



Resource Article

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SCREENING
QUALITY
PRACTICES**

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Developmental screenings provide a valuable means to check a child's development. But when the concern is a challenging behavior, developmental screenings are not always sensitive to this issue. In fact there are relatively few methods of capturing the child specific behavior problems a parent or care provider may have about a child to understand such behaviors. Kaiser confronts this problem in her article, "Addressing Challenging Behaviors: Systematic Problems, Systematic Solutions." Kaiser explains that early childhood programs have traditionally devoted their efforts to promoting specific skills related to communication, motor, and pre-academic readiness skills, while challenging behaviors are often given less status. Considering the research on long term effects that challenging behaviors can have on child development, it is time to figure out how to help parents/caregivers address challenging behaviors in their babies and toddlers.

Kaiser refers to the work of Powell, Fixen, Dunlap, Smith & Fox (2007) who have made the following four research and policy recommendations in regard to challenging behaviors in young children: a) universal screening should

be used identify children at risk for behavioral problems; b) a common language should be used in identification and reporting; c) research must be conducted on systems to promote the social and emotional well-being of children and families, and; d) effective policies should be established. While each of these recommendations is important, they also have present challenges. Universal screening for behavior problems is a great idea in theory, yet there are relatively few instruments that satisfactorily encapsulate these types of problems as compared to other discipline specific concerns such motor or communication.

The lack of a specific criteria for the identification of challenging behaviors contributes directly to the difficulty of understanding and addressing these often child specific behaviors. Kaiser points out that establishing and using a standard definition would be an important first step. An often cited definition of challenging behaviors by Powell, Fixen, Dunlap, Smith & Fox (2007) is, "... any repeated pattern of behavior, or perception of behavior, that interferes with or is at risk of with

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optimal learning or engagement in pro-social interactions with peers and adults.” While encompassing of the issue this definition leaves some room for interpretation dependent upon the context in which the behavior is observed as well as the experience and knowledge of the reporter. For example, Cai, Kaiser, Hancock, & Lipsey, (2006) found little agreement (less than 20%) between Head Start teachers and parents when they were describing the degree to which a child had presented with clinical/subclinical level of challenging behaviors. Perhaps if these teachers and parents had an agreed upon definition and a common language to describe the behavior, there would have been better agreement and understanding?

The next step, Kaiser proposes is the use of a common language to describe the challenging behaviors, their frequency, severity and contexts. She suggests that classifications related specifically to infant and toddler behavior, “should specify which behaviors are indicators of challenging behavior and the relative severity of those behaviors.” Consideration of the severity, frequency (e.g., over the last 3 to 6 months), settings, and caregivers should be also given. This will not only help in the communication about the specific behavior, it will also enable better data collection for intervention planning.

There is an abundance of research on ways to promote emotional and social well-being in infants and toddlers and their families, but there is less research on ways to address maladaptive behaviors in young children. When we consider the

ABCs (antecedent-behavior-consequence) of challenging behaviors, the role of the adult is paramount. Adults can best describe what is happening before, during, and after the behavior. This sort of data collection is key to understanding the communicative intent of the behavior, as well as what is motivating and sustaining it. From there adults and caregivers are in a better place to establish a systematic response to replace the undesirable behavior. Again though, as Kaiser points out, this comes with challenges, as there are few personnel with the education, knowledge, and skills to teach systematic behavioral interventions to parents and caregivers.

It is well known that challenging behaviors can negatively impact children’s natural learning opportunities. To address this reality increased attention to and awareness of positive interventions for addressing challenging behaviors in young children is needed in early intervention. Use of common language to describe challenging behaviors and further consideration of the role adults play in addressing challenging behaviors will certainly help toward this end. Use of developmental screening tools such as the ASQ:SE can also help with understanding and articulating challenges that exist. By effectively addressing challenging behaviors families, caregivers, and practitioners can help young children build positive and powerful social relationships with peers and adults within the settings they participate.

Kaiser, A. P. (2007). Addressing challenging behavior: Systematic problems, systematic solutions. *Journal of Early Intervention, 29*, p. 114-118.



What do the data say?

Do you ever wonder about the status of infants and toddlers in the United States?

Child Trends is a research center that generates reports used to help practitioners and policymakers improve the lives and prospects of young children. In 2013 Child Trends published a brief titled “The Youngest Americans: A statistical portrait of infants and toddlers in the United States.” This publication includes information about the demographics, health and development, parental well-being, neighborhood and family context, as well as supports available to families. The full publication provides a wealth of useful information important for all to consider. Included in this section of the KIT we highlight some key findings and encourage readers to review the full report, available online at <http://www.childtrends.org/wp-content/uploads/2013/11/MCCORMICK-FINAL.pdf>

Key findings in this extensive report help us understand that fewer babies are being born in the U.S. Contemporary parents are generally older, more educated, and more likely to be unmarried than in the past. The increase in cultural diversity is also evident, as a third (33%) of infants and toddlers live in households where English is not the only language spoken and as of 2012 nearly one in four infants and toddlers had at least one parent who was born outside of the U.S. And while infants and toddlers are experiencing the advances of technology, nearly half (48%) are being raised in low-income families and nearly half of this group (25%) are considered below the poverty line. Compared to 32 other developed countries the U.S. ranks second in the percentage of children who are living in *relative poverty* (living in a household where disposable income, adjusted for family size and composition, is less than half of the national median income). Nearly a quarter of infants and toddlers are also being raised in single parent homes and the number of children being raised by grandparents is at 16%.

Another interesting characteristic collected was the percentage of children 6 months through two years exhibiting “flourishing” characteristics. Flourishing characteristics included showing affection with parent, bouncing back quickly when things didn’t go his/her way, smiling and laughing a lot, and showing interest and curiosity in learning new things. These data showed that more than eight in ten children exhibited each of these flourishing behaviors for families living above the poverty level whereas a lesser percentage of each flourishing behavior was noted for children living in poverty. The negative impacts of poverty are well documented and studies such as these help reinforce the impact on young children’s development and developmental opportunities. The data included in this report also highlight that children living in poverty are more likely to be exposed to adverse experiences, such as frequent socioeconomic hardship, parental divorce/separation, parental death, parental incarceration, witnessing domestic violence, witnessing neighborhood violence, living with someone who is mentally ill or has a substance abuse problem, and racial or ethnic discrimination. Data from 2011/12 showed that while most infants and toddlers have experienced none of these adverse events, 24% have experienced at least one. The prevalence of experiencing two or more adverse experiences (excluding economic hardship) is more than four times as high for infants and toddlers living in poverty.

The short time birth to three years of age is critical for child development. Advances in brain development research help us understand and appreciate these early years as fundamental to children’s growth and development. Reviewing this report and understanding the prevalence of risk factors for very young children can help early interventionists further help the families they meet and support.

Murphey, D., Cooper, M., & Forry, N. The youngest Americans: A statistical portrait of infants and toddlers in the United States. Child Trends. Accessed from <http://www.childtrends.org/wp-content/uploads/2013/11/MCCORMICK-FINAL.pdf>



Consultation Corner

From May through December 2014 we are excited to have Jantina Clifford, Jane Farrell, and Suzanne Yockelson as our consultation corner experts addressing the topic “Developmental Screening Quality Practices; Using the ASQ and ASQ-SE.”

Cultural Considerations With The ASQ

Each year the population of the United States becomes more ethnically diverse. This year, for the first time, the majority of children in the education system are identified as “not white” (Pew Research Center). Thus, it is critically important to ensure that assessment instruments and procedures used to make educational decisions about infants and young children are valid for use with diverse populations. Professionals have an ethical responsibility to select assessment tools, including screening assessments such as the ASQ, that are valid for use with diverse populations. Considerations for using any assessment with young children include the following:

- Are the results of the assessment valid for culturally diverse children?
- What do I need to consider when working with culturally diverse families to complete the assessment?
- How do I share results in a way that is sensitive to the beliefs of culturally diverse families?

Validity of the ASQ system for use with culturally diverse children

The purpose for screening young children with the ASQ™ is to determine if a child is typically developing or if they are at-risk for developmental concerns and should be referred for further evaluation. Referral decisions are made by comparing a child’s scores to average scores and cut-offs from a normative sample. For this

reason, it is important that the normative sample represents data from diverse populations. Both the ASQ and ASQ:SE normative samples include scores from diverse populations.

Considerations when working with culturally diverse families to complete the ASQ.

The ASQ system has flexible administration procedures. Options for questionnaire completion include parents completing the questionnaire independently, providers reading the ASQ to the parent, or providers facilitating the completion of the ASQ. It is important to consider the families culture when deciding how to administer the ASQ, but not to make assumptions about the family based on their culture.

Cultural brokers or community workers may assist providers by highlighting potential cultural issues that may arise when using the ASQ system with families from diverse cultures. Depending on the cultural values, it may be appropriate to omit items, rephrase questions, substitute materials, and alter the context when completing the ASQ and ASQ:SE. Below are some guidelines that practitioners can follow.

ASQ items may be omitted if they violate a culture specific belief or value. For example, some cultures do not encourage their children to look in mirrors. Other questions about ball or doll play may violate a family’s belief about gender roles. Certain self-help items may also be inappropriate for families from cultures that encourage independence at a later age than western cultures. These are items that would be difficult to rephrase, and are best omitted. It is important to use ratio scoring whenever items are omitted to avoid bias.

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Rephrasing questions is another option when using the ASQ with culturally diverse families. When doing so, it is important to use simple words and phrases and to keep the original intent of the item. For example, the personal-social item: “Does your child serve herself, taking food from one container to other using utensils” may not be understood, or relevant, for families from some cultures. A suggested rephrasing such as “Does your child use a large spoon to scoop rice from a bigger bowl to a smaller one?” would be more specific. Another example is from the communication domain. Instead of asking a parent to report on their child’s ability to state “both her first and last names,” they can be asked if their child says “her first name and her family name” (see Tips for screening children from diverse cultures).

Using alternate materials is a third strategy for using the ASQ system with families from diverse cultures. As long as the original intent of the item is preserved, it is appropriate to use materials that are culturally meaningful and familiar. Examples of material substitutions are small food containers or spools of thread instead of blocks and puffed rice or other small items instead of cheerios for demonstrating a pincer grasp.

Finally, contextual modifications may assist families from different cultures to complete the ASQ. If a parent has concerns about placing a baby on the floor, a provider could suggest that the parent place the baby on a bed or table when trying ASQ activities. Similarly, some families may not have stairs or steps in their homes and the provider might suggest taking the child to a park or playground to complete some of the gross motor items.

How do I engage in post screening conversations with culturally diverse families in ways that are sensitive to their beliefs and values?

Mutual trust and respect are necessary for positive conversations about a child’s development. Specific practices and recommendations can be used to build positive relationships with families who are from a culture different than that of the provider. Before meeting with the family to discuss screening results and making follow-up recommendations, providers should consider the culture’s expectations around communication, their beliefs about child development and parenting, and their perspectives related to disabilities.

Effective cross-cultural communication must consider factors such as who to speak with, how to greet family members, what to wear, where to sit, and whether or not eye contact is appropriate. Non-verbal communication can be equally important as what you say. For example, a western provider may smile frequently when speaking as a way to indicate friendliness. Other cultures may do not routinely smile which might be incorrectly interpreted by a provider as being unfriendly or even hostile. Similarly, western providers might interpret a nod as indicating agreement, whereas it may be meant to acknowledge that the information was heard and will be considered.

Once a screening has been completed, practitioners may meet with families to provide suggestions for facilitating their child’s development. Knowing the families values around parenting, play and development will

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lead to productive conversations. In cultures that value interdependence, for example, discussions about promoting independence and autonomy may not be productive. A more culturally sensitive approach is to ask a family at what age they expect their child to begin dressing and feeding themselves. In other cultures, mothers may view themselves strictly as caregivers and not as playmates. In this instance, the provider should find ways to embed opportunities to facilitate skills within caregiving routines such as during meals, bathing or while doing household chores. It is essential to collaborate with families to determine activities that promote their child's development and are consistent with their cultural beliefs and practices.

It is also critical to consider the families' views related to disability if a child's screening scores indicate that a referral is warranted. The origin of disabilities is viewed differently across cultures. In western traditions disabilities and interventions are viewed as having a medical origin. Other cultures view disabilities as having more spiritual derivations. When this is the case, the family may turn to alternative sources for interventions. In yet other cultures, the family may view the disability as being one of fate, and may be hesitant to do anything to intervene.

Practitioners are encouraged to collaborate with families. During the course of conversation, information can be gathered from the family to determine if they perceive a problem, what they think caused the problem, what interventions the family thinks are appropriate and who can help.

Family and provider recommendations can then be combined in a final recommendation.

In conclusion, there are specific recommendations for practitioners who use ASQ screening system with culturally diverse families.

- When possible, use a cultural broker or community worker to alert you to potential issues that might arise when implementing the ASQ with any given population
- Reword questions as appropriate
- Help families substitute materials or contexts as required to complete the questionnaire
- Omit items as necessary and use ratio scoring to obtained revised scores
- Consider cultural values around parenting when interpreting scores
- Collaborate with families in determining next steps that are respectful of the families cultural beliefs
- Learn about cultural values regarding communication
- Respect the family beliefs around disabilities and include their suggestions as part of the follow-up recommendations

Tips for Screening Children from Diverse Cultures. Retrieved from <http://agesandstages.com/articles/tips-for-screening-children-from-diverse-cultures/>



On the WWW

As this KIT series on developmental screening quality practices winds up we share with you a wonderful site that includes tips for parents and practitioners when there are concerns about a child. The site is First Signs and the link "Concerns About A Child"

<http://www.firstsigns.org/concerns/index.htm>

This page includes tips for making observations, monitoring development, and

understanding hallmark developmental milestones. The link also includes encouragement for parents and practitioners to act early rather than taking a wait and see approach. In fact it highlights "*If you have concerns, don't worry, take action.*" Also included are tips for sharing concerns by parent to physician, physician to parent, and parent to parent. Please review and share this site with others that may find it useful.



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Developmental Screening Quality Practices*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (May through November 2014) and completing a multiple-choice exam about the content covered in these KITs,.

KIT readers will receive the exam in December 2014. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

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