The Ages and Stages Questionnaires: Social-Emotional

A new tool for identifying red flags in children's social emotional development

The Ages and Stages Questionnaires: Social-Emotional

A new tool for identifying red flags in children's social emotional development

- Red Flags: observations that cause you to be concerned about the health and/or development of a child.
 - Role: document and refer not diagnose
- Challenges: C
 - characteristics of motor, language and problem solving are easier to measure than social emotional characteristics because you either see the skill or you don't. In the S/E domain a Red Flag may be the existence of or the lack of existence of a behavior.
 - influenced by age, time of day, cultural, values and setting

ASQ:SE Research

• Validity 91.8%

• Reliability 94%







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)

Barriers to Addressing Red Flags in Social-Emotional Development

- Lack of knowledge
- Complexity of issues
- Lack of screening tools
- Lack of services



Uses of the ASQ:SE

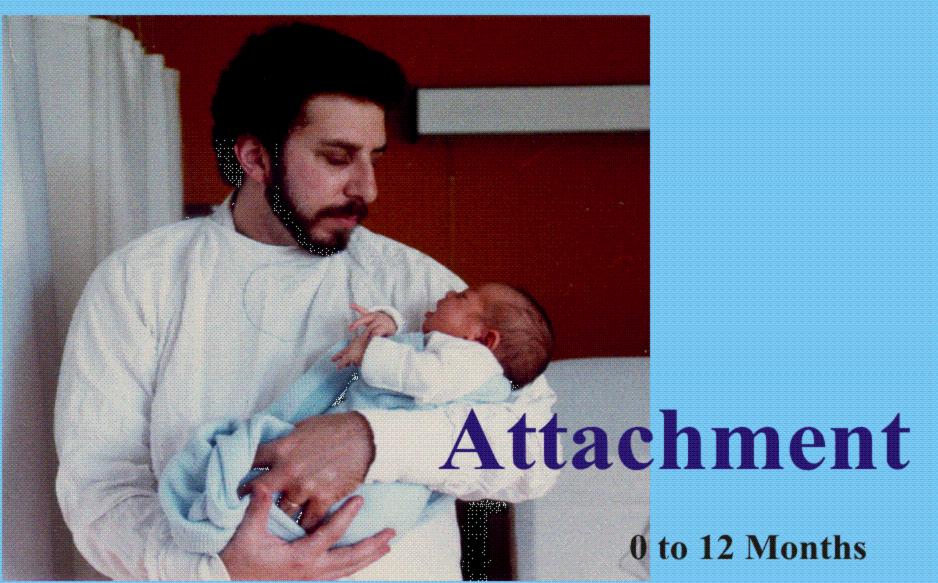
To open dialogue with parents

 To "monitor" a child's social-emotional development.

 To guide decisions and referrals for further assessment or resources.

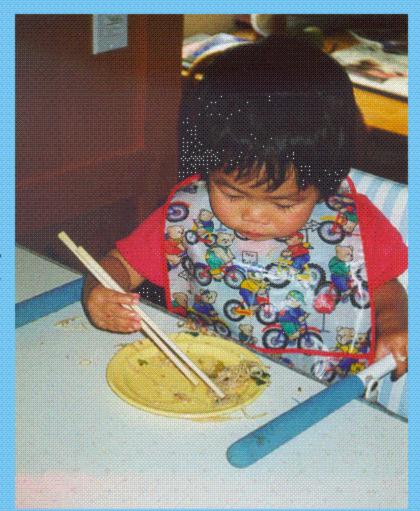


Developmental-Organizational Framework



Developmental-Organizational Framework

Autonomy & Self Development



12 to 30 Months





Developmental-Organizational Framework



Establishing Peer Relations

30 Months to 7 Years





Developmental-Organizational Framework (Cicchetti, 1993)

Age	Stage of Development	Behaviors
0-12 months	Attachment	-regulation -recognizable states -attachment -communication
12-30 months	Autonomy & Self Development	-differentiates between self and others; real and make believe -use of pronouns exploration -self control; rules
30 months- 7 years	Establishing Peer Relations	-empathy -gender differences -identification of friends -interest in other children

Problem Behaviors: take note!

Antisocial behavior is part of normal development

Crucial variables are the frequency, intensity and duration of behaviors





Externalizing Behaviors

- Aggression
- Antisocial acts
- Poor social skills
- Overly active
- Inability to focus

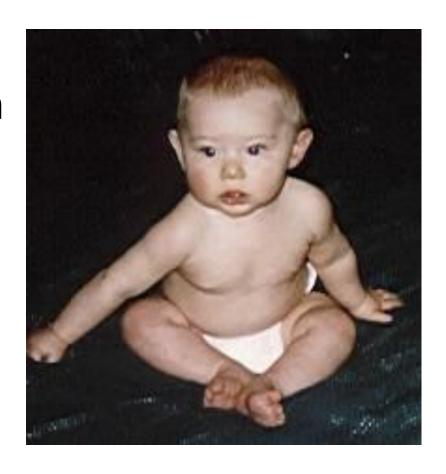






Internalizing Behaviors

- Socially withdrawn
- ❖ Social skill deficits
- Anxious
- Inhibited







Behavioral	Definition	
Areas		
Self-Regulation	Ability/willingness to calm, settle, or adjust to	
	physiological or environmental conditions	
Compliance	Ability/willingness to conform to the direction	
	of others and follow rules	
Communication	Verbal/nonverbal signals that indicate	
	feelings, affect, internal states	
Adaptive	Ability/success in coping with physiological	
	needs	
Autonomy	Ability/willingness to establish independence	
Affect	Ability/willingness to demonstrate feelings	
	and empathy for others	
Interaction with	Ability/willingness to respond or initiate	
People	social responses with caregivers, adults, peers.	

Features of the ASQ:SE

- Cover sheet
- Child information sheet
- The behavioral questions
- The general questions
- Information Summary





Features of ASQ:SE

- 6, 12, 18, 24, 30, 36, 48 & 60 month intervals
- 3-6 month administration window on either side
- 4th to 5th grade reading level
- Competence and problem behaviors targeted
- From 19 items (6-month interval) to 33 items (60-month interval)





ASQ:SE Administration and Scoring

5 month-old Case Study







Prescreening Activities

- Explain purpose of screening to parents
- Schedule the screening
- Review the questionnaire content.
- Assemble materials (copies & activity)
- Fill out the information page





Introducing the ASQ:SE to Parents

"This questionnaire lets you think 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 ask you to answer based on your feelings or opinions about your child's behavior"





Reviewing response options...

- "Most of the time"
- "Sometimes"
- "Rarely or Never"
- "Concerns"



Targeting specific issues...

Eating problems (All intervals)

Perseverative behaviors (18 months and older)





Scoring the ASQ:SE

Answers	Score

Most of the time0 or 10

-Sometimes 5

Rarely or Never0 or 10

- Is this a concern? Yes = 5



Missing Items?

1) Compute an Average Score

Total Points

Total # of Items Answered = Average Score

2) Compute Final Total Score

Total Points Final Total + (Average Score X # of missing items) = Score



Calculate the Total Score

Determine Child's Total score

```
# of questions with X ____ x 10 = ____

# of questions with V ___ x 5 = ____

# Concerns ___ x 5 = ____
```

Transfer points on each page to Summary form





Interpreting Scores

High SE scores indicate a concern

Score Interpretation Guide

• The "Sometimes" Issue

The Subjectivity Issue





Questionable Scores?

- Use another perspective
- Gather additional information
 - Ask permission for another observer
 - Use a professionally administered screening tool
 - Assess parent/child interactions
 - Assess care giving environment





Reviewing the Results with Parents

Steps:

- Discuss items scoring 10 or 15
- Discuss "concerns"
- Discuss responses to written section
- Discuss score and compare to cutoff
- Discuss next steps





Discussion: Follow-Up Considerations

Explore the whole pie!





Don't forget the DATA!

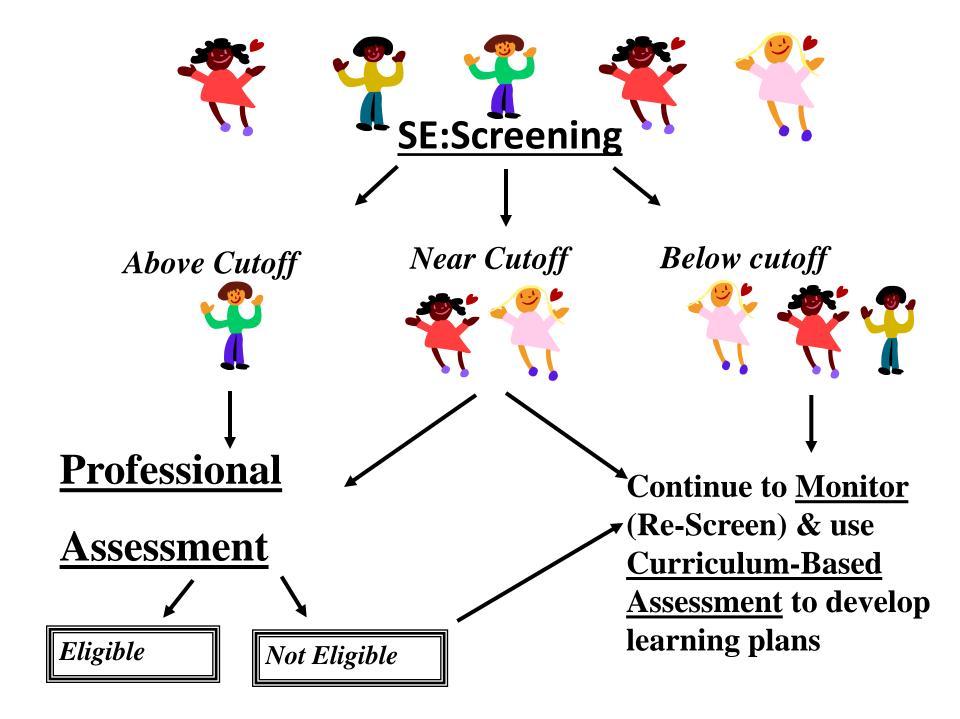
Record it in the family file

Load it into agency data base

Let it help guide services to families







Decision Making Support

Get support from your supervisor and peers

Include experts: health, mental-health, education, behavior specialists





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 build communication with families.
- Screening tools can assist in making referrals to community agencies.
- Don't feel like you have to have all the answers.
- Use "collective wisdom" to make decisions about next steps after screening.





On-going Support

- After training I will,
 - Create practice opportunities
 - Observe someone else do it
 - Re-read the guide
 - Ask your supervisor or peers for help
 - Learn how to enter data



ASQ-3 and ASQ:SE User's Guides

 Information on planning screening systems and procedures

 Provides example letters, activities, case studies

Technical report

