



# Updates

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## The SCERTS Model

by Sandy Heimerl

I was fortunate to attend the training, “Autism and the SCERTS Model: A Comprehensive Educational Approach” in Albuquerque in September 2006. Barry Prizant, PhD, CCC-SLP; from Brown University was the presenter. He and his colleagues, Amy Wetherby, PhD, CCC-SLP; Emily Rubin, MS, CCC-SLP; Amy Laurent, EdM, OTR/L; and Patrick Rydell, EdD, CCC-SLP, collaborated in the development of the SCERTS model.

This model is not exclusive of other approaches or strategies. It is a logical and integrative framework that is derived from the most recent research on child development and the current understanding of autism. SCERTS provides a comprehensive framework, a team process, and specific guidance for determining priorities and goals. This approach takes into account that children with autism are not a homogenous group and there is tremendous individual variation. The priorities of the intervention are:

1. Functional, spontaneous communication
2. Social instruction in various settings
3. Teaching play skills focusing on use of toys and play with peers
4. Instruction leading to generalization and maintenance of cognitive goals in natural contexts

5. Positive approaches to address problem behaviors
6. Functional academic skills when appropriate

The model is child centered, activity based, developmentally grounded, family centered, culturally sensitive, and relationship based. My understanding of this model found it nicely matched the FIT values and priorities.

### SCERTS stands for:

- ➔ Social
- ➔ Communications
- ➔ Emotional
- ➔ Regulation
- ➔ Transactional
- ➔ Supports

As a physical therapist that is routinely involved in assessing the emotional regulation capacities of young children, this model was appealing and logical. The presenter noted that persons with ASD are at “high risk” for experiencing states of emotional dysregulation due to: problems with social communication, sensory processing differences, problems in social understanding and limited/ineffective regulation strategies. (Prizant, Wetherby, Rubin, Laurent, Rydell, 2006) Mutual-regulatory capacities of the child and caregiver are

addressed in this intervention model. When the child’s behavior signals dysregulation, the caregiver is supported in reading the signals and finding strategies to aid in regulating the child’s behavior. The strategies assist the child to organize, focus, engage, communicate and be “available” for learning.

In order to understand some of the key components, I want to share one of the case studies presented by Dr. Prizant. Justin was a 3-year old with autism. We observed his mother struggling to play and have fun with her son. We saw a video clip of Justin sitting in his living room surrounded by toys. He moved often



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and from one thing to the next. He was emotionally highly aroused and dysregulated. His mother's attempts to join him in his play of banging on objects were pushed away. It appeared that his attempts to control the play and make it solitary were his strategies for emotional regulation and self-organization. It resulted in an avoidance of interaction instead of successful emotional memories. There was a mismatch between the interaction and the busy, arousing environment. His mother attempted to take a turn and Justin protested loudly. His mother then left the room.

After speaking with Justin's mother, she shared an activity that was regulatory. She said he enjoyed the small slide in his bedroom. On this video clip, we observed Justin's obvious enjoyment in climbing and sliding. Justin requested his mother's participation and turn taking. When Justin was becoming dysregulated, his mother waited and gave him time to reorganize, rather than imposing on the routine. Justin initiated and directed the activity. It was pointed out by the presenter that positive emotional memories were created during the interaction.



The next activity his mother identified was making popcorn for movie watching. This was a family routine; it had multiple steps, it was motivating, and it opened the door for requesting, interacting, and succeeding in a

functional task. His mother waited and gave him time to process the steps of the popcorn preparation. For example, Justin initially refused to turn the popper on as he anticipated the noise that the popper made. He waited and finally turned on the machine. Smiles on mother's and Justin's faces showed the obvious success.

For more information: <http://scerts.com/>

## SDP's, IPDP's...LMNOP!

by Doreen Sansom

It can be confusing when FIT folks talk about staff development plans. What plans are they referring to?

Each early intervention program's overall staff development plan is one that the program coordinator/director and staff creates. It is based on what they determine are the goals that best represent the areas of their program's growth



RCI staff in Albuquerque, from left: Tory Burns, Karen Williams, Michelle Cook work on updating their IPDP's for their Developmental Specialist re-certification.



and improvement. For example, program staff may decide that they would like to integrate reflective practices into their organization or ways to work with families with children who are at environmental risk. The strategies for goals list ways to move in new directions; purchasing specific training videos, attending a state or national conference, or contracting with a consultant.

Each Developmental Specialist (DS) is required to hold a Developmental Specialist Certificate. Re-certification requires completion of activities that relate to the individual's goals based on developmental specialist competencies. Developmental Specialists are required to complete an Individualized Professional Development Plan (IPDP) with their supervisors each year. This process, that includes the completion of a self-assessment tool, allows the DS to review which competencies to address as their goals. Together the supervisor and the DS decide which activities will best meet these goals: reading articles, watching a video, meeting with a mentor, taking an online mini-course, attending a workshop, etc. The guidelines in the DS Certification Manual, 2005, explain which activities can be credited toward DS re-certification.

These two plans may relate to one another, in that an individual Developmental Specialist's IPDP may reflect the goals on the program's staff developmental plan and vice versa; the staff development may include goals that several Developmental Specialists have on their IPDP.

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# PDD-NOS: What is it, and Why do we use Such an Unwieldy Term?

by Judy Ledman, MD

The diagnosis of Autistic Disorder is officially made by using criteria from the American Psychiatric Association published in the Diagnostic and Statistical Manual of Mental Disorders-4th Ed.-Text Revision (2000) (DSM-IV-TR). Autism is grouped with four other disorders in a category called Pervasive Developmental Disorders. These include Autistic Disorder, Rett's Disorder (a distinctive pattern of development with a specific genetic cause), Childhood Disintegrative Disorder (a regressive condition with features of autism), Asperger's Disorder (autistic features without significant language or cognitive delay), and Pervasive



Developmental Disorder Not Otherwise Specified (PDD-NOS). The diagnosis of PDD-NOS requires severe impairment in reciprocal social interaction with impairment in communication skills or with the presence of stereotyped

behavior, interest, and activities. In other words, PDD-NOS is a condition with social deficits and some, but not all, features of autism. It is a Pervasive Developmental Disability that is not specified as one of the four other disorders. Some children with PDD-NOS will eventually be diagnosed with autism; others continue to fit into the category of PDD-NOS, and some children will not have any form of autism at a later date. Note that abbreviating the term PDD-NOS to PDD is not appropriate because that would refer to the umbrella category of Pervasive Developmental Disorders that includes five different conditions.

The diagnosis of PDD-NOS can be useful especially in young children. The full diagnosis of Autistic Disorder may be difficult in young children who have complex developmental and emotional problems. In addition, many young children do not show the characteristic behavioral differences seen in autism, yet intervention is needed. The diagnosis of PDD-NOS can be valuable in guiding appropriate intervention for children with characteristics of autism, and research has shown that early and intensive intervention is important for positive outcomes. In New Mexico, the public schools have an educational category called Autism Spectrum Disorders that includes children with Autistic Disorder, Asperger's and PDD-NOS. This means the diagnosis of PDD-NOS can be used by children to access the

## Telehealth Seminar Series Topics on New Mexico Early Intervention 2007 Calendar

Administered by: REACH Telehealth Project at the  
Center for Development and Disability, UNM  
(Rural Early Access to Children's Health)

**Dates:** 3rd Friday of the month from February 2007 - July 2007  
**Times/Location:** 90 minutes / session  
(Training times and locations will be determined with you, the early intervention programs registering as participants, and the availability of the local teleconferencing site.)  
\*CEU's (OT, PT, SW, SLP) and Developmental Specialist hours towards recertification offered.

Date	Topic	Presenter
2/16/07	Navigating Medline Plus	UNM Library and Informatics, LINC
3/16/07	Play-Based Interventions for Young Children (Part 1)	CDD Staff
4/20/07	Play-Based Interventions for Young Children (Part 2)	CDD Staff / Examples from session participants will be discussed
5/18/07	Children with Aggressive Behaviors and Dysregulated Temperament (Part 1)	CDD Staff
6/15/07	Case Studies – Children with Aggressive Behaviors and Dysregulated Temperament (Part 2)	CDD Staff / Examples from session participants will be discussed
7/20/07	Children Prenatally Exposed to Drugs	TBD

UNM's Center for Development and Disability (CDD) is partnering with early intervention providers from around the state to bring developmental training to rural communities via teleconferencing. The Network, Rural Early Access to Children's Health (REACH) uses video-conferencing technology for distance education. For the 2007 seminar series, topics were identified based on input from our early intervention partners.

Programs must register for each date. The cost of registration is \$100/program/training. For two part series, you are required to sign up for both sessions at a cost of \$175/program/training. The cost of the complete training series is \$450/program. CEUs are offered at no extra charge.

**Registration is required by 1/3/07, so that teleconferencing sites can be reserved.**

- To register, Email: [reachcdd@salud.unm.edu](mailto:reachcdd@salud.unm.edu)
- If you have questions, please call Sandy Heimerl at (505) 272-0096
- Metro region participation may be available depending on interest in Albuquerque. Email REACH or call Sandy Heimerl by 1/3/07 to register.

<http://cdd.unm.edu/ec/REACH/>



specific educational support they need from NM schools.

Autism Spectrum Disorders (ASD) would seem to be a straightforward, descriptive term that could include many forms and degrees of autism. It is commonly used by many agencies, such as autism information and support agencies, schools and treatment centers, and even medical agencies to describe the range of people with autistic characteristics. Unfortunately, ASD is an unofficial term that has no specific medical definition or diagnostic power. It can be useful in explaining the range of characteristics of autism to families, but it is not a diagnostic term. Until diagnostic definitions change, we will have to use the awkward, but useful term, PDD-NOS for official diagnoses.

Reference: New Mexico Public Education Department (2005). *Technical evaluation and assessment manual: Determining eligibility for IDEA part B special education services*. Santa Fe, NM.



# Please Post

Calendar 2007

## Early Intervention Workshops

### JANUARY 2007

**January 11**

*Service Coordination: Transition  
Southwest  
Linda Askew – lindaskew@msn.com  
FIT Regional Coordinator*

**January 19**

*The 90 Day Transition Conference  
Albuquerque  
Nicole Romero – jeanetten.romero@state.nm.us*

**January 23**

*Orientation to Part C  
Southwest  
Linda Askew – lindaskew@msn.com  
FIT Regional Coordinator*

**January 25**

*Family Visiting: Relationship-Based Early  
Intervention  
Roswell  
Debra Billings – dbillings@salud.unm.edu  
ECN Program Consultant*

### FEBRUARY 2007

**February 2**

*The 90 Day Transition Conference  
Taos  
Nicole Romero – jeanetten.romero@state.nm.us*

**February 15**

*Visual Impairment & Early Intervention, Day 1  
Clovis  
Julie Pino – (505) 268-9506  
NM School for the Blind & Visually Impaired*

**February 22**

*The 90 Day Transition Conference  
Ruidoso  
Nicole Romero – jeanetten.romero@state.nm.us*

### MARCH 2007

**March 1**

*Orientation to Part C  
Northeast  
Anna Marie Garcia – amgarcia@la-tierra.com  
FIT Regional Coordinator*

**March 15**

*Developing the DREAM: The IFSP Process  
Albuquerque  
Debra Billings – dbillings@salud.unm.edu  
ECN Program Consultant*

**March 20**

*Visual Impairment & Early Intervention, Day 2  
Clovis  
Julie Pino – (505) 268-9506  
NM School for the Blind & Visually Impaired*

**SERVICE COORDINATION** modules are required for all new service coordinators working in early intervention programs.

**It is highly recommended that these modules be taken in order, if at all possible.**

*Please make reservations  
for all workshops.*

(See reverse for more information)

**ONLINE TRAINING OPPORTUNITY**  
**A Two-Part Series**  
**UNM's Center for Development & Disability (CDD)**

**Part I: What is Self-Regulation? Introduction to the SELF Process**

**Part II: Assessment-Intervention of Self-Regulation: Application of the SELF Process**

**Facilitator:**

Holly Harrison, PhD, is a Research Scientist with the CDD and an Assistant Professor in the Department of Pediatrics at the University of New Mexico. She is one of the authors of the SELF Assessment-Intervention Process and the Observation of Self-Regulation Variables (OBSRV) Tool. She has spent the last 18 years developing innovative models, providing training, and technical assistance. For more information: [hharrison@salud.unm.edu](mailto:hharrison@salud.unm.edu)

**Registration:**

Download the registration form from the website: <http://cdd.unm.edu/ecspd/PDFs/SELFflyer2007.pdf>

**Dates:**

Online Seminar Dates – Part I: January 15 - January 28, 2007;

Part II: January 29 - March 11, 2007

**Cost:**

Part I: \$50.00

Part II: \$100.00

Part I & II: \$140.00

Personal check, credit card, UNM Tuition Remission and UNM Internal PO's for UNM employees only.

**Technology:**

- Access to high speed internet, DSL, Cable, T1
- Adobe Reader

**CEUs/Hours:**

- Part I: (4) & Part II: (6) Continuing Education Units (CEUs) (PT, OT, SLP, SW, DS) and/or Certificate
- CEUs/Certificates awarded for completion of Discussions, Online Quizzes, and Course Evaluations

**Participants:**

Anyone who is involved in the assessment and intervention of young children – educators, developmental specialists, therapists, social workers, healthcare professionals, parents, and caregivers.

**Part I: Objectives and Description**

- Learn current theories of self-regulation in young children.
- Understand the broader context of self-regulation and its relationship to attention, arousal, sensory processing, coping, temperament, social-emotional skills, and behavior.
- Understand functional relationships between developmental concerns and naturally occurring events in a child's daily life.
- Apply clinical reasoning skills to the assessment-intervention process.

Part I provides an overview of the complex nature of self-regulation and the rationale for developing the SELF Assessment-Intervention Process. The seminar reviews current research regarding self-regulation; outlines the four cornerstones underlying the SELF Process; and describes the four regulation domains (neurophysiological, behavioral, social-emotional communicative, and environmental) that provide the framework for implementing the SELF Process. An overview of the entire process from the family interview to intervention is presented.

**Part II: Objectives and Description**

- Understand the complex nature of self-regulation in young children.
- Learn and practice ethnographic, open-ended interviewing skills, and improve observation skills.
- Demonstrate the ability to assess self-regulation, and to identify strategies that address self-regulation issues.
- Apply clinical reasoning skills to the assessment-intervention process.

Part II consists of five modules that focus on the application of the SELF Process (Interview, Observation, and Intervention). The emphasis of the seminar will be on identifying the underlying factors that impact self-regulation and will include the use of the Observation of Self-Regulation Variables (OBSRV) tool. In addition, participants will learn how to use the SELF Strategies Menu to provide information and suggestions to families on changing interaction patterns and styles, and adapting environments to help children better regulate their emotions and behavior. Two case studies will be used to practice application of the SELF Assessment-Intervention Process.

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## **CDD Library Information Network for the Community (LINC)**

1-800-827-6380 or 272-0281

Visit the Early Childhood & Specialized Personnel Development Division website at <http://cdd.unm.edu/ecspd/>



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