



Concerned About
Development
LEARNING COLLABORATIVE

Better results for you and the children you serve

Social and Emotional Screening in Young Children

John C. Duby, M.D
Medical Director



Objectives

- **Review rationale for social-emotional screening in early childhood**
 - **Discuss the utility of the ASQ:SE in social-emotional screening**
 - **Identify resources for referral for evaluation and intervention**
-



Social and Emotional Competence

Social competence

An Array of behaviors that permits one to develop and engage in positive interactions with peers, siblings, parents, and other adults

(Raver and Zigler 1997)

Emotional competence

The ability to effectively regulate emotions to accomplish one's goals

(Campos, Mumme, Kermoina, & Campos, 1994)



Contributing Factors

Variable	Assessment Questions
Setting/time	Where, when, and under what environmental conditions does the behavior occur?
Development	What is the child's developmental level?
Health	What is the child's health status?
Family/culture	What family/cultural factors are potentially associated with the behavior?



Social-Emotional Problems in Young Children

- Increased risk for
 - Psychiatric Disorders
 - Poorer academic achievement
- Effective models for early intervention are available
 - Parent training
 - The Incredible Years
 - Parent Child Interaction Therapy
 - Triple P
 - Trauma focused cognitive behavioral therapy
 - Treatment for parental depression and anxiety



Rationale

- Habituated and ingrained social and emotional problems are highly resistant to change and likely to intensify
 - Feil, Walker, and Severson 1995
 - Sprague and Walker 2000



Tools

- **ASQ:SE**
 - Used by **Ohio Help Me Grow**
- **BITSEA:** Brief Infant and Toddler Social and Emotional Assessment
- **PEDS**
 - Concerns about the child’s “behavior”
 - Concerns about the child’s “getting along with others”



Social-Emotional Screening Status in Early Childhood Predicts Elementary School Outcomes

Briggs-Gowan and Carter, Pediatrics, May 2008

- **1004 children:** Random Sample Healthy Birth cohort
 - 33.3% minority
 - 29.1% at or near poverty level
- **BITSEA** completed between 12 and 36 months (Mean = 23.8 months SD 7.1 months)
 - 42 item for 1-3 year olds
 - Problem Scale
 - Competence Scale
- **3 item** measure of level of worry re: behavior, emotions, and social development
- **In early elementary school, CBCL and TRF**
 - Mean age 6 years (SD 4 months)
- **Measure of parental depression and anxiety**
- **Sub sample of 389 reported child psychiatric status**



Social-Emotional Screening Status in Early Childhood Predicts Elementary School Outcomes

Briggs-Gowan and Carter, Pediatrics, May 2008

- **BITSEA and Parent worry associated significantly**
 - School age symptoms
 - Psychiatric disorders
- **BITSEA predicted all school age problems**
- **Worry only predicted CBCL**
- **BITSEA identified:**
 - 49% of children whose teachers reported sub-clinical/clinical symptoms
 - 67.9% of children with a psychiatric disorder.
- **Parents received no feedback**



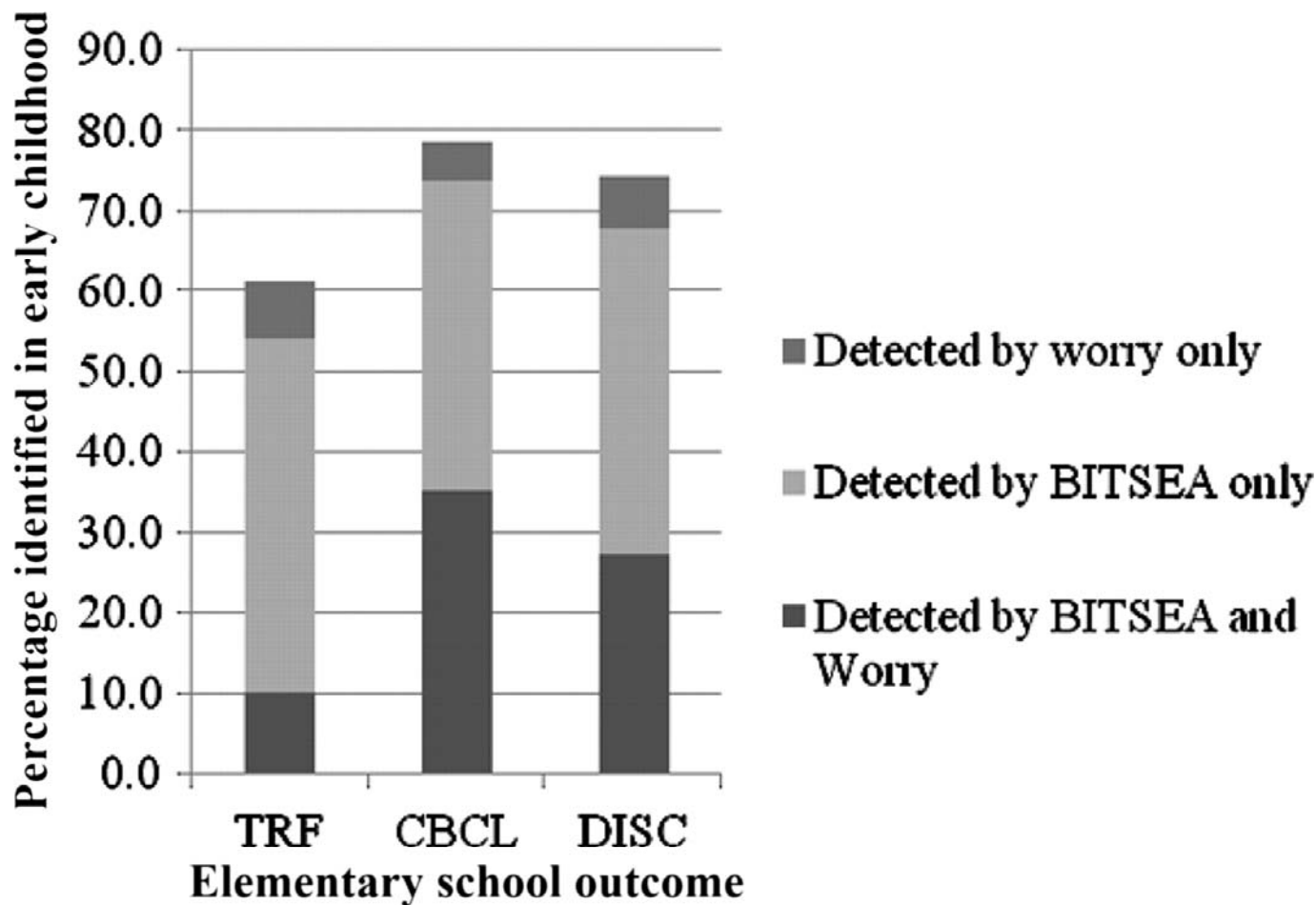
Social-Emotional Screening Status in Early Childhood Predicts Elementary School Outcomes

Briggs-Gowan and Carter, Pediatrics, May 2008

- 10.4% with BITSEA scores indicating concern and high parental worry
- 22.9% with BITSEA scores indicating concern, but no parental worry
- 6.4% with only parental worry
- *Only 31.4% with BITSEA scores indicating concern had high parental worry*
- 1.7% of parents reported receiving services for social-emotional/behavior problems in Year 1
- 31% of BITSEA concerns had persistent problems on CBCL
 - 4.5 times greater than those without concerns
- 40% of BITSEA concerns met criteria for psychiatric disorder in the sub sample



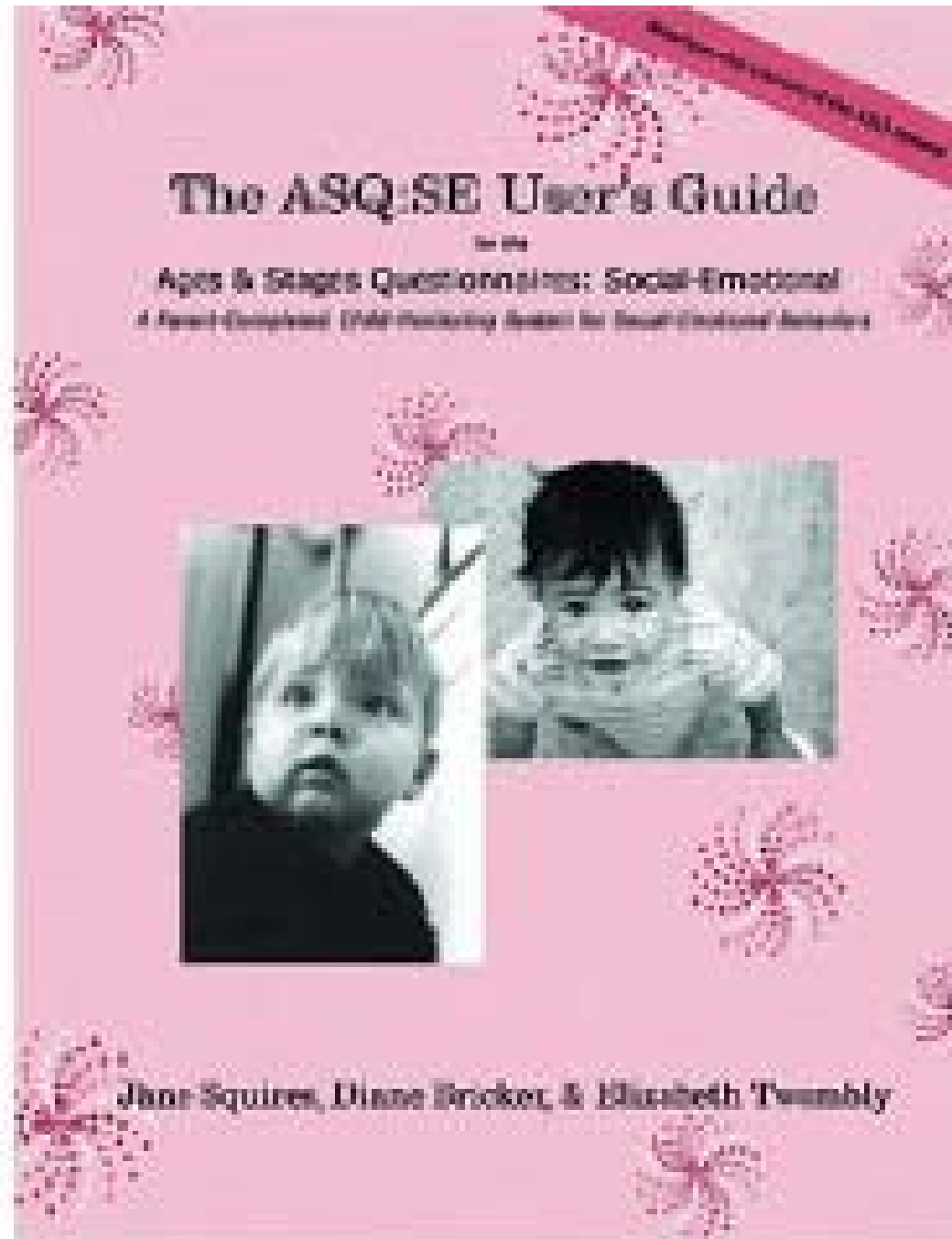
Early identification of school-age problems and worry in early childhood, according to BITSEA



Briggs-Gowan, M. J. et al. Pediatrics 2008;121:957-962

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PEDIATRICS[®]





ASQ:SE

- Identifies infants and young children whose social and emotional development requires further evaluation to determine if referral for intervention services is necessary.
 - Not a diagnostic tool!
 - Available in English and Spanish
-



Areas Assessed by ASQ:SE

- Self-regulation
 - Compliance
 - Communication
 - Adaptive behaviors
 - Autonomy
 - Affect
 - Interactions with people
-



Need

- Useful from infancy through early childhood
 - Low cost for large scale screening
 - Quick and easy to complete
 - Psychometrically sound
 - Simple to score
 - Simple to interpret
 - Parent has meaningful role
-



Parent Evaluation of ASQ:SE

- Time to complete
 - 60% less than 10 minutes
 - 32% 10-20 minutes
- Easy to understand: 96%
- Fun to do: 38%
- Interesting 57%
- Helped me think about my child 71%
- Do it again? 91%



Challenges

- Acceptable behavior is influenced by age, cultural and family values, and environmental factors.
 - Lines from immature to temporary to a repeated behavior that can become serious may be blurred.
 - Early identification leads to most effective intervention.
-



Psychometrics

- 3000 questionnaires
 - Reflect 2000 U.S. Census population
 - 8 intervals: 3-66 months
 - At least 175 cases at each age level
 - Most of the time, sometimes, rarely or never
 - Opportunity to check if concern
 - Cutoff score
-



Psychometrics

- **Gold Standard**
 - **Child Behavior Checklist (CBCL)**
 - Parent completed
 - **Vineland Social-Emotional Early Childhood Scale (SEEC)**
 - Interview with parent
- **1041 children**
- **Completed within 2-3 weeks of ASQ:SE**



Definitions and Formulas

	Follow-up Assessment Results		
ASQ: SE results		Needs intervention	Okay
	At risk; needs further assessment	True Positives A	False Positives (Over referral) B
	Okay	False Negatives (Under referral) C	True Negatives D

Sensitivity: Percent correctly identified as needing further assessment $A / A + C$

Specificity: Percent correctly identified as okay: $D / B + D$



Definitions and Formulas

		Follow-up Assessment Results	
ASQ: SE results		Needs intervention	Okay
	At risk; needs further assessment	True Positives A	False Positives (Over referral) B
	Okay	False Negatives (Under referral) C	True Negatives D

Over Referral: Percent incorrectly identified as needing further assessment $B / A + B + C + D$

Under Referral: Percent incorrectly identified as okay: $C / A + B + C + D$



Definitions and Formulas

	Follow-up Assessment Results		
ASQ: SE results		Needs intervention	Okay
	At risk; needs further assessment	True Positives A	False Positives (Over referral) B
	Okay	False Negatives (Under referral) C	True Negatives D

Percent identified as needing further assessment $A + B / A + B + C + D$

Positive Predictive Value: Percent identified as at risk who require intervention
:
 $A / A + B$



Psychometrics

Age	Cut off	Sensitivity	Specificity	False +	False -	% Agree-ment	Under-referral	Over-referral
12 month	48	71.4	97.2	16.7	5.5	93.0	4.7	2.4
36 month	59	77.8	93.0	26.3	5.7	89.9	4.5	5.7
Overall		78.0	94.5	26.8	4.3	91.8	3.6	4.6

False + and Over-referral rates are high

- ASQ:SE is over screening??
- Criterion measures may be missing children??



Psychometrics

Age	Cut off	Sensitivity	Specificity	Percent identified at risk	Percent identified at risk who need intervention (Positive Predictive Value)
12 month	48	71.4	97.2	14.1	83.3
36 month	59	77.8	93.0	21.2	73.4
Overall		78.0	94.5	17.2	73.1



Scoring Questionnaires with Unanswered Items

1. Try to get parent to complete.
2. Use an average score.
Total score/number of items answered
3. 12 month: only if 1-2 items not done
4. 36 month: only if 1-3 items not done
5. Add multiple of average score to completed total score.
6. Compare to cutoff.



Referral Criteria

- **Above the cutoff**
 - Refer for diagnostic evaluation **OR**
 - Provide information and support and monitor
- **Near the cutoff**
 - May have a problem
 - Refer for diagnostic evaluation **OR**
 - Provide information and support and monitor



Referral Criteria

- Use your clinical judgment
 - Don't ignore your concerns
 - Gather information from others who know the child well
 - Pursue further assessment
 - Consider possible inflated scores
 - Lots of “sometimes”
 - Look at information in context
 - Avoid unnecessary referrals



Don't forget Appendix C, p. 111 Developmental List and Activities

- Be sure to put in cultural context
- These are for prevention, not intervention
- Not comprehensive
- May need to be modified
- May need additional information on:
 - Feeding, sleep, toileting, discipline, safety



Resources



www.ohiohelpmegrow.org
1-800-755-4769 (GROW)



Ohio Assn. for Infant Mental Health

www.oaimh.org

The screenshot shows a Microsoft Internet Explorer browser window with the title "OAIMH - Microsoft Internet Explorer provided by Akron Children's Hospital". The address bar displays "http://www.oaimh.org/". The browser interface includes a menu bar (File, Edit, View, Favorites, Tools, Help), a toolbar with navigation and utility icons, and a search box labeled "Live Search".

The website content is displayed on a light beige background. On the left side, there is a vertical navigation menu with the following items, each preceded by a small colored square:

- about OAIMH (red square)
- newsletters (purple square)
- find a provider (blue square)
- professions in IMH (green square)
- information resources (yellow square)
- collaborative peer groups (orange square)

The main content area features a large image of a smiling child's face on the left. To the right of this image is a row of five smaller, square images, each showing a different child's face. Below these images is a paragraph of text:

The Ohio Association for Infant Mental Health (OAIMH) is an active affiliate of the World Association for Infant Mental Health. OAIMH promotes and supports healthy development and nurturing relationships for all infants and young children in Ohio. OAIMH provides a forum for interdisciplinary collaboration by advocating for the application of infant mental health principles in services for infants, young children and caregivers. OAIMH offers training and consultation and publishes an educational newsletter as well as other materials. Membership is open to those interested in improving the mental health of infants, young children and families. This Web site offers an abundance of information on our organization and how to become a part of it. We thank you for your visit and hope you will return soon.

Below the text is a button labeled "Learn about our upcoming events". To the right of the text is the OAIMH logo, which depicts a stylized figure holding a child, with the acronym "OAIMH" above it. Below the logo is a link labeled "About this site".

The browser's status bar at the bottom shows "Done", "Internet", and "100%".



Network of Care Ohio

<http://ohio.networkofcare.org>

Network of Care for Behavioral Health

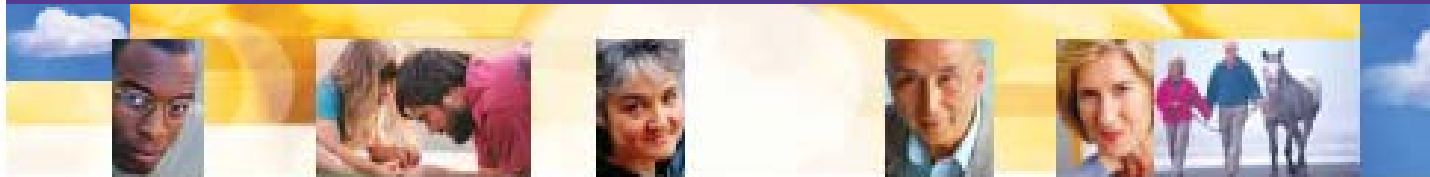
www.networkofcare.org

network of care for behavioral health

- find** services
- gain** knowledge
- remain** independent
- be** heard

Network of Care for Behavioral Health is an online information place for individuals, families and agencies concerned with mental and emotional wellness, substance abuse and developmental disabilities. This online community provides critical information, communication and advocacy tools with a single point of entry. It ensures there is "No Wrong Door" for those navigating the system of behavioral health services, those working to avoid the need for formal services, and those ready to transition out of the behavioral health system.

Regardless of where you begin your search for assistance with behavioral health issues, Network of Care ensures you will find what you need. This Web site can greatly assist in our efforts to protect our greatest human asset – our beautiful minds.





Ohio Assn. of County Behavioral Health Authorities

www.oacbha.org

HEALTH AUTHORITIES
Cheri L. Walter, CEO

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County Board Directory

Contiguous counties of the same color comprise a multi-county Board.

Click on a County to find out more information about your board.

Alphabetical Board List

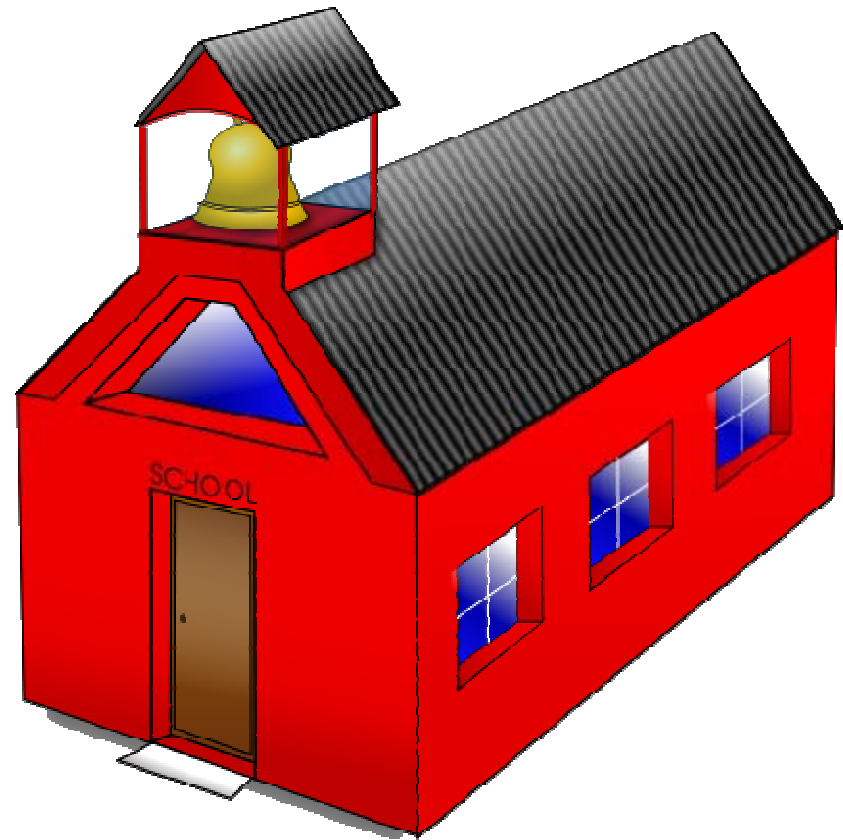
- [ADAMHS Board of Adams, Lawrence, Scioto Counties](#)
- [MHRS Board of Allen, Auglaize, Hardin Counties](#)
- [MH & Recovery Board of Ashland County](#)
- [Ashtabula County MH & Recovery Board](#)

Internet 100%



Resources

- After third birthday
- Local Schools
- Other Health Impaired
- Emotional Disturbance





IDEA: Emotional Disturbance

Emotional Disturbance

A condition showing one or more of the following characteristics over a long period of time and to a degree that it affects a child's educational performance, resulting in:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;

A general pervasive mood of unhappiness or depression; or

- A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.



IDEA: Other Health Impairment

Other Health Impairment

Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever or sickle cell anemia, and Tourette syndrome; and adversely affects a child's educational performance.



Conclusions

- **Relying on parental worry misses many children**
 - Parents have trouble distinguishing problem from normative behavior in young children
- **There are inexpensive, easy to use tools available for screening**
- **Parents find screening helpful**
- **Early identification makes a difference**
- **Linking parents with treatment for their anxiety and depression makes a difference**
- **There are resources available**