Ages & Stages Questionnaires: Social-Emotional

A New Tool for Identifying Social-Emotional Difficulties in Young Children

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Early Intervention Program
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Objectives of Presentation

- Define screening
- Present issues/considerations related to assessing children’s behaviors
- Introduce Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)
- Discuss scoring/interpretation of scores and referral issues
- Discuss screening systems
What is the ASQ system?

- Parent/Caregiver completed screening tools
- Series of questionnaires for children
  - 3 months to 5 years
- Identifies children in need of further assessment due to potential developmental (ASQ) or social-emotional delay (ASQ:SE)
- Encourages parent involvement
ASQ System: 2 Components

ASQ
- Communication
- Gross Motor
- Fine Motor
- Problem solving
- Personal-social

ASQ:SE
- Social-Emotional development
Ages & Stages Questionnaires: Social-Emotional

- The ASQ:SE created as a result of a “call from the field”.
- Developed by a multidisciplinary team at the University of Oregon’s Center on Human Development.
- Originally titled the Behavior-Ages and Stages Questionnaires (B-ASQ)
- Research continues to be conducted on the ASQ:SE.
Uses of ASQ:SE

- (Screening) To help guide decisions about referrals for further assessment
- Monitor child’s social-emotional development
- Determine information/support services families may need
- Bridge communication between parents and professionals about child’s behavior
To order ASQ:SE

- Paul Brookes Publishing
  www.brookespublishing.com
- 1-800-638-3775
- ASQ User’s Guide and Questionnaires (box set or CD)
- Available in English, Spanish
- ASQ:SE in Practice Video
- Case studies, examples of questionnaires on-line
- Technical Report on-line
Screening

- A **brief** assessment procedure designed to identify children who should receive more intensive diagnosis or evaluation from local early intervention (EI), early childhood special education (ECSE), mental health or health systems.

Similar in theory to health screenings such as a quick hearing or vision screen.
Diagnostic Assessment

- An in-depth assessment of one or more developmental areas to determine the nature and extent of a physical or developmental problem and determine if the child is eligible for early intervention or mental health services.
Curriculum-Based Assessment (*Programmatic, On-going Assessment*)

- An in-depth assessment that helps to determine a child’s current level of functioning. This type of assessment can:
  - provide a useful child profile
  - help with program planning
  - identify targeted goals and objectives
  - be used to evaluate child progress over time
Monitoring

- Developmental surveillance *(Screening at frequent intervals)* at-risk infants and toddlers *not* known to be eligible for special health, educational or mental health services
  
  - Similar in theory to a person with diabetes monitoring his/her blood sugar
Screening

Above Cutoff

Eligible for services

Not Eligible for services

Near Cutoff

Diagnostic Assessment

Eligible for services

Not Eligible for services

Below Cutoff

Continue to Monitor

- Provide Information, Support
- Refer to other agencies
- Use Curriculum-Based Assessment to develop learning plans
Why Screen Social-Emotional Behaviors?
Why assess social-emotional development?

- Part C of IDEA calls for the Social-Emotional area to be assessed and services provided if necessary.
- Programs such as Head Start mandate that this area be addressed in their performance standards.
- Links to early social emotional behaviors and subsequent outcomes.
Social Emotional Research

- Links between earliest emotional development and later social behavior. (Cichetti, 1993, Greenspan, 1992)
- Links between early risk factors, poor outcomes & violence (Walker et al., 1996)
- Behaviors, even in infancy, signal the need for intervention (DeGangi, 1991)
- By third grade, programs for children with anti-social behavior are mostly ineffective (Walker et al., 1996)
Factors Associated with Poor Child Outcomes in the U.S.

- Physical, emotional, sexual abuse/neglect
- Witnessing domestic/community violence
- Serious accidents and injuries
- Parents who abuse substances
- Teenage/single parents
- Parents with serious mental illness
- Poverty
Characteristics of Problem Behaviors

- Antisocial behavior is part of normal development
- Crucial features are the frequency and intensity of behaviors
- 2 Dimensions: Externalizing/Internalizing
Early Childhood Mental Health
Strategies and Perspectives that:
(Knitzer, 2000)

1. Promote emotional and behavioral well being of young children.
2. Help families address barriers to ensure children’s emotional development is not compromised.
3. Expand competencies of non-familial caregivers to promote emotional well-being of young children and families.
4. Ensure young children experiencing clearly atypical emotional and behavioral development and their families have access to needed services and supports.
Features of The Ages and Stages Questionnaires: Social-Emotional
<table>
<thead>
<tr>
<th>Age</th>
<th>Stage of Development</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 months</td>
<td>Attachment</td>
<td>-regulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-recognizable states</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-attachment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-communication</td>
</tr>
<tr>
<td>12-30 months</td>
<td>Autonomy &amp; Self Development</td>
<td>-differentiates between self and others; real and make believe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-use of pronouns</td>
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<tr>
<td></td>
<td></td>
<td>exploration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-self control; rules</td>
</tr>
<tr>
<td>30 months-7 years</td>
<td>Establishing Peer Relations</td>
<td>-empathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-gender differences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-identification of friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-interest in other children</td>
</tr>
</tbody>
</table>
Developmental-Organizational Framework

Attachment
0 to 12 Months
Developmental-Organizational Framework

Autonomy & Self Development

12 to 30 Months
Developmental-Organizational Framework

Establishing Peer Relations

30 Months to 7 Years
ACTIVITY

What is the intent of these questions?
<table>
<thead>
<tr>
<th>Behavioral Areas</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Regulation</td>
<td>Ability/willingness to calm, settle, or adjust to physiological or environmental conditions</td>
</tr>
<tr>
<td>Compliance</td>
<td>Ability/willingness to conform to the direction of others and follow rules</td>
</tr>
<tr>
<td>Communication</td>
<td>Verbal/nonverbal signals that indicate feelings, affect, internal states</td>
</tr>
<tr>
<td>Adaptive</td>
<td>Ability/success in coping with physiological needs</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Ability/willingness to establish independence</td>
</tr>
<tr>
<td>Affect</td>
<td>Ability/willingness to demonstrate feelings and empathy for others</td>
</tr>
<tr>
<td>Interaction with People</td>
<td>Ability/willingness to respond or initiate social responses with caregivers, adults, peers.</td>
</tr>
</tbody>
</table>
Features of ASQ:SE

- 6, 12, 18, 24, 30, 36, 48 & 60 month intervals
- Between 19 (6 month) and 33 (60 month) scored questions.
- 3-6 month administration window on either side
- Each interval has a separate summary sheet, with cutoff on the page.
Features of ASQ:SE

- Written at a 4th to 5th grade reading level.
- Each questionnaire includes open-ended questions related to eating, sleeping, toileting.
- All intervals include question “Is there anything that worries you about your baby (child)? If so, please explain.”
- What things do you enjoy most about your baby (child)?
Features of ASQ:SE

- Competence and problem behaviors targeted
- Externalizing and internalizing behaviors targeted

- **Scoring Options**
  - Most of the time: 0 or 10
  - Sometimes: 5
  - Never or Hardly Ever: 0 or 10
  - Is this a concern?: Yes= 5

- Scores are totaled and compared with empirically-derived cutoff points. Concerns & high scores = “red flags”
Case Study “Louis”
5 months
Introducing the ASQ:SE to Parents

“This questionnaire asks questions about your child’s social-emotional growth. Your answers will help me know what type of information I may be able to gather for you.”

“Some of the questions are not very specific, but answer based on your feelings or opinions about your child’s behavior”
Introducing the ASQ:SE to Parents

1) Review response options

- **Most of the time:** Child is performing behavior *most of the time* or *too often*
- **Sometimes:** Child is performing behavior occasionally, but not consistently
- **Rarely or Never:** Child is *not* or *rarely* performing behavior.

2) Discuss “concerns” option
Administering ASQ:SE

- Have parents complete as independently as possible. Some questions may require some clarification:
  - (All intervals) Eating problems
  - (18 months and older) Perseverative behaviors
Scoring the ASQ:SE

Determine child’s Total score

# of questions with $\times$  
$\text{___} \times 10 = \text{____}$

# of questions with $\n$  
$\text{___} \times 5 = \text{____}$

# Concerns  
$\text{___} \times 5 = \text{____}$

Total Points on each page  $= \text{____}$

Transfer points on each pg. to Summary form
Missing Items?

*Calculate an Average Score*

1) Compute Average Score:

\[
\text{Average Score} = \frac{\text{Child’s Score}}{\text{# of Scored Items Answered}}
\]

2) Compute Final Score

\[
\text{Final Score} = \text{Average Score} \times (\# \text{ of missing items}) + \text{Child’s Score}
\]
Review Questionnaires with Parent

- Discuss child’s strengths.
- Discuss items that individually score 10 or 15 points
- Discuss answers to open-ended questions
- Review score and compare to cutoffs

*Remember that cutoffs on ASQ:SE are very different from ASQ!*

- Discuss (consider) Referral Considerations
Referral Considerations

- Time/Setting Factors
- Developmental Factors
- Health Factors
- Culture/Family Factors
Interpreting Scores

- The “Sometimes” Issue
- The Subjectivity Issue
- Validity of Report
  - Teen parents
  - Parents involved in protective services
  - First time parents/isolated parents
  - Parents actively involved with drugs and alcohol
  - Parents with mental illness
Questionable Scores?

- Have another caregiver complete ASQ:SE
- Gather additional Information
  - Observe Child
  - Use a Professionally Administered Screening Tool
- Assess parent/child interactions
- Assess caregiving environment
Consider parent and child contributions to interaction

Areas
- Holding
- Looking
- Talking/Vocalizing
- Touching
- Emotion
Possible Follow-up

Below Cutoff
- Provide ASQ:SE Activities & Monitor.

Close to Cutoff
- Follow up on Concerns.
- Provide information, education and support. Re-administer ASQ:SE.
- Make Referrals as appropriate.
Possible Follow-up

**Above Cutoff**
- Refer to EI/ECSE
- Refer to local community agencies
  - Feeding clinic
  - Church groups
  - Community groups; YMCA, Birth to Three
  - Parenting groups
  - Early Head Start
- Refer to primary health care provider
- Refer for mental health evaluation
Infant Mental Health Intervention

Deborah Weatherston
Wayne State University, Merrill-Palmer Institute

1. Provide Concrete Service Assessment or Assistance
2. Emotional Support
3. Developmental Guidance
4. Early Developing Relationship Support
5. Infant-Parent Psychotherapy**
6. Advocacy

**Requires a trained mental health professional
Communicating Screening Results

- Assure the family that the discussion is confidential
- Review the purpose of screening
- Avoid terms such as “test”, “pass” or “fail”.
- Review the ASQ:SE and explain scores
- Emphasize child and family strengths
- Invite parents to share observations, concerns
Communicating Screening Results

- Be open to new ideas and viewpoints
- Discuss factors such as health etc. that may impact scores
- Be human, empathetic and compassionate
- Provide information on community resources and referral options
- Remember--you are there to help the family take the next steps.
Research Studies

- Validity
- Reliability
- Utility
- Conducted between 1995-2001
ASQ:SE Sample

- 2,952 questionnaires
- National sample

<table>
<thead>
<tr>
<th></th>
<th>ASQ:SE</th>
<th>2000 U.S. Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>59%</td>
<td>69%</td>
</tr>
<tr>
<td>Black</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9%</td>
<td>13%</td>
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<tr>
<td>Asia Pacific</td>
<td></td>
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<tr>
<td>Islander</td>
<td>6%</td>
<td>4%</td>
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<tr>
<td>Native American</td>
<td>1%</td>
<td>1%</td>
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<tr>
<td>Mixed</td>
<td>16%</td>
<td>2%</td>
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</table>
Bell curve used to determine ASQ cutoff point

- 2 SD: 2.5%
- 1 SD: 13.5%
+ 1 SD: 13.5%
+ 2 SD: 2.5%

ASQ Cutoff

Percentage of population
ASQ:SE Total scores by number of children showing a positively skewed distribution.
## ASQ:SE Psychometric properties

(N=2861)

<table>
<thead>
<tr>
<th>Interval</th>
<th>Range</th>
<th>Means</th>
<th>SD’s</th>
<th>Median</th>
<th>Cutoff</th>
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<tbody>
<tr>
<td>6</td>
<td>0-115</td>
<td>22.5</td>
<td>22.5</td>
<td>16.7</td>
<td>45</td>
</tr>
<tr>
<td>12</td>
<td>0-145</td>
<td>27.7</td>
<td>21.7</td>
<td>25.0</td>
<td>48</td>
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<tr>
<td>18</td>
<td>0-255</td>
<td>34.6</td>
<td>33.5</td>
<td>26.0</td>
<td>50</td>
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<tr>
<td>24</td>
<td>0-220</td>
<td>35.4</td>
<td>30.0</td>
<td>28.4</td>
<td>50</td>
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<tr>
<td>30</td>
<td>0-300</td>
<td>48.6</td>
<td>45.0</td>
<td>35.2</td>
<td>57</td>
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<tr>
<td>36</td>
<td>0-220</td>
<td>49.9</td>
<td>45.9</td>
<td>35.0</td>
<td>59</td>
</tr>
<tr>
<td>48</td>
<td>0-280</td>
<td>55.7</td>
<td>55.2</td>
<td>36.0</td>
<td>70</td>
</tr>
<tr>
<td>60</td>
<td>0-275</td>
<td>47.5</td>
<td>49.1</td>
<td>35.0</td>
<td>70</td>
</tr>
</tbody>
</table>
Concurrent Validity

- Comparison of ASQ:SE classification with standardized tools
  - Achenbach Child Behavior Checklist
  - Vineland Social Emotional Early Childhood (SEEC)
- Comparison of ASQ:SE classification with social-emotional diagnosis
  - DSM-IV
  - DC:0-3
  - EI/ECSE Behavioral Diagnosis
Specificity & Sensitivity

- **Specificity**: how accurately a tool identifies children without problems

- **Sensitivity**: how accurately a tool identifies children with problems
### ASQ:SE Concurrent Validity (N = 1043)

<table>
<thead>
<tr>
<th>SE</th>
<th>N</th>
<th>Sens.</th>
<th>Spec.</th>
<th>% Agree</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>71</td>
<td>78.6</td>
<td>98.2</td>
<td>94.0</td>
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<tr>
<td>12</td>
<td>85</td>
<td>71.4</td>
<td>97.2</td>
<td>93.0</td>
</tr>
<tr>
<td>18</td>
<td>99</td>
<td>75.0</td>
<td>96.6</td>
<td>93.9</td>
</tr>
<tr>
<td>24</td>
<td>152</td>
<td>70.8</td>
<td>93.0</td>
<td>89.5</td>
</tr>
<tr>
<td>30</td>
<td>115</td>
<td>80.0</td>
<td>89.5</td>
<td>87.8</td>
</tr>
<tr>
<td>36</td>
<td>179</td>
<td>77.8</td>
<td>93.0</td>
<td>89.9</td>
</tr>
<tr>
<td>48</td>
<td>174</td>
<td>76.9</td>
<td>94.6</td>
<td>92.0</td>
</tr>
<tr>
<td>60</td>
<td>171</td>
<td>84.6</td>
<td>95.8</td>
<td>94.0</td>
</tr>
<tr>
<td>Overall</td>
<td>78.0</td>
<td>94.5</td>
<td>91.8</td>
<td></td>
</tr>
</tbody>
</table>
ASQ:SE Reliability

- Test-retest
  - Parent at time 1 and 2
  - N = 367
  - 94% agreement
Utility

Parent satisfaction survey (N=731)

- How long did it take to complete the questionnaire?
  - 70% Less than 10 minutes
  - 28% 10-20 minutes
  - 2% More than 20 minutes

- It was easy to understand the questions?
  - 97% Easy
  - 3% Sometimes
  - 0% Not easy
Utility

- The questions were appropriate for child’s age
  - 96% Yes
  - 3% Sometimes
  - 1% No
- The questionnaire...... (check all that apply)
  - 57% helped me think about my child’s behavior
  - 56% was interesting
  - 27% was fun to do
  - 19% didn’t tell me much
  - 1% was a waste of my time
  - 1% took too long
Cross-Cultural Considerations in Behavioral Assessment & Intervention
Developing Cross-Cultural Competence (Hanson & Lynch 1995)

3 Components:
1) Self Awareness
2) Culture Specific Awareness
3) Communication Skills
Self Awareness

- **Step One:** Learn about one’s own roots
- **Step Two:** Examine values & behaviors, beliefs and customs of one’s own cultural heritage.
Culture-Specific Awareness & Understanding


- Consider diversity within cultural groups as well as between cultural groups
- Gather Culture-Specific Information
  - study, read, use cultural guides, participate in daily life, learn the language, learn parenting & caregiving practices
- Culture specific issues and intervention
  - Make no assumptions about concerns, priorities & resources!
Cross-Cultural Communication

- Adapt to style that is comfortable for the family
- Consider nonverbal behavior
  - eye contact,
  - facial expressions
  - proximity and touching
  - body language, gestures
- Sensitive use of translators, interpreters
Characteristics of Effective Cross-Cultural Communicators

- Respectful and sensitive to individuals from other cultures
- Listens to family’s perspectives
- Open to new learning
- Respects & honors differences
- Flexible
- Has a sense of humor
- Tolerates ambiguity well
- Approaches others with a desire to learn
Implementing Culturally Sensitive Procedures in Assessment and Intervention

**Information to gather from family members:**

- Is there a problem?
- Why is there a problem?
  - What do you think has caused the problem?
- What can be done?
  - What types of interventions would be appropriate?
- Who can help?
Coordinating, Planning, Managing & Evaluating Screening Efforts
Planning: ASQ:SE format selection

- **Method(s)**
  - mail-out, home visit interview

- **Setting(s)**
  - child care setting
  - pediatric waiting room

- **Intervals**
  - all
  - selected
Management

- Features unique to ASQ
  - intervals
  - windows of reliability
  - forms
  - cut-off scores

- Management systems
  - tickler system (card file)
  - computer system
Systems for Decision Making

- 1st level: Information gathering (& screening)
- 2nd level: Scoring & Interpretation
- 3rd level: Decision Making & Referral
  - May need to observe child across settings.
  - May need to gather more information (e.g., look at parent-child interactions).
  - Build in support for staff during this process.
  - Include experts (as possible); health, mental-health, education, behavior specialists.
Community Referral Matrix

- Includes information on experts in your community, local referral options and resources (e.g., video, curriculum, book, asq:se activities)
- Community specific information
- Focus on birth to two population
- Categorized by concerns or issues that arise, e.g., feeding concerns, sleeping concerns
Program Evaluation

- Parent & Staff feedback
- Effectiveness of ASQ:SE in Identifying Children.
- Referrals needed/referrals made (who needed what services vs. who actually received what services?)
- Feedback from Collaborating Agencies.
In Summary

- ASQ:SE can help bridge communication with families.
- ASQ:SE can assist in making referrals to community agencies.
- Home Visitors should access their agency’s resources.
- Home Visitors should not feel like they should have all the answers.
- Social emotional issues are very complicated.
- Use interdisciplinary teams to make decisions about next steps after screening.
ASQ:SE User’s Guide

- Excellent resource
- Covers all topics in depth
For More Information Please Contact:

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