



UTS TRAINING TIMES

First Steps

Volume 9 Issue 2

May 2013

Inside this Issue...

- There is still time to register for the May 17th Autism Conference, but you must hurry! See page 6 for details.
- On April 15, 2013, the U.S. Department of Education published notices requesting Comments on the IDEA Part C and Part B State Performance Plan (SPP) and Annual Performance Report (APR). The SPP and APR include quality indicators for timely service delivery, services in natural environments, child and family outcomes, 45 day timeline, transition and complaint/mediation/due process reporting. Comments are encouraged and must be submitted by June 14, 2013. See page 4 for more information.
- Indiana's FY2011 APR was submitted 2/1/13. You can review it on the state website at http://www.in.gov/fssa/files/FS_APR_FFY11_2-15-13.pdf.
- The February 2013 Training Times, included an online Child Development Survey. 98 people participated in the survey. An overview of the survey, with links to the survey answers and analysis can be found on page 12. Thanks to all who participated.
- Once again, this edition of the Training Times includes video articles. There are direct links to the videos on page 5. Content from the short videos will be included in the Training Times assessment. The videos cover ongoing assessment and outdoor activities for infants and toddlers.
- The UTS-ProKids website will soon be getting a makeover. Our new look and functions will take shape over the next several months. Please be aware that there may be times when portions of the site are down for maintenance. UTS will notify you via email and posts to the home page when interruptions are expected, so you can plan accordingly.



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INDIANA'S UNIFIED TRAINING SYSTEM

“Creating Learning Opportunities for Families and Providers Supporting Young Children”

First Steps Enrollment and Credential Training Requirements

Provider Level - New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing)	SC 101—SC Modules (self-study)	SC 102 within 3-6 months of employment date SC 103 within 6-9 months of employment date Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 15 points for initial credential
Direct Service Provider	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	*DSP 102 - within 60 days of enrollment (on-site) *DSP 103 - within 3-6 months of enrollment (on-site) Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential * timeline for completion has been revised, effective 07/12.
Provider Level - Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)	Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study)	Quarterly (4) – Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential

Attention: New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete the quarterly *Training Times* assessment as part of your mandatory training requirements for credentialing.

New providers must establish an account on the UTS website (<http://www.utsprokids.org>) to register for UTS trainings. Obtaining an account is easy.

1. Click the Account Login in the upper right hand corner.
2. On the login page click on Create One Here
3. Enter your information (note that UTS Training Times is mailed to your primary address—you are encouraged to use your home address, especially if it is difficult to get personal mail at your workplace, e.g. hospital system). UTS does not give any of your training profile information to anyone outside of First Steps. The BCDS and UTS will periodically send you email updates regarding First Steps.
4. When all information has been entered click the Update Information.
5. Register for your annual training fee.

6. Once your payment has been posted, you can take the Training Times assessment, under My Quizzes.
7. If you have questions or encounter problems email Janice in the UTS Connect office at: registration@utsprokids.org

Indiana First Steps
UTS Training Times
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Web Address: <http://www.utsprokids.org>
Email: Training questions training@utsprokids.org
Registration questions: registration@utsprokids.org

Service Coordinator Training Dates for 2012-2013

Service Coordination 102: All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to training@utsprokids.org.

Tuesdays at ProKids, Inc. Indianapolis from 9-4pm
5/14/13 8/13/13 11/12/13

Service Coordination 103: All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to training@utsprokids.org.

Tuesdays at ProKids, Inc. Indianapolis from 9-4pm
6/11/13 9/17/13 12/10/13

All Service Coordinators must register online for SC 102 and SC 103 at www.utsprokids.org.

DSP 102 and DSP 103 Provider Follow Up Orientation

All newly enrolled direct service providers (DSP) must complete DSP 102 and 103 within the **first 6 months of their enrollment**. DSP 101 is required for provider enrollment. DSP 102 must be completed within 60 days of provider enrollment and DSP 103 must be completed three to six months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. Since there are specific timelines for completion of DSP 102 and DSP103 that allow time for experience in the First Steps System, providers may NOT take both courses on the same day.

DSP 102 Dates	Time	DSP 103 Dates	Time
May 7, 2013	1:00-4:00PM	May 7, 2013	9:00-12:00PM
June 4 2013	1:00-4:00PM	June 4, 2013	9:00-12:00PM
July 9 2013	1:00-4:00PM	July 9, 2013	9:00-12:00PM
August 6 2013	1:00-4:00PM	August 6, 2013	9:00-12:00PM

AEPS 2-DAY Certification Course Under Construction

Evaluations for the 2-Day, Assessment, Evaluation and Programming System (AEPS) for Infants and Children training have requested separating this course into 2 parts with additional practice time. We listened and are currently completing revisions to include an online overview with video practice that must be completed before attending the one day face-to-face follow up course. Roll out for the online course is planned for July with the face-to face follow up course offered quarterly. The 2 part, AEPS course is required for all Assessment Team members. While it is highly recommended for all direct service providers, DSPs will have the option of taking only the online portion of the course. Both parts of the AEPS training may also be used as a First Steps Core Training (FSCT) for your First Steps initial or annual credential. These courses have a registration fee in addition to the provider's Annual Training Fee.

Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS to meet their initial or annual credential points as long as the training is related to the First Step core competencies and it is relevant to infants through age 36 months. These may include training offered at the SPOE Provider Meetings, provider agency training, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information with the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **Recent changes to First Steps credentialing allow a maximum of 5 points for in-service training, while conferences/workshop taken outside of provider agencies is unlimited.** More information on credentialing can be found in the revised Personnel Guide (August 2012) at

[https://www.infirststeps.com/UI/pdfs/First Steps Personnel GuideRevised 8-2012.pdf](https://www.infirststeps.com/UI/pdfs/First_Steps_Personnel_GuideRevised_8-2012.pdf)

Request for Comments - IDEA Part C and Part B State Performance Plan and Annual Performance Report

DEPARTMENT OF EDUCATION

[Docket No. ED-2013-ICCD-0048]

Agency Information Collection Activities; Comment Request; IDEA Part C State Performance Plan (SPP) and Annual Performance Report (APR)

AGENCY: Office of Special Education and Rehabilitative Services (OSERS), Department of Education (ED).

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 3501 *et seq.*), ED is proposing a revision of an existing information collection.

DATES: Interested persons are invited to submit comments on or before June 14, 2013.

ADDRESSES: Comments submitted in response to this notice should be submitted electronically through the Federal eRulemaking Portal at <http://www.regulations.gov> by selecting Docket ID number ED-2013-ICCD-0048 or via postal mail, commercial delivery, or hand delivery. Please note that comments submitted by fax or email and those submitted after the comment period will not be accepted. Written requests for information or comments submitted by postal mail or delivery should be addressed to the Director of the Information Collection Clearance Division, U.S. Department of Education, 400 Maryland Avenue SW, LBJ, Room 2E105, Washington, DC 20202-4537.

FOR FURTHER INFORMATION CONTACT: Electronically mail ICDocketMgr@ed.gov. Please do not send comments here.

SUPPLEMENTARY INFORMATION: The Department of Education (ED), in accordance with the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3506(c)(2)(A)), provides the general public and Federal agencies with an opportunity to comment on proposed, revised, and continuing collections of information. This helps the Department assess the impact of its information collection requirements and minimize the public's reporting burden. It also helps the public understand the Department's information collection requirements and provide the requested data in the desired format. ED is soliciting comments on the proposed information collection request (ICR) that is described below. The Department of Education is especially interested in public comment addressing the following issues: (1) Is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner;

(3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected; and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology. Please note that written comments received in response to this notice will be considered public records.

Title of Collection: IDEA Part C State Performance Plan (SPP) and Annual Performance Report (APR).

OMB Control Number: 1820-0578.

Type of Review: a revision of an existing information collection.

Respondents/Affected Public: State, Local, or Tribal Governments.

Total Estimated Number of Annual Responses: 56.

Total Estimated Number of Annual Burden Hours: 61,600.

Abstract: The Individuals with Disabilities Education Improvement Act of 2004, signed on December 3, 2004, became PL 108-446. In accordance with 20 U.S.C. 1416(b)(1) and 20 U.S.C. 1442, not later than 1 year after the date of enactment of the Individuals with Disabilities Education Improvement Act of 2004, each Lead Agency must have in place a performance plan that evaluates the Lead Agency's efforts to implement the requirements and purposes of Part C and describe how the Lead Agency will improve such implementation. This plan is called the Part C State Performance Plan (Part C—SPP). In accordance with 20 U.S.C. 1416(b)(2)(C)(ii) and 20 U.S.C. 1442 the Lead Agency shall report annually to the public on the performance of each Part C program located in the State on the targets in the Lead Agency's performance plan. The Lead Agency shall report annually to the Secretary on the performance of the State under the Lead Agency's performance plan. This report is called the Part C Annual Performance Report (Part C—APR).

Dated: April 9, 2013.

Stephanie Valentine,

Acting Director, Information Collection Clearance Division, Privacy, Information and Records Management Services, Office of Management.

[FR Doc. 2013-08705 Filed 4-12-13; 8:45 am]

BILLING CODE 4000-01-P

Source: U.S. Department of Education - April 15, 2013

On April 15, 2013, the U.S. Department of Education published the following Notices of Proposed Information Collection in the Federal Register. Comments are encouraged and must be submitted by June 14, 2013.

[Comment Request - IDEA Part C State Performance Plan \(SPP\) and Annual Performance Report \(APR\)](#)

To view all related documents and submit your comments, go to <http://www.regulations.gov> and enter ED-2013-ICCD-0048 into the search box. Then click on "Open Docket Folder."

TRAINING VIDEOS IN ASSESSMENT AND OUTDOOR TIME FOR INFANT AND TODDLERS

Click on the 3 links below to view 3 short video trainings. Content from these video trainings will be included in May 2013 Training Times Assessment.



[Authentic Assessment in Early Intervention](#) (Runtime: 7:36)

Physical therapist Megan Klish Fibbe describes and illustrates how authentic assessment practices enhance her early intervention work with children and their families, including the use of observation, conversations with families, and video.

[View Video](#)



Look at Me! Using Focused Child Observation

http://www.ehsnrc.org/Activities/podcasts_obs.htm

If your video is slow to play while buffering, allow the entire video to download and then replay from the beginning.



Outdoor Time Matters for Infants and Toddlers

This podcast shares some of the benefits that infants and toddlers gain by spending quality time outside and offers some ideas for how to make the most of outdoor time.

http://www.ehsnrc.org/Activities/podcasts_outdoors.htm

UTS TOPICAL TRAINING OPPORTUNITIES

Autism: What To Do When You Suspect It * May 17, 2013 * Hilton North Hotel, Indianapolis

Christine Raches, Psy D., HSPP

IU School of Medicine

Topics covered will include: 1) the new DSM-V diagnostic criteria for autism, PDD-NOS and Asperger's; 2) screening tools for autism; 3) communicating with families when autism is suspected and/or diagnosed; and 4) referral and resource options for families. Additional information on this conference was sent by email to all First Steps providers.

Light breakfast and lunch are provided. Please register by May 14th to ensure your place at this conference.

www.utsprokids.org

Resources & Supports for Children with Cerebral Palsy * July 26, 2013 *

Hilton North Hotel Indianapolis

This conference will focus on the very young child with Cerebral Palsy and features presentations from staff of the Peyton Manning Children's Hospital at St. Vincent Hospital and the Riley Robotic Center at IU Health-Riley. More information can be found online at www.utsprokids.org.

Linking the AEPS to ISFP Outcomes, Goals, Strategies and Activities

Jennifer Grisham-Brown, Ed.D., Professor - University of Kentucky

September 26, 2013 * 9am to 4pm * Easter Seals Crossroads, Indianapolis



Learn how to use the child's AEPS assessment to write IFSP outcomes, long and short term goals and then develop strategies and activities that will assist the child and family to meet these outcomes and goals. The **AEPS Curriculum for Birth to Three Years** uses the same numbering system as the **AEPS Test**, users can easily locate activities in the curriculum that correspond to specific goals and objectives identified with the test.

Participants will receive a copy of the AEPS Volume 3: Curriculum - Birth to Three Years, a \$65 value.

Participants will learn:

- guidelines on designing and implementing intervention
- specific activity-based instructional sequences for each developmental area
- teaching considerations and suggestions for each area
- recommendations for environmental arrangements
- strategies for incorporating the activities into the child's daily routine

Register at www.utsprokids.org

ALL ABOUT CHILD ABUSE & NEGLECT

Abigail Klemsz, MD and Angela Tomlin, PhD, HSPP

October 24, 2013 * Marten House, Indianapolis

The conference will explore the physical and social-emotional aspects of child abuse and neglect. The training will also address reporting issues - who must report, when to report, what happens after a report is made. More information to follow in the next edition of the Training Times or online at www.utsprokids.org.

RESOURCE ROUND-UP

These links are offered for those who wish to delve deeper into related IDEA, Part C and other infant-toddler resources. Their content is **NOT** included in the May Training Times Assessment.

2013 Status of Part C Data Systems - Survey Results Available Online Source: IDEA Infant and Toddler Coordinators Association - Retrieved April 5, 2012

The IDEA Infant and Toddler Coordinators Association (ITCA) has published the results of its [2013 Status of Part C Data Systems](#) survey online. The survey was designed to identify the infrastructure of Part C (the Early Intervention Program for Infants and Toddlers with Disabilities) data systems, how data are collected and utilized, how data integrity is established and the level of staffing available to support data systems. Forty-nine states and jurisdictions responded to the survey. ITCA draws no conclusions from the data analysis but simply reports the data.

New Policy Brief on Improving Access to Early Identification and Intervention Source: ZERO TO THREE Western Office - Retrieved April 16, 2013

The ZERO TO THREE Western Office recently published a new policy brief, [Improving Access to Early Identification and Intervention: 211 LA County Developmental Screening and Care Coordination](#) (2013). The brief describes the 211 LA County telephone-based developmental screening and care coordination program and provides policy recommendations for expanding and replicating the model. A discussion of the research supporting universal developmental screening is also included.

New Fetal Alcohol Spectrum Disorders Toolkit Source: American Academy of Pediatrics - Retrieved April 5, 2013

The American Academy of Pediatrics (AAP) has developed a new [Fetal Alcohol Spectrum Disorders \(FASDs\) Toolkit](#) to raise awareness, promote surveillance and screening, and ensure that all children who possibly have a FASD receive appropriate and timely interventions. To learn more about FASDs, see the toolkit's [frequently asked questions](#).

Early Intervention Supplement for Early Hearing Detection and Intervention Programs Source: American Academy of Pediatrics - Retrieved April 4, 2013

On April 1, 2013, a supplement to the Joint Committee on Infant Hearing (JCIH) 2007 Position Statement on Principles and Guidelines for Early Hearing Detection and Intervention (EHDI) Programs was published in *Pediatrics*, 131(4) doi: 10.1542/peds.2013-0008. The new supplement provides comprehensive guidelines for EHDI programs related to establishing strong early intervention (EI) systems with appropriate expertise to meet the needs of children who are deaf or hard of hearing. To view or download this supplement, see [Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention Following Confirmation That a Child Is Deaf or Hard of Hearing](#) (2013)

New! Early Hearing Detection and Intervention-Pediatric Audiology Links to Services (EHDI-PALS) Directory Source: EHDI-PALS Advisory Group - April 16, 2013

The [EHDI-PALS Advisory Group](#) recently announced the release of a new [Early Hearing Detection and Intervention-Pediatric Audiology Links to Services \(EHDI-PALS\) Directory](#). The EHDI-PALS Directory provides information about facilities that offer pediatric audiology services to young children who are younger than five years of age. All of the facilities included report that they have licensed audiologists and the right equipment and expertise to serve young children. See also, the [Parent Resources](#) page, which provides many Questions/Answers that will help parents get an idea of the kinds of things to ask when setting up appointments or to learn more about their child's hearing.

**THE MAY 2013 TRAINING TIMES ASSESSMENT
DEADLINE IS
11:59 PM (EDT) ON July 31, 2013**





The Newsletter of The Indiana Association for Infant and Toddler Mental Health

From The Chair

REFLECTIONS

Spring
2013
Vol. 7,
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A Subsidiary of
Mental
Health America
Indiana, Inc.

In the traditional rhyme, April showers bring May flowers: For early childhood workers, April brings autism awareness month and May brings Children's Mental Health Awareness Day, marked this year with a special celebration May 7 at the Government Center in Indianapolis. Also this year, major changes are coming in diagnostic practices with the expected release of *DSM5* next month. Changes include reduction of non-specific diagnoses, increased emphasis on the role of development in understanding behaviors, efforts to include culture and attention to the level of severity of symptoms with regard to the effects on function. In recognition of these events, our newsletter is devoted to an article about the changes that may affect our work with younger children. **Angela M. Tomlin, Ph.D., HSPP, IMH-E® (IV)**



DSM5, DC:0-3R and Diagnoses in Infancy and Early Childhood

For the last five years those of us in the mental health field have been anticipating the release of the updated version of the American Psychiatric Association (APA)'s *Diagnostic and Statistical Manual*, abbreviated as *DSM5*. According to www.dsm5.org the publication is scheduled to be available in May 2013. The shift from a Roman numeral to an actual number is only the beginning of changes. The big questions for those who work with young children are how will the *DSM5* incorporate new research and practice for this age range and if diagnostic categories the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R)* will be included? Hopefully this article will answer a few of those questions by summarizing Highlights of Changes from *DSM-IV-TR* to *DSM5* (APA, 2013).

Neurodevelopmental Disorders

The *DSM5* no longer includes the category, Disorders Usually First Evident in Infancy, Childhood and Adolescence. Many of the disorders in that section are now in a new section, comprising neurodevelopmental disorders. One of the primary changes is replacement of the *DSM-IV-TR* diagnosis of "mental retardation" with "intellectual disability" in *DSM5*. This is an important change that puts the *DSM* in alignment with terminology that is more current and sensitive; the term "intellectual disability" has been preferred for at least 20 years in research and education; it is also now encoded in US Federal Law. The diagnosis of an intellectual disability will rely on an assessment of both cognitive capacity (IQ) and adaptive functioning. The severity of the intellectual disability diagnosis will depend on the severity of adaptive functioning instead of cognitive capacity (APA, 2013).

Attention-Deficit/Hyperactivity Disorder will also move to the Neurodevelopmental Disorders chapter. In the *DSM5* there will continue to be 18 symptoms that are divided into two symptom domains, inattention and hyperactivity/impulsivity. The *DSM5* will provide more examples of criteria that can be used across the lifespan, expand the age of onset from 7 to 12, and allow for a comorbid diagnosis with autism spectrum disorder (APA, 2013).

(Continued on pg 2, *Diagnosis*)

Continued from pg 1, *Diagnosis*

In addition to the changes to ADHD, Oppositional Defiant Disorder and Conduct Disorder are moved into a new section, Disruptive, Impulse-Control, and Conduct Disorders. ADHD continues to be viewed as often co-morbid with these disorders and Antisocial Personality is co-listed in this chapter as well as the personality disorder section. Oppositional Defiant Disorder changes include information needed to better differentiate from age appropriate behavior, severity rating, and deletion of the exclusion criteria for Conduct Disorder. The criteria are now grouped into three types: angry/irritable mood, argumentative/defiant behavior, and vindictiveness. In contrast, Conduct Disorder is relatively unchanged, except for the addition of a specifier that allows for differentiation of those who have limited prosocial behavior and those described as callous and unemotional. Intermittent Explosive Disorder is also within this chapter and may not be diagnosed under the age of 6 years.

The *DSM IV* included 5 different Pervasive Developmental Disorders, including Autistic Disorder, Asperger Disorder and Pervasive Developmental Disorder, Not Otherwise Specified (PDDNOS), Childhood Disintegrative Disorder and Rett's Syndrome. The *DSM5* will follow common clinical and educational practice by changing to the term "Autism Spectrum Disorders". Elimination of PDDNOS was generally praised, as many parents find the term unsatisfying and clinicians struggle to apply it consistently. Research indicates that diagnoses of PDDNOS are less reliable than diagnosis of autism, for example. In contrast, elimination of Asperger's Disorder has been criticized by many consumer groups.

In addition to the change in terminology Autism Spectrum Disorder criteria will be revised. The *DSM5* combines social communication and social interactions, resulting in a two-factor rather than three-factor configuration of symptoms. There are 4 components to the diagnosis: deficits in social communication and interactions; restricted repetitive behaviors, interests, and activities (RRBs); onset in early childhood, and impairment in function determined by level of severity. Deficits in social communication and interaction include 3 criteria, all of which must be met: Deficits must be identified in social-emotional reciprocity, nonverbal communicative behaviors used for social interaction and in developing and maintaining relationships appropriate to developmental level. Under *DSM5* RRBs are defined widely and can include repeated actions, speech, preference for routines, fixated interests, and extreme sensory reactions and interests. Three levels of severity are defined, based on the level of support required; the revised manual will include examples of behaviors for each of the two factors (APA, 2013).

The *DSM-IV-TR* language and learning disorders will also be part of the Neurodevelopmental Disorders section. *DSM5*'s communication disorders will include language disorders that will combine expressive and mixed receptive-expressive language disorders formerly under Disorders Usually First Evident in Infancy, Childhood and Adolescence. Phonological disorders will be renamed "speech sound disorder," and stuttering will be renamed "childhood-onset fluency disorder." There will also be a new social (pragmatic) communication disorder in the *DSM5*, for persistent difficulties in social uses of verbal and nonverbal communication. It is important to note that in the *DSM5* a social (pragmatic) communication disorder cannot be diagnosed with autism spectrum disorder. However, a current patient diagnosed with PDDNOS under the *DSM-IV-TR* may be diagnosed with social (pragmatic) communication disorder under *DSM5*. This would occur if social communication deficits were present without RRBs. Learning disorders are renamed specific learning disorders in alignment with federal law governing special education (IDEA). Motor disorders are also included within the Neurodevelopmental Disorders section and will include developmental coordination disorder, stereotypic movement disorder and tic disorders.

Anxiety Disorder

DSM-IV-TR anxiety disorders included obsessive-compulsive disorder and post-traumatic stress disorders, which are now moved to other sections in *DSM5* (APA, 2013). The most significant change within the anxiety related disorders is that agoraphobia, specific phobia, and social anxiety disorders will extend to "all ages." In general, anxiety disorders must last at least 6 months for diagnosis for all ages; this change is intended to reduce diagnosis of transient fears. This is much different from anxiety disorder criteria in the *DC:0-3R*, which included durations between 1 and 4 months. In other changes Separation Anxiety Disorder is expanded to reflect the possibility of onset in adulthood and Selective Mutism is moved into the anxiety chapter, since most children with this diagnosis also have anxiety (APA, 2013). (Continued on pg 3, *Diagnosis*)

Continued from pg 3, *Diagnosis*

Mood Disorder/Depressive Disorders

The *DSM 5* will add Disruptive Mood Dysregulation disorder to meet the need for children under 18 who exhibit persistent episodes of extreme behavioral dysregulation, including irritability and persistent behavioral dyscontrol. The hope is that the addition of Disruptive Mood Dysregulation Disorder will decrease the apparent overdiagnosis of Bipolar disorder in children (APA, 2013). As there do not appear to be criteria for assessing for depression or other mood related disorders in infants and young children in the *DSM5*, continued reference to the *DC:0-3R* is suggested.

Posttraumatic stress disorder and Reactive Attachment Disorder

Posttraumatic stress disorder has been revised and included in a category named Trauma and Stressor-Related Disorders. In recognition that stress responses are highly variable, the section also includes Adjustment Disorders. The category is improved with developmentally sensitive criteria that acknowledge the need to include children and adolescents. PTSD criteria for children under 6 years are included and are in line with the *DC:0-3R* criteria, which were derived from the Research Diagnostic Criteria (AACAP, 2003) created from research on *DSM IV*. In *DSM5* the symptom clusters have increased from 3 to 4 clusters, paralleling those in the *DC:0-3R*: re-experiencing, avoiding, numbing, and arousal. Both PTSD and Acute Stress Disorders in *DSM5* will eliminate a requirement about a victim's subjective reactions, difficult to document in infants and young children, and require specificity about whether the trauma was experienced directly or indirectly, including witnessing difficult events (APA, 2013).

Reactive Attachment Disorder has been revised and will be incorporated into the Trauma- and Stressor-Related Disorder category. Following the *DC:0-3R* the *DSM5* will separate the *DSM-IV-TR* reactive attachment disorder subtypes emotionally withdrawn/inhibited and indiscriminately social/disinhibited into two diagnoses (Reactive Attachment Disorder and Disinhibited Social Engagement Disorder) instead of requiring both sets of behavior for diagnosis. The separation has been made to point out that although both responses stem from significant neglect or lack of opportunity to develop appropriate attachment relationships, the disorders have important differences in appearance, correlates, and indicated interventions (APA, 2013). For example, research in international adoption has shown that children may continue to demonstrate indiscriminate behavior even after establishing a primary attachment with the new family.

Feeding and Eating Disorders

DSM-IV-TR included few diagnoses useful for describing feeding or sleep problems in young children. In contrast, given that sleep and feeding disruption are common symptoms of emotional distress in infants and very young children, *DC:0-3R* includes several categories for both. Although the *DSM5* did not embrace the *DC:0-3R* sleep and feeding categories, as some infant mental health experts hoped, there are some changes. The *DSM-IV-TR* feeding disorder of infancy or early childhood has been renamed in the *DSM5* to avoidant/restrictive food intake disorder. This change is to diagnose those who restrict their food intake and experience significant physiological or/and psychosocial problems that are not better diagnosed with anorexia nervosa, bulimia nervosa, or binge-eating disorder (APA, 2013). Similarly, *DSM5* category Sleep-Wake Disorders reflects a stance that sleep disorders should be stand alone diagnoses and do not require causal attributions. Attention to pediatric and developmental aspects is included when judged by the authors to be supported by research.

The publication of the *DSM5* while welcome is anticipated to bring new challenges to clients, clinicians and researchers. Many observers, including those in the autism community, worry that "re-diagnosis" will be needed for some and that others may no longer meet criteria, leading to exclusion from services. Clinicians who serve infants and toddlers may be heartened to see increased attention to developmental levels and issues. At the same time, significant overlap with the *DC:0-3R* did not materialize as some hoped. Because *DSM* diagnoses are the standard for eligibility for services and for billing for third party payments, continued need for crosswalks between the *DSM* and *DC:0-3R* can be anticipated in at least the near future.

(For references and Future Reading, see pg 4).

TRAINING CALENDAR

Children's Mental Health Awareness Day,
May 7, 2013, Indianapolis, IN.

RSVP: <http://www.surveymonkey.com/s/TKCPDLY>

Mental Health America Indiana Annual
Conference, June 14, 2013, Indianapolis,
IN

IAIMTH Annual Conference, Young Chil-
dren and Loss, August 23, 2013, Indianap-
olis, IN

Endorsement News:

The IAITMH Board would like to support you to increase your competence with very young children and families and to attain Endorsement. We still have funds to support individual applications and memberships. If you are interested in accessing these funds, please visit our website to complete a preliminary application and please check with us to see if there are any funds to support your endorsement

Join the IAITMH!

Name _____

Address _____

City _____

State, Zip _____

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DSM5, DC:0-3R and Diagnosis

References

American Academy of Child and Adolescent Psychiatrists. (2003). Research Diagnostic Criteria Preschool Age. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(12),1504-12

American Psychiatric Association (2013). Highlights of Changes from DSM-IV-TR- to DSM 5. Retrieved from <http://www.psychiatry.org> April 6, 2013.

Recommended Reading:

www.dsm5.org

www.zerotothree.org

www.ncbi.nlm.nih.gov/pmc/articles/PMC3064438/

For Indiana's DSM to DC: 0-3R Crosswalk, go to iaitmh.org.

ICC Committee Overview and Updates

The First Steps Interagency Coordinating Council (ICC) has adopted a new action plan for 2012-13. As part of this plan, the ICC has established working committees. Descriptions of each committee and an update from the August ICC meeting are outlined below. The ICC meets next on May 9, 2013 at EasterSeals Crossroads. Meetings are open to the public.

Community Integration: This committee will examine strategies for integrating services available to families of young children, including First Steps, Healthy Families/Parents as Teachers, child care, Head Start, special education, and prekindergarten... to name a few. The goals of this committee include moving toward an integrated, comprehensive supports; and assisting families in identifying and accessing community supports that best meet their needs.

Possible local partners

- First Steps - providers/service coordinators
- IACCRR- I/T/Inclusion Specialists/Paths To Quality/Referrals
- Head Start and Early Head Start
- Child care providers (all types) respite
- CCDF, other \$ supports, Medicaid
- Medical providers - health/mental health
- Employers
- School systems (transitions)
- Home visiting programs
- Faith based communities
- DOD

Goals:

1. Develop provider roles and responsibilities
 - Gather current examples of agreements currently used (Dawn).
 - Work with IIST and others to draft a charter.
2. Training...center based
 - Dawn to coordinate with Melanie re: available training.
 - Develop summary of training available
 - Survey LPCCs/SPOEs on what training is needed.
 - Integrate training resources into UTS.
3. Identify home-based programs.
 - Pattie Ryan will pull a report of the programs listed on their database for child care.
 - Dawn to recruit Cluster B to assist.
 - Survey (with field from Patties report) to LPCCs re: local resources.
 - Dawn talk with Melanie re: feedback and collaboration with resource database and get semi-annual basis.
4. Develop charter...home based services. Will be further explored once the center based charter is drafted and programs are identified.

At the first meeting of the ICC Community Integration Committee on January 17, 2013, two immediate recommendations were made:

1. First Steps providers and Service Coordinators needed information on the Paths to QUALITY™ so that they could help First Steps families make informed choices on quality child care, and
2. There is a need to develop a working document outlining various roles and responsibilities for all professionals working with infants and toddlers in child care settings

UTS/ProKids addressed #1 by including information on Paths to QUALITY™ in the February edition of the Training Times. A reprint of the joint position statement from DEC and NAEYC on Early Childhood Inclusion was also included. Two meetings have been held to get First Steps, Child Care, IACCR Inclusion specialist and IT Specialists and providers together to develop a working document that outlines roles and responsibilities, etc. Drafts of the document will be provided to stakeholder groups before implementation.

ICC COMMITTEES (cont'd)

Family Engagement: This committee continues past efforts to examine how best to inform families and strengthen their engagement in the First Steps System. Possible goal areas include establishing social media campaigns (e.g., Face Book, YouTube) as a means of engaging and informing families and providers.

- Determination of family expectations: What will this session look like? How to plan session? When to ask this? 1 week before? 5 minutes before session?
- Setting shared expectations with family/providers. Shared options and decision making.
- Educate families as to their responsibilities and expectations.
- More provider training on how to and benefits of family engagement.
- Best practice—evidence based
- Family centered=Family engagement
- Begins at intake...writing IFSP...Transitions...A people process, not a paper process.
- Family to family mentoring
- Sharing family stories/experiences
- Understanding/Belief that it isn't "WORK", its parenting.
- Routines—Support—How to do things differently, not always "MORE"

Professional Development/Best Practices Committee: This committee will explore options for increasing professional development opportunities for First Steps providers, including using current national standards to define best practices, evaluating past professional development opportunities, and investigating possible cross training efforts across early childhood services.

- Professional development beyond enrolled F.S... ex., how to utilize child care providers—Head Start. Still doing reflective supervision as developed by the infant/toddler mental health group?
- "Early Intervention specialist" certification curriculum offered through higher ed. Entities.
- Discipline specific? – share best practice article/new evidence at your staff meeting00the therapist a month? Etc.

Next meeting—

- What training is available—UTS
- Who is the audience??? Suggestions on where to go from here?
- Collaboration ideas—posting—resources...
- PD Needs Assessment—How?
- IN PD Resources for FS
 - strengths
 - gaps
 - Higher Ed. Programs—sufficient to meet FS needs?
 - Certification
- Guidelines for SPOE/networks ongoing for training providers/SC's
- Train the trainers model.

Consistency of Services: The continued focus of this committee is to bring about greater consistency of First Steps services across the state, particularly among eligibility determination teams and SPOEs; and ensure families throughout the state receive consistent information and assistance regardless of where they live.

- Consistency between eligibility teams within and across SPOEs.
- Statewide Meeting?
- Defined rules for adding therapists to agency roster.
- Written policies/procedures on procedures.
- Statewide form/documentation consistency and procedures.

ICC COMMITTEES (cont'd)

- “Issue Clarifications” posted regularly so info/changes are introduced to everyone at the same time.
- Consistency of info and assistance for families through transition when child is under 3, not eligible for EI at annual ED, but child would still benefit from continued services in the community.

To Do:

- Rep. from each SPOE
- Rep. from networks—as suggested from SPOE.
- Next meeting—ideas to start.
- Survey—MCP

Quality Services: The goal of this committee is to explore ways for enhancing the quality of early intervention services provided to children and families. Possible activities include defining quality service standards, defining and using new outcome measures to evaluate the efficacy of services, and identifying evidence-based early intervention practices.

- PD—What are the quality standards that all FS providers should meet?
- Use of outcome measures/measurement tools to evaluate effectiveness and efficiency of services/interventions
- Careful choice of outcome measure (valid/reliable)
- What are we doing now? Should we do something different?
Synopsis of feedback from agency surveys –Next meeting update
- Implement a standard survey for all agencies to use? –What is happening now?
- Identify evidence-based early intervention practices and integrate into current quality review process. Share best practices with all stakeholders through social media, and other means.
- Satisfaction survey for parents to fill out at 3 months, 6 months, etc?

This committee discussed the results of a survey conducted by Becky Haymond and asked that the results be included in an upcoming edition of the Training Times. It will focus initial efforts on completing a manual for Eligibility Determination Team members, and the development of training to inform First Steps providers on the roles and responsibilities of EDT members.

The ICC Quality/Consistency Committee completed a provider network survey in August 2012. The response compilation was shared with the ICC membership as well as state staff. The results have been divided by First Steps System Strengths and System Concerns categories.

Survey results can be found at <http://www.utsprokids.org/childdevelopmentsurvey.asp>.

SYSTEM STRENGTHS

Teamwork/Communication/Collaboration
Supervision/Training/Quality of Providers
Services to Families
Overall System
Billing
Providers
State Staff
Natural Environment/Parent Participation
SPOE/LPCC
EDT

SYSTEM CONCERNS

EDT/Eligibility Process
State staffing/Training/Credential
No Shows
Parent Participations
State Communications
Development of Service Plans