

BEST PRACTICES IN DEVELOPMENTAL SCREENING FOR HEALTH CARE PROVIDERS

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Event Sponsors

MN State Systems Grant 

MN Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program 

MN Medical Association 

Objectives

1. Describe best practice developmental screening recommendations for health care providers.
2. List standardized screening instruments appropriate for use in developmental screening of young children.
3. Identify resources for health promotion and referral for child development.

Developmental and Mental Health Screening- Definitions

- Identify children in need of further assessment
 - Development
 - Cognitive
 - Fine and Gross Motor
 - Speech and Language
 - Social-emotional
 - Mental Health
 - Identify children whose social-emotional development is delayed and/or whose mental health development is at risk
 - Mental Health¹
 - Express and regulate emotions
 - Form close and secure relationships
 - Explore his/her environment and learn

1. Zero to Three: National Center for Infants, Toddlers, and Families (www.zerotothree.org)

AAP Policy Statement

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- **Surveillance**
 - Every well child visit
- **Developmental Screening**
 - 9, 18, 24/30 month visits
 - Anytime caregiver expresses concern or surveillance raises concern
 - Screen (readiness for kindergarten) at 4 or 5 year visit
- **Autism Screening**
 - 18 and 24 months

Source: Identifying Infants and Young Children with Developmental Disorders in a Medical Home: An Algorithm for Developmental Screening and Surveillance. *Pediatrics*. July 2006. Available: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics.118/1/405.pdf>; Identifying Children with Autism Early? *Pediatrics*. 2007. Available: <http://pediatrics.aappublications.org/cgi/content/full/119/1/155>

AAP Policy Statement

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- **Referrals**
 - Any child identified with concerns should be referred for a medical/developmental evaluation, to Early Intervention Services, and to an early childhood mental health professional (if applicable)

Source: 1. Identifying Infants and Young Children with Developmental Disorders in a Medical Home: An Algorithm for Developmental Screening and Surveillance. *Pediatrics*. July 2006. Available: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics.118/1/405.pdf>;

How is this working?


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- Approximately 13% of children in the US with developmental delay¹
 - Early Intervention serving only 10-31% of these children²
- Survey of AAP Fellows: 47.7% report using at least one screening instrument³
- National Child Health Survey (2007)
 - Only 21.1% of parents of children 10-47 months reported developmental screening from their doctor or other health-care provider
 - 52.3% reported of parents of children 10-47 months reported developmental surveillance from their doctor or other health-care provider


Source: 1. Boulet, S. L., Schieve, L. A., & Boyle, C. A. (2009). Birth weight and health and developmental outcomes in US children, 1997-2005. *Maternal and Child Health Journal*, 13(7), 836-844. doi: 10.1007/s10995-009-0538-2; 2. Rosenberg, S. A., Zhang, D., & Robinson, C. C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6), e1503-e1509. doi: 10.1542/peds.2007-1680.3; Radecki, L., Sand-Loud, N., O'Connor, K. G., Sharp, S., & Olson, L. M. (2011). Trends in the use of standardized tools for developmental screening in early childhood: 2002-2009. *Pediatrics*, 128(1), 14-19. doi: 10.1542/peds.2010-2180.4; Rice et al. (2014). Screening for developmental delays among young children- National Survey of Children's Health, United States, 2007. *MMWR*, 63(2): 27-35.

Developmental Screening Task Force

<http://www.health.state.mn.us/divs/fh/mch/devscrn/>



Minnesota Department of
Education



All Instruments at a Glance: Developmental & Social-Emotional Screening Instruments for Young Children in Minnesota

Type of Instrument	Name of Instrument	Observational Instrument	Parent Report Instrument	Infants (Under 1 year)	Toddlers (1 to 3 years)	Preschool (3 to 5 years)	Available in multiple languages	Approved for Early Childhood Screening (See footnote 1)	State Recommended for Head Start	Approved for Follow Along (See footnote 2)	Recommended for CBCT (See footnote 3)
Developmental	Ages & Stages Questionnaire, 3 rd Ed. (ASQ-3)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Developmental	Bayley Scales of Infant and Toddler Development, 3 rd ed. (Bayley III) Screening Test	Yes	No	Yes	Yes	No	No	Yes	Yes	No	Yes
Developmental	Language Emergence Inventory	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Developmental	Developmental Indicators for Assessment of Learning, 4 th ed. (DIAL-4)	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Developmental	Early Screening Inventory, Revised (ESI-R)	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes
Developmental	Minnesota Preschool Inventory	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes

Instrument Details



Minnesota Department of
Education



AGES AND STAGES QUESTIONNAIRES, 3rd EDITION (ASQ-3)

General Information

Type of Instrument:	Parent report
Date of Publication:	2008
Age Span:	1 month – 66 months
Available Languages:	English, Spanish, French (ASQ-2), Korean (ASQ-1)
Reliability:	Internal consistency = .51-.85 Test-retest = .92 Interobserver = .93
Validity:	Concurrent validity = .86
Sensitivity:	86.1%
Specificity:	85.6%

Administration Information

Time to administer:	10-15 minutes
Time to score:	2-3 minutes
Minimum reading level:	4 th -6 th grade

Developmental Screening Instruments

Parent Report

- Parents' Evaluation of Developmental Status (PEDS) *Ages birth-8 years*
- Ages and Stages Questionnaire-3 (ASQ-3) *Ages 1-66 months*

Mental Health Screening Instruments

Parent Report

- Pediatric Symptom Checklist (PSC) *Ages 4-16 years*
- Ages and Stages Questionnaires: Social Emotional (ASQ:SE) *Ages 6-60 months*

Barriers to Screening

Author	Barriers to Screening for Health Care Providers
Allen, Berry, Brewster, Chalasani, & Mack, 2010	<ul style="list-style-type: none"> • Lack of confidence with tools
Jennings & Hanline, 2013	<ul style="list-style-type: none"> • Lack of staff, funds, or reimbursement • Difficulty tracking referrals
Jensen, Chan, Weiner, Fowles, & Neale, 2009	<ul style="list-style-type: none"> • Lack of integration with EHRs
Mackrides & Ryherd, 2011	<ul style="list-style-type: none"> • Time, cost, competing clinical demands • Staffing requirements/turnover • Lack of consensus on suitable tools • Lack of physician confidence in screening
Poon, LaRosa, & Pai, 2010	<ul style="list-style-type: none"> • Time and lack of training • Poor access to treatment/referral resources • Inadequate reimbursement • Irregular adherence to well-child visit schedule by parents
Shah, Kunnavakkam, & Msall, 2013	<ul style="list-style-type: none"> • Poor knowledge regarding the special education and the early intervention process

Overcoming Barriers

- Training Resources
 - Staff
 - Providers
- Online Versions
 - Eliminate scoring burden
 - Complete before visit
- Streamline Health History/Interview with Instruments
 - Can actually save time!
- Referral or Screening Resources
 - Public Health Agencies
 - Departments of Health, Education, Social/Human Services

Communicating Results

- Unclear communication between the family and the provider is cited as a common challenge¹⁻⁴
- Recommended Strategies:
 - Providing developmental resources (e.g. referrals, anticipatory guidance)^{4,5}
 - Eliciting and acknowledging developmental concerns⁴
 - Preparing parents for results⁴
 - Explore parents feelings about results⁴
 - Clear communication with referral resources⁴

Citations: 1. Shannon, P. (2004). Barriers to family-centered services for infants and toddlers with developmental delays. *Social Work, 49*(2), 301-308. 2. Bolley, D. B., Jr., Habbeler, K., Scarborough, A., Spilker, D., & Mallik, S. (2004). First experiences with early intervention: a national perspective. *Pediatrics, 113*(4), 887-890. 3. Siles, L., Eghert, L., & Marou, M. B. (2009). Super-coolers and straight talkers: communicating about developmental delays in primary care. *Pediatrics, 124*(4), e705-713. doi: 10.1542/peds.2009.0286. 4. Jimenez, M. E., Boag, F. R., Chewara, J. P., Carder, M., & Fils, A. C. (2012). Barriers to Evaluation for Early Intervention Services: Parent and Early Intervention Employee Perspectives. *Academic Pediatrics, 12*(6), 551-557. doi: 10.1016/j.acap.2012.08.006. 5. Siles, L., Drator, D., Kaimowitz, A., Kirchner, H. L., Roberts, D., & Stanch, T. (2008). Communication about child development during well-child visits: impact of parents' evaluation of developmental status screener with or without an informational video. *Pediatrics, 122*(5), e1091-1099. doi: 10.1542/peds.2008.1773

Resources for Anticipatory Guidance for Infants and Children

- American Academy of Pediatrics/ Bright Futures, 3rd Edition, 2008

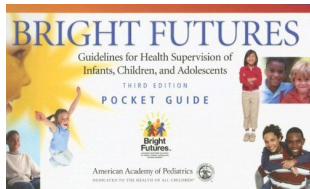


Image Source: brightfuturesaap.org

Learn the Signs, Act Early

www.cdc.gov/actearly

- Milestones Checklists
- If You're Concerned
 - Free Materials
- Autism Case Training
- Watch Me! Training
- Multimedia and Tools

Milestones Checklists

Your Baby at 2 Months

Child's Name _____ **Child's Age** _____ **Today's Date** _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age. Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself
- Brings his hands to mouth and suck on hand
- Starts to look at parent

Language/Communication

- Coos, makes gurgling sounds
- Starts head bobbing

Cognitive (Learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act based on sight, touch if activity doesn't change

Motor/Physical Development

- Can hold head up and begins to push up when lying on tummy



Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who can help with resources for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/actearly or call 1-800-CDC-INFO.

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Free Materials

Autism Spectrum Disorder FACT SHEET

What is autism spectrum disorder?

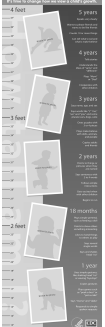
Autism spectrum disorder (ASD) is a developmental disability that affects how a child communicates and interacts with others. It is a spectrum disorder, meaning that symptoms vary in severity. Some children with ASD have mild symptoms, while others have more severe symptoms. ASD is often diagnosed in young children, but it can also be diagnosed in older children and adults.

What are the signs of ASD?

Signs of ASD include:

- Not responding to sounds or touch
- Not making eye contact
- Not smiling or laughing
- Not playing with other children
- Not following directions
- Not understanding simple instructions
- Not understanding simple questions
- Not understanding simple requests
- Not understanding simple commands
- Not understanding simple instructions
- Not understanding simple questions
- Not understanding simple requests
- Not understanding simple commands

For more information, go to www.cdc.gov/actearly or call 1-800-CDC-INFO.



Almost talking! And he plays peek-a-boo!

It's time to change how we view a child's growth. From birth to 5 years, every milestone children should reach is a sign of healthy brain, body, and mind. A delay in any of these areas could be a sign of a developmental problem, even autism. Fortunately, the earlier a delay is recognized, the more you can do to help them reach their full potential.

For **FREE** information about milestones and **FREE** tools to help track a child's development, visit www.cdc.gov/actearly or call 1-800-CDC-INFO.

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Free Materials


It's time to change how we view a child's growth.

At the same time, it's important to know that every child is different. Some children may reach milestones earlier than others, while some may reach them later. This is normal. However, if you notice any signs of a developmental delay, it's important to talk to your child's doctor. Early intervention can help your child reach their full potential.

For more information, go to www.cdc.gov/actearly or call 1-800-CDC-INFO.

Milestone Moments

Learn the Signs. Act Early.



www.cdc.gov/actearly
1-800-CDC-INFO

You can follow your child's development by watching for the 40 milestones, from crawling and walking to talking and playing. Look for milestones to watch for in your child and how you can help your child learn and grow.

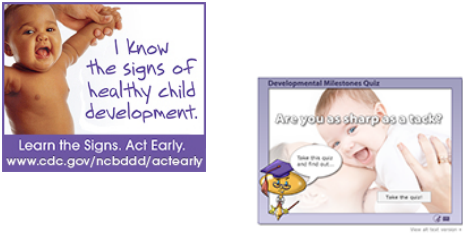
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Ordering Materials

<http://www.cdc.gov/pubs/CDCInfoOnDemand.aspx>

1. Choose the drop down arrow for "Programs."
2. Select *Child Development – "Learn the Signs. Act Early."*
3. Click the GO button.
4. A complete list of materials for this program will appear.

Multimedia Resources



<http://www.cdc.gov/ncbddd/actearly/multimedia/buttons.html>

Resources for Anticipatory Guidance for Infants and Children



helpmegrowmn.org

Minnesota's Early Intervention System





What is Early Intervention?

- To provide support to families to support their children's development;
- To promote children's development in key domains such as communication or mobility;
- To promote children's coping confidence; and
- To prevent the emergence of future problems.

Wolfendale, Sheila. Meeting Special Needs in the Early Years: Directions in Policy and Practice. London: David Fulton Publishers, 1997.


IDEA - Individuals with Disabilities Education Act



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IDEA was established in 1986 to ensure that infants and toddlers with developmental delays and their families receive appropriate early intervention.


- **Voluntary program for states.**
- **Each state sets their own eligibility guidelines.**
 - (MN State Rule 1.25.027)



Learning Knows No Bounds

MN's Early Intervention System: What do we call it?

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- Part C (0-3 years),
 - ▣ Early Intervention
 - ▣ Birth to Three services
 - ▣ Infant & Toddler Intervention
- Part B 619 (3-5 years)
 - ▣ Preschool Special Education Services
 - ▣ Early Childhood Special Education

Determining Eligibility

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Are you and/or the parent(s) concerned about a child's development?

	Part C (0 to 3 years)	Part B619 (3 to 5 years)
Cost	Free to family	Free to family
Eligibility	Categorical disability Developmental delay High probability condition Informed clinical opinion	CD + identifiable educational need DD + identifiable educational need HPD + identifiable educational need (No informed clinical opinion)

13 Special Education Categories

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As defined in MN Administrative Rules 3525.1325 - 3525.1348

- Autism Spectrum Disorders (ASD)
- Deaf-Blind
- Emotional or Behavioral Disorders
- Deaf and Hard of Hearing
- Developmental Cognitive Disability
- Other Health Disabilities
- Physically Impaired
- Severely Multiply Impaired
- Specific Learning Disability
- Speech or Language Impairments
- Visually Impaired
- Traumatic Brain Injury
- Developmental Delay (MN Administrative Rule 3525.1351)

Developmental Delay

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- Demonstrated by a score of 1.5 standard deviations or more below the mean as measured by appropriate diagnostic instruments
 - In 1 or more of the areas of development (0 to 3 years)
 - In 2 or more areas of development (3 to 5 years)
 - Cognitive development
 - Physical development
 - Communication development
 - Social or emotional development
 - Adaptive development

High Probability Condition

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- Diagnosed physical or mental condition with a high probability of resulting in developmental delay.
- For example...
 - Autism spectrum disorder (ASD)
 - Cerebral palsy
 - Hearing or vision impairment
 - Down syndrome
 - Fetal alcohol syndrome
 - Infants born weighing <1500 grams
 - Elevated blood lead levels
 - Many of the disorders currently tested for through newborn screening

<http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/conditions.htm>

Social or Emotional Conditions

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- Axis I conditions from the Diagnostic Classifications 0-3R (DC 0-3R) including:
 - Adjustment Disorders
 - Anxiety Disorders of Infancy and Childhood
 - Depression of Infancy and Early Childhood
 - Deprivation/Maltreatment Disorder
 - Disorders of Affect
 - Feeding Behavior Disorders
 - Mixed Disorder of Emotional Expressiveness
 - Post-traumatic stress disorder (PTSD)
 - Prolonged Bereavement / Grief Disorder
 - Regulation Disorders of Sensory Processing
 - Sleep Behavior Disorder
 - Disorders of Relating and Communicating
 - Multisystem Developmental Disorder (MSDD)

Informed Clinical Opinion (0-3)


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To be used in conjunction with supporting documentation to determine eligibility.

- Evaluation of the child at play.
- Observation of parent-child interaction.
- Information from teachers or child care providers.
- Neurodevelopmental or other physical examination.
- Other medical information: Has this child been hospitalized frequently? Are frequent hospitalizations anticipated? Short term and long term prognosis?


Who can refer a child to Help Me Grow?

- Parents
- Child care providers
- Health care providers
- Family members
- Family friends
- Child protection workers
- Anybody who may be concerned about a child's development.

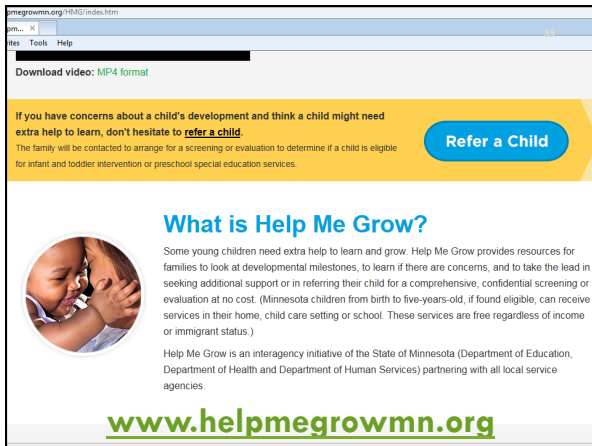


Make sure to send completed screening results with referral so the child is not rescreened and the process can move directly to evaluation.

How to make a referral



- Online referral at: www.helpmegrowmn.org
- Call 1-866-693-GROW (4769)
- Contact the child's local school district



Download video: MP4 format

If you have concerns about a child's development and think a child might need extra help to learn, don't hesitate to refer a child.
The family will be contacted to arrange for a screening or evaluation to determine if a child is eligible for infant and toddler intervention or preschool special education services.

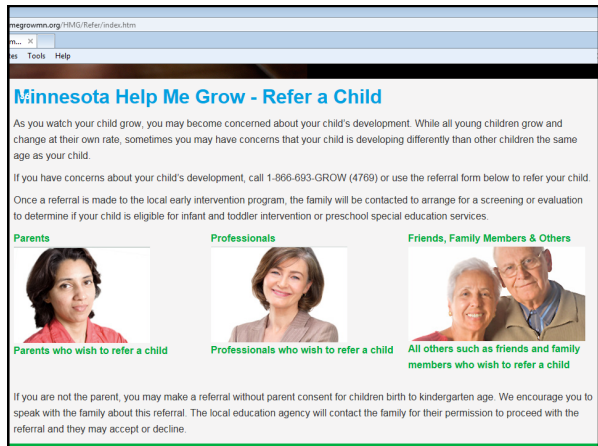
[Refer a Child](#)

What is Help Me Grow?

Some young children need extra help to learn and grow. Help Me Grow provides resources for families to look at developmental milestones, to learn if there are concerns, and to take the lead in seeking additional support or in referring their child for a comprehensive, confidential screening or evaluation at no cost. (Minnesota children from birth to five-years-old, if found eligible, can receive services in their home, child care setting or school. These services are free regardless of income or immigrant status.)

Help Me Grow is an interagency initiative of the State of Minnesota (Department of Education, Department of Health and Department of Human Services) partnering with all local service agencies.

www.helpmegrowmn.org




Minnesota Help Me Grow - Refer a Child

As you watch your child grow, you may become concerned about your child's development. While all young children grow and change at their own rate, sometimes you may have concerns that your child is developing differently than other children the same age as your child.


If you have concerns about your child's development, call 1-866-693-GROW (4769) or use the referral form below to refer your child. Once a referral is made to the local early intervention program, the family will be contacted to arrange for a screening or evaluation to determine if your child is eligible for infant and toddler intervention or preschool special education services.

Parents




Parents who wish to refer a child

Professionals



Professionals who wish to refer a child

Friends, Family Members & Others



All others such as friends and family members who wish to refer a child

If you are not the parent, you may make a referral without parent consent for children birth to kindergarten age. We encourage you to speak with the family about this referral. The local education agency will contact the family for their permission to proceed with the referral and they may accept or decline.

Then what happens?

- On-line referrals and toll free phone calls go to the MN Department of Education.
- Referral is sent to local central intake office (typically the school district) within 24 hours.
- Local area makes contact with the family to schedule a home visit/meeting.

	Part C (0 to 3 years)	Part B619 (3 to 5 years)
Eligibility Determination	45 calendar days from referral	30 school days from parent consent

Evaluation Process for Determining Eligibility

- May conduct a developmental screening (if one has not already been completed)
- Review of the child's current records related to health status and medical history
- Evaluation of the child's levels of functioning across five developmental domains
 - Cognitive
 - Physical
 - Communication
 - Social/Emotional
 - Adaptive
- Assessment of the unique needs of the child in terms of each of those developmental areas.

Summary of Early Intervention Services

	Part C (0 to 3 years)	Part B619 (3 to 5 years)
Cost	Free to family	Free to family
Services	For family + child Natural environment (home, daycare) IFSP Year-round	For child Least restrictive environment IEP School year (unless qualifies for extended-year services)
Staff	Service Coordinator	IEP Case Manager (ECSE teacher)

What services are provided? (0-3)

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- Services are based on the child and family's needs and priorities.
- Core services at no cost to the family include:
 - ▣ Individualized Family Service Plan
 - ▣ Service coordination
 - ▣ Early Childhood Special Education and related services (i.e. transportation, occupational therapy, physical therapy, speech services)
 - ▣ Assessments every 6 months



Additional Services (0-3)

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- Additional services may include:
 - ▣ Assistive technology
 - ▣ Audiology technology
 - ▣ Family education and counseling
 - ▣ Health services (during intervention)
 - ▣ Nursing
 - ▣ Nutrition
 - ▣ Psychological services
 - ▣ Social work
 - ▣ Transportation and related costs
 - ▣ Vision services



Preschool Special Education Services (3-5)

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- Services are based on the child's educational needs.
- Core services at no cost to the family include:
 - ▣ IEP- Individualized Education Program
 - ▣ Case Manager
 - ▣ Early Childhood Special Education and related services (i.e. transportation, occupational therapy, physical therapy, speech services)
 - ▣ IEP review annually

What if a child isn't eligible for Early Intervention Services?

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- Local Public Health Agencies
 - ▣ Family Home Visiting
 - ▣ Follow Along Program
 - ▣ WIC
 - ▣ Child and Teen Checkup
 - ▣ Nursing Services
- Head Start/Early Head Start
- Early Childhood Family Education (ECFE)
- Early Childhood Health & Developmental Screening
- Community Support and Services
 - ▣ Local clinics, parent education and support groups



What can you do...

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- LISTEN.
- Help parents understand typical developmental milestones and what to do when they are concerned.
- Stay connected with community partners; education, health, child care, etc.
- Help parents become aware of community services programs that support families.

Make a Referral... Don't Wait

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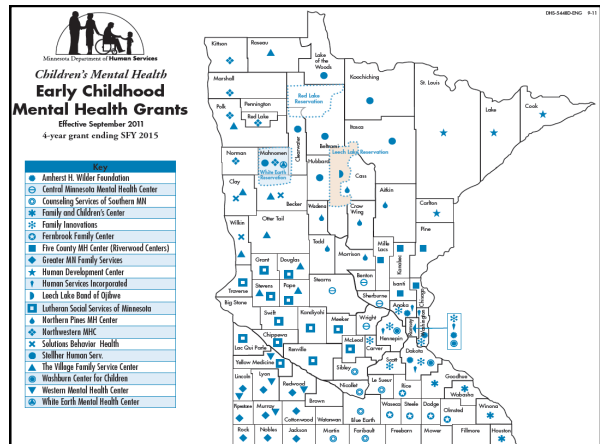
When you and/or a parent is concerned about a child's development (or the child does not pass a developmental screening), a referral should be made to:

- **Educational:** Help Me Grow
 - Start Early Intervention Services ASAP
 - Families are entitled to these free services
- **Medical:** Primary healthcare provider
 - Medical diagnosis and treatment
 - May allow for additional coverage and services

Mental Health Referral

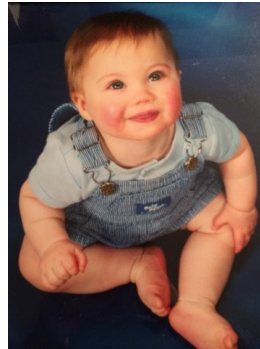
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- Why
 - Mental health professionals *who specialize in this age group* can provide family-based or school-based care that makes a difference – the earlier, the better!
- What to expect
 - For younger children (especially under 4 years), it is family based, not individual therapy
 - Many schools have school-linked mental health services which are much more convenient for students and families
- How
 - Know your local resources and develop referral pathways (see next slide)
 - Send copy of screening results

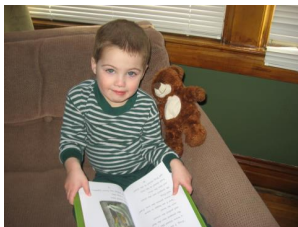


Sam's Story: A Journey Through Early Intervention Services

Told by Jon Hartmann



Sam at 9 Months:
Able to sit
independently,
but unable to
crawl or pull
himself up.



Sam's Preschool
Years:
He loved being
read to, but
couldn't identify
letters after two
years of Special
Education
Preschool.



Motor
coordination
delays mean that
Sam is a bit more
accident prone.
This incident
resulted in four
stitches!



Sam Thrives in Kindergarten!



Despite his motor challenges, Sam is eager to try anything. This summer, it was T-ball and Swimming!



Sam Today:
Enjoying all of the adventures of first grade!



Thank you for sharing our Journey!

The Hartmann Family

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CONTACT INFORMATION

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CME Credits

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- To obtain your CME credits through the MN Medical Association you must complete the following quiz at: <http://z.umn.edu/cmequiz>
- Upon completion, your CME certificate will be emailed to you. Please be sure to include your contact information.
- Questions can be directed to: knye@umn.edu