Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

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Inside this edition DEVELOPMENTAL SCREENING QUALITY PRACTICES

Resource Article

Child find events are sometimes the first interaction a family has with an early intervention (EI) program. The purpose of child find efforts is to identify children who may be at risk for developmental delay. Child find is a requirement under the Individuals with Disabilities Act (IDEA). Yet, data collected indicate that children and families from non-western cultures may be underserved by special education. In response reauthorization of IDEA included the additional requirement of ensuring that child find endeavors to identify children who are often overlooked, those who come from diverse backgrounds and do not share the same cultural values and language as the majority Euro-American culture.

In the article, 'Developmental Delay or Cultural Difference?: Developing Effective Child Find Practices for Young Children From Culturally and Linguistically Diverse Families', Shireen Pavri discusses obstacles to identifying children from diverse backgrounds and provides guidelines for reaching these families. There are number of challenges preventing non-western families from participating in early intervention services. Some families from non-western cultures may view delays and disabilities differently than the mainstream cultures. For example, families who believe a disability may be caused by a spiritual association.

Other families may be unaware that early intervention services are available in their communities. English language proficiency may be another factor that limits access to services. Cultural differences in communication styles may impact the dissemination of information about the programs offered within communities. Additionally, children may be overlooked because some professionals in contact with children may not realize or be familiar with the developmental expectations for very young children.

The following, Guidelines for *Culturally Sensitive Child Find Activities*, have been assembled from research literature, sample guides, and technical assistance documents published by state departments of education.

Enhance public awareness of EI: Ensure that materials are easy to understand and provided in the native languages of the target community. Offer information through a variety of outlets (radio, newspaper, internet sites) and means, such as handouts and face-to-face interactions at different venues (e.g., play groups, social service agencies, medical clinics, schools); take home materials

Resource Article (continued)

(i.e., novelty items) bearing EI contact information.

Encourage grass roots participation of community members: Build relationships with prominent community members (e.g., child care providers, clergy, school and medical personnel, community leaders, and politicians).

Improve communication between medical, educational and child care professionals and family members: Nurture stakeholder relationships through collaboration, periodic communication and brainstorming. Actively consider how to best serve families and children within the shared community. Keep a list of community contacts and facilitate communication between and among these resources. Such a list might include the following: pediatricians, family practitioners, physical and occupational therapists, speech-language pathologists, behavioral specialists, WIC providers, Head Start, other preschool programs, and of course interested family members.

Develop culturally appropriate screening programs: Ensure that screening activities apply high quality developmentally appropriate screening tools are convenient for families (e.g., home visits or other suitable locations). They should be viewed as appealing and desired by community members. For example, fun events at which families can receive information about child development. Information shared and gathered should culturally sensitive and respectful of the parents and screening should ultimately be conducted in the child's primary language.

Recruit bilingual professionals from diverse cultural backgrounds: When professionals in early intervention share the language and culture of the families they support, there are increased opportunities for good communication with families and community relationship building.

Develop a tracking system to monitor development in identified or at-risk children: Having a tracking system as part of child find is also critical to ensure an effective means for keeping in touch with families of at risk, but not eligible children. Keep in mind too that postal mailings may not be optimal as some families are transient, moving within their extended family networks. Online options, such as email, may work for some families, and others may want a periodic phone call or text to touch base. Literacy skills should be considered as they may limit a family's ability to complete a screening on their own. Direct personal interaction/follow-up may need to be less formal, less direct in manner. In the end, follow up should be respectful of the family and their learning style.

Early Intervention programs have to actively ensure that they are truly being culturally respectful and sensitive to families, who may not share the mainstream values and understanding of development and may be difficult to reach. Diligent application of the guidelines set forth by Pavri should help ensure greater connections with all families in the early intervention catchment area.

Pavri, S. (2001). Developmental delay or cultural difference? Developing effective child find practices for young children from culturally and linguistically diverse families. *Young Exceptional Children, 4*(2), 2-9.

What do the data say?

Are primary care practices effective in identifying young children with developmental delays?

This question was posed by Laura Sices and her findings along with recommendations were published in a brief titled Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement (2007).

Primary medical care providers play a key role in the early identification of developmental delays, but how effective are the practices implemented. Sices conducted a peer-reviewed literature analysis to understand the effectiveness of developmental screening in primary care.

One way Sices examined practices was comparing developmental delay rates to children eligible for and receiving early intervention. Ten percent is a recognized figure used to estimate the percentage of children with developmental delays. Yet, states report that the percentage of children, ages birth to three, identified and served through early intervention range from 7.18 (only one state) to 1.64 (14 states) during the 2012-13 reporting year with a mean of 2.94 (ECTA FFY 2012 Part C APR Indicator Analysis). While this is an increase from prior years (mean of 2.59 in reporting year 07-08, 2.71 in 08-09, 2.74 in 09-10, 2.91 in 10-11, and 2.92 in 11-12), it is less that the estimated 10%. And according to Sices's research many children are not identified until kindergarten long after the period when early intervention can be most effective in positively influencing children's developmental trajectory.

Sices also explored age of parental concern with age of diagnosis. In general studies indicating that most parents (in the studies examined) had concerns about their child's development around the child's second year of life, but most diagnoses were not confirmed until the child was 3 or nearing 4 years of age. The studies examined were in the 1990's and it was fairly evident that a wait and see approach was frequently exercised by physicians.

Studies examined that included primary care practices using specific developmental screening tools, such as the ASQ versus informal review of developmental milestones and their clinical impressions, indicated that referrals to services, including early intervention, increased when those practices were in place. Work done as part of the Assuring Better Child Health and Development (ABCD) initiative has also reported increased early identification and referral when standardized developmental screening tools are used in primary care practices.

While continued research is needed to further understand the factors influencing delayed identification of children with developmental disabilities, research clearly supports the systematic use of specific developmental screening tools to identify children at developmental risk as early as possible. Recognizing this evidence the American Academy of Pediatrics recommends that developmental surveillance be incorporated at every well-child visit and that practitioners promptly address concerns that occur during that surveillance. Additionally, the use of standardized developmental screening tools is recommended.

Sices, L. (2007). Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement. The Commonwealth Fund. Accessed October 2014 from http://www.commonwealthfund.org/usr_doc/1082_Sices_developmental_screening_primary_care.pdf?section=4039

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."

Sharing Results with Families

Once an ASQ-3 or ASQ:SE is completed and scored it's time to share results with the family. This should be done as quickly as possible after ASQ completion. If time is limited, and a child's scores are above the cut-off in all areas and there are no other concerns, a program can use the Parent Feedback Letters provided in Appendix D of the ASQ-3 User's Guide and Appendix B in the ASQ:SE User's Guide. Learning activities can also be included in letters that report results showing typical development and no overall concerns.

However, if results indicate the need for further assessment, this should be discussed with the parents in a confidential face to face meeting. When planning for this meeting, consider cultural practices (e.g., invite key family members) and language differences (e.g., arrange for translators, translated ASQ and other written material). Prepare for the meeting by gathering notes, organize concerns, get current resource information and role play with peers if necessary. To begin the discussion with the family, it is important to review the purpose of screening.

TALKING POINT:

- *Screening indicates that either the child is on schedule at this time or indicates the need for further evaluation.*

If time is available, review parents' answers to questions on the ASQ by starting with the skills the child is doing (i.e., items marked Yes or Most of the Time). Next, review emerging items (i.e., items answered "sometimes"). Finally, review items that the child is not yet doing (i.e., items marked "no" or "not yet"). This helps set the tone of the conversation as strength based. By reviewing the questionnaire in this way, responses can be changed based on clarifying information gathered. It is not uncommon for parents to change answers they may not have understood or make guesses about skills they aren't sure about. Reviewing items allows the provider to reframe questions and ask about frequency of skills in the home and across other settings. If parents did not have an opportunity to try out skills, the provider can help the family to do so. When responses are changed the ASQ must be re-scored.

TALKING POINTS:

- *I see Andrew is pointing to his body parts now, follows directions and says his name when asked!*
- *You answered "sometimes" to the question about naming pictures. Tell me about that.*
- *You marked "not yet" to the question about moving a zipper up and down? This item gets at his understanding of following directions that use location concepts – like up/down. I'm curious, does he understand other location concepts perhaps ON and UNDER? Can we try it? Now that we've tried this what are your thoughts about scoring this item?*

Before reviewing the total scores, it's wise to review the individual ASQ questions. This allows for a discussion about the child's skills and can be educational. Be sure also to review the overall section and use open-ended questions to gather more information about concerns noted.

TALKING POINT:

- *I see you wrote here that he is a very picky eater and your worried about his nutritional intake. What kinds of food does he eat? What are some things you've tried? What additional resources or information might be helpful? Have you shared your concerns with your pediatrician?*

Consultation Corner (continued)

The ASQ-3 and ASQ:SE currently have different summary sheets with different ways to compare scores to the cut-off points. Generally speaking, it is advisable to use terms such as "above cutoff", "close to cutoffs", or "below cutoffs". Avoid terms such as "test", "fail", "normal", or "abnormal".

ASQ-3: Once scores are entered on the summary page, the bar graph with bubbled scores clearly identifies scores as either falling into the white, grey, or black areas.

TALKING POINTS: *(wording is provided on the summary sheet to interpret the scores)*

- *If the child's total score is in the **white** area, it is above the cutoff, and the child's development appears to be on schedule.*
- *If the child's total score is in the **grey** area, it is close to the cutoff. You can use these learning activities and monitor.*
- *If the child's total score is in the **black** area, it is below the cutoff. It is recommended you seek further assessment with a professional for a more in-depth evaluation.*

Discuss additional factors that may have affected scores. Chapter 6 in the ASQ-3 User's Guide provides more guidance.

TALKING POINTS *to explore factors that may affect results:*

- *OPPORTUNITY: Did you have a chance to try the item or practice the skill?*
- *HEALTH FACTORS: Do you think his chronic ear infections may be impacting his communication?*
- *CULTURAL FACTORS: Tell me about meal time and how he eats. What are your expectations now for independent eating?*
- *ENVIRONMENTAL FACTORS: You mentioned that you had a difficult separation from your husband and moved in with your mother. Have you noticed any differences in Andrew's skills or behaviors since all the changes?*

Listen to parents' perceptions of their child, remaining open to their ideas and viewpoints. Discuss their concerns and provide specific, non-judgmental examples of your concerns. Emphasize the parents' skills and resources.

TALKING POINTS:

- *Andrew's score in fine motor was below the cut-off. Let's look at the items he missed. It sounds like Andrew doesn't have a lot of opportunity with crayons or coloring. What do you think about this?*
- *You mentioned that he loves to help you in the kitchen. What kinds of things does he help you out with? You know the stirring and scooping and cutting soft foods are all great opportunities for him to figure out how to hold and manipulate different things with his hands. What other ways might he help out?*

Discuss next steps with the family. Ask them what they feel is the best course of action. Ask who their trusted professionals are, if any.

TALKING POINTS:

- *Who do you go to for Andrew's health care? Are you comfortable talking to her about Andrew's development? If so, she can advise you as well.*
- *You mentioned Andrew goes to a childcare room at your church. What kinds of things does Andrew like to do there?*

Follow up actions may include:

- Trying activities and rescreening
- Sharing results with a primary care provider
- Referring to EI or ECSE
- Providing The ASQ-3 Learning Activities
- Refer to other community programs

TALKING POINT:

- *Now that we've reviewed the results how do these compare with what you were originally thinking about Andrew's development? There are several follow up options available. How would you like to proceed?*

Consultation Corner (continued)

ASQ:SE: Scores are entered on the summary page by filling in the total score in the box next to the cutoff score. Consider four variables prior to making referrals by asking open-ended questions and responding with plans of action based on the information gathered. If the total score is above the cut-off and the factors have been considered, the child may need a referral to EI/ECSE or mental health.

TALKING POINTS: questions to explore factors that affect results:

- *SETTING/TIME: I see you are concerned about the frequency and intensity of his upsets. Please tell me more, when and where do you see this happening?*
- *DEVELOPMENTAL FACTORS: You mentioned he doesn't use words to tell you what he wants, name friends, or describe how he's feeling. I'm wondering if you have completed an ASQ-3? How did he do in the communication area?*
- *HEALTH FACTORS: I see you indicated that he isn't following routine directions or doing what you ask him to do. How is his hearing? Do you recall if his hearing has been checked?*
- *CULTURAL FACTORS: What is the language/s spoken in your home? You mentioned there was some domestic violence in the home prior to your separation. Was Andrew present during these times? Have you noticed any changes in Andrew?*

Follow up actions may include:

- Provide The ASQ:SE Activities that promote social emotional skills
- Rescreen in ____months
- Provide an ASQ:SE to another caregiver for different observations and input
- Refer parent to primary care provider
- Refer to EI/ECSE or mental health
- Refer to other community programs

TALKING POINTS :

- *How is he doing at the daycare center? What do you think about asking his teacher to complete an ASQ:SE and see how he's doing there from their perspective?*
- *It sounds like you and his dad are having a lot of challenges with the intensity and frequency of his upsets. His daycare provider also reported a lot of temper tantrums. How do you think this is going? What would be helpful for you? Are you interested in talking with someone else about this? I know of an excellent family counselor in town who specializes in helping young children cope with divorce. Does that sound like something you'd like to try?*

The ASQ-3 and ASQ:SE User's Guides are valuable resources as well for exploring effective means to share results with parents. These guides include additional information, talking points, and case studies. As you share results with families remember too that each family is made up of their own values, beliefs, and circumstances. Accordingly, the follow up discussions and actions must be tailored to be respectful and responsive to each individual child and family.

On the WWW

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) identifies, evaluates, and promotes effective early intervention and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. Included in their child find materials, you will find vision, hearing and development prescreening charts for children from birth to six years in a variety of languages (e.g., Arabic Ethiopian, Farsi, Hmong, Hungarian, Korran, Polish, Russian, Spanish). These charts assist parents and professionals in recognizing a child's possible vision, hearing, or development concerns.

http://clas.uiuc.edu/index.html

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