (knowledge gaps) to help individuals understand their rights and responsibilities under ADA; and (3) synthesizing information from systematic reviews, research publications, and expert consensus to develop stakeholder materials. Goal 3: Increase awareness and utilization of ADA-related research findings by appropriate ADA stakeholder groups by: (1) collaborating with the ADA Centers on developing individual KT plans that support a national KT implementation plan for the ADA National Network, and (2) coordinating and hosting one ADA research conference in year 5. Goal 4: Improve understanding of ADA stakeholders’ need for and receipt of ADA Network Services over time, including services to...
address emerging issues related to compliance with ADA requirements by: (1) operating and maintaining the outcome measurement system, (2) collaborating with NIDRR and the ADA Regional Centers to improve usability and accessibility, (3) developing a data sharing plan to facilitate program improvement and research, (4) monitoring data quality and providing training and technical assistance on use of the database, and (5) development and implementation of a system for measuring and tracking outcomes of the ADA National Network.
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www.facebook.com/NationalRehabilitationInformationCenter  
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twitter.com/naricenespanol  
www.facebook.com/NARICenEspanol  
plus.google.com/+Naricinfo

**Principal Investigator:** Mark X. Odum  
**Public Contact:** Information Specialists 800/346-2742 (V); 301/459-5984 (TTY); 301/459-5900 (V);  
Fax: 301/459-4263

**Project Number:** ED-OSE-10-0074  
**Start Date:** August 01, 2010  
**Length:** 60 months  
**NIDRR Officer:** Pimjai Sudsawad, ScD  
**NIDRR Funding:** FY 10 $2,162,839; FY 11 $1,713,263; FY 12 $1,886,654; FY 13 $1,916,970; FY 14 $2,001,740  
**Abstract:** The National Rehabilitation Information Center (NARIC) maintains a research library of more than 65,000 documents and responds to a wide range of information requests, providing facts and referral, database searches, and document delivery. Through telephone and online information referral, NARIC disseminates information gathered from NIDRR-funded projects, other federal programs, and from journals, periodicals, newsletters, and multimedia. NARIC maintains REHABDATA, a bibliographic database on rehabilitation and disability issues, both in-house and online. Users are served in English and Spanish by telephone, mail, electronic communications, or in person. Current tasks include a crosswalk between the REHABDATA Thesaurus and the International Classification of Function (ICF); acquisition of digital media; maintaining and expanding a digital archive of original research documents; and knowledge translation activities in support of NIDRR’s mission including citation analysis, long term project tracking, and promotion of NIDRR-sponsored research. NARIC also prepares and publishes the annual NIDRR Program Directory, available in database format from NARIC’s web site, and several regular publications highlighting NIDRR research.
NIDRR Contracts
Virginia

AbleData

New Editions Consulting
103 West Broad Street; Suite 400
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Principal Investigator: Elizabeth Tewey 703/356-8035, ext. 119
Public Contact: Information Specialists 800/227-0216; 703/356-8035 (V); 703/992-8313 (TTY); Fax: 703/356-8314

Project Number: ED-OSE-13-C-0064
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 13 $687,578; FY 14 $661,730; FY 15 $681,106; FY 16 $701,060; FY 17 $722,564

Abstract: AbleData provides objective information on assistive technology and rehabilitation equipment available from domestic and international sources to consumers, organizations, professionals, and caregivers within the United States. This project maintains and expands the AbleData database of assistive technology, develops information and referral services that are responsive to the special technology product needs of consumers and professionals, and provides data to major dissemination points to ensure wide distribution and availability of the information to all who need it. The AbleData database contains information on more than 40,000 commercially produced and custom-made assistive devices. All of the project’s resources are available free of charge on its website. Requests for information are answered via telephone, mail, electronic communications, or in person.
The Americans with Disabilities Act (ADA) opens more opportunities for persons with disabilities. It also places certain responsibilities on employers, transit and communication systems, state and local governments, and public accommodations. To assist covered parties to understand and comply with the ADA, NIDRR has funded a network of grantees to provide information, training, and technical assistance to businesses and agencies with duties and responsibilities under the ADA, as well as to conduct ADA-related research. The current program includes ten regional centers, one collaborative research center, and one ADA knowledge translation center.

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ADA Technical Assistance Projects
Region I - CT, ME, MA, NH, RI, and VT

New England ADA National Network Regional Center - Region I

Institute for Human Centered Design, Inc.
200 Portland Street, First Floor
Boston, MA 02114
adainfo@newenglandada.org
www.NewEnglandADA.org

**Principal Investigator:** Valerie Fletcher 617/695-1225, ext. 226
**Public Contact:** Oce Harrison, EdD, Project Director 800/949-4232 (V/TTY in CT, ME, MA, NH, RI, and VT), 617/695-1225 (V/TTY); Fax: 617/482-8099

**Project Number:** H133A110028
**Start Date:** October 01, 2011
**Length:** 60 months
**NIDRR Officer:** Brian Bard
**NIDRR Funding:** FY 11 $1,000,000; FY 12 $1,000,000; FY 13 $1,000,000; FY 14 $1,000,000; FY 15 $1,000,000

**Abstract:** The New England ADA Center meets the growing demands and complex challenges of providing outreach, training, technical assistance, information dissemination, and capacity building through Americans with Disabilities Act (ADA) network services. These services are tailored to meet the needs and preferences of people with rights and responsibilities under the ADA. Services include information and training for individual, business, and government needs at the local, regional, and national levels. To increase capacity building among priority audiences, the Center expands ADA network services with the following initiatives beyond the core services: (1) a set of new digital and interactive information tools that integrate recent ADA changes (Title II Action Guide, Title III Action Guide); (2) five new distance learning courses in the format of web-based multi-media courses; and (3) new, in-person training packages related to accessible information and communication technology. The center addresses persistent gaps in the field in collaboration with the IHCD Studio that includes: (1) field-based training for cities and towns, (2) an eight-unit comprehensive course on ADA-accessible design for architects and designers, and (3) a hands-on training program for people with disabilities and other accessibility advocates on how to read an architectural drawing to check for compliance.
Northeast ADA National Network Regional Center - Region II

Cornell University
Office of Sponsored Programs
201 Dolgen Hall
Ithaca, NY 14853-3901
northeastada@cornell.edu
www.northeastada.org

Principal Investigator: Wendy Strobel Gower, Project Director
Public Contact: 800/949-4232 (V/TTY in NY, NJ, PR, and VI); 607/255-6751; Fax: 607/255-2763

Project Number: H133A110020
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 11 $1,112,165; FY 12 $1,112,165; FY 13 $1,112,165; FY 14 $1,112,165; FY 15 $1,112,165

Abstract: The Northeast ADA Center at Cornell University provides a series of training programs, an extensive set of dissemination activities, and ongoing, on-demand technical assistance to inform Americans with Disabilities Act (ADA) stakeholders in federal Region II (New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands) of their rights and responsibilities under all titles of this law. The center provides a comprehensive series of five training sessions, four dissemination activities, three technical assistance components, and three collaboration projects. Additionally the center conducts rigorous training with a network of new and advanced trainers; develops an online ADA-focused curriculum; develops online tools for mid-level managers and supervisors; educates on the ADA, and new DOJ and EEOC regulations; addresses emerging issues including veterans, emergency management, and IT accessibility; and offers continued on-demand training. Information dissemination via the web, e-mail, and phone complements the above training activities, while also focusing on maximizing outreach to diverse stakeholders. The goal of this center is to expand the availability and accessibility of information on the ADA, while building the capacity of networks of stakeholders to make use of this information with a long-term goal of increasing inclusion and integration of individuals with disabilities in all economic and social areas of everyday life.
Mid-Atlantic ADA National Network Regional Center - Region III

TransCen, Inc.
401 North Washington Street, Suite 450
Rockville, MD 20850
adainfo@transcen.org
www.adainfo.org

Principal Investigator: Richard G. Luecking, PhD 301/424-2002
Public Contact: Marian S. Vessels, Project Director 800/949-4232 (V/TTY, in DC, DE, MD, PA, VA, and WV); 301/217-0124 (V/TTY); Fax: 301/217-0754

Project Number: H133A110017
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Brian Bard
NIDRR Funding: FY 11 $1,110,141; FY 12 $1,110,141; FY 13 $1,110,141; FY 14 $1,110,141; FY 15 $1,110,141

Abstract: The Mid-Atlantic ADA Center (Region III) identifies and implements a variety of approaches designed to assist individuals with disabilities in gaining improved access to employment and other areas of community life. The Mid-Atlantic ADA Center implements an operational plan of specific objectives and tasks associated with four major project goals: (1) improving the understanding by individuals and entities of their rights and responsibilities under the Americans with Disabilities Act (ADA); (2) building the capacity of local and state entities to provide training, technical assistance, and information dissemination on ADA-related topics; (3) improving employment and other life outcomes of individuals with disabilities; and (4) increasing access by individuals with disabilities to lodging, restaurant, and other services from, as well as employment opportunities within, the hospitality industry. Project activities include: (1) training, technical assistance, and information dissemination to general ADA constituencies on all titles of the act; (2) outreach to individual statewide coalitions, AT consortiums, and regional training networks to increase the capacity of other organizations to provide locally focused training, technical assistance, and dissemination of all titles of the ADA; (3) identification of problematic areas where research and informational campaigns might aid in the avoidance of, or solutions to, problems associated with the access to programs, services, and facilities; and (4) research on organizational and individual factors that affect decisions to provide reasonable accommodations and result in employment outcomes.
ADA Technical Assistance Projects
Region IV - AL, FL, GA, KY, MS, NC, SC, and TN

Southeast ADA National Network Regional Center - Region IV

Syracuse University
Burton Blatt Institute
1419 Mayson Street
Atlanta, GA 30324
adasoutheast@law.syr.edu
www.adasoutheast.org

Principal Investigator: Peter D. Blanck, PhD, JD 315/443-9703
Public Contact: Pamela Williamson, Project Director 800/949-4232 (V/TTY, in AL, FL, GA, KY, MS, NC, SC, and TN); 404/541-9001 (V/TTY); Fax: 404/541-9002

Project Number: H133A110021
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 11 $1,241,643; FY 12 $1,242,940; FY 13 $1,244,127; FY 14 $1,242,860; FY 15 $1,243,316

Abstract: The Southeast ADA Center Consortium consists of over 100 organizations and entities across 8 states representing all Americans with Disabilities Act (ADA) stakeholders, including people with disabilities, businesses, state and local government agencies, service providers, vocational rehabilitation agencies, and others. The Southeast ADA Center: (1) facilitates implementation of and compliance with the ADA through training, technical assistance, and broad dissemination of accurate, timely information; (2) conducts outreach to a diverse audience of stakeholders; (3) builds the ADA knowledge and implementation capacity of the state and local affiliates; and (4) advances the social, civic, and economic participation of people with disabilities through targeted outreach, knowledge translation, and capacity building in the region. The Center improves understanding by ADA stakeholders of their rights and responsibilities under the ADA, related laws and improves knowledge about evidence-based best practices for advancing civil rights and increasing disability equality using a Knowledge-to-Action-based framework for knowledge translation that incorporates outreach, training, dissemination, technical assistance, and capacity-building to the next level and ensures behavioral and practice-oriented changes by ADA stakeholders. A comprehensive plan of continuous quality improvement and evaluation tracks these midterm outcomes to demonstrate change across the region.
Great Lakes ADA National Network Regional Center - Region V

University of Illinois at Chicago
Department of Disability and Human Development (MC 626)
College of Applied Health Sciences
1640 West Roosevelt Road, Room 405
Chicago, IL 60608-6904
adata@adagreatlakes.org
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www.ada-audio.org
www.accessibilityonline.org
www.accessibletech.org
www.adacaselaw.org
www.adatraining.org
www.adaconferences.org
www.qiat-ps.org

Principal Investigator: Robin A. Jones 312/996-1059
Public Contact: 800/949-4232 (V/TTY, in IL, IN, MI, MN, OH, and WI); 312/413-1407 (V/TTY); Fax: 312/413-1856

Project Number: H133A110029
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 11 $1,246,000; FY 12 $1,246,000; FY 13 $1,246,000; FY 14 $1,246,000; FY 15 $1,246,000
Abstract: The Great Lakes ADA Center promotes awareness and compliance with the Americans with Disabilities Act (ADA). Project goals and objectives center on the provision of high quality, timely, and accurate technical assistance, training, and material dissemination to identified target audiences. The Great Lakes ADA Center provides responsive and proactive services utilizing a comprehensive service delivery model. The technical assistance, training, and information needs of the individual and their families, employers, business, government, educational entities, design professionals, and disabled veterans employment programs are part of an ongoing needs assessment, and programs and activities are tailored accordingly. Project activities and goals include: (1) operation of a toll-free number and use of current and emerging technologies for information and referral; (2) enhancement of the Center’s existing regional network of individuals and organizations who can provide on-site consultation, technical assistance, and training as needed; (3) conducting and sponsoring training events and activities at the local, state, and regional level focused on raising awareness of the ADA; (4) development and dissemination of technical assistance and training products and tools that are evidence based; (5) identification and dissemination of best practices related to the recruitment, hiring, and retention of qualified individuals with disabilities by employers and employment training programs; (6) promotion of the acquisition and utilization of accessible information technology by employers, business, government, and educational
institutions; and (7) utilization of existing and emerging technology to promote the exchange of information including websites, list servers, e-newsletters, mobile applications, social media, multi-faceted distance learning strategies and techniques, self-paced learning, and web-based assessment tools. Through partnerships and collaboration at the local, state, regional, and national level, the Center maximizes resources ensuring that a high quality and quantity of activity occurs.
Southwest ADA National Network Regional Center - Region VI

The Institute for Rehabilitation and Research (TIRR)
Independent Living Research Utilization (ILRU)
1333 Moursund Street; 2nd Floor - ILRU Dept.
Houston, TX 77030
swdbtac@ilru.org
www.southwestada.org

Principal Investigator: Lex Frieden, LLD
Public Contact: Vinh Nguyen, Project Director 800/949-4232 (V/TTY, in AR, LA, NM, OK, and TX); 713/520-0232 (V); 713/520-5136 (TTY); Fax: 713/520-5785

Project Number: H133A110027
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 11 $1,110,822; FY 12 $1,110,958; FY 13 $1,110,458; FY 14 $1,111,192; FY 15 $1,111,032

Abstract: The Southwest ADA Center at ILRU provides outreach, training, technical assistance, information, dissemination, and capacity building to the target population of individuals and entities with rights and responsibilities under the Americans with Disabilities Act (ADA), including local, regional, and national groups representing stakeholders. Special target audiences include: minority individuals with disabilities, postsecondary institutions, small businesses, veterans with disabilities, individuals newly covered by the ADA Amendments Act (ADAAA) of 2008, employers, hospitality industry, and emergency preparedness professionals. The purpose of the Southwest ADA Center is to maximize the full inclusion and integration into society of individuals with disabilities, especially individuals with severe disabilities, and to improve services authorized under the Rehabilitation Act. The goal of the Center is to improve understanding by stakeholders of their rights and responsibilities under the ADA by implementing a sustained program of ADA Network Services, which include: (1) high impact training at national, regional, state, and local levels with a large cadre of experienced, qualified, and well-trained instructors using the highest quality training materials vetted by the ADA Knowledge Translation (KT) Center, other ADA Centers, affiliates, trainers, and targeted stakeholders, including materials from U.S. Departments of Justice and Education, other ADA Centers, federally funded projects, and ILRU; (2) dissemination of knowledge about the rights and responsibilities of the ADA utilizing technology ranging from print mail to the latest popular social media tools and networking websites to reach the broadest audiences; (3) timely, relevant, accurate technical assistance activities that respond to the needs of individuals and entities that are well-managed, appropriately staffed, and evaluated regularly to identify trends to improve future services; (4) a collaborating group of 55+ experienced, skilled, and well-respected individuals and organizations from Region VI and around the country to assist ILRU’s highly skilled and experienced personnel in delivering proposed services to targeted stakeholders; (6) collaboration with the ADA KT Center to record and analyze data about stakeholder requests for information and services; and (7) enhancement of efficiency and effectiveness of the overall ADA Network Services by partnering with ADA KT Center and Regional Centers to develop and distribute products and services relevant to ADA stakeholders in multiple regions.

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ADA Technical Assistance Projects
Region VII - IA, KS, MO, and NE

Great Plains ADA National Network Regional Center - Region VII

University of Missouri at Columbia
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ada@missouri.edu
www.gpadacenter.org

Principal Investigator: Jim de Jong, Project Director
Public Contact: 800/949-4232 (V/TTY, in IA, KS, MO, and NE); 573/882-3600 (V/TTY); Fax: 573/884-4925

Project Number: H133A110022
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 11 $1,000,000; FY 12 $1,000,000; FY 13 $999,999; FY 14 $1,000,000; FY 15 $1,000,000

Abstract: The Great Plains ADA Center continues to expand services as the ADA National Network Regional Center for federal Region VII, serving Kansas, Iowa, Missouri, and Nebraska. The mission of the Center is to ensure the full opportunity for participation of persons with disabilities and their families in all facets of American life by providing professional-quality services to Americans with Disabilities Act (ADA) stakeholders. Target populations include all entities and individuals with disability-related issues that have rights and responsibilities under the ADA. The Great Plains ADA Center: (1) implements a sustained program of outreach, training, technical assistance, information dissemination, and capacity building (collectively ADA Network Services); (2) provides information to ADA stakeholders on both longstanding ADA requirements as well as the ADA Amendments Act, the 2010 Standards for Accessible Design, and subsequent judicial/regulatory changes; (3) identifies best practices through collaborative initiatives addressing emerging critical issues such as Olmstead implementation, emergency preparedness, and the professionalization of ADA Coordinators; (4) sponsors the National ADA Symposium, which offers a comprehensive matrix of training opportunities presented by nationally recognized authorities and experts in their fields; and (5) partners with the ADA Network Knowledge Translation Center and other ADA Regional Centers to develop, provide, and distribute ADA training and technical assistance materials and other informational products and services. Through a collaborative structure of partnerships with local, regional and national organizations, the Center provides core service delivery of ADA knowledge to the stakeholders of Region VII.
Rocky Mountain ADA National Network Regional Center - Region VIII

Meeting the Challenge, Inc.
3630 Sinton Road, Suite 103
Colorado Springs, CO 80907-5072
rstafford@mtc-inc.com
www.adainformation.org

Principal Investigator: Rachael Stafford, Project Director
Public Contact: 800/949-4232 (V/TTY, in CO, MT, ND, SD, UT, and WY); 719/444-0268 (V/TTY);
Fax: 719/444-0269

Project Number: H133A110018
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 11 $1,000,000; FY 12 $1,000,000; FY 13 $1,000,000; FY 14 $1,000,000; FY 15 $1,000,000
Abstract: The Rocky Mountain ADA Center provides information, guidance, and training on the Americans with Disabilities Act (ADA) tailored to meet the needs of individuals and organizations in Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. The Center presents a comprehensive program of training, dissemination, and technical assistance activities designed to move toward full implementation of the ADA throughout the region. The Center continues its program of technical assistance based on the concept of mass customization to address the specific needs of stakeholders across the region. The training program takes advantage of technology and customized curricula to ensure maximum impact of training activities. Dissemination efforts provide tailored materials that offer action- able information for the specific needs of stakeholders. The Center also has an extensive plan of evaluation and ongoing regional needs assessment research to maximize the efficiency and effectiveness of the ADA Network services.
Pacific ADA National Network Regional Center - Region IX

Public Health Institute
555 12th Street, Suite 1030
Oakland, CA 94607-4046
adatech@adapacific.com
www.adapacific.org

Principal Investigator: Erica C. Jones, MPH 510/285-5600 (V/TTY)
Public Contact: 800/949-4232 (V/TTY, in AZ, CA, HI, NV, and the Pacific Basin); 510/285-5600 (V/TTY); Fax: 510/285-5614

Project Number: H133A110024
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 11 $1,246,000; FY 12 $1,246,000; FY 13 $1,246,000; FY 14 $1,246,000; FY 15 $1,246,000

Abstract: The Pacific ADA Center implements an integrated, multi-dimensional initiative that facilitates enhanced awareness, understanding, compliance, and implementation of the Americans with Disabilities Act (ADA) in all states and territories within the region. The program places special emphasis on collaborations by expanding the existing Pacific Region ADA Network of affiliate and local community organizations to maximize meeting the grassroots-level needs of ADA stakeholders (such as employers, businesses, state and local governments, and individuals with disabilities), as well as the development of resources in the emerging areas of accessible information technology and emergency preparedness. Pacific ADA Center goals include: (1) improving understanding regarding rights and responsibilities and implementation of the Americans with Disabilities Act of 1990, as amended (ADA), the ADA Amendments Act of 2008 (ADAAA) and corresponding regulations for Title I from the U.S. Equal Employment Opportunity Commission, the regulations for Title II and III of the ADA published by the U.S. Department of Justice in 2010, as well as emerging compliance issues in information technologies and emergency preparedness, and continuing developments in ADA case law, policy, and implementation through comprehensive training, dissemination, and technical assistance activities to individuals with rights and responsibilities under the ADA; (2) improving understanding of ADA stakeholders’ needs for, and receipt of, Region IX services over time through data entry and analysis of Center activities in conjunction with the ADA National Network made up of the ADA Knowledge Translation (KT) Center and other ADA Regional Centers; and (3) enhancing the efficiency and effectiveness of ADA information dissemination, awareness, and referral activities by establishing effective, coordinated local, regional, and national resource networks, including by partnering with the ADA KT Center and other regional ADA Centers to develop, implement, and evaluate materials, products, trainings, and services that are useful to ADA stakeholders. The Pacific ADA Center conducts a comprehensive evaluation that monitors the quality, scope, and effectiveness of all Center programs and activities, including a quantitative evaluation program that tracks programmatic outputs related to Center services, and a qualitative evaluation program designed to assess the impacts and outcomes of its work.
ADA Technical Assistance Projects  
Region X - AK, ID, OR, and WA

Northwest ADA National Network Regional Center - Region X

University of Washington  
The Center for Continuing Education in Rehabilitation  
6912 220th Street SW, Suite 105  
Mountlake Terrace, WA 98043  
nwadactr@uw.edu  
www.nwadacenter.org

**Principal Investigator:** Kathe Matrone, PhD 425/771-7436  
**Public Contact:** Michael Richardson, Project Director 800/949-4232 (V/TTY, AK, ID, OR, and WA); 425/248-2480 (V); Fax: 425/774-9303

**Project Number:** H133A110015  
**Start Date:** October 01, 2011  
**Length:** 60 months  
**NIDRR Officer:** Shelley Reeves  
**NIDRR Funding:** FY 11 $1,000,000; FY 12 $1,000,000; FY 13 $1,000,000; FY 14 $1,000,000; FY 15 $1,000,000

**Abstract:** The purpose of the ADA National Network Regional Center – Region X (Northwest ADA Center) is to provide a sustained program of outreach, training, technical assistance, information dissemination, and capacity building to Americans with Disabilities Act (ADA) stakeholders in Region X. These ADA Network Services assist any individual or entity with rights and responsibilities under the ADA in understanding those rights and responsibilities. These services address established ADA requirements, more recent legislative and regulatory changes, as well as information in emerging areas. The Northwest ADA Center also participates with the ADA Knowledge Translation Center and other ADA Regional Centers in assessing the needs and documenting the receipt of ADA Network Services, as well as enhancing efficiency and effectiveness of ADA Network Services. The Northwest ADA Center achieves these outcomes through three major delivery strategies: (1) services provided throughout the region (regional office activities), (2) state anchor activities (state partners in AK, ID, OR, WA), and (3) community impact partners (local partners). Project activities within these delivery strategies include: outreach; training; technical assistance; dissemination of information; capacity building; maintaining online resources (i.e. website, databases); developing projects and tools; offering distance education; data analysis and needs determination; and identifying, developing, and maintaining local partnerships and collaborations.
ADA Technical Assistance Projects
Texas

ADA Participation Action Research Consortium

The Institute for Rehabilitation and Research (TIRR)
Independent Living Research Utilization (ILRU)
2323 South Shepherd, Suite 1000
Houston, TX 77030
swdbtac@ilru.org
centerondisability.org/ada_parc/index.php

Principal Investigator: Lex Frieden, LLD; Joy Hammel, PhD, OTR/L; 713/520-0232; 312/996-3513
Public Contact: Lex Frieden, LLD 713/797-7116 (V); 713/520-5136 (TTY); Fax: 713/520-5785

Project Number: H133A120008
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Pimjai Sudsawad, ScD
NIDRR Funding: FY 12 $613,091; FY 13 $614,007; FY 14 $613,688; FY 15 $613,828; FY 16 $613,651

Abstract: This project examines what factors are influencing societal participation of citizens with disabilities within and at community and regional levels. The project conducts multiregional strategic gap analyses across three primary participation areas mandated by the ADA: community living, community participation, and work/economic. This includes mining of existing large population and community datasets to inform the benchmarking of key participation disparities and promising practices at state, regional, and community levels, as well as collecting new individual data with people who are trying to move out of nursing homes and institutions to the community post-ADA and Olmstead Decision to add their participation experiences and issues, a voice that has not been represented in existing ADA and participation research. As a second aim, this consortium of ADA Regional Centers and a network of disability and ADA stakeholders utilizes a participatory Strategic Gap Analysis process to (1) identify key indicators of high priority and high feasibility to collect in communities, (2) create a Community Participation Action Toolkit (CPAT) for assessing these indicators within communities, (3) pilot test this Toolkit within 18 communities across 6 collaborating ADA Center regions, (4) analyze results and translate back to communities in the form of benchmarking reports, and (5) create a toolkit of resources to accompany CPAT for both ADA Centers and community stakeholders to plan initiatives in their communities to reduce disparities and increase full participation. The aim is to create a tool and a systematic process for assessing community participation at the community level that could be shared with communities via the ADA Center collaboration, and formally linked to ADA Center information resources and technical assistance, as well as future participatory research initiatives.
Capacity Building for Rehabilitation Research and Training

A stated objective of NIDRR’s long-range plan is to provide for the training of emerging talent and leadership in research and development. To that end, NIDRR builds the Nation’s capacity to conduct research and development activities that make positive contributions to the lives of individuals with disabilities across the domains of employment, community living and participation, and health and function. Activities funded in this area include fellowship and advanced rehabilitation research training programs where emerging talent and leadership in research and engineering are developed. These activities include opportunities for individuals with disabilities as well as individuals from minority backgrounds.

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Rehabilitation Research and Training Centers (RRTCs)
Oklahoma

Langston University Rehabilitation Research and Training Center on Research and Capacity Building for Minority Entities

Langston University
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4205 North Lincoln Boulevard, Suite 102
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clmoore@langston.edu
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Principal Investigator: Corey L. Moore, RhD
Public Contact: 405/530-7530; Fax: 405/962-1638

Project Number: H133B130023
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $875,000; FY 14 $875,000; FY 15 $875,000; FY 16 $875,000; FY 17 $875,000

Abstract: This project engages minority entities (MEs) to generate new knowledge leading to improved outcomes for persons from traditionally underserved racial and ethnic populations and communities and to enhance research capacity and infrastructure at minority serving institutions. The project works with 6 MEs to address research infrastructure challenges and enhance the research skills of their individual faculty scholars and students. The following themes are addressed through five major studies and numerous capacity building activities: (1) describe and evaluate an emerging research team mentorship model across six different MEs; (2) examine factors that contribute to disability and rehabilitation research leaders’ career development and success to increase the number of talented researchers available to mentor ME junior investigators; (3) forecast the impact of new US citizen and legal permanent resident populations and trends on state vocational rehabilitation agencies’ (SVRAs) systems capacity to serve immigrants of color with disabilities; (4) describe SVRAs and Veteran Affairs co-service strategies aimed at placing veterans of color with disabilities into employment; (5) examine ME faculty scholars’ personal/intrinsic factors and extrinsic rewards that motivate them to conduct disability and rehabilitation research; and (6) pilot-test an emerging research capacity-building and infrastructure model across six different MEs. This project is developing and implementing a partnership plan that ensures that all activities are predominantly focused on research capacity and infrastructure building. The project plans a state-of-the-science conference in the fourth year to discuss the research topics identified and devotes attention to demonstrating how findings are translated to practical applications in research, service initiatives, and policy development for persons of color with disabilities and ME research capacity-building efforts.
Center on Health Outcomes Research and Capacity Building for Underserved Populations with SCI and TBI

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Project Number: H133A080064
Start Date: October 01, 2008
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 08 $353,133; FY 09 $353,134; FY 10 $353,134; FY 11 $354,133; FY 12 $353,133; FY 13 (No-cost extension through 9/30/2014); FY 14 (No-cost extension through 9/30/2015)

Abstract: This project builds the capacity of institutions that address the needs of underserved populations by: (1) conducting two innovative studies to generate new knowledge on the health of three underserved racial-ethnic groups with traumatic neurologic injuries; (2) providing capacity building through collaboration with South Carolina State University, a historically Black university, specialized instruction of undergraduate and graduate students, and widespread training to institutions and organizations that represent underserved populations; and (3) providing technical assistance to a wide array of target audiences to enhance the capacity to meet the needs of underserved populations. In Study 1, researchers interview 500 African Americans from population-based surveillance systems with spinal cord injuries (SCI) or traumatic brain injuries (TBI) and compare their health behaviors, access to services, and the prevalence of chronic diseases with African Americans in the general population (based on CDC surveillance). Researchers then identify the extent to which disparities observed in the general population are magnified after injury. Study 2 involves interviews with 836 participants with SCI, 575 of whom come from underserved populations (African Americans, Hispanics, and American Indians) in order to identify psychological, environmental, and behavioral predictors of secondary health conditions. Mediation models are tested to identify the risk and protective factors most strongly associated with disparities in health outcomes (e.g., pain, depression, pressure ulcers) and the extent to which disparities disappear when accounting for these factors. Researchers also determine whether the predictive model is invariant across race-ethnicity (i.e., whether the significant predictors are the same across different racial-ethnic groups) and, if not, which predictors are most important for each. Capacity-building efforts include workshops, mentorship of undergraduate and graduate students, and technical assistance.
Fellowships (Distinguished)  
Illinois

Workplace Communication Training Program for  
Persons with Traumatic Brain Injury

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Principal Investigator: Peter Meulenbroek, PhD  
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Project Number: H133F140026  
Start Date: October 01, 2014  
Length: 12 months  
NIDRR Officer: Kenneth D. Wood, PhD  
NIDRR Funding: FY 14 $75,000

Abstract: This project develops a web-based intervention package targeting workplace communication skills for people with traumatic brain injury (TBI). The language-based program uses scripted role-play, called Work-Related Communication for Employment Readiness (WoRCER), which trains people with TBI in language use through work-themed role play. To evaluate WoRCER’s feasibility, the project uses a delayed treatment design, evaluating changes in language use in a sample of 15 people with TBI. Any changes in language use are evaluated using sociolinguistic analysis procedures. Results from the study will be disseminated through conference presentations.
Fellowships (Distinguished)
Maryland

A Comparison of Reactive and Voluntary Lateral Step Training to Improve Balance and Reduce Falls in Person Post-Stroke

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Principal Investigator: Vicki Gray, PT, PhD
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Project Number: H133F140027
Start Date: October 01, 2014
Length: 12 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 14 $75,000

Abstract: This project compares the effects of two exercise training approaches, rapid voluntary lateral step training and reactive lateral step training on lateral balance control in persons with chronic stroke. Each approach is evaluated by improvements in (1) step initiation time and execution speed, first step length and height; (3) functional balance and mobility assessed by the Community Balance and Mobility Scale; and (3) prospective falls. The goal of the project is to develop a mechanism-based therapeutic intervention to improve protective stepping strategies and lateral balance function and reduce falls in persons post-stroke. The project also disseminates information through conferences such as the Combined Sections Meeting and the Canadian Physiotherapy Association. Study results will be published in rehabilitation journals.
Fellowships (Distinguished)
Missouri

Improving Patient Outcomes Through Engagement in Inpatient Spinal Cord Injury Rehabilitation: Perspectives of Patients, Clinicians, Administrators, and Policymakers

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Project Number: H133F140037
Start Date: October 01, 2014
Length: 12 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 14 $74,500

Abstract: This project investigates the value of patient engagement for improved community participation of patients in inpatient spinal cord injury (SCI) rehabilitation through (1) differentiating trajectories of patient engagement during inpatient rehabilitation, (2) identifying factors that predict distinct trajectories of patient engagement, and (3) examining relationships between trajectories and participation at one year post-injury. The project helps increase patient engagement by identifying facilitators of and barriers to patient engagement implementation in inpatient SCI rehabilitation through (1) examination of the factors that influence patients’ willingness and ability to engage, and the extent of their engagement in inpatient SCI rehabilitation; (2) examination of the factors that influence the ability of clinicians to create opportunities for engagement in inpatient SCI rehabilitation; and (3) examination of the factors that influence the ability of administrators and policymakers to create opportunities for engagement in inpatient SCI rehabilitation. This project uses a mixed-methods design that includes analysis of a dataset derived from the NIDRR-funded SCIRehab project, focus groups that include patients and administrators, and administrators and policymakers interviewed to identify barriers and facilitators in patient engagement. Through partnership with CARF International, this project is also developing two products for knowledge translation.
Fellowships (Distinguished)
New York

Disability, Volunteering, and Employment over the Life Course

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Project Number: H133F140042
Start Date: October 01, 2014
Length: 12 months
NIDRR Officer: Hugh Berry, EdD
NIDRR Funding: FY 14 $75,000

Abstract: The goal of this project is to analyze data from the 2002 Educational Longitudinal Study, the National Longitudinal Study of Adolescent Health, and the Volunteer Supplement of the Current Population Study to understand what factors are associated with volunteering for people with disabilities and does participation in volunteer activities increase employment success for individuals with disabilities. The project uses standard statistical analyses to identify factors, such as status frequency, and type, that may be associated with volunteer activity and how they influence employment success.
Fellowships (Merit)
Alabama

Novel Exercise and Diet Prescription to Improve Body Composition and Metabolic Health in Individuals with Long-Standing Spinal Cord Injury

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Project Number: H133F130051
Start Date: October 01, 2013
Length: 12 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 13 $65,000; FY 14 (No-cost extension through 3/31/2015)
Abstract: This project evaluates the effects of a novel combination exercise program vs. high protein (HP) diet on body composition and metabolic health in individuals with spinal cord injury (SCI) with type 2 diabetes or impaired glucose tolerance. This exercise prescription combines key features of both resistance and aerobic exercise and has the ability to simultaneously challenge strength, power, and endurance in individuals with SCI. The project aims to determine if eight weeks of combined aerobic and resistance exercise (CombEx) versus HP diet induces physiological adaptations necessary to improve body composition, aerobic fitness, muscular strength and fatigability, lipid profiles, fasting glucose and insulin levels, glucose tolerance, and insulin sensitivity in individuals with SCI and type 2 diabetes or impaired glucose tolerance; and to assess cellular and molecular adaptations in skeletal muscle that are likely responsible for improvements in clinical outcomes with each intervention, and may also explain differences in these outcomes between CombEx vs HP diet.
**Neuromechanics of Unanticipated Locomotor Transitions**

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**Project Number:** H133F130034  
**Start Date:** October 01, 2013  
**Length:** 12 months  
**NIDRR Officer:** Kenneth D. Wood, PhD  
**NIDRR Funding:** FY 13 $65,000; FY 14 (No-cost extension through 12/31/2014)

**Abstract:** This project identifies the neuromechanical responses used by people with lower-limb amputations and those without amputations to perform anticipated and unanticipated locomotor transitions. During daily movement, humans make quick decisions and respond to external stimuli resulting in unexpected stopping, altering the direction of travel or transitioning to uneven terrain. Successful performance of these unanticipated locomotor transitions requires rapid changes in muscle coordination and imposes high demands on the neuromuscular control system. Consequently, performing these transitions may contribute to the instability of individuals with motor impairments, such as those with lower-limb amputations. These individuals are at risk for sustaining fall-related injuries and commonly develop a fear of falling due to the high cognitive burden of using conventional prostheses. The goal of this project is to determine the relative contributions system actuation, task complexity and anticipation have on the neuromechanical characteristics of locomotor transitions.
The Neural Basis of Social Mimicry: Brain Activation Patterns and Training Effects in Traumatic Brain Injury Patients

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Project Number: H133F130009
Start Date: October 01, 2013
Length: 12 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 13 $65,000; FY 14 (No-cost extension through 9/30/2015)
Abstract: This project investigates the behavioral and neural benefits of mimicry training after traumatic brain injury (TBI). Mimicry is the human capacity to imitate the actions or gestures of others in order to create social bonds and connections. TBI patients have difficulty with social mimicry, which may prevent them from social integration after injury. Using pre- and post-training MRI and fMRI techniques, this project evaluates whether mimicry training produces behavioral benefits to facilitate social integration, plus improve quality of life and work re-entry.
Treatment Development for Alcohol Craving and Rehabilitation Among Individuals with Co-Occurring Mild Traumatic Brain Injury, Post-Traumatic Stress Disorder, and Alcohol Use Disorder

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Project Number: H133F130011
Start Date: October 01, 2013
Length: 12 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 13 $65,000; FY 14 (No-cost-extension through 9/30/2015)

Abstract: This project investigates whether repetitive transcranial magnetic stimulation (rTMS) reduces alcohol craving for people with co-occurring mild traumatic brain injury (mTBI), post-traumatic stress disorder (PTSD), and alcohol use disorder (AUD), subsequently enhancing rehabilitation efforts and improving rehabilitation outcomes. AUD is a complex problem that is highly prevalent for people with co-occurring mTBI and PTSD. The co-occurrence of mTBI, PTSD, and AUD hinders rehabilitation efforts and impacts community participation, employment, life satisfaction, and likelihood of independent living. This project uses advanced fMRI methods to identify a therapeutic neural target for alcohol craving among people with these co-occurring disorders, then examines the immediate effect of an rTMS treatment in reducing these cravings.
Social-Cognitive Predictors of Career Self-Efficacy and Outcomes of Transition Youth with Epilepsy-Application of Social Cognitive Career Theory

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Principal Investigator: Connie Sung, PhD
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Project Number: H133F140057
Start Date: October 01, 2014
Length: 12 months
NIDRR Officer: Joseph A. DePhillips
NIDRR Funding: FY 14 $65,000

Abstract: This project investigates the relationship between various social-cognitive predictors of vocational success, such as career self-efficacy, interests, outcome expectations, and contextual supports and barriers, and examines how they interact and affect career development behaviors and vocational outcomes of transition-age youth with epilepsy. The project uses social-cognitive theory as a framework which allows researchers and practitioners working with individuals with epilepsy to better understand vocational profiles, including malleable personal and environmental factors that influence employment.
Documenting Disability Status to Inform Patient-Centered Care and Reduce Healthcare Disparities: Perspectives of Patients and Healthcare Organizations

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Project Number: H133F130027
Start Date: October 01, 2013
Length: 12 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 13 $65,000; FY 14 (No-cost extension through 12/31/2014)

Abstract: This project develops evidence for accurately documenting patient disability status by examining the perspectives of patients and health care organizations (HCO) regarding the collection of disability status data for the purpose of informing patient-centered care and identifying healthcare disparities. Specific aims of the study are to: Gain perspectives of patients with and without disabilities towards HCOs collecting disability status data and the recommended Affordable Care Act (ACA) disability status questions, assess patients’ attitudes toward HCOs collecting disability status data, assess the perspectives of patients with disabilities on the recommended ACA disability status questions, and examine hospital administrators’ perceived readiness to collect disability status data and planned use of the data.
Advanced Rehabilitation Research Training in Neuromuscular and Neurodevelopmental Disorders

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Project Number: H133P110005
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 11 $150,000; FY 12 $150,000; FY 13 $150,000; FY 14 $150,000; FY 15 $150,000

Abstract: The Advanced Rehabilitation Research Training at UC Davis (ARRT) provides core research methodology training, advanced research training, research experience, mentorship, and career development support for clinicians, allied health professionals, and post-doctoral students committed to developing productive careers in rehabilitation research. The aim of the ARRT is to produce rigorously-trained, extramurally-competitive, and scientifically-productive independent investigators or physician-scientists who improve the health outcomes, participation, and quality of life of individuals with disabilities. Over the course of five years, this ARRT trains ten postdoctoral or physician trainees in a two-year comprehensive program to develop specialized and multidisciplinary research skills. The focus of the research training is a mentored period of hypothesis-driven clinical research in areas related to the rehabilitation of individuals with neuromuscular diseases or neurodevelopmental disorders. The training provides core research competency in the following areas: (1) rehabilitation concepts and research methodology, (2) clinical epidemiology and study design, (3) methods in clinical research, (4) strategies for writing grants and publications, (5) health informatics, (6) medical statistics, and (7) responsible conduct of research. Advanced coursework and clinical training in neuromuscular diseases and neurodevelopmental disorders completes the didactic coursework. Each trainee is required to develop his/her own research project and grant proposal, author a scientific publication, and present findings at professional meetings and conferences. Rigorous and periodic assessment of the individual trainee’s progress, as well as a periodic evaluation of the training program, ensure the development of successful research training providing a research foundation that cultivates continual mentorship and provides multidisciplinary research opportunities for trainees to engage in productive careers that benefit the lives of individuals with neuromuscular and neurodevelopmental disorders.
Advanced Rehabilitation Research Training Projects (ARRTs)
District of Columbia

Advanced Rehabilitation Research Training in Neurorehabilitation

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Project Number: H133P100015
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 10 $150,000; FY 11 $150,000; FY 12 $150,000; FY 13 $150,000; FY 14 $150,000

Abstract: This project develops a comprehensive training program incorporating hands-on research experience within a high-quality laboratory setting for post-doctoral fellows focusing on the recovery of function after a central nervous system (CNS) injury. This training program targets individuals with advanced rehabilitation-related degrees (physicians, physiatrists, neurologists, neurosurgeons, PhD trained physical and occupational therapists, and biomedical engineers). The program co-directors and training faculty are experienced mentors and researchers with both clinical and basic science experience in nervous system responses to CNS injury and recovery of function. This project promotes interactions between basic and clinical research to develop effective interventions and promote functional recovery after CNS injuries, such as brain and spinal cord trauma and stroke. Didactic courses provide a firm basis in all areas of neuroscience research, including the basic sciences, the clinical aspects of neurological disorders, clinical research methodology, and cutting edge technologies. Participating fellows receive formal training through courses, workshops, and seminars covering such topics as scientific writing, grant preparation, teaching methodologies, scientific resources and technologies for neuroscience research, and ethics in science and research, with guidance in career opportunities. Additionally, participating fellows receive personalized career mentoring and assistance in developing the specific skills necessary for career success. This project’s goal is to provide the strongest possible education for early career development of neuroscience rehabilitation researchers while contributing to rehabilitation research and improving the quality of life for individuals with spinal cord injury, traumatic brain injury, and stroke.
Advanced Rehabilitation Research Training Projects (ARRTs)
Florida

Advanced Rehabilitation Research Training Project (ARRT)

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Project Number: H133P130009
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 13 $150,000; FY 14 $150,000; FY 15 $150,000; FY 16 $150,000; FY 17 $150,000

Abstract: This project partners with the Veterans Health Administration to train postdoctoral fellows in conducting high-quality, multidisciplinary disability policy research in the area of community living and participation for Veterans with disabilities. This project collaborates with a two-site Center of Innovation for Disability and Rehabilitation Research (CINDRR) to bring opportunities to the project fellows through immediate experience in ongoing disability policy-related projects focused on veterans with disabilities. Through the training program, the project (1) increases capacity in the field by providing postdoctoral training in disability policy research to six postdoctoral fellows, including at least one fellow from a minority or underserved population; (2) conducts disability policy research, which results in fellow participation in 10 collaborative research projects, 10 conference presentations, 10 research grant proposals, and 10 peer-reviewed publications; and (3) advances each postdoctoral fellow to the next stage in their research career through career development support. Dissemination activities include a Disability and Rehabilitation Policy Seminar, planned and implemented by fellows, which provides practical experience in establishing a network for research dissemination.
Advanced Rehabilitation Research Training Projects (ARRTs)
Illinois

Advanced Training in Translational and Transformational Research to Improve Outcomes for People with Disabilities

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Project Number: H133P110004
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 11 $149,988; FY 12 $149,989; FY 13 $149,826; FY 14 $149,978; FY 15 $149,987

Abstract: The University of Illinois at Chicago provides an intensive, interdisciplinary postdoctoral training program that actively engages scholars in research designed to improve the health, employment, and community engagement and participation outcomes for persons with disabilities. This advanced training program focuses on sub-populations of persons with disabilities who are most likely to encounter the greatest number of barriers in community life: minorities, persons with intellectual and developmental disabilities, persons with severe physical disabilities, and older adults. The training program emphasizes preparing scholars to conduct research that has real world impact (i.e., guiding and changing services, programs, organizations, and policies that influence the lives of persons with disabilities). Areas of emphasis include: (1) translational scholarship that uses empirical knowledge to develop, refine, and test optimal services and environmental strategies to support these outcomes; and (2) transformational scholarship that employs participatory methodologies that involve stakeholders in the research process and directly improve services, programs, organizations, and policies. The postdoctoral training program recruits and enrolls seven highly qualified postdoctoral fellows from a variety of disciplines. Particular effort is made to recruit postdoctoral trainees with disabilities as well as those from ethnically diverse backgrounds. Each trainee completes an intensive advanced training program (average of two years) designed to assure acquisition of key skills critical to successful research careers. The training program includes: (1) didactic preparation, (2) close mentoring by highly qualified researchers, (3) immersion in ongoing research, and (4) field placement in carefully selected programs or organizations that serve the target populations. Each trainee’s program is individually designed to assure that the trainee has access to the most rigorous and relevant concepts and research methodologies for his/her chosen focus (health promotion, employment, and/or community engagement and participation). The project monitors and assures high quality training, and supports trainees to develop capacity to enter productive research careers that directly improve services, programs, policies, and societal attitudes toward people with disabilities.
Rehabilitation Sciences for Engineers and Basic Scientists: An Advanced Training Program

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Project Number: H133P110013
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 11 $149,902; FY 12 $149,987; FY 13 $149,947; FY 14 $149,946; FY 15 $149,968
Abstract: The goal of this program is to increase the number of postdoctoral engineers and scientists trained to perform research aimed at solving problems of persons with disabilities. To meet this objective, special attention is given to the following areas of expertise: neurologic disorders, musculoskeletal injuries, biomechanics, and prosthetics and orthotics. Targeted technical and scientific training is provided by faculty with relevant technical expertise in multiple departments at Northwestern University. This training is coordinated with intensive clinical and scientific instruction, and experience provided by faculty with relevant clinical expertise in multiple departments of the university. Postdoctoral trainees also receive training and develop experience in community-based settings. Postdoctoral trainees are recruited using regional and national advertising in appropriate engineering and scientific publications, and via appropriate web advertising and email list-servers. With the help of national organizations dedicated to improving minority participation in science, minority scientists/engineers are recruited to participate in the training programs. Similar efforts are made to attract scientists and engineers with disabilities.
Advanced Rehabilitation Research Training Projects (ARRTs)
Illinois

Advanced Rehabilitation Research Training: Interventions for Neurologic Communication Disorders

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Project Number: H133P120013
Start Date: October 01, 2012
Length: 60 months

NIDRR Officer: Margaret Campbell, PhD

NIDRR Funding: FY 12 $149,278; FY 13 $148,077; FY 14 $149,900; FY 15 $149,990; FY 16 $149,083

Abstract: This training program targets individuals with advanced degrees in communication sciences and disorders and related fields, and engages them in rehabilitation research activities designed to address the communication needs of persons with disabilities. The program is structured to provide two years of intensive training to four post-doctoral fellows who are committed to a career in rehabilitation research. Fellows are supervised by a team of multidisciplinary mentors in a comprehensive program that has three major components: (1) didactic training, (2) a mentored clinical experience in stroke, traumatic brain injury (TBI), Parkinson’s disease, or other neurological disorder and (3) immersion in a research practicum. The research practicum includes participation in ongoing research projects, and development and implementation of an independent research project. The capstone experience is the preparation and submission of a competitive grant application to an extramural funding agency.
Northwestern University Advanced Rehabilitation Research Training (ARRT) Program

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Project Number: H133P130013
Start Date: October 01, 2013
Length: 60 months

NIDRR Officer: Margaret Campbell, PhD

NIDRR Funding: FY 13 $150,000; FY 14 $150,000; FY 15 $150,000; FY 16 $150,000; FY 17 $150,000

Abstract: This project provides an integrated, interdisciplinary, collaborative training program for early-career scholars focusing on rehabilitation-related health services research. Health services faculty work closely with fellows to provide a rigorous and relevant interdisciplinary curriculum, integrating faculty and programs from diverse departments and centers into a unified health services research training program. Through this program, six post-doctoral fellows will develop new skills to enhance their previous training in order to pursue a research career in rehabilitation-related health services research. The program includes carefully matched mentors, didactic course work, original research, grant writing, and scientific publishing over a two-year period.
Advanced Rehabilitation Research Training Projects (ARRTs)
Maryland

University of Maryland Advanced Neuromotor Rehabilitation Research Training (UMANRRT)

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Project Number: H133P100014
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 10 $150,000; FY 11 $150,000; FY 12 $150,000; FY 13 $150,000; FY 14 $150,000

Abstract: The University of Maryland Advanced Neuromotor Rehabilitation Training (UMANRRT) program trains post-doctoral fellows in interdisciplinary rehabilitation research with a primary focus on neuromuscular disorders including Parkinson’s disease and stroke. The UMANRRT program targets doctorally prepared professionals with backgrounds in bioengineering, physical therapy, occupational therapy, and the movement sciences. The overall goal of the UMANRRT program is training post-doctoral fellows to further develop and refine the skills needed to conduct high quality, independent, interdisciplinary, funded research in the rehabilitation of clinical populations with neuromotor disorders. Specific project objectives include: (1) recruiting and selecting highly qualified candidates to become UMANRRT post-doctoral fellows; (2) providing a scientifically-based, multidisciplinary training program that includes collaboration among affiliated institutions; (3) providing mentoring and collaborative opportunities with established researchers at University of Maryland at Baltimore and affiliated institutions; (4) providing fellows with interdisciplinary neuromotor rehabilitation research leadership experience by involving them in research projects where at least one is led by the fellow; (5) providing opportunities for participation in presentations, publications, and grant development; and (6) providing opportunities to develop teaching and mentoring skills for transitioning to a junior faculty role.
Advanced Rehabilitation Research Training Projects (ARRTs)
Massachusetts

Post-Doctoral Training in Rehabilitation Outcomes
Measurement Research

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Project Number: H133P120001
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 12 $149,999; FY 13 $149,999; FY 14 $149,999; FY 15 $149,999; FY 16 $149,999

Abstract: This project addresses a gap in medical rehabilitation residency programs, rehabilitation therapists training programs, and PhD programs in rehabilitation sciences in providing optimal training and mentoring in outcome measurement theory and methodology. This post-doctoral fellowship training program helps rehabilitation researchers develop and refine the contemporary outcomes measurement skills they will need to conduct high quality, independent rehabilitation research. Participating fellows obtain advanced knowledge in contemporary measurement theory and methodology, advanced research design, and statistical methods; work as part of a sophisticated research team and under direct supervision from an experienced research mentor; write scientific abstracts, presentations, and publications; develop skill in the responsible conduct of research and working with consumers; obtain experience in developing and presenting scientific presentations; and develop skills in writing research grant applications.
**Advanced Rehabilitation Research Training Projects (ARRTs)**
Massachusetts

**Advanced Research Training Program in Employment and Vocational Rehabilitation of Persons with Psychiatric Disabilities**

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**Principal Investigator:** Zlatka Russinova, PhD; E. Sally Rogers, ScD; 617/353-3549
**Public Contact:** Zlatka Russinova, PhD 617/353-3549; Fax: 617/353-7700

**Project Number:** H133P130011
**Start Date:** October 01, 2013
**Length:** 60 months

**NIDRR Officer:** Leslie J. Caplan, PhD

**NIDRR Funding:** FY 13 $149,979; FY 14 $149,968; FY 15 $149,968; FY 16 $149,960; FY 17 $149,908

**Abstract:** This advanced rehabilitation research training project (ARRT) trains six post-doctoral fellows through a two-year training program in the area of psychiatric vocational rehabilitation. The training program is implemented in two consecutive cycles with three fellows in residence and is designed to provide broad-based, didactic training in psychiatric vocational rehabilitation and employment research which is complemented with an intensive research practicum that combines mentored and independent research in one of the following specializations of employment-related research: vocational recovery research, interventional research, vocational rehabilitation policy and systems research, or transition-age and young adults. Throughout the program, the fellows are mentored, actively and intensely, by accomplished scholars, through a variety of modalities which allow them to acquire competencies in the following areas: research design/methodology; advanced statistics and instrument development; psychiatric vocational rehabilitation and employment research; participatory research methods and peer employment research; conduct of applied research; and grant and professional writing.
The UMHS/AACIL Rehabilitation Research Training Program

University of Michigan
Department of Physical Medicine and Rehabilitation
325 East Eisenhower Parkway, Suite 100
Ann Arbor, MI 48108
cbouton@umich.edu
www.med.umich.edu/pmr/edu/arrt.htm

Principal Investigator: Denise G. Tate, PhD
Public Contact: Colleen Bouton 734/963-5600; Fax: 734/936-7048

Project Number: H133P090008
Start Date: September 01, 2009
Length: 60 months

NIDRR Officer: Theresa San Agustin, MD
NIDRR Funding: FY 09 $149,999; FY 10 $149,996; FY 11 $149,788; FY 12 $149,999; FY 13 $149,996; FY 14 (No-cost extension through 8/31/2015)

Abstract: This program aims to train a team of interdisciplinary researchers, six new PhD fellows and ten MD Resident Physicians, to produce knowledge in rehabilitation research and advanced evidence-based practice, thus improving the lives of persons with disabilities. This program grew out of a long-term collaboration between the University of Michigan Department of Physical Medicine and Rehabilitation (PM&R) and the Ann Arbor Center for Independent Living (AACIL) and builds upon the successful structures and experiences developed with other departments, schools, and universities. Training opportunities include participation in existing research programs funded by NIDRR, the National Institutes of Health, Paralyzed Veterans of America, and at the University of Michigan as well as opportunities for conducting research in conjunction with the AACIL. A variety of didactic and practical experiences make up this research training program. These include participation in academic courses available at the University of Michigan, research seminars, presentations and lectures at meetings and national conferences, and an opportunity to work collaboratively on research projects being conducted at many sites. Fellows and trainees may select from a focus on three content areas: (1) community participation, including social and environmental factors effecting independent living; (2) health and function; and (3) assistive technologies. Cross-cutting themes covered in all content areas include health disparities and community needs of underserved populations with disabilities, women’s health, and aging with disability. Special efforts are made to recruit and train researchers from racial and ethnic minority backgrounds as well as individuals with disabilities. Through this research training experience, fellows and PM&R Residents acquire and enhance specific research skills; learn how to collaborate effectively across important rehabilitation areas and disciplines; and demonstrate a capacity to apply the results of research to the problems of persons with disabilities. The objectives of this research training are: (1) to provide training to qualified individuals within a multidisciplinary perspective to evaluate research quality and to produce excellence; (2) to orient training toward advancement of science and addressing the needs of persons with disabilities through development of evidence-based practice and community-based participatory research; (3) to prepare researchers to conduct studies in new settings, including home, schools, and community-based organizations; (4) to foster research skills that result in successful...
research proposals addressing issues relevant to persons with disabilities; and (5) to promote productive partnerships and collaborations that lead to successful careers in areas with a shortage of qualified researchers.
The University of Michigan Advanced Rehabilitation Research Training Program in Community Living and Participation

University of Michigan
Department of Physical Medicine and Rehabilitation
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Ann Arbor, MI 48108
angellee@umich.edu
pmr.umichcreative.org/education-training/fellowships/
advanced-rehabilitation-research-training-program

Principal Investigator: Claire Kalpakjian, PhD; Denise G. Tate, PhD
Public Contact: 734/963-5600; Fax: 734/936-7048

Project Number: H133P140005
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Dawn Carlson, PhD, MPH
NIDRR Funding: FY 14 $150,000; FY 15 $150,000; FY 16 $150,000; FY 17 $150,000; FY 18 $150,000

Abstract: The ARRTP-CP trains six post-doctoral fellows and up to five physician resident trainees to advance the rehabilitation field in community living and participation, promoted by embracing community-based research approaches. This training program is guided by the principles of competency-based education and assessment to develop individualized training plans and the achievement of core competencies. The overall objectives of the ARRTP-CP are to: (1) provide research training in community living and participation in persons with disabilities; (2) orient training toward advancement of rehabilitation science by promoting community-based research that enables the development of sound disability policy; (3) prepare researchers to conduct studies in community-based settings, including home, school, and other environments; (4) foster advanced research skills that result in successful research proposals addressing issues relevant to persons with disabilities; and (5) build productive partnerships and collaborations that lead to successful careers to address the critical shortage of qualified rehabilitation scientists. Training in research methods focuses on diverse community-based research approaches designed to capture community living and environmental, social and situational contextual factors. A core curriculum complements hands-on experience, and includes academic courses, seminars, and workshops to train fellows in qualitative methods (i.e. community-based participatory research - CBPR) supported by quantitative ones. Opportunities to complete a CBPR project, attend presentations and lectures at partner institutions and national conferences, and engage in networking round out the training program. This program is a collaborative effort among academic researchers at the University of Michigan’s School of Public Health, Institute of Social Research, and the Department of Physical Medicine and Rehabilitation and their partners at community-based organizations.
Advanced Rehabilitation Research Training Projects (ARRTs)
New Jersey

Advanced Rehabilitation Research Training Center on
Neuro-musculoskeletal Rehabilitation

Rutgers New Jersey Medical School and Kessler Foundation
Human Performance and Engineering
1199 Pleasant Valley Way
West Orange, NJ 07052
pbarrance@kesslerfoundation.org
kesslerfoundation.org/researchcenter/postdoctoralfellowshipprogram.php

Principal Investigator: Peter Barrance, PhD; Gail Forrest, PhD
Public Contact: 973/324-3550; Fax: 973/243-6984

Project Number: H133P070007
Start Date: September 01, 2007
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 07 $149,559; FY 08 $149,847; FY 09 $149,723; FY 10 $149,999; FY 11 $149,847; FY 12 (No-cost extension through 8/31/2013); FY 13 (No-cost extension through 8/31/2014); FY 14 (No-cost extension through 8/31/2015)

Abstract: This interdisciplinary training program on neuro-musculoskeletal rehabilitation provides postdoctoral research opportunities to qualified individuals interested in research, and academic careers related to rehabilitation research. Over the course of the program, nine post-doctoral fellows plan, conduct, and disseminate research, and may choose to conduct research in neuro-musculoskeletal rehabilitation. Each fellow conducts rehabilitation research for a two-year term. Anticipated measurable outcomes include published research studies, presentations at national scientific meetings, submission of grant proposals, completion of research related courses, training in techniques of dissemination, and the development of interdisciplinary research networks. In addition to participation in research activities, each fellow completes a series of core courses and directed study on interdisciplinary research, HIPAA, and the ethics for the recruitment of human subjects in rehabilitation research. The activities of each post-doctoral fellow are directed and monitored by a fellowship mentor with a demonstrated ability to implement, conduct, and disseminate the results of research investigations contributing to the advancement of rehabilitation science. Core faculty involved in the program represent departments/divisions of physical therapy, occupational therapy, rehabilitation science, biomedical engineering, biomechanics, computer science, and mechanical-aerospace engineering. The goal of this project is to provide young investigators a stimulating environment, with an atmosphere of enthusiasm tempered by rigorous methodology that instills the desire to improve the everyday lives of persons with disabilities.
Advanced Rehabilitation Research Training Projects (ARRTs)
New York

Mt. Sinai Advanced Rehabilitation Research Training

Mount Sinai School of Medicine
Department of Rehabilitation Medicine
One Gustave L. Levy Place, Box 1240
New York, NY 10029-6574
marcel.dijkers.mountsinai.org

Principal Investigator: Marcel P. Dijkers, PhD
Public Contact: 212/659-8587; Fax: 212/348-5901

Project Number: H133P100016
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 10 $142,046; FY 11 $138,302; FY 12 $142,646; FY 13 $147,163; FY 14 $149,970

Abstract: The Mt. Sinai Advanced Rehabilitation Research Training program increases the number of well-trained clinical rehabilitation researchers in the areas of traumatic brain injury and spinal cord injury. Project objectives include: (1) attracting well-qualified candidates from minority and disability backgrounds and from diverse social science fields into the field of rehabilitation research, (2) increasing knowledge of rehabilitation research methods through didactics and participation in professional development activities, (3) enhancing research capacity by completing independent research projects locally or in collaboration with other institutions, (4) increasing involvement in consumer-related experiences, (5) improving presentation abilities to both professionals and consumers, (6) increasing scientific writing abilities through collaboration with faculty on proposal writing and preparation of research findings for submission to peer-reviewed journals, (7) increasing knowledge of funding mechanisms and development of competitive grant applications to funding agencies, and (8) enhancing vocational preparation through supervised training of mentoring research activities of trainees in earlier stages of training. A two-year postdoctoral fellowship is offered to five qualified applicants over the course of five years. Training activities are classified under three modules: (1) didactics (including seminars and conferences), (2) hands-on participation in research (including participation in ongoing research at the Brain Injury Research Center and development of independent projects), and (3) mentoring (including individual and research team). The training in research capacity building is enhanced through collaboration with other institutions. Trainees devote 80 percent of their time to research and 20 percent of their time to clinical activities. Two-way evaluations are conducted every six months. Objective performance indicators are used to assess the project success.
Advanced Rehabilitation Research Training Projects (ARRTs)
New York

Rusk Advanced Rehabilitation Research Training
Postdoctoral Fellowship

New York University School of Medicine
Rusk Institute of Rehabilitation Medicine
240 East 38th Street; ACC 17-73
New York, NY 10016
joseph.rath@nyumc.org
rusk.med.nyu.edu/research/psychology-postdoctoral-fellowship-rehabilitation-research

Principal Investigator: Joseph F. Rath, PhD
Public Contact: 212/263-6183

Project Number: H133P120011
Start Date: October 01, 2012
Length: 60 months
NIDRR Officer: A. Cate Miller, PhD
NIDRR Funding: FY 12 $149,994; FY 13 $149,866; FY 14 $149,995; FY 15 $149,993; FY 16 $149,998

Abstract: This project trains post-doctoral fellows in skills necessary to become independent investigators in clinical rehabilitation research. Doctoral-level professionals from appropriate psychology fields of study (e.g., rehabilitation, clinical, counseling, and health psychology and neuropsychology) receive training through mentored independent research projects (IRPs) and ongoing multidisciplinary collaborative research projects. In addition to expanding their research expertise, fellows increase their knowledge of participatory action research (PAR) through collaborations with consumer disability advocacy groups, PAR-focused seminars, and/or partnership with a consumer whose disability is the focus of the fellow’s IRP. By completion of training, fellows are expected to complete a minimum of one IRP, participate on a minimum of one ongoing collaborative research project, present research results to professional and consumer groups and/or submit findings for publication in peer-reviewed journals, and participate in writing extramural grant proposals, including their own grant applications.
Advanced Rehabilitation Research Training Projects (ARRTs)
Pennsylvania

Career Advancement for Engineers in the Science of Rehabilitation (CAESOR)

University of Pittsburgh
School of Health and Rehabilitation Sciences
Department of Rehabilitation Science and Technology
4020 Forbes Tower
Pittsburgh, PA 15260
mrh35@pitt.edu

Principal Investigator: Dan Ding, PhD
Public Contact: Mary Goldberg, CAESOR Coordinator 412/954-5287; Fax: 412/954-5340

Project Number: H133P090010
Start Date: October 01, 2009
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 09 $149,972; FY 10 $149,962; FY 11 $149,971; FY 12 $149,952; FY 13 $149,966; FY 14 (No-cost extension through 9/30/2015)

Abstract: The goal of the Career Advancement for Engineers in the Science of Rehabilitation (CAESOR) program is to increase the number of rigorously trained, extramurally competitive, and scientifically productive engineering researchers in the field of rehabilitation science and engineering. To that end, CAESOR provides two years of advanced rehabilitation research training for eight to ten highly qualified postdoctoral trainees from basic engineering disciplines who are committed to a career in rehabilitation research. CAESOR utilizes a rehabilitation research team consisting of a focused cadre of mentors with interdisciplinary expertise in engineering, clinical, and psychosocial disciplines to provide the trainees with balanced exposure to research, clinical, and academic approaches to rehabilitation and disability issues. The comprehensive training provides: (1) immersion in a mentored rehabilitation research experience by matching postdoctoral trainees with highly successful research mentors; (2) complementary didactics including core and individualized components that teach and enhance the critical skills necessary for a successful research career (such as grant writing, ethics, and issues in human subject research), and topics that are not usually covered in traditional engineering curricula (such as medical and social aspects of disability, research methods, and statistical analysis); (3) involvement in mentored clinical experience to gain clinical insights and better understanding of clinical decision making process; and (4) participation in a community practicum to understand the real user needs and contextual constraints of technology. The capstone experience for the postdoctoral trainees is the submission of an extramural research proposal.
Advanced Rehabilitation Research Training Projects (ARRTs)
Pennsylvania

ARRT - Career Advancement for Engineers in the Science of Rehabilitation

University of Pittsburgh
School of Health and Rehabilitation Sciences
Department of Rehabilitation Science and Technology
6425 Penn Avenue, Suite 400
Pittsburgh, PA 15206
millvill@pitt.edu
www.herl.pitt.edu/education/postdocs

Principal Investigator: Dan Ding, PhD 412/822-3684
Public Contact: Maria Milleville, CAESOR Coordinator 412/822-3700; Fax: 412/822-3699

Project Number: H133P140012
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $149,991; FY 15 $149,993; FY 16 $150,000; FY 17 $149,966; FY 18 $149,997

Abstract: Career Advancement for Engineers in the Science of Rehabilitation (CAESOR) provides integrated engineering and clinical training for up to seven postdoctoral fellows, fostering a deep understanding of human function and needs, enabling them to design innovative rehabilitation devices, tools, and techniques to help people with disabilities and older adults live more satisfying and productive lives. CAESOR utilizes a rehabilitation research team consisting of a focused cadre of mentors with interdisciplinary expertise in engineering, clinical, and psychosocial disciplines to provide the trainees with a balanced exposure to research, clinical, and academic approaches to rehabilitation and disability issues. The program is specifically designed to give the postdoctoral trainees the skills needed to become independent researchers in rehabilitation engineering. The comprehensive training activities are designed to facilitate the development of skills and competencies in six key areas including technical, person-centered (clinical and psychosocial), research, communication, innovation, and leadership skills. The training program consists of five components with each component addressing one or more of the six key skills: (1) immersion in a mentored rehabilitation research experience by matching postdoctoral trainees with highly successful research mentors; (2) complementary didactics including core and individualized components that teach and enhance the critical skills necessary for a successful research career (such as grant writing, ethics, and issues in human subject research), and topics that are not usually covered in traditional engineering curricula (such as medical and social aspects of disability, research methods, and statistical analysis); (3) involvement in mentored clinical experience to gain clinical insights into and better understanding of the clinical decision-making process; (4) structured professional development and networking activities; (5) participation in a community practicum to understand the real user needs and contextual constraints of technology. The capstone experience for the postdoctoral trainees is the submission of an extramural research proposal.
Advanced Rehabilitation Research Training Projects (ARRTs)
Texas

Health and Function: Advanced Rehabilitation Research Training (ARRT) at UTEP

The University of Texas at El Paso
500 West University Avenue
El Paso, TX 79968
asalvatore@utep.edu

Principal Investigator: Anthony P. Salvatore, PhD
Public Contact: 915/747-7265

Project Number: H133P130001
Start Date: October 01, 2013
Length: 60 months
NIDRR Officer: Shelley Reeves
NIDRR Funding: FY 13 $150,000; FY 14 $150,000; FY 15 $150,000; FY 16 $150,000; FY 17 $150,000

Abstract: This project provides a multidisciplinary, doctoral-level rehabilitation research training in traumatic brain injury (TBI) that teaches six post-doctoral fellows techniques in rehabilitation counseling, speech-language pathology, public health, sports medicines, clinical laboratory sciences, diagnostic imaging, computer science, and kinesiology. The project (1) provides a multidisciplinary training program that emphasizes advanced research methodology, participatory in the initiation and carrying out of advanced research projects; (2) provides a clinical research experience utilizing both group designs and single subject designs to further develop research skills in the rehabilitation of persons with TBI; (3) provides advanced research experience in a community-based research setting and community outreach to organizations serving individuals with TBI; (4) provides advanced research mentoring and opportunities for scientific collaboration with researchers in Kinesiology Vestibular Lab, Clinical Laboratory Science Lab, Public Health Sciences, Computer Modeling Lab, Sports Medicine Clinic, Concussion Management Research Lab, and the Department of Emergency Medicine at the Texas Tech University Medical School in El Paso; and (5) provides trainees with opportunities to publish findings and present papers in national, regional, local, and university outlets. The project’s training program leads post-doctoral researchers toward receiving the Certificate of Concussion Management.
Advanced Rehabilitation Research Training Projects (ARRTs)
Texas

Interdisciplinary Rehabilitation Research Training Program

University of Texas Medical Branch
301 University Boulevard
Galveston, TX 77555-1137
bacammar@utmb.edu

Principal Investigator: Kenneth J. Ottenbacher, PhD
Public Contact: Beth Cammarn 409/747-1637; Fax: 409/747-1638

Project Number: H133P110012
Start Date: October 01, 2011
Length: 60 months
NIDRR Officer: Margaret Campbell, PhD
NIDRR Funding: FY 11 $149,999; FY 12 $149,999; FY 13 $149,999; FY 14 $149,999; FY 15 $149,999

Abstract: The Interdisciplinary Rehabilitation Research Training Program provides postdoctoral research opportunities to qualified individuals interested in academic and clinical careers related to disability, rehabilitation, and recovery. Postdoctoral fellows plan, conduct, and disseminate research involving rehabilitation outcomes with a focus on older persons with disabilities and chronic disease. The research is accomplished in collaboration with an interdisciplinary team focusing in one of the following areas: muscle biology of rehabilitation, clinical and community rehabilitation, and population-based health services rehabilitation. Each postdoctoral fellow identifies a primary mentor who is a member of one of three research teams, and has an established research program and a record of external funding. The trainee and mentor develop an individualized career development plan. The plan includes a core curriculum of formal (credit bearing) and informal learning experiences, seminars, and workshops that are completed by all the fellows. The career development plan includes a series of learning activities directly related to the trainees’ area of research focus. Outcomes include published research studies, presentations at national scientific meetings, submission of grant proposals, training in methods of dissemination, and participation in interdisciplinary research networks. The activities of each postdoctoral fellow are monitored by the primary mentor and members of the research team. All trainees complete a community-based practicum experience that includes structured opportunities to interact with health care providers and consumers in a community context. Fellows also have the opportunity to earn a Master’s in Public Health degree as part of the postdoctoral training program. Finally, the fellows are assisted by program faculty in identifying and securing professional positions providing the opportunity to conduct and disseminate the results of research advancing rehabilitation science and evidence-based practice.
Advanced Research Training Program in
Neurobehavioral Recovery and Intervention

Virginia Commonwealth University
Department of Physical Medicine and Rehabilitation
Box 980542
Richmond, VA 23298-0542
jskreutz@vcu.edu
www.pmr.vcu.edu/programs/neuropsychology/arrt_fellowship.aspx

Principal Investigator: Jeffrey S. Kreutzer, PhD 804/828-9098
Public Contact: Nancy H. Hsu, PsyD 804/828-8794; Fax: 804/828-2378

Project Number: H133P090013
Start Date: September 01, 2009
Length: 60 months
NIDRR Officer: Kenneth D. Wood, PhD
NIDRR Funding: FY 09 $148,985; FY 10 $149,475; FY 11 $148,895; FY 12 $149,404; FY 13 $149,925; FY 14 (No-cost extension through 8/31/2015)

Abstract: This project is an advanced rehabilitation research training (ARRT) program for individuals with advanced degrees who are committed to a career in rehabilitation research with a focus on neurobehavioral recovery and intervention. Training and research activities address brain injury, aneurysms, brain tumors, and other neurological disorders. Individualized research training plans emphasizing scientific rigor guide fellows’ choices of training activities. Outstanding mentors, didactic experiences, and collaborative and independent research activities provide the foundation for the Virginia Commonwealth University ARRT program. Mentors include internationally and nationally renowned, distinguished scientists from the fields of rehabilitation medicine, neuropsychology, psychiatry, neurosurgery, and vocational rehabilitation. Core courses on ethics, conduct in scientific research, and grant writing are complemented by grand rounds and graduate courses. All fellows must complete and submit a grant application during the second year of their fellowship.
Advanced Rehabilitation Research Training Projects (ARRTs)
Washington

Advanced Training on Outcomes in Rehabilitation Research (UW-ATORR)

University of Washington Office of Research
Department of Rehabilitation Medicine
1959 North East Pacific Street; Box 356490
Seattle, WA 98195
dagmara@uw.edu
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**Principal Investigator:** Dagmar Amtmann, PhD
**Public Contact:** 206/543-4741; Fax: 206/685-9224

**Project Number:** H133P120002
**Start Date:** October 01, 2012
**Length:** 60 months
**NIDRR Officer:** Dawn Carlson, PhD, MPH
**NIDRR Funding:** FY 12 $149,997; FY 13 $147,559; FY 14 $149,999; FY 15 $149,999; FY 16 $149,998

**Abstract:** This program provides unique opportunities for rehabilitation researchers to acquire and apply modern psychometric techniques and for researchers trained in modern psychometric theory to develop expertise in rehabilitation and physical medicine. Post-doctoral trainees receive two years of advanced training that includes: (1) immersion in a mentored rehabilitation research experience, matching post-doctoral trainees with highly successful rehabilitation researchers; and (2) complementary didactics (core and individualized) to support trainee development. The overall goal of this project is to advance research capacity in rehabilitation research by providing researchers with training and mentoring opportunities that facilitate better outcomes measurement in rehabilitation research. Researchers with training in both rehabilitation and outcomes measurement are best positioned to develop, test, and evaluate psychometrically sound and clinically meaningful outcomes, translate research into practice, identify gaps in evidence that most affect people with disabilities, examine the prognostic information available to patients and providers, and examine behaviors, lifestyles, and choices within people’s control that may affect their health outcomes.
Advanced Rehabilitation Research Training Projects (ARRTs)
Wisconsin

Advanced Rehabilitation Research Training (ARRT) in Pediatric to Adult Transition

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735 North 17th Street
PO Box 1881
Milwaukee, WI 53201-1881
depps@mcw.edu
www.tech4pod.org/4researchers/training-activities/t1/

Principal Investigator: Gerald F. Harris, PhD 414/288-0698
Public Contact: Deborah Epps, Project Administrator 414/288-0696; Fax: 414/288-0713

Project Number: H133P100008
Start Date: October 01, 2010
Length: 60 months
NIDRR Officer: Thomas Corfman
NIDRR Funding: FY 10 $150,000; FY 11 $150,000; FY 12 $150,000; FY 13 $150,000; FY 14 $150,000

Abstract: This project provides advanced education and training in rehabilitation research to selected engineers and clinician researchers with a background and interest in rehabilitation medicine. Participating fellows develop in-depth expertise, enthusiasm, and productivity in rehabilitation research with experience in community-based research settings and with organizations representing individuals with disabilities with the fundamental goal of training individuals to become career researchers. The program is structured to support post-doctoral physicians, engineers, physical therapists, and psychologists who seek advanced rehabilitation research training. This program offers directed mentorship, research training, and formal didactic components, and includes a cross-disciplinary course structure for all fellows. Three research areas (RAs) support opportunities for career-oriented contributions to the field of pediatric-to-adult transition. These RAs include: Function and Outcomes Assessment, Biomaterials and Skeletal Biology, and Motion and Mobility. A team of mentors with qualifications specific to each of these RAs support candidates entering the program to enhance their current skills and offer additional high-level training and experience. Trainees attend courses, symposia, and seminars in four in-depth areas, including Evidence Based Research, Scientific Writing and Grantsmanship, Biostatistics and Outcomes Assessment, and Motion and Mobility Analysis. At the completion of the program all trainees are expected to have completed necessary pilot work, written and submitted several journal manuscripts, prepared two extramural proposals, and gained experience in managing a functional research team. The program also includes support for career planning and job search assistance.
Advanced Rehabilitation Research Training Projects (ARRTs)
Wisconsin

Advanced Rehabilitation Research Training in Pediatric Mobility
for Physicians and Engineers

Marquette University
Orthopaedic and Rehabilitation Engineering Center
735 North 17th Street
Milwaukee, WI 53201
depps@mcw.edu
www.tech4pod.org/4researchers/training-activities/t1/

Principal Investigator: Gerald F. Harris, PhD 414/288-1586
Public Contact: Deborah Epps, Project Administrator 414/288-0696; Fax: 414/288-0713

Project Number: H133P140023
Start Date: October 01, 2014
Length: 60 months
NIDRR Officer: Stephen Bauer, PhD
NIDRR Funding: FY 14 $150,000; FY 15 $150,000; FY 16 $150,000; FY 17 $150,000; FY 18 $150,000

Abstract: This project offers advanced education and training in rehabilitation research to selected engineers and physician researchers in four areas that support opportunities for career-oriented contributions to the field of pediatric mobility: (1) musculoskeletal biomechanics and biomaterials, (2) assistive devices and robotics, (3) foot and ankle mobility, and (4) functional assessment/outcomes measurement. A team of two senior mentors and a physician/surgeon with qualifications specific to each of these research areas support candidates entering the program to enhance their current skills and offer additional, high-level training and experience. The postdoctoral trainees experience a program designed to provide a unique set of capabilities to succeed as a rehabilitation researcher. The program includes three essential elements: didactics, mentored research areas, and collegial and collaborative activities. Fellowship research requirements include the successful submission of an intramural proposal, pilot study completion and refinement, multiple journal article submissions, and submission of extramural proposals. The fellowship experience also includes an ‘away’ rotation at one of several research support laboratories including: the Lawrence Berkeley National Laboratory (CA), the UC Berkeley Department of Materials Science and Engineering (CA), the Hospital for Special Surgery Motion Analysis Laboratory (NY), the Thomas Jefferson University School of Health Professions (PA), and the Northwestern University Biodynamics Laboratory (IL). The fellowship also provides an international clinical rotation through videoconference with our colleagues in the Motion Analysis Laboratory at ITESM, Chihuahua, Mexico. Optional off-site rotations are also available through facilities in Cali, Columbia and Manila, Philippines.
Subject Index
No subject index was created for this version of the NIDRR Program Directory. The Directory remains in database format at naric.com/?q=en/ProgramDatabase. This format is considerably more effective for subject-oriented organization of the material in the Directory.

For assistance in searching the Program Directory database, contact the staff at NARIC at 800/346-2742 or email jchaiken@heitechservices.com
Grantees
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Principal Investigators

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