

Watch Me Grow at NHFV presents...

Strengthening Social-Emotional Development through Screening



ABOUT NHFV

NH's Family to Family Health Information Center. Staffed by trained parents of children and young adults. Our families represent the full experience of development and include family members with special health care needs / disabilities.



New Hampshire
FAMILY VOICES®

What is Watch Me Grow?





Watch Me Grow is NH's developmental screening system.



Watch Me Grow Steering Committee



Institute on Disability/UCED

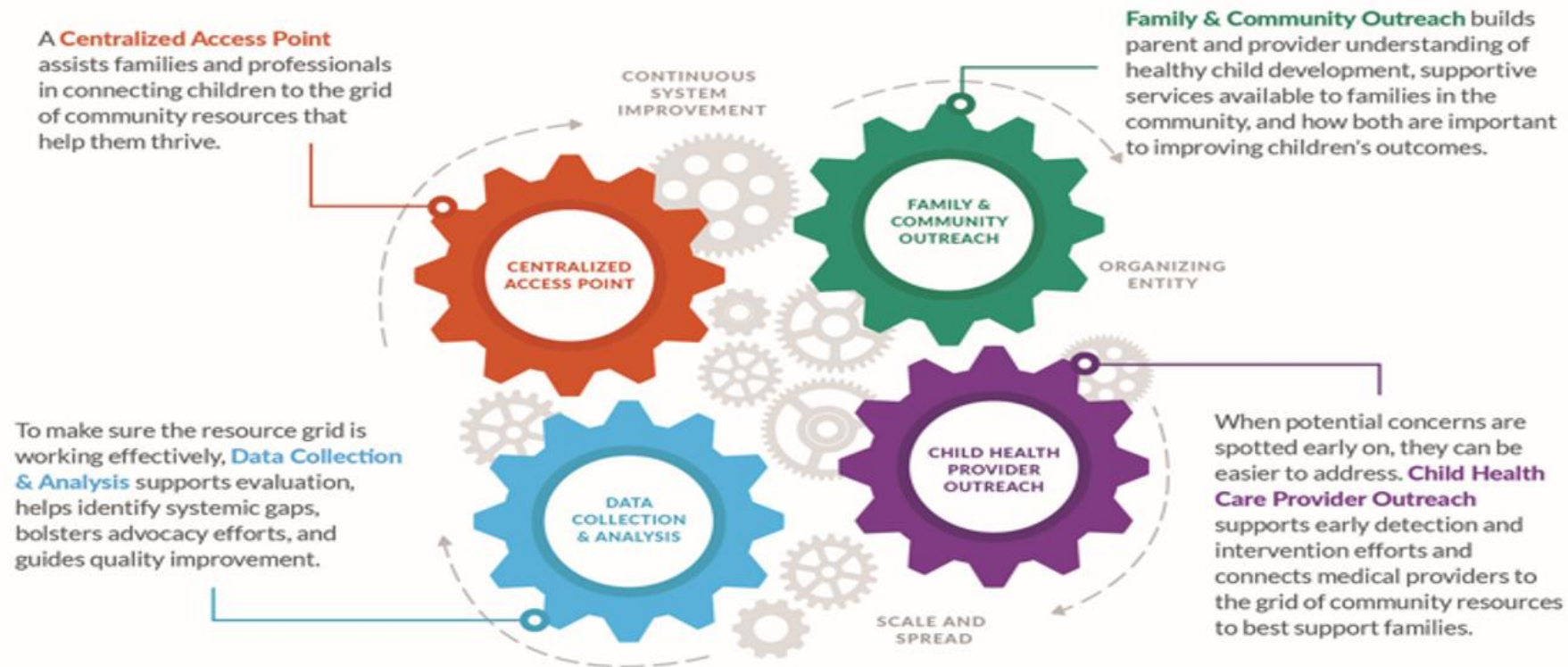


New Hampshire
Department of Education



A better future starts with Help Me Grow. By supporting our young children today, we promote healthier and more prosperous communities tomorrow.

Four Core Components Make up the Help Me Grow System Model



▲ It is the cooperation of these four core components that make the Help Me Grow system model work.



“The Centralized Access Point is one of the key components of NH WMG and is essential in promoting child development and early intervention. Functioning as a streamlined system, the CAP is designed to be a central and *collaborative* hub that families and service providers can plug into to ensure that any child, age birth through six, is connected to the resources, services, and/or developmental support they need.

Through the provision of a Care Coordinator, the CAP achieves this goal by:

- offering families and service providers access to developmental screening and early detection tools
- utilizing a closed loop system model
- and managing statewide data collection and reporting.”

What the WMG Centralized Access Point can do for you:

- Provide organizations with **free** printed materials (ASQ kits, ASQ learning activity books, LTSAE materials, and other developmental resources)
- Provide ASQ training on above materials (in-person, online training portal, or training DVDs)
- Assistance and ongoing support to organizations with developmental screening needs, information & referrals, as well as gathering information on whether services were received and if there was meaningful family connection.
- Resource and materials coordination for families and/or providers
 - Screenings for families coming through the CAP
 - Up to date resources online and in print (Maneuvering through the Maze)
 - Access to NHFV's Lending library
 - Resource and Referral information through calling/contacting NHFV
- Reporting out of de-identified data to ensure quality system enhancement and improve outcomes for families and children statewide from the ground up.
- *In the future...* Provide access to the **ASQ Online Management System**, cover the cost of each online screening, and provide ongoing technical assistance.



Ages & Stages
Questionnaires®

Social-Emotional

SECOND EDITION



Self-Awareness Activity: Comfort Levels with Parenting Practices

Read these statements and rate your comfort level. After rating each statement, discuss your ratings with your group.

1. A 5-year-old child is sleeping with her mother and father in a “family bed.”

1	2	3	4	5
Not Comfortable				Very Comfortable

2. A mother holds her 4-month-old baby, even during naps, and rarely puts the baby down.

1	2	3	4	5
Not Comfortable				Very Comfortable

3. A mother responds to every whimper or cry of her baby by picking her up.

1	2	3	4	5
Not Comfortable				Very Comfortable

4. A mother is breast-feeding her 3-year-old child.

1	2	3	4	5
Not Comfortable				Very Comfortable

5. After a meeting with their 4-year-old child’s teacher, the parents tell their son that he has “shamed the whole family.”

1	2	3	4	5
Not Comfortable				Very Comfortable

6. A family follows a very strict schedule with their 1-month-old baby, including specific wake and sleep times, feeding times, and play times.

1	2	3	4	5
Not Comfortable				Very Comfortable

What is Screening?

Administration of a brief, accurate (valid) tool that:

- Identifies children developing on-schedule
- May identify children who would benefit from practice/support in specific areas
- Identifies children **at risk** for developmental delays (DD) who should be referred for further evaluation

Answers the question:

- Does the child need an in-depth assessment?

What is Monitoring?

Monitoring *is re-screening at set intervals of children not known to be eligible for special health or educational services*

Answers the question:
"Is the child developing on-schedule over time?"



Engaging Parents

Why Parent Report?



Benefits of Parent Report:

- Acknowledges parents as experts on their child.
- Validates parent's concerns
- Empowers parents to advocate for child
- Facilitates communication between provider and parent regarding child's development
- Educates parents about child development
- Bridges communication and builds collaborative relationships with providers
- Includes parents as active participants on child's educational team

What are ASQ:SE-2?

- ★ Series of parent/caregiver completed questionnaires for children 1 to 72 months.
- ★ Tool to support early identification of young children **at risk** for social-emotional delays and identify what support caregivers may need.
- ★ Tool to identify **and respond to** parent concerns early, so child's behaviors don't become barriers to healthy relationships, and in turn, a healthy future.

Versatile, Cost-effective Tools

- **Flexible methods to complete**
 - face-to-face, telephone or virtual, online, mail-out
- **Variety of settings**
 - home, early learning /school, clinic
- **Cost effective**
 - parent-completed; reproducible or electronic forms

Features of ASQ:SE-2

- 2, 6, 12, 18, 24, 30, 36, 48, and 60 month intervals
- From 19 scored questions (2 mo) to 39 scored questions (60 mo)
- 1–6 month administration window
- Uses adjusted age for children born 3 weeks or more premature until the child is 2 years old



Features of ASQ:SE-2


- All questionnaires are written at 4th- to 6th-grade reading level
- All questionnaires include open-ended questions related to:
 - eating, sleeping, and toileting concerns
 - Any additional worries
 - What caregivers enjoy about their child

Areas of ASQ:SE-2

Behavioral Area	Items address the child's:
Self-regulation	...ability or willingness to calm or settle down or adjust to physiological or environmental conditions or stimulation.
Compliance	...ability or willingness to conform to the direction of others & follow rules.
Adaptive functioning	...success in coping or ability to cope with physiological needs (e.g., sleeping, eating, etc.).
Autonomy	... ability or willingness to self-initiate or respond without guidance (i.e., toward independence).
Affect ability or willingness to demonstrate his/her own feelings & empathy for others.
Social-Communication ability or willingness to interact with others by responding to or initiate verbal or nonverbal signals to indicate interests or needs, etc.
Interaction with people ability or willingness to respond to or initiate social responses to parents, etc.

Features of ASQ:SE-2 Summary Sheet

6 Month Information Summary 3 months 0 days through 8 months 30 days



Baby's name: _____ Date ASQ:SE-2 completed: _____
 Baby's ID #: _____ Baby's date of birth: _____
 Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____
 Administering program/provider: _____ Baby's gender: Male Female


1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the baby's total score next to the cutoff.

TOTAL POINTS ON PAGE 1			
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
Total score			

	Cutoff	Total score
	45	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.



The baby's total score is in the area. It is below the cutoff. Social-emotional development appears to be on schedule.
 The baby's total score is in the area. It is close to the cutoff. Review behaviors of concern and monitor.
 The baby's total score is in the area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1-23. Any Concerns marked on scored items? **YES** no Comments: _____

24. Eating/sleeping concerns? **YES** no Comments: _____

25. Other worries? **YES** no Comments: _____

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

Setting/time factors (e.g., Is the baby's behavior the same at home as at school?)

Developmental factors (e.g., Is the baby's behavior related to a developmental stage or delay?)

Health factors (e.g., Is the baby's behavior related to health or biological factors?)

Family/cultural factors (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)

Parent concerns (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

Provide activities and rescreen in _____ months.

Share results with primary health care provider.

Provide parent education materials.

Provide information about available parenting classes or support groups.

Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

Administer developmental screening (e.g., ASQ-3).

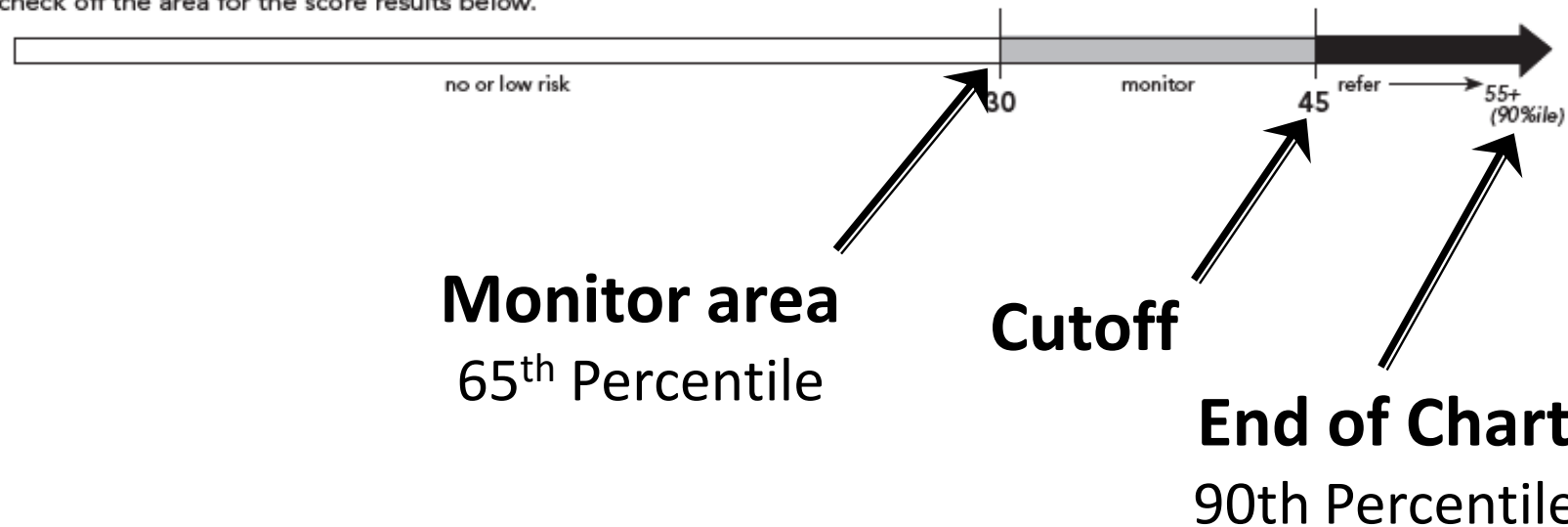
Refer to early intervention/early childhood special education.

Refer for social-emotional, behavioral, or mental health evaluation.

Other: _____

6 Month ASQ:SE-2 Cutoff Chart

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.



Interpreting Results/ Factors to Consider

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.

- Setting/time factors (e.g., Is the baby's behavior the same at home as at school?)
- Developmental factors (e.g., Is the baby's behavior related to a developmental stage or delay?)
- Health factors (e.g., Is the baby's behavior related to health or biological factors?)
- Family/cultural factors (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)
- Parent concerns (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

Interpreting Results

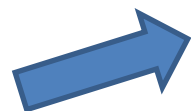
Factors to consider before making follow-up decision

Time/Setting:

- ❖ Does child act same way at home and in child care or preschool?
- ❖ Is the setting new or unfamiliar to the child?
- ❖ Is the setting a good match for the child's temperament?
- ❖ Is the child reinforced for certain behaviors?



Have another caregiver fill out ASQ:SE



Analyze caregiving environment to determine if supporting or compromising child's behaviors



Provide parenting support and education to the parent in the home environment



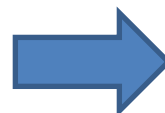
Consider a functional behavioral analysis to determine function of behavior and create positive behavioral support plan

Interpreting Results

Factors to consider before making follow-up decision

Development:

- ❖ Is behavior related to developmental stage?
- ❖ Can behavior be attributed to a developmental delay or SPD?
- ❖ Are child's skills at age level in the following domains? (FM, GM, problem solving, communication, personal-social)



Examples of Follow-Up

Provide developmental information (e.g. SE development guides, activities), positive behavior management suggestions, etc

Screen using the ASQ-3

Refer child to early intervention or special education agency if concerned or screening tool indicates a need for further evaluation

Interpreting Results

Factors to consider before making follow-up decision

Health:

- ❖ Is the child's behavior related to health of biological factors?
- ❖ Has the child had a recent medical checkup?
- ❖ Have the following been considered as behavioral influences? (Lack of sleep, hunger, meds, allergies, exposure to drugs in utero, etc)

Examples of Follow-Up

Refer child to his or her PCP. Addressing behavioral concern to determine if there is a biological/medical cause, and make referrals or follow-up as indicated within the health system

Keep in close contact with family regarding all aspects of child's health

Interpreting Results

Factors to consider before making follow-up decision

Family/Culture:

- ❖ What is the child's native language? →
- ❖ Is the "problem" behavior within the cultural norm for this child's family? →
- ❖ Is the parent/child relationship influencing the child's ASQ:SE-2 results? →
- ❖ Has the child been affected by stressful or traumatic events (ongoing, past, present)? →

Examples of Follow-Up

Determine if language or translation issues may be influencing parents responses to items (misunderstanding intent)

Work with family directly to understand, or consider a community health worker or cultural broker to determine if behavior is within cultural norm

Support parent's understanding of SE needs of young child; provide resources on services available to parent

If child has moved to a new safe & nurturing environment, consider waiting before referring. If unsafe or neglectful environment, refer child to CPS or other services.

Interpreting Results

Factors to consider before making follow-up decision

Parent Concerns:

- ❖ Did the parent or caregiver express any concerns about child's behavior?
- ❖ What is the intensity and frequency of behavior or concern?
- ❖ Are individual factors of parent or child (e.g. temperament) related to parent's concerns?
- ❖ Is the behavior typical or atypical given the child's developmental stage?

Examples of Follow-Up

"Can you tell me more about?"

Provide developmental information, parenting education/support, etc

Listen carefully to all parent concerns. Support parent in identifying and accessing resources and supports within community to address concerns (e.g. support agencies to access basic needs such as food/housing, respite care, counseling, etc)

Refer child for behavioral or mental health eval. if concerns persist and are atypical for child's age



Interpreting Results

If concerns about child behavior persist after factors have been considered, refer the child (with parental consent) for a early childhood behavioral or mental health evaluation

Recommended Follow-up

(HANDOUTS: ASQ:SE-2 Activities and Developmental Guidance)

Result is “on-schedule” (below Monitor area)

- Provide ASQ:SE-2 activities and monitor
- Follow-up on any parent concerns

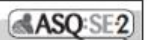


Social-Emotional Development at 6 Months



- Your baby responds to your smile and sometimes laughs when looking at you.
- Your baby responds to your soothing and comforting and loves to be touched or held close.
- Your baby responds to your affection and may begin to show you signs of affection.
- Your baby's vision is improving.
- Your baby focuses on you.
- Your baby may be frightened by loud sounds.
- Your baby sometimes looks away when you are talking to him.
- Your baby enjoys learning about his world.
- Your baby will sometimes cry when you pick him up.
- Your baby sometimes looks away when you are talking to him.
- Your baby plays with simple toys.
- A lot of the time, your baby is happy.

Social-Emotional Activities for Babies 6 Months Old

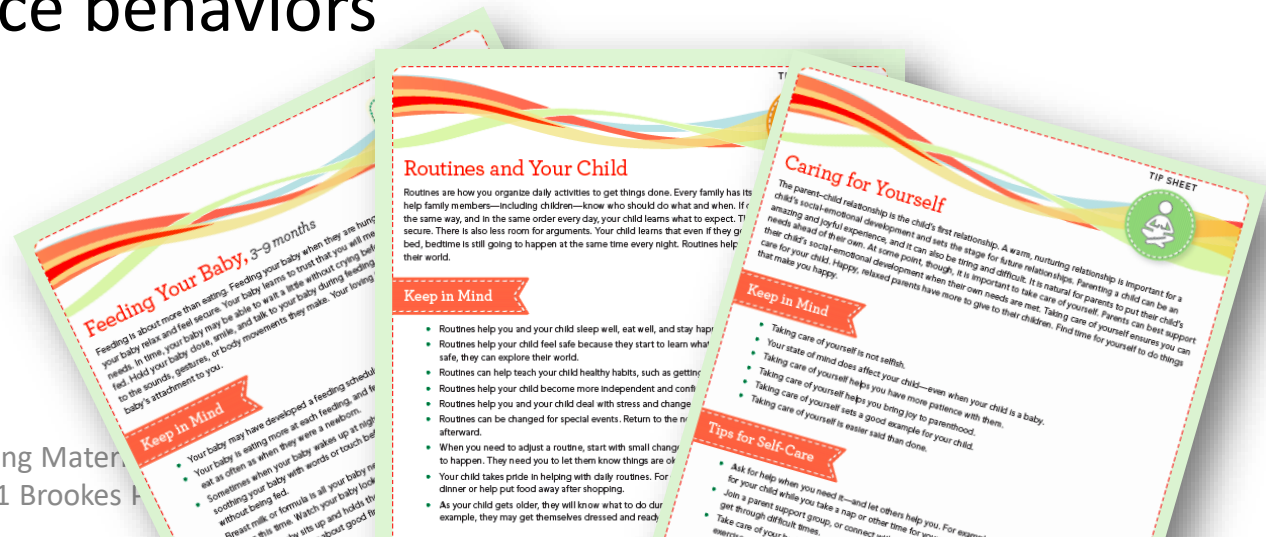
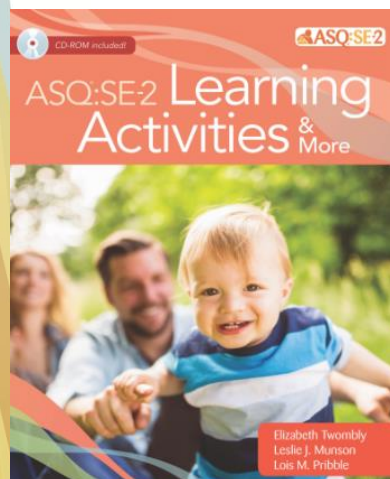


Learn your baby's special rhythms, and try to settle into a regular routine for eating, sleeping, and diapering. Talk to your baby about his routines. This will help your baby feel secure and content.	Your baby likes to hear new sounds. Bells, whistles, and barking dogs are all new and interesting. Talk to your baby about what she is hearing.	Get down on the floor with your baby and play with him on his level. Look at toys, books, or objects together. Have fun, laugh, and enjoy your time together.	When your baby cries, respond to her. Whisper in her ear to quiet her. Hold her close and make soft sounds. This will help her know that you are always there and that you love her.
Play Peek-a-bow and Pat-a-cake with your baby. Be playful, have fun, and laugh with your baby. He will respond with smiles and laughs.	Read to your baby. Snuggle up close, point to pictures, and talk about what you are seeing. Your baby will begin to choose favorite books as she gets a bit older.	Bring your baby to new places to see new things. Go on a walk to a park or in the mall, or just bring him shopping. He will love to see new things while you keep him safe.	Place your baby in new areas or in new positions when you are at home. The world looks very different from a new spot!

Recommended Follow-up

Result is in Monitor area

- Follow up on concerns
- Provide information, education, and support and re-administer ASQ:SE-2
- Consider referral if results indicate lack of competence behaviors



ASQ:SE-2 Learning Activities

LA Resources for Self-Regulation.

- ✓ Age-Appropriate Newsletter
- ✓ Age-Appropriate P/C activities
- ✓ Calming Tip Sheet
- ✓ Special Topic Tip Sheets:
 - Calming a Colicky Baby
 - Caring for Yourself
 - Media and Technology
 - Routines and Your Child
 - Stress and Your Child
 - Positive Discipline



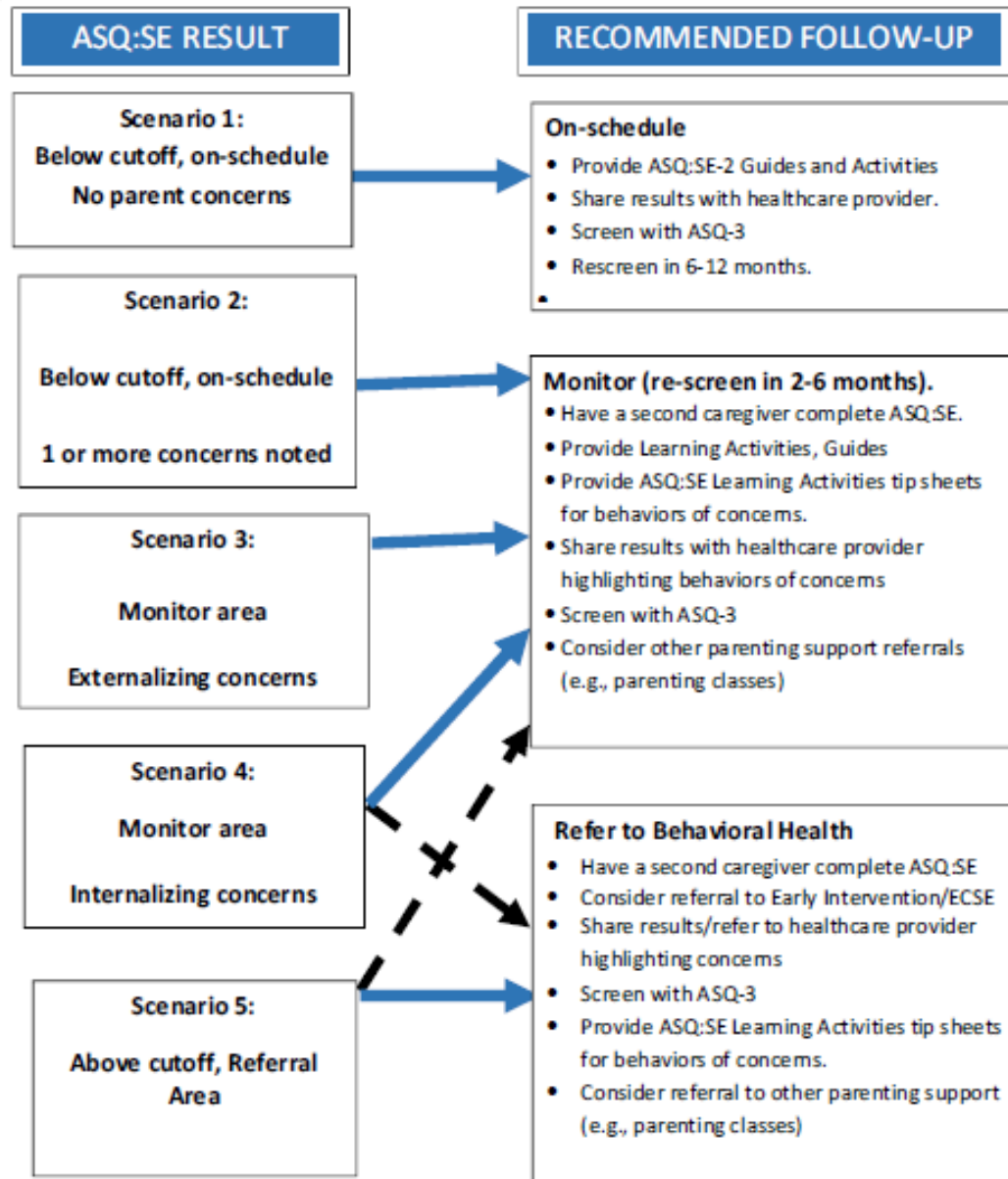


Examples of Recommended Follow-up

Result is in Referral area (above cutoff)

- Provide ASQ:SE-2 learning activities and monitor
- Refer to primary health care provider
- Consider referral to local community agencies:
 - Parenting groups/Home Visiting
 - Early Head Start/Head Start
 - Feeding/Sleeping clinics
 - Faith based groups
- Refer to EI/ECSE
- Refer for Behavioral Health evaluation

Map of ASQ: SE-2 Follow-up



Follow Up to Screening:

Support family to take next steps

5. FOLLOW-UP ACTION: Check all that apply.

- Provide activities and rescreen in 2 months.
- Share results with primary health care provider.
- Provide parent education materials.
- Provide information about available parenting classes or support groups.
- Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
- Administer developmental screening (e.g., ASQ-3).
- Refer to early intervention/early childhood special education.
- Refer for social-emotional, behavioral, or mental health evaluation.
- Other: Refer to doctor for tummy and feeding issues



Review Completed Questionnaire in Preparation for Parent Conference

- ☑ Identify child's strengths ("Z" Items)
- ☑ Explore items marked 'Sometimes'
- ☑ Prepare to discuss 10 and 15 point items.
- ☑ Review open-ended questions
- ☑ Review 'Factors to Consider'
- ☑ Prepare for further inquiry.
- ☑ Consider potential next steps

A well prepared, guided conversation with parent becomes a service that includes inquiry, investigation, and follow-up ideas.

Discussing Results

When concerns arise

- Consider where the family is in the process:
 - Parents may be relieved and ready or...
 - Upset, disagree and not ready to accept results
- Listen, read subtle cues. Reflect back
- If you share concerns, be specific
- Review factors to consider (e.g., health)

- **You do not need to convince parents to refer**
- **Support parent in referrals when they are ready**
- **Re-screening is a good option and gives parent time**

In Summary: The Benefits of Developmental Screening



- Identifies children with developmental concerns and connects them to further evaluation and community resources/services.
- Bridges communication/builds relationship between families and providers
- Developmental promotion: helping families understand, keep track, and maintain their child's developmental history.
- Developmental promotion: Educates families about milestones, provides tools to encourage and monitor healthy development, and highlights the importance of creating environments/learning opportunities conducive to early childhood growth.
- Encourages early childhood professionals to use screening as a first indicator for potential developmental delay
- Provides reliable community data that can be used for future planning, advocacy efforts, and quality system improvements.