An Introduction to the Ages and Stages Questionnaires & the Ages and Stages Questionnaires: Social Emotional

Rick Brandt-Kreutz, LCSW
Veronica Tamayo, MA

Adapted from:
©University of Oregon
Early Intervention Program
eip.uoregon.edu
541-346-0807
Objectives

- Define and discuss benefits of developmental screening.
- Describe features of ASQ & the ASQ:SE.
- Score ASQ and ASQ:SE.
- Describe ASQ & ASQ:SE cutoff scores.
What are the ASQ and the ASQ:SE?

- Parent/Caregiver completed screening tools
- Series of questionnaires for children
  3 months to 5 years
- Accurately identifies children at risk for developmental or social-emotional delay
- Encourages parent involvement
ASQ Screens 5 Domains

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

ASQ:SE

- Social-Emotional development
Screening Assessment

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), health, mental health agencies.

Similar in theory to health screenings such as a quick hearing or vision screen.
Diagnostic (Professional) 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 services (e.g., early intervention).
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 or educational services
  - Similar in theory to a person with diabetes monitoring his/her blood sugar
Screening

- Beyond Cutoff
  - Diagnostic Assessment
    - Eligible
    - Not Eligible

- Near Cutoff
  - Continue to Monitor (Re-Screen) & use Curriculum-Based Assessment to develop learning plans

- Not near cutoff
Incidence of children identified as having a disability by age (2005)

2.3%

5.9%

11.6%

http://www.ideadata.org
AAP Policy

AAP Committee on Children with Disabilities recommends routine standardized developmental and behavioral screening
## Detection Rates

### Without Tools

- **30% of developmental disabilities identified**
  
  (Palfrey et al. *JPEDS*, 1994; 111:651-655)

- **20% of mental health problems identified**
  

### With Tools

- **70-80% with developmental disabilities correctly identified**
  
  (Squires et al., *JDBP* 1996; 17:420-427)

- **80-90% with mental health problems identified**
  
  (Sturner, *JDBP* 1991; 12:51-64)
Features of the Ages and Stages Questionnaires (ASQ)
Features of the ASQ

19 Questionnaire intervals:
4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24
(3 months) 27, 30, 33, 36
(6 months) 42, 48, 54, 60
When to give the ASQ

- **Through the age of 24 months**
  - Administer within two month “window” (e.g., 16 mo. ASQ is valid from 15 months through the end of the 16th month).

- **Over the age of 24 months but between intervals**
  - First give the lower interval and then follow up with the higher interval.
Features of the ASQ

- **Cover sheet**
  - Allows for program to personalize

- **Information sheet**
  - Date of completion: Is the questionnaire “in the window”?

- **CDOB**  Corrected Date of Birth
  - is made for babies born 3 or more weeks premature,
  - up to- but not including- 24 months.

- **Written at 4th to 5th grade reading level**
Features of the ASQ

- 6 questions in each area
- Questions are in hierarchical order
- The most difficult questions (#5 and #6) are average skills for children of that age (i.e., a 12 month skill for a 12 month child).
- Questions are answered “yes”, “sometimes”, and “not yet”.
Features: the Overall Section

- Not scored but indicates parent concerns
- Very predictive
- Looks at quality of skills (speech, movement)
- 4, 6, 8, 10, 12 ASQ asks questions to detect cerebral palsy:
  - Use of both hands equally?
  - Stands flat on surfaces most of the time?
- Any questionable response requires follow-up
Features: Summary Sheet

- Each summary sheet is specific to an interval
- Summary sheets have four sections
  - Child family information
  - Overall section
  - Bar graph of the five domain scores
  - Bubble boxes to transfer responses
Bell curve used to determine cutoff point

- 68% of the population falls within ±1 SD of the mean.
- 13.5% of the population falls within ±2 SD of the mean.

ASQ Cutoff

Number of Children

Percentage of population
ASQ Administration and Scoring

Case Study
Prescreening Activities

- Obtain consent
- Explain purpose of screening and review questionnaire content.
- Schedule screening
- Mail ASQ 2 weeks before visit or leave on previous visit and ask parent to review
- Assemble materials (if necessary)
Scoring the ASQ

- **Step 1**: Total the points in each area. “yes” = 10, “sometimes” = 5, “not yet” = 0.

- **Step 2**: Transfer the area totals to the information summary page. Fill in the matching circle in the space provided.

- **Step 3**: Read the answers to overall section questions carefully and respond appropriately.

- **Step 4**: Any score falling near or into the shaded area requires further attention or assessment.
ASQ Omitted item?

- Try to obtain answers from family
- Up to 2 items per area/domain okay to omit
- See User’s Guide for additional guidance

**Calculation:**

**Step 1):** Divide the total area score by the number of questions answered in that area

(Example: 45 (points in PS area) / 5 (questions) = 9 points).

**Step 2):** Add this number to the total area score to get a new total score. *(This number is the average score for items in that area)*

(Example: 45 + 9 points = new PS total of 54 points)
Bell curve used to determine cutoff point

ASQ Cutoff

-2 SD  -1 SD  +1 SD  +2 SD

2.5%  13.5%  68%  13.5%  2.5%

Percentage of population

Number of Children
16 Month A.S.Q.

Area of Development | Average Score (Mean) | Standard Deviation
---------------------|----------------------|-------------------
Communication        | 49.1                 | 12.4
Gross Motor         | 55.3                 | 11.9
Fine Motor          | 51.7                 | 10.6
Problem Solving     | 49.6                 | 11.4
Personal-social     | 48.4                 | 11.1

★Mean = Average score across subjects
Standard Deviation = Amount of variability found in scores
Cutoff Point = 2 Standard Deviations below the mean
Video: Home Visitor
Video: Mother’s Question
Scoring Exercise- Emily

- **Step 1**: Total the points in each area. “yes”= 10, “sometimes”= 5, “not yet”= 0.

- **Step 2**: Transfer the area totals to the information summary page. Fill in the matching circle in the space provided.

- **Step 3**: Read the answers to overall section questions carefully and respond appropriately.

- **Step 4**: Any score falling near or into the shaded area requires further attention or assessment.
Follow-up/Referral Criteria

- **Well above cut-off points.**
  - Provide follow up activities & rescreen in 4-6 months

- **Close to cutoffs:**
  - Provide follow up activities to practice specific skills.
  - Make community referrals as appropriate
  - Rescreen in 4-6 months or sooner if necessary
Follow-up/Referral Criteria (con’t)

- **Below cutoff in one or more areas:**
  - Refer for diagnostic assessment

- **Parent concern:**
  - Respond to all concerns.
  - Refer if necessary
Information to guide decisions: risk and protective factors

- Biological / Health factors
- Environmental factors
  - stressful life events
  - social supports
  - family/caregiving environment
- Developmental history
- Family and cultural context
- Parent concerns
- Extent and frequency of contact
- Availability of resources
Communicating Screening Results

- Assure the family that the discussion is confidential
- Review the purpose of screening
- Avoid terms such as “test”, “pass” or “fail”. (“below cutoff, near cutoff”)
- Review the ASQ or ASQ:SE and explain area scores
- Emphasize child and family strengths
- Provide specific examples of concerns
- Invite parents to share observations, concerns
The Ages and Stages Questionnaires: Social-Emotional
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.
Features of ASQ:SE

- 6, 12, 18, 24, 30, 36, 48 & 60 month intervals.
- Questionnaires contain between 19 (6 month) and 33 (60 month) scored questions.
- 3-6 month administration window on either side.
- Do not need to use CDOB or adjusted age for children born prematurely.
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

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time</td>
<td>0 or 10</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
</tr>
<tr>
<td>Never or Hardly Ever</td>
<td>0 or 10</td>
</tr>
<tr>
<td>Is this a concern?</td>
<td>Yes = 5</td>
</tr>
</tbody>
</table>

High scores falling above empirically-derived cutoff points are indicative of problems.
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 is 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
Scoring the ASQ:SE

- Determine child’s Total score
  
  # of questions with X  ___ x 10 = ____
  # of questions with V  ___ x  5  = ____
  # Concerns            ___ x  5  = ____

  Total Points on each page  = ____

- Transfer points on each page to Summary form
ASQ:SE

EMILY SCORING EXERCISE
ASQ:SE Omitted item?

- Try to obtain answers from family
- Up to 2 items for 6-18 months; 3 items 24 months and after
- See User’s Guide for additional guidance

Calculation:

**Step 1):** Divide the total score by the number of questions answered in the ASQ:SE.

(Example: 105 total points/30 questions = 3.5 points)

**Step 2):** Add this number to the total score to get a new total score. *(This number is the average score for items in that area)*

(Example: 105 + 3.5 = 108.5 points is the New Total Score)
Review Questionnaires with Parent

- Discuss child’s strengths and reinforce positive parent/child interactions.
- 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
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
  - FOSTER PARENTS
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
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
  - Church groups
  - Community groups; YMCA, Birth to Three
  - Parenting groups
- Refer to primary health care provider
- Refer for mental health evaluation
CASE STUDY

- Use Emily Case Study - ASQ and ASQ-SE
- HANDOUT AND DISCUSSION
ROLE PLAY

VIGNETTE 1: Emily meeting at preschool
- 5 IN A GROUP
- HANDOUT ROLES
- OBSERVER BEGINS ROLE PLAY
Cross-Cultural Competence
(Lynch & Hanson 1998)

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!
ASQ and ASQ:SE User’s Guides

- Excellent resources
- Includes information on planning screening systems and procedures
- Provides example letters, activities, case studies
- Technical report
- Covers all topics in depth
Interagency Collaboration

- What other agencies are screening children?
  - What ages? What domains? What tools?
  - Coordinate training efforts

- Coordinate services to:
  - Decrease duplication
  - Save resources

- Determine your referral sources
  - Establish relationship/interagency agreement
  - Establish referral/feedback procedures
In Summary

- Screening tools can help bridge communication with families.

- Screening tools can assist in making referrals to community agencies.

- Referrals should be based on a variety of considerations in addition to “scores”.

- Developmental and social emotional issues are very complicated.

- Use teams to make decisions about next steps after screening.
ASQ and ASQ:SE Materials

Published by Paul H. Brookes Publishing

www.brookespublishing.com

http://www.brookespublishing.com/asqupdates/

www.agesandstages.com