KIT

Keeping In Touch

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Educational & Developmental Intervention Services (EDIS) Personnel Development

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DEVELOPMENTAL SCREENING QUALITY PRACTICES

Resource Article

Our article this month, *Talking With Parents When Concerns Arise* by Brault and Gonzalez-Mena, is about helping child care providers talk with families about concerns they have regarding children in their care. Sometimes child care providers are the first to recognize differences in children. They work with groups of children around the same age and see how children's skills are similar or notably different. While comparing children is not encouraged, regularly seeing several children around the same age does give care providers a broader sense of the abilities children in different age groups display and while parents know their child best they may not have this same experience. Care providers help foster children's development and naturally provide accommodations to support children's learning. Yet, when a child is not progressing or demonstrating behaviors not typical for children their age it's important for child care providers to share their concerns with the child's parents. This of course is sometimes much easier said than done. What pointers or words of encouragement are helpful for child care providers faced with this situation? Brault and Gonzalez-Mena share considerations that you may find useful in helping child care providers share their observations with parents and assist parents with making a referral to early intervention.

Care providers sharing concerns about a child should occur sooner than later. Taking a wait and see approach often leads to greater challenges. Consider the following scenario.

Maria a care provider in the ABC Center toddler room noticed shortly after Angelique joined the class that she was less social than the other toddlers her age. While Angelique was an easy addition to the class, she often wandered by walking from center to center, periodically picking up different toys, briefly exploring them with her hands and eyes, and then continuing to wander by slowly walking, almost pacing, between the different centers. Maria figured it was part of Angelique's getting use to the new class and being away from her parents for the first time in her life. Her parents were always in a hurry at drop off and pick up time and Maria felt that they were not

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that interested in knowing how Angelique was doing. The weeks went by and Maria didn't see much change. In fact, some days Angelique seemed to wander even more. Maria had participated in an early intervention in-service on autism and began thinking more about Angelique. Finally, after nearly four months Maria decided she had to share her concerns with Angelique's parents and to her surprise they were quite upset and wondered why nothing had been shared earlier. It turns out the parents were also concerned but felt that all was well at the center so they did not pursue their concerns. Earlier attention to the concerns could have lead to earlier intervention.

Finding time to talk with parents can be challenging, but not having ongoing little conversations can be detrimental to the care provider – parent relationship. Granted child care providers know this and the importance of developing collaborative relationships but this too can be easier said than done. By having regular little conversations with parents the big ones (if or when needed) are easier. In this scenario Maria thought that Angelique's parents were not interested, she did not regularly have little conversations with them, and opted for a wait and see approach. Had they engaged in earlier chats the discussion about Maria's observations would have occurred sooner and would have likely been better received by Angelique's parents.

When care providers share concerns with parents it is only appropriate to share specific and observable behaviors rather than talking about a particular diagnosis or speaking in general and vague terms. For example, explaining how Angelique "wanders by walking from center to center, periodically picking up different toys, briefly exploring them with her hands and eyes, and then continuing to wander by slowly walking, almost pacing, between the different centers" is a much better description than sharing the concern that Angelique "wanders" or that she "displays some behaviors commonly associated with autism."

Before even getting to the concerns care providers should begin the conversation by sharing something positive about the child and inviting the parents to share any concerns or questions they may have. This helps parents know your observations are not just about challenges and that you are interested in hearing their perspective.

When scheduling time for a conversation with a parent about their child, care providers must find a time that is convenient for parent, when they are not rushed, find a place that is conducive for a confidential conversation, and ensure that they is equally available and prepared to share information about the child as well as information about early intervention if the family chooses to make a referral.

Care providers are in a unique position to observe children and work with families. Early interventionists also play an important role in helping care providers recognize typical and atypical development and understand the importance of sharing concerns or questions about a child's development sooner rather than later.

Brault, L., & Gonzalez-Mena, J. (2007). Talking with parents when concerns arise. Accessed from: http://cainclusion.org/camap/pdfs/TalkingWithParents/TalkingWithParentsArticle.pdf

What do the data say?

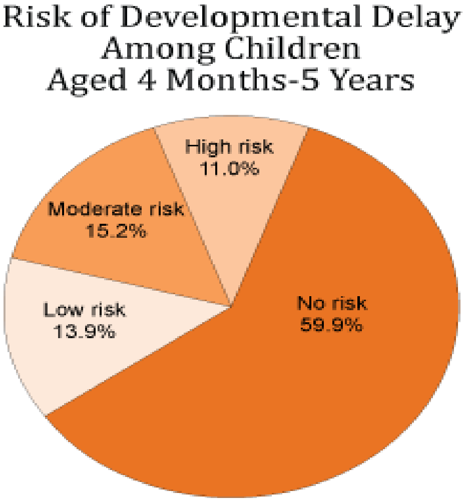
How many children are at risk of developmental delay?

The latest National Survey of Children's Health (NSCH) provides insightful information about the well-being of children and data to help us answer this month's question. The latest publication of NSCH findings from data collected in 2011 and 2012, is now compiled in an online resource titled "The Health and Well-Being of Children: A Portrait of States and the Nation 2011-2012." The Maternal and Child Health Bureau published these latest findings in June 2014 and the full publication is available online at:
http://mchb.hrsa.gov/nsch/2011-12/health/index.html

A total of 95,677 surveys were completed nationally for children between ages 0 and 17 years of age. Parents were asked questions about their child with regards to delivery, breastfeeding, health and oral health status, weight, missed days of school, presence of chronic physical or mental health problems, and any concerns about the child's development.

These eight factors were used to calculate risk for developmental delays based upon parents reported concerns and children's current ages and conditions. Formulas were developed to determine a child's level of risk for future delays. Risk levels were categorized as low, moderate, high, or no risk. The low risk group included children whose parents had concerns, but those concerns were not predictive of delays. The moderate risk group included children whose parents reported having concerns in one area predictive of developmental delay and the high risk group consisted of children whose parents reported having concerns in two or more areas predictive of developmental delay.

The following chart illustrates the distribution across these at risk levels.



Collectively, these data, from the NSCH survey indicate that 40% of children aged 4 months to 5 years are at either low, moderate, or high risk of developmental delay. Teasing out just the moderate and high risk children, this represents just over a quarter of the population.

The data were also examined and considered by sex and by race/ethnicity. These analysis revealed that boys were 29.1% more likely than girls to be at moderate risk for delay and 23% more likely than girls to be at high risk.

With regards to race/ethnicity 32.5% of Hispanic children were at moderate or high risk of delay, followed by 29.8% of non-Hispanic black children, 29.4% of non-Hispanic other, and 21.2% of non-Hispanic White children ages 4 months—5 years.

These data reinforce the need for effective and aggressive screening and public awareness campaigns.

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."

Why two tools?

Early versions of IDEA did not explicitly address social-emotional delays as an area for early identification, referral and service. The field had not yet evolved enough to define, social and emotional development. Because of that, screening tools such as the ASQ did not include questions specific to social emotional development. There is some confusion among practitioners because of the 'Personal-Social' domain on the ASQ. It is important to know that the personal-social domain asks *mostly* adaptive (i.e., self-help) questions. Adaptive items in the Personal-Social domain mostly include those related to dressing oneself, feeding oneself, and taking care of ones' personal needs. Examples are as follows: "Does your child use a spoon to feed herself with little spilling?" and "Does your child put on a coat, jacket, or shirt by himself?" Although there are a few social-emotional questions, they are not sufficient to identify risk for social and emotional delay, and that is not the intent of the Personal-Social domain on the ASQ.

In the 1990s, there was a convergence of research related to the importance of social and emotional development, the birth of a field of study now known as early childhood mental health, and clear inclusion of social-emotional development in the definition of developmental delay within IDEA. This led the way for the development of the ASQ:SE as a companion tool to the ASQ. In essence, the ASQ:SE is the social-emotional domain, or 6th area of the ASQ.

Because social-emotional development is so broad and complex, it was quickly decided that adding the domain to the 6-item format of the existing ASQ would be insufficient to accurately identify children who were typically developing or at risk for delay in this area. Additionally, the ASQ had been adopted by users such as home visitors and teachers as a parent support and education tool in addition to being used for screening purposes. Therefore, a decision was made to have the Social-emotional domain of the ASQ system exist as a separate companion tool which could further guide families and providers as they, in turn, support the child's development.

Should both tools always be used?

Only programs can mandate how the ASQ system is used, however there are considerations to weigh when deciding how to use the ASQ and the ASQ:SE. One consideration is the federal mandate to locate, evaluate and serve young children at risk for developmental delay across domains, including social and emotional. The other consideration is the responsibility we have when making decisions about children and families. Consider this example:

When Michael was just over 1 year old, his mother, Sarah, was asked to fill out an ASQ-3 as part of a public health effort. Michael's ASQ-3 as part of a public health effort. Michael's ASQ-3 results showed that he was below the cut-off in gross motor skills, but above the cut-off in communication, fine motor, problem-solving and personal-social. Sarah also indicated that Michael

Consultation Corner (continued)

cried a lot, and that he seemed small for his age. The public health nurse followed-up on the ASQ-3 by giving Sarah activities she could do to enhance Michael's gross motor development. The nurse did not refer Michael for further assessment as she believed that the reason for the low motor score was that Sarah was holding and carrying Michael to the point that he had no opportunity to practice gross motor skills. There was no re-screen or follow-up to that 12-month ASQ-3.

Sarah also attended a "Mommy and Me" program that used the ASQ:SE to better understand the parent-child relationship, and to determine strengths and areas in which the mother could be supported. Michael's score was significantly above the cutoff on the ASQ:SE, and Sarah had indicated that she had multiple concerns. The therapist who facilitated the group learned that Sarah was a first time mom, and believed this led her to be over-anxious, resulting in the high score. The therapist provided support and parent education for those areas in which Michael's mother had indicated concerns. There was no follow-up screening and the program lasted for 12 weeks.

Although both providers *generally* followed the guidelines for the use of each questionnaire independently (both should have been re-screened within 4-6 months given his young age) they missed important information by using information from only one of the ASQ system questionnaires.

At 24 months, Michael was diagnosed with Muscular Dystrophy, a serious and degenerative neuro-muscular disorder. By the time of diagnosis, his mother felt let down by the early identification system. The public health nurse had made her feel as if Michael's not walking was her fault and that she spoiled him by carrying him. The therapist made her feel as if she were incompetent and overly concerned. Additionally, she received contrasting information from both professionals regarding how to respond to Michael's cries. Most of all, Sarah felt as if she was not being listened to and her concerns were not being addressed.

Had either provider (the public health nurse or therapist) used both tools, it is likely that the ensuing discussion would have surfaced the following information: Sarah felt that something was not right, but she could not put her finger on what it was. Michael cried and fussed whenever he tried to crawl, stand, walk, or bear weight. The more Sarah encouraged him to move, the more dependent he became. The more dependent he became, the more she stepped back. The end result was a disruption in the parent-child relationship. To compound the matter, the fact that Sarah was feeling that this was her "fault" delayed her raising her concerns with his doctor.

Using both the ASQ and ASQ:SE together presents a whole picture that cannot be gleaned from just one tool or the other. In fact, one of the referral considerations listed on the ASQ:SE summary sheet is "Developmental Factors" (and vice-versa on the ASQ-3: "do you have concerns about your baby/child's behavior"). In this instance, it was vital to know that Sarah had motor concerns, which were at the root of her anxieties and confusion about how to interact with, and best support Michael's development. A full discussion may have led to an earlier referral to early intervention and to her pediatrician.

Tying it all together

Unless screening is conducted across developmental delays, important information may be missed, leading to erroneous referral decisions that undermine our attempts at early identification and referral. Additionally, by not having all of the information needed to make decisions, we are also missing out on an opportunity to best support the families to our greatest ability.

On the WWW

Recognizing the critical importance of the first five years of life and helping children get the best start, Easter Seals has recently made the ASQ-3 available to parents online.

http://www.easterseals.com/mtffc/asq/

All parents are invited to complete the ASQ-3 online and receive the results back via email in two weeks. The registration process is simple and families can complete the ASQ-3 every 2-6 months depending upon the age of their child or children. The online system also calculates which ASQ-3 the parents need based upon the child' date of birth and if the baby was born prematurely.

This is a great resource for all families of children under 5 years old. Please share it as you see fit.

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.

KIT Newsletters
are available
online at
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Thank you for your continued interest in the KIT.
Please share your KIT questions/ideas via email to
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