

WHY STANDARDIZED DEVELOPMENTAL AND SOCIAL EMOTIONAL SCREENING IS IMPORTANT FOR YOUNG CHILDREN

If We Only Knew Then What We Know Now

Have you ever heard someone say, “WHY didn’t I check it out!?” or “If we only knew then what we know now.”? When it comes to a child’s early development, what “we didn’t know then” can have a powerful impact on a child’s life. Missed or minimized early learning differences, speech delays, and challenges with self regulation can threaten a child’s success in school and in life. Social emotional or behavioral issues can affect a child’s ability to make and keep friends and develop long term relationships. Self esteem can be affected as a child finds himself constantly “in trouble” and contributing to family strife and parental stress. Sadly, statistics show that the risk for child abuse rises when stressed families face the challenges of caring for children with developmental and social emotional needs. Early recognition of difficulties is essential for receiving timely assistance.

What We Know Now; Some Surprising Statistics About Screening

In August 2007, PEDIATRICS, the official journal of the American Academy of Pediatrics, published an article reporting on the use of preventive developmental screening for young children in a pediatric practice. (See [Impact of Implementing Developmental Screening at 12 and 24 Months in a Pediatric Practice](#) by Hollie Hix-Small, PhDa, Kevin Marks, MD, Jane Squires, PhDa, Robert Nickel, MD, d.). In this article the authors reported that of children identified as delayed using the standardized developmental screening tool called the Ages and Stages Questionnaire (ASQ), a whopping 67.5% were not detected by pediatricians, when they applied their clinical judgment alone. However, when pediatricians used their clinical judgment (the Pediatric Developmental Impression) and combined it with using the ASQ, pediatric referrals for early developmental concerns increased dramatically and children received follow-up assessment and services when indicated. While the authors recognized the challenges of providing developmental screening in a pediatric office during well check visits, the study illuminated the benefits of putting such a practice in place. The information in this article provides support to the American Academy of Pediatrics’ July 2006 policy statement recommending developmental surveillance using formal, validated tools at 9, 18, and 30 months of age or whenever a parent or provider concern is expressed. (See [“Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening”](#) on AAP website).

How Screening Can Benefit Children, Families and Practitioners

Most parents have questions about their child’s health and development and want to know if they are doing a good job. In fact, parents’ questions are often so predictable that world famous pediatrician Dr. T. Berry Brazelton built his Touchpoints model upon this predictability. His practice of anticipating and guiding parents through their uncertainties, (called Anticipatory Guidance) helps parents gain insight into their child’s present and future development by making use of predictable teaching moments, or

Touchpoints. As parents gain more knowledge they form more reasonable expectations of their children and may choose more balanced approaches to parenting. This can reduce stress and promote healthy child-family relationships.

Practitioners' training and background in child development including social emotional development and parent infant relationships, varies greatly. In thinking about a parent who never has questions or concerns, one practitioner might naturally assume that all is well, whereas another might reasonably consider whether that parent is a good observer or has had enough opportunities to observe their child in the context of development.

Using developmental screening fills in many gaps. Apart from the obvious benefits of catching difficulties and helping children early, it provides opportunities for relationship building through communication. Surprisingly, it has been found that parents actually like to participate in screenings. As opposed to being afraid of finding delays, they enjoy finding out how well their children are doing, and like to learn what kinds of activities stimulate children at different ages. The activities are the same as those found in screenings. For some parents this information may be new and can awaken interests in playing and interacting with their children.

For practitioners, standardized tools provide a reliable framework from which to share information. The specificity of items can validate concerns, and sharing screening results offers a solid starting point for open communication about factors contributing to optimal or less than optimal outcomes. When developmental screening is combined with social emotional screening, more is known about the whole child. This is important because from the standpoint of environmental factors, social emotional screening helps illuminate not only how a child is doing, but also how he or she is viewed in the family. This aspect can be key in offering support to mothers who may be struggling with a challenging child or struggling for other reasons. Lastly, with regular early screening of young children at recommended short intervals, parent-practitioner relationships are less likely to run the risk of having a reasonable plan of "wait and see" turn into a trap of "I wish we had done something sooner".

Can Screenings Only Be Administered By Doctors or Developmental Specialists?

Medical Homes are great places for screening, and with creativity and planning practitioners can make this a part of their regimen of well care for young children.

Through short term training, most family friendly practices can learn to use a standardized screening tool and become adept at asking the right questions of parents to identify and clarify a child's strengths and needs. Though screening in medical homes offers opportunities to expand on the concept of integrated care, medical homes are not the only setting in which a safety net can be put in place. Community Based Organizations, Preschools, and other natural settings where children and families meet, are also possible venues for developmental screening.

What Happens If Screening Identifies A Possible Developmental Need?

Screenings identify red flags. If a child shows a delay on a screening it is important to consider following up with more comprehensive or domain specific testing. There is almost always local support for this and it is worthwhile developing relationships with community based organizations serving young children in the area, as they can be of great help to practitioners. If local supports are not easily found, many states have Family Resource Centers that can guide practitioners to resources for follow-up testing and services if needed. No practitioner should feel they must have all the answers.

What Does Screening and Follow-Up Assessment Entail?

The developmental domains most often seen on screening tests include the areas of Communication, Gross Motor, Fine Motor, Problem Solving, Self Help, and Social Emotional development. Screenings often combine interview questions with performance items using simple materials such as crayons or blocks. Scoring is usually a matter of tallying and comparing totals to a cutoff score, thus quickly glean basic information about whether a child is developing typically or if warning signs are present. Developmental and social emotional screenings are not intelligence tests nor in-depth assessments. They are parent interviews and play based experiences which most often are fun for children and interesting to parents.

When a screening indicates a need for further assessment, a referral is usually made to a community agency or individual specialist for more in depth evaluation. Often general developmental assessments are administered by Early Intervention Specialists. Some examples of developmental evaluations used include the Bayley Scales of Infant and Toddler Development, the Mullen Scales of Early Learning, and the Battelle Developmental Inventory. All are play based.

Domain specific testing for motor, sensory motor, and speech delays are often administered by Physical or Occupational Therapists, and by Speech Therapists respectively. Behavioral issues can be assessed by behavior specialists. Concerns about Autism are often addressed by multidisciplinary teams in special focus clinics where it can be determined whether a child meets criteria for a diagnosis. For social emotional delays or concerns, psychologists and other clinical mental health practitioners with pediatric experience can begin to gather the history and background information needed to formulate treatment plans for family-child therapies and to make diagnoses if indicated. For most all of these developmental issues, if a child qualifies, developmental services are often available at no charge to families, depending on the intensity of the child's needs and the child's age. Additional community supports also exist in the form of parent education classes, often provided at a reasonable cost.

Where Is Help Available For Screening?

In some counties technical assistance is available to help train key staff to screen and refer for follow-up. Some technical assistance programs serve as centralized facilitators for screening and referral. Depending on location, Medical Homes and others can access local supports to help them continue to move in the direction of administering recommended regularly scheduled early standardized screenings.