Educational & Developmental Intervention Services (EDIS) Personnel Development

# KIT

Keeping In Touch

MAY 2014

Inside this edition

DEVELOPMENTAL SCREENING QUALITY PRACTICES



## Resource Article

For this KIT series we turn our focus to developmental screenings. Administration of developmental screenings is a relatively quick way for parents and practitioners to identify if a child is meeting expected developmental milestones or if there is a possible delay. Screenings also provide a cost effective way to help parents and early intervention providers determine how best to proceed with the early intervention process.

Parents are highly regarded as equal team members in the entire early intervention process and should be encouraged to share their observations, questions and concerns, identify the priorities they want to address through early intervention, and collaboratively determine strategies to try in the context of their day to day activities. When it comes to developmental screenings, parents also play an essential role. They know their child best and can share information about how their child participates in a variety of activities and contexts, beyond what a provider can observe. Furthermore, parent's concerns alone can inform the entire screening process and should always be taken seriously. After all, they've known their child the longest and have the greatest insight into what their child does or does not do in a variety of situations and circumstance.

When a parent plays such a big role in the developmental screening, how can we be assured that the results will be accurate? Diamond and Squires (1993) considered this question. Their research suggested the range of agreement between parent responses and professional assessments is relatively high at 75-95%. In their research they explored maternal accuracy of reported developmental skills, maternal and professional congruence, and ways in which developmental information is gathered.

Maternal reporting accuracy by social class and validity revealed little discrepancy between higher and lower social classes and educational backgrounds. Rather, the finding suggested that parents need an undetermined minimum level of interest and skills to be considered reliable reporters for their children. Of course how the

## Resource Article (continued)

information is gathered (e.g., via interview, parent-completed questionnaire) and the question content are variables that must be factored. Regarding child age, maternal reporting of children's skills was somewhat more accurate when reporting preschooler skills than it was for infants (Gradel, Thompson, and Sheehan, 1981). This could be attributed to the possibility that preschool milestones are better understood than expectations for infants.

Examination of maternal accuracy and maternal-professional congruence was determined higher for motor and social skills than for cognitive, language and memory tasks. Not surprisingly, a number of studies suggested that the more experience a provider had with a family, the higher degree of parent-professional agreement. This reinforces the importance of getting to know the child and family and not jumping to conclusions after only a short call or visit.

When parent report and professional assessments differ, what might be the cause? Prout, Harper, Snider, & Lindgren (1978) suggested that it is, "… related to not only to different opportunities for the display of behavior in home and school, but also to increased parental familiarity with a child's pattern of speech or use of nonverbal cues." Some professionals have considered that differences between parents and professionals may be related to a child's emerging skills and the frequency of these developing skills. Other researchers wonder how correctly representative samples of children's behavior may be when collected during single administration of a screening tool. Interestingly, Dale, Bates, Reznick, & Morisset (1989) found that parent-professional agreement for language assessments was highest when parents were asked to *recognize* specific language behaviors rather than asking parents to *recall* examples. Essentially, this is asking the parent specifically what you want to know regarding a particular skill/screening item versus trying to interpret specific behaviors from broader descriptions of a child's skills (e.g., Does your child combine words in speech, such as 'My juice' or 'Baby cry'? versus What types of things does your child say?). Of course, if only specific skill questions were asked we'd be left having to guess how those abilities are applied to everyday routines and activities. While we wouldn't want to lead parents in our questioning, it is important they understand the nature of the questions we are asking and that we understand the nature of what they are describing.

There are a number of possible reasons for parent-professional screening incongruence. Diamond and Squires provide specific recommendations that may help sync the information obtained from parents: (1) target current observable behaviors; (2) focus on behaviors that occur frequently; (3) include a recognition format; (4) help parents understand and reliably complete the screening by clarifying the items and their meaning; and (5) encourage parents observation of their child's abilities rather than simply asking them to recall or predict skills.

Because parents optimally provide the bulk of screening information, it behooves early intervention providers to sharpen our interview skills. Diamond and Squires recommend gathering information for screenings in two distinct ways: (1) ask broad questions about the parents' concern as part of a structured interview; and (2) follow up by asking parents to observe and report on specific behaviors and the functions of those behaviors. In this way we can obtain information that is helpful in deciding how best to proceed with the early intervention process.

Diamond, K. E. & Squires, J. (1993). The role of parental report in the screening and assessment of young children. Journal of Early Intervention, 17 (2), 107-115.

# What do the data say?

## How are states doing with implementing developmental screenings?

It is well known that early identification of developmental delays/disabilities and responsive intervention is critically important for promoting young children's well-being and supporting families' in meeting the needs of their children. Yet, identification of developmental disorders falls lower that the prevalence of disabilities (Sand, et al., 2005; Pinto-Martin, et al., 2005; Smith, 1978). The concern of early identification was raised to new heights in 2006 when the American Academy of Pediatrics issued a policy statement on developmental surveillance and screening. Among the nine policy statement recommendations were the following.

Functions of the medical home should include:

1) Performing developmental surveillance at every preventive visit throughout childhood, and ensure that such surveillance includes eliciting and attending to parents' concerns, obtaining a developmental history, making accurate and informed observations of the child, identifying the presence of risk and protective factors, and documenting the process and findings.

2) Administering a standardized developmental screening tool for children who appear to be at low risk of developmental disorder at the 9, 18, and or 30 month visits and for those whose surveillance yields concerns about delayed or disordered development. *(A caveat was added to the 30 month screening recommendation, stating that it could be performed at 24 months since the 30 month visit is not yet standard practice.)*

3) Referring children about whom developmental concerns are raised to early intervention and early childhood programs.

One year after the AAP recommendations on developmental screenings were released, the Maternal and Child Health Bureau published the 2007 results of the National Survey of Children's Health (NSCH) illustrating the state rankings of children (10 months - 5 years) receiving standardized screening for developmental or behavioral problems. The survey specifically asked respondents "during the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's development, communication or social behaviors?" Examples of parent completed screening instruments include the ASQ and PEDS. The results of the survey revealed a national prevalence of parent completed developmental screening among children 10 – 71 months at 19.5%. Pennsylvania ranked lowest at 10.7% while North Carolina ranked highest at 47%.

The survey was repeated in 2009/10 asking respondents "during the past 12 months was your child screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized developmental behavioral screening tool during a health care visit?" The results for children ages 1-5 years revealed an increased prevalence rate ranging from 21.2% in Arkansas to 58.5% in Minnesota. In fact, the prevalence rates in each state increased from the previous survey in 2007. The continued emphasis on universal screening in essential for early identification and intervention.

Council on Children With Disabilities (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. Pediatrics, 118*(1),* p. 405 -420. Accessed from, http://pediatrics.aappublications.org/

# 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."

Jantina Clifford is a lecturer at the University of Oregon where she teaches graduate courses in Early Intervention/ Early Childhood Special Education. In addition to teaching at the university level, Dr. Clifford provides training nationally and internationally on the Ages and Stages Questionnaires and the Ages and Stages Questionnaires: Social-Emotional. Her professional interests include personnel preparation and the development and evaluation of early childhood assessment measures. Prior to the pursuit of her doctoral degree, Dr. Clifford served as an early childhood educator for eight years

Jane Farrell, M.S, is an Early Intervention specialist / Early Childhood Special Educator for ECCARES in Lane County, Oregon. She provides direct services to young children, birth to 5 years of age, who are experiencing developmental delays and disabilities. Her varied roles include home visitor, parent/toddler group teacher, Early Intervention/ Early Childhood Special Education Consultant/ Trainer and IFSP coordinator. After receiving her masters degree in 1992 from the Early Intervention Program at University of Oregon, she coordinated the ASQ Outreach Project, providing national training and consultation on systematic use of the ASQ. Her next position was an Early Intervention Specialist in Wiesbaden, Germany, where, in addition to her regular responsibilities, she provided training and consultation on use of the ASQ as a child find and screening system for overseas communities, implementing it in her own service area while promoting its use in other EDIS programs. She continues to provide national training and consultation on use of the ASQ system, as well as other topics within the field of early childhood special education.

Dr. Suzanne Yockelson is Assistant Professor in Special Education and Early Childhood Education at Brandman University (a Chapman University affiliate). She develops curricula and teaches in Early Childhood Special Education, Early Childhood Education, and Special Education. Dr. Yockelson began training nationally and internationally on developmental screening in 1994 and participated in the development of the ASQ Social Emotional questionnaires. Additionally, Dr. Yockelson has assisted with implementation projects and evaluations using the ASQ and ASQ:SE in pediatric, social welfare, mail based, phone based and other early childhood settings.

# On the WWW

The web link this month is a resource developed by the authors of the commonly used Ages and Stages Questionnaire (ASQ) and Brookes Publishing.

This online resource includes links to free checklists, learning tools, and tips about engaging parents in the screening process.

For example, included is a tip sheet of 10 strategies to effectively implement screenings with families.

The brief 5 page resource is full of helpful links and is available online at:

http://archive.brookespublishing.com/documents/ASQ-screening-toolkit.pdf

# 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 **www.edis.army.mil**

*Thank you for your continued interest in the KIT.*
*Please share your KIT questions/ideas via email to*
EDISCSPD@amedd.army.mil