





Developmental and Social-Emotional Screening and Referral

Training Slides and Notes for Minnesota's Public Screening Programs and Staff. Current as of June 2022

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Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*



^{*}This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

The Fine Print

- These slides are intended as a resource for Minnesota public screening programs for staff training. While it may be useful to others, some information is specific to Minnesota's early childhood system.
- Content is approved by the Minnesota Departments of Education, Health and Human Services – please do not change content; however, you may eliminate slides that do not pertain to your program or your training purposes.
- Refer to the <u>Developmental and Social-Emotional Screening Training webpage</u> (<u>www.health.state.mn.us</u>) for more detailed instructions, updated slides, and related handouts.
- We recommend sending these out electronically in order for users to access URLS.
- Do NOT copy or use the photos in these slides for other purposes or outside of this training content.



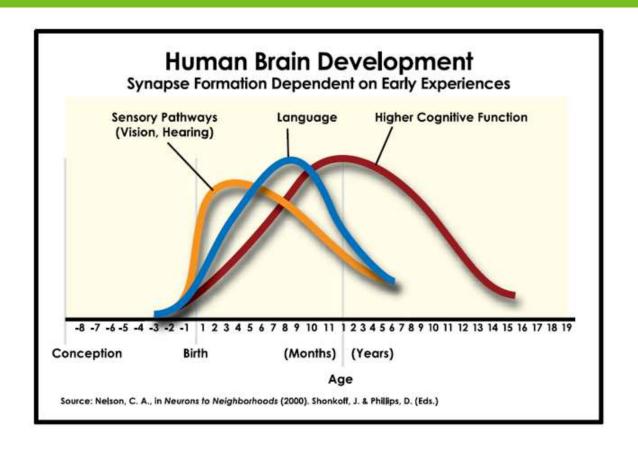
Objectives

By the end of this training, participants should be able to:

- 1. Identify ways to provide family-centered, equitable, culturally responsive, and high-quality screening services.
- 2. Identify recommended, standardized screening instruments for their program.
- 3. Explain next steps when a concern is identified, including talking with families, referral, and follow through.
- 4. Identify local partners with whom they can coordinate to help support healthy child development and family well-being.



Early Childhood Brain Development

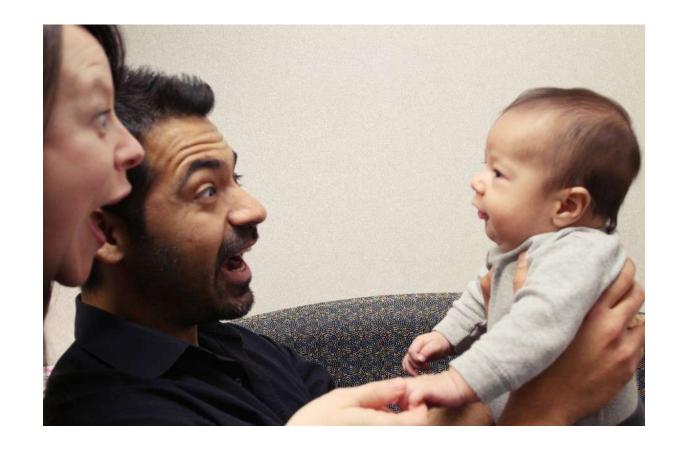


• Center on the Developing Child, Harvard University (developingchild.harvard.edu)



The Importance of Early Intervention

- In the first 3 years of life, the child's brain is:
 - Developing rapidly
 - More sensitive
 - More responsive to intervention





Child Development

- Fine and gross motor
 - How children move their bodies and use their hands
- Communication and language
 - How children understand and communicate with others
- Cognitive
 - How children explore, learn, think and figure out how to solve problems

health.state.mn.us

- Social and emotional
 - How children feel, behave and relate to others





Social-Emotional Development (Or, Infant and Early Childhood Mental Health)

- All in the context of family, community and culture:
 - Relationships
 - Emotional regulation
 - Security and exploration
- Zero to Three (zerotothree.org)





Family-Centered Care





Promoting Healthy Development





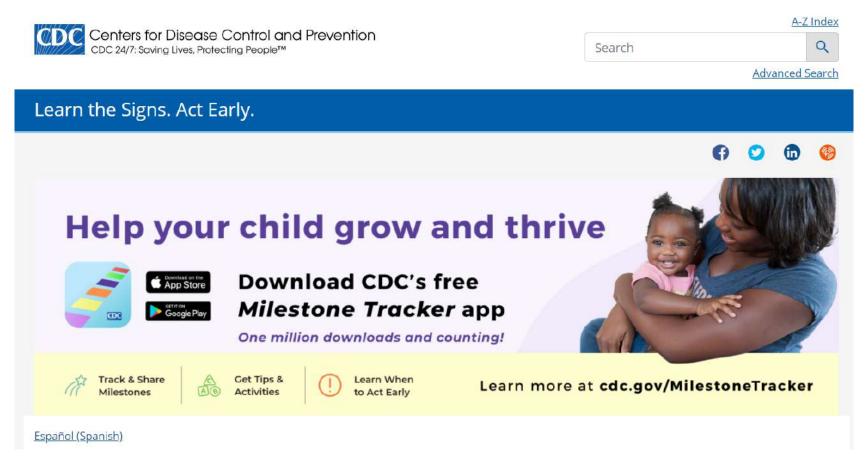
Help Me Grow



Help Me Grow MN (helpmegrowmn.org)



CDC's Learn the Signs, Act Early



CDC's Learn the Signs, Act Early (cdc.gov)



CDC Positive Parenting Tips



CDC Positive Parenting Tips (cdc.gov)



Help Families Thrive with Help Me Connect



- New online service navigator
- Connect pregnant and parenting families with young children, birth to 8 years of age to local community services that support healthy child development and family well-being
- Search by keywords or content area (11 categories)
- Filter by location (city, county, home address)
- Create an account and save favorites
- Mobile friendly



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Zero to Three Parent Resources



Zero to Three Parent Resources (zerotothree.org)



Support for Parents in Your Community (slide 1 of 2)

- Early Childhood Family Education (ECFE)
- Head Start and Early Head Start
- Cultural, faith-based and other community-based parenting groups
- For children with developmental concerns or special health needs:
 - Parent-to-parent networks such as <u>Family Voices (Parent-to-Parent of Minnesota, familyvoicesofminnesota.org)</u>, <u>PACER (pacer.org)</u>, <u>Hands and Voices (mnhandsandvoices.org)</u>
 - Other condition-specific groups and organizations



Support for Parents in Your Community (slide 2 of 2)

- Family Home Visiting (health.state.mn.us)
- Follow Along Program (health.state.mn.us)
- Primary care/health care provider (mn.gov)
- Parent Support Outreach Program (PSOP) (mn.gov)
- Early Childhood Mental Health providers (mn.gov)
- If families are in need of mental health services and there is a long wait time, then refer to primary health care provider and local public health home visiting.



What Can Interrupt Healthy Development?

- Biological reasons
- Disruptions in relationships with primary care givers
- Exposure to trauma
- Social/environmental stressors, racism, poverty
 - Neurons to Neighborhoods (nap.nationalacademies.org)
 - ACE Study (cdc.gov)



What About Trauma Questions?

- We recommend that providers ask the following questions, as they are not included in the ASQ:SE.
 - Has your child ever experienced anything stressful or traumatic in the past year?
 - If so, what was it? When did it happen?
 - Did you get any support?
 - Would you like some support, I can connect you with a colleague (friend) who can support both you and your child around this stressor.



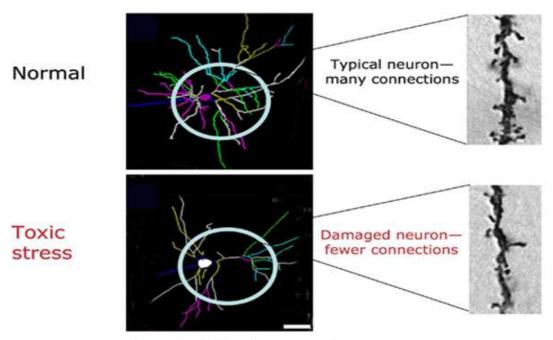


Long-Term Effects of Adverse Childhood Experiences (ACEs)

The Effects of Trauma and Adversity on the Brain



Persistent Stress Changes Brain Architecture

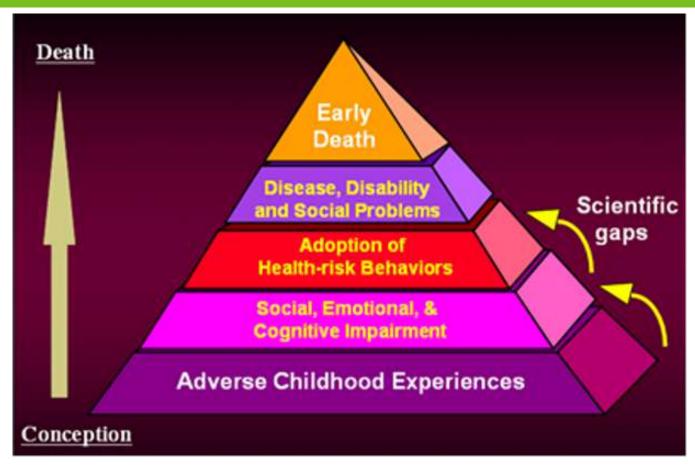


Prefrontal Cortex and Hippocampus

Sources: Radley et al. (2004) Bock et al. (2005)



Adverse Childhood Experiences (ACEs)



ACE Study (cdc.gov)



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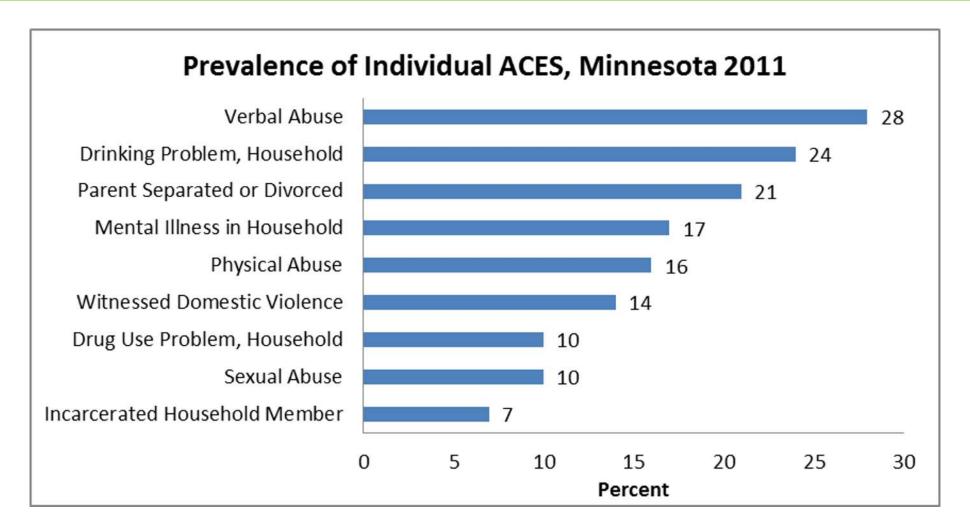
10 ACEs Studied:

- Childhood abuse
 - Emotional
 - Physical
 - Sexual
- Neglect
 - Emotional
 - Physical

- Household dysfunction:
 - Witnessing domestic violence
 - Alcohol or other substance abuse
 - Mentally ill or suicidal household members
 - Parental marital discord
 - Crime in the home/imprisonment

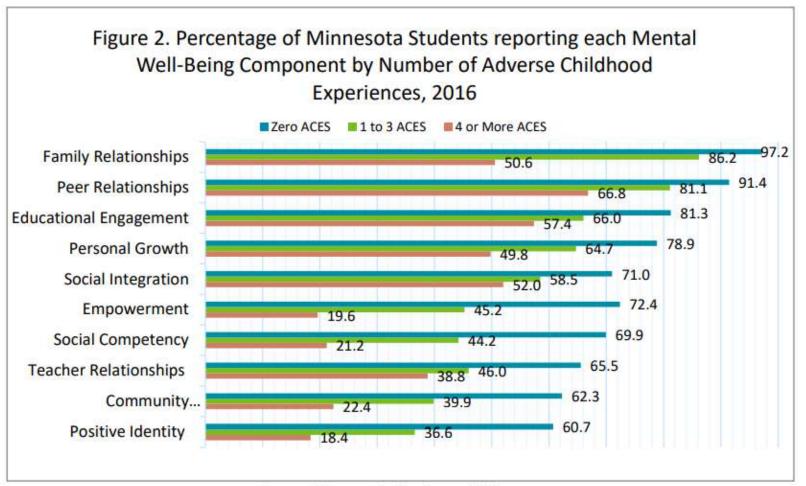


ACEs in Minnesota (BRFSS 2011)





Minnesota Students With More ACEs Have Less Opportunities to Thrive



Source: Minnesota Student Survey, 2016





Standardized Screening

What Is Screening?

 Quick and simple check of child health and development – for all children

- Uses standardized tools
- Identifies child strengths and skills
- Identifies more subtle concerns
- Not a diagnosis!
 - Not the same thing as assessment or evaluation
- Answers the question, "Does this child need more comprehensive evaluation?"





How Is Screening Different From Evaluation and Assessment?

Screening

Purpose:

Identify concerns early, and link to more evaluation

Which children needs a closer look, or a more comprehensive evaluation?

Evaluation

Purpose:

Diagnose (medical)

Determine eligibility (special education)

What is the diagnosis?

Does the child meet
eligibility criteria?

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Assessment

Purpose:

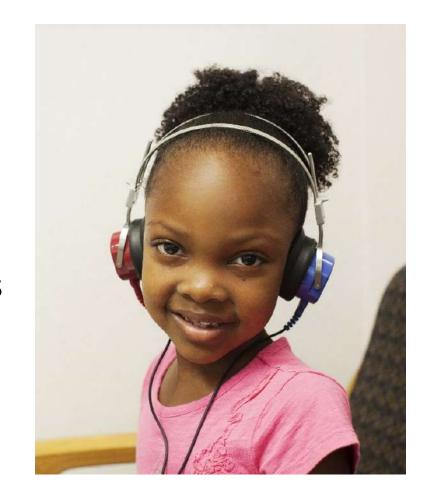
Determine how to best meet the child's learning needs

What are this child's unique needs for curriculum?



Talking to Parents About Screening

- Normalize screening: just like hearing, vision, height & weight
- **Do** call it a tool or a "snapshot" in time to see how the child is growing & developing
- Don't use words like test, fail, or any diagnosis words
- Ask parent about their concerns and to give their best, honest answers



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Presenting Screening to Refugee or Immigrant Families



Importance of Trust with Screening (youtube.com)



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Successful Screening for Culturally & Linguistically Diverse Families

- Learn more about the cultures and languages in the community you serve
- Hire staff who are representative of the families being served
- Use professional interpreters, with a little extra training
- Provide additional support for access, screening process, and followup as needed



Working With Interpreters



- Effectively determine if an interpreter is needed
- Provide a professional interpreter whenever possible
- Educate the interpreter
- It's okay to explain or re-frame questions



Guide for Interpreters

- Early Childhood Screening Guidelines for Interpreters (education.mn.gov)
- Training Video: Early Childhood Screening and Interpreters (education.mn.gov)





Screening Instruments

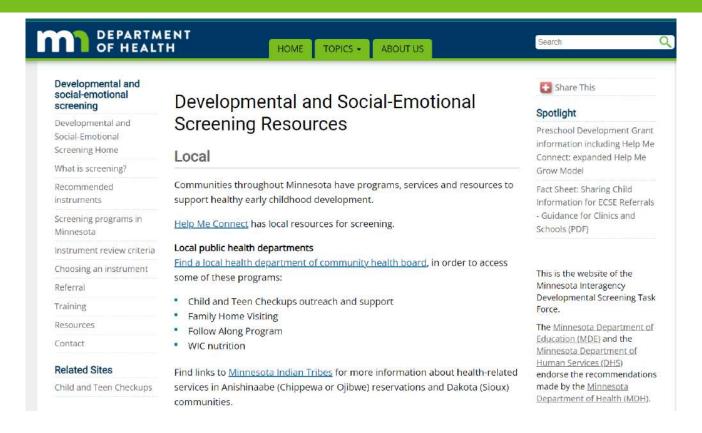
Recommended Screening Instruments

- Minnesota has a list of <u>recommended instruments</u>
 (<u>health.state.mn.us</u>) that have been reviewed for validity, reliability, and practicality.
- Different <u>screening programs (health.state.mn.us)</u> have different requirements for which instrument to use.
- Programs are responsible for making sure that they are using the most current, recommended instrument(s) for their program.



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Developmental and Social-Emotional Screening for Young Children (0-5 Years) n Minnesota



 Developmental and Social-Emotional Screening for Young Children (0-5 Years) in Minnesota (health.state.mn.us)



Choosing a Screening Tool

- What type of screening is required or allowed for your program?
- What staff qualifications does the tool require?
- What instrument best meets your population's needs?
- Refer to <u>Choosing an Instrument (health.state.mn.us)</u> on the developmental screening website.



Program Requirements

Program	Developmental	Social-Emotional	Parent Report	Observational
Child and Teen Checkups (C&TC)	Recommended	Recommended	Yes	Yes
Head Start & Early HS	Required	Required	Yes	Yes
Early Childhood Screening (ECS)	Required	Required	Required for social- emotional	Yes*
Child Protection	N/A	Required	Yes	N/A
Family Home Visiting	Required	Recommended	Yes – ASQ-3 and ASQ:SE	N/A
Follow Along Program	Required	Required	Yes – ASQ-3 and ASQ:SE	N/A



What Makes a Good, Standardized Screening Instrument? (Review Criteria)

- Instrument purpose
- Developmental domains
- Sensitivity/specificity, validity
- Reliability
- Recent standardization

- Additional considerations:
 - Practicality
 - Population and age span targeted by the instrument
 - Cultural, ethnic, and linguistic sensitivity
 - Minimum expertise of screeners
 - Cost



Currently Recommended Instruments

All Instruments at a Glance

Developmental and Social-Emotional Screening Instruments for Young Children in Minnesota

Minnesota Interagency Developmental Screening Task Force (www.health.state.mn.us)

Type of Instrument	Name of Instrument	Observational (O) or Parent Report (PR)	Age Range	Early Childhood Screening ¹	Head Start ²	Child and Teen Checkups ³	Family Home Visiting ⁴	Follow Along ⁵	Child Mental Health ⁶	Child Welfare ⁷
Developmental	Ages & Stages Questionnaire, 3 rd ed. (ASQ-3) 2008	PR	0-66 months	As parent report tool	Yes	Yes	Yes	Yes	Yes	N/A
Developmental	Battelle Developmental Inventory 3 rd ed. Screening Test 2020	0	0-7 years	Yes	Yes	Yes	No	No	Accept able	N/A
Developmental	Brigance Early Childhood Screens III 2013	0	Birth - 1st grade	Yes	Yes	Yes	No	No	Accept able	N/A
Developmental	<u>Developmental Indicators for Assessment of</u> <u>Learning</u> , 4 th ed. (DIAL-4) 2011	0	2.5 through 5 years	Yes	Yes	Yes	No	No	Accept able	N/A
Developmental	Minneapolis Preschool Screening Instrument, Revised (MPSI-R) 2016	0	3 through 5 years	Yes	Yes	Yes	No	No	Accept able	N/A
Developmental	Parents' Evaluation of Developmental Status (PEDS) 2012	PR	0-8 years	As parent report tool	Yes	Yes	No	No	No	N/A
Social- Emotional	Ages & Stages Questionnaires: Social- Emotional, 2 nd ed. (ASO:SE-2) 2015	PR	1-72 months	As parent report tool	Yes	Yes	Yes	Yes	N/A	Yes
Social Emotional	Pediatric Symptom Checklist (PSC) 1998 (with ongoing validity studies)	PR	4-16 years	As parent report tool	Yes	Yes	No	No	N/A	Yes

^{1.} Minnesota's Early Childhood Screening program (https://education.mn.gov) is targeted for ages 3-4 years; this screening is required prior to public school entrance (including Early Learning Schoolarships, School Readiness, School Readiness Plus, Voluntary Prekindergarten and kindergarten), if not done previously. 2. Head Start and Early Head Start screening and assessment standards (https://eclkc.obs.acf.hhs.gov) and programs follow state EPSDT guidelines. 3. Child and Teen Checkups (C&TC) (https://mn.gov/dhs/) is Minnesota's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for Medicaid (0-20 years). 4. Eamily Home Visiting (www.health.state.mn.us/fhtv/) programs (through state and federal funding) provide services, prenatal to 3 years. 5. Minnesota's Early Childhood System (www.health.state.mn.us/mnfap) is a local public health screening program targeted for children ages birth up to 3 years. 6. Mental health professionals in Minnesota's Early Childhood System (https://mn.gov/dhs/) provide developmental screening as apart of their assessment for young children. 7. Child welfare services provides social-emotional or mental health screening (https://mn.gov/dhs/) to children in child protective services or out-of-home placement. For more information, or to obtain this information in a different format, call the Minnesota Department of Health Maternal Child Health Section at 651-201-3760 or email health.childteencheckups@state.mn.us.



Currently Recommended Instruments (health.state.mn.us)



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Observational Developmental Screening Instruments

- Require a child to perform certain developmental tasks, observed by a professional
- Allow for direct observation of development that may not be recognized by parent/caregiver (such as a speech concern)
- May be particularly useful if the parent/caregiver has limited ability give a report of development
- Are currently required for Early Childhood Screening programs



Parent-Report Developmental Screening Instruments

- Perform as well or better than observational tools
- Help focus visits on issues important to families
- Create teachable moments
- Respect parents as experts
- Capture milestones even if child cannot "perform" them at the screening visit
- References:
 - Minnesota Child Improvement Partnership. Healthy Development through Primary Care Project, 2008.
 - Developmental Surveillance and Screening Policy Implementation Project, AAP, June 2006.



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What's in the ASQ-3? (Ages and Stages Questionnaires: 3)

- If possible, give to parents ahead of time.
- A tool to check the child's development.
- Covers: Communication, Gross motor, Fine motor, Problem solving.
 Personal-social
- Response options: yes, sometimes, not yet
- Written at the 4-6th grade level
- Unscored section- open ended questions
- Parent concerns are very predictive- any concerns require follow-up



Ages & Stages

Questionnaires

THIRD EDITION

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What's in the ASQ:SE-2? (Ages and Stages Questionnaires: Social-Emotional, 2nd edition)

- Data and cut-off scores based on sample size of more than 14,000 diverse children
- Age range: 1 to 72 months of age
- Has a monitoring zone (similar to ASQ-3)
- Scoring and interpretation is similar to ASQ:SE
- Screening Items specific to autism
- Refined Spanish translation



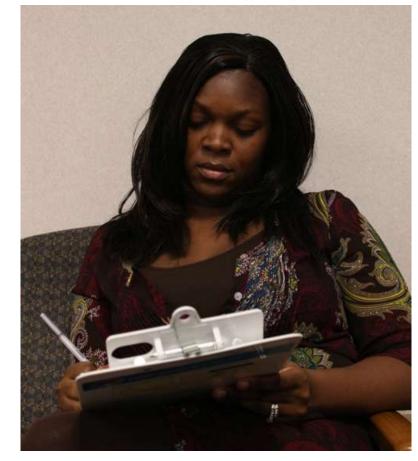




Making Meaning Out of Screening

Interpreting Screening Results

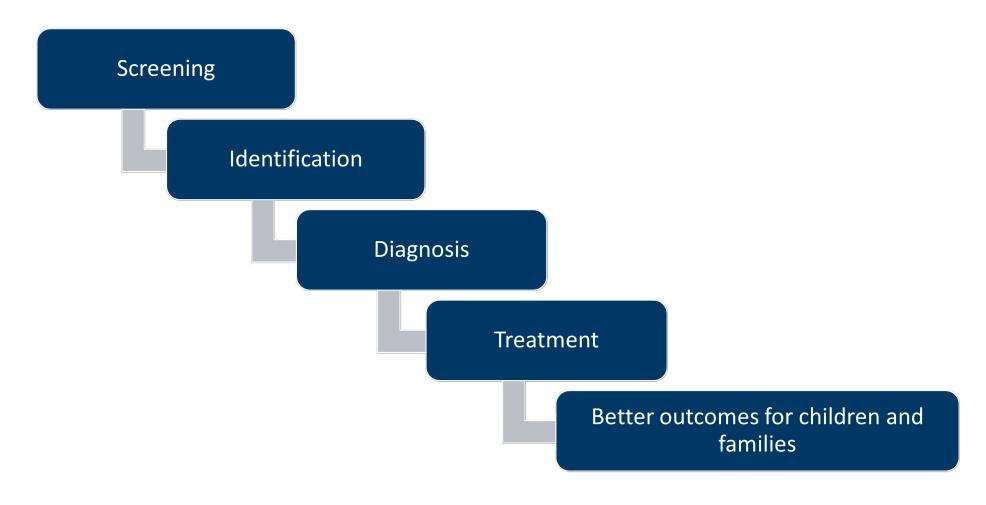
- Clarify any missing or concerning responses
- Interpret results in context
- Consider:
 - Opportunity
 - Health or developmental factors
 - Family and cultural factors
- No screening tool is perfect





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Process Following Screening





Results and Action

Pass

(within cut-off)

Anticipatory guidance

Learning activities

Borderline

(monitoring zone)

Specific information and support

Rescreen or refer

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Refer

(beyond cut-off)

- Referral and resources
- Follow-up



Talking About Screening Results – What Not to Say:

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- She failed her screening.
- I'm worried she might have autism.
- Let's just wait and see if she grows out of it.
- Here's the number for Help Me Grow. You should call to see if she can get special education.





Talking About Screening Results – A Better Way



- The screening showed that she's doing
 very well. However, it looks like she isn't doing ____ yet like most other children her age.
- What have you noticed about this?
- The screening is just a quick check. We can take a closer look at what might be going on and find some helpful resources.
- Would it be okay if I shared some ideas with you?





Referrals: When Concerns Are Identified

Developmental Concerns: DUAL Referral (motor, cognitive, communication concerns)

Medical Evaluation

- Primary care provider
- Diagnosis, treatment
- Better insurance coverage

Educational Evaluation

- Help Me Grow or local school district
- Early intervention/ ECSE services

Other Supports

- Learning activities for home
- High quality early care for education
- Community Programs Including tribal, local public health and human services early childhood programs (FHV, FAP, PSOP)



Medical Evaluation

Who

Primary care provider

Medical specialists

What

Family and medical history
Sensory testing
Lab testing

Why

Clarify why, how much, and how to treat

May qualify for more El services

or insurance



Educational Evaluation

Who

Local school district

What

More screening or comprehensive evaluation

health.state.mn.us

Why

Determine eligibility for free early intervention services

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How to Make a Referral for Educational Evaluation in Minnesota

- Call the school district directly, or
- 1-866-693-GROW (4769) or Help Me Grow MN (helpmegrowmn.org)





Refer EARLY for Educational Evaluation

- Top reasons to refer before 3 years of age:
 - Earlier intervention is more effective
 - Easier to qualify for services
 - Services are year-round
 - Services provided in child's "natural environment"
- Beginning at age 3:
 - Must demonstrate an educational need
 - Services provided in early childhood classroom or center-based setting





Social-Emotional Concerns: TRIPLE Referral

Medical evaluation

- Primary care provider
- Diagnosis, treatment

Educational evaluation

- Help Me Grow or local school district
- Early intervention/ ECSE services

Mental health evaluation

- Early childhood mental health provider
- Services for infant/child and family

Other Supports

- High quality early care and education, Head Start or Early Head Start
- Community Programs
- Tribal, local public health and human services early childhood programs (FHV, FAP, PSOP)



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Mental Health Evaluation

Who

Early
Childhood
Mental
Health
Professional

What

Relationshipbased assessment of child and family

Why

Provide
evidencebased mental
health
services



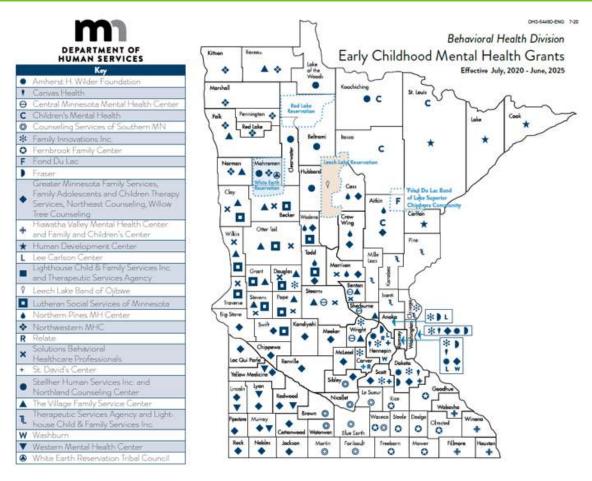
Talking With Parents of Young Children About Mental Health Referral



• Talking to Families: Early Intervention Makes a Difference (youtube.com)



Early Childhood Mental Health Services in Minnesota



Early Childhood Mental Health System of Care (mn.gov)



Effective Referrals

- Offer options
- Develop plan together
- Prioritize based on family's needs
- Active referral: get the process started together
- Warm handoff: help make initial connection, let families know what to expect, introduce them if possible





Follow-Through

- Family-centered decision-making:
 - What is highest priority for the family?
 - What works for them?
 - Teach back
- Follow through
 - Families often do not follow through the 1st time more than half of the time!
 - Follow up by phone, mail, text or with a future visit
 - Engage other professionals that have a trusted relationship with the family, with their permission
 - Tips: care coordinator, tickler file, Excel spread sheet...



Closing the Loop

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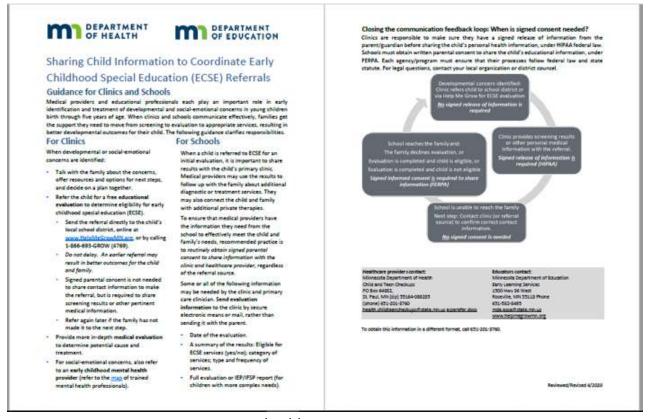
- Family needs
- Parent consent
- Who needs to know
- What information





Example of Why and How to Share Information

 Fact sheet for clinics and schools: <u>Sharing Child Information to</u> <u>Coordinate ECSE Referrals (health.state.mn.us)</u>





Community Supports for Healthy Development

- County and tribal public health programs:
 - Follow Along Program
 - Family Home Visiting
- School district and community education programs:
 - Early Childhood Family Education (ECFE)
 - Various pre-K and school readiness programs

- Head Start and Early Head Start
- Child Care Aware of Minnesota
- Other community family support programs
- Refer to <u>Developmental and</u>
 <u>Social-Emotional Screening</u>
 <u>Resources (health.state.mn.us)</u>



Developmental and Social-Emotional Resources

- Refer to <u>Developmental and Social-Emotional Screening Resources</u> (health.state.mn.us) for more information about these programs:
 - Help me Connect
 - Child and Teen Checkups
 - WIC
 - Early Childhood Screening
 - Help Me Grow
 - Learn the Signs. Act Early.
 - Positive Parenting Tips



Our Program Referral Resources

- Create your program specific contact list of:
 - Medical evaluation and treatment
 - Educational evaluation and services
 - Mental health evaluation and services
 - Other local programs that support healthy development
 - Materials and resources for families
 - Methods to follow-up with families



Virtual Screening Tips

- Know your options for questionnaire delivery and completion (online platform or phone).
- Prepare parents for the screening ahead of time.
- Before screening, take time to introduce and review the questionnaire.
- Assist families with gathering and adapting materials.
- Schedule two phone or video conferences: one to go through the questionnaire, one to discuss results and next steps.
- Follow a step-by-step guide for virtual screenings.
- Learn more about how to work effectively with parents during virtual screenings.
- Virtual Screening Tips (agesandstages.com)



9 Best Practices for Using an Interpreter for ASQ Completion

- A translated questionnaire is not a substitute for an interpreter.
- Use an interpreter, not a translator.
- Know the qualities of a good interpreter.
- Prepare the interpreter with a questionnaire preview.
- Try to identify items that are not culturally appropriate.
- Get off to a smooth start.
- Take your time during administration.
- Give the family a summary at the end.
- Keep a record of culture-related notes.
- 9 Best Practices for Using an Interpreter for ASQ Completion (agesandstages.com)



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Remote Interpreting

- Remote interpreting (atanet.org)
- Communication has moved to online platforms
- Options: phone, video, video conferencing, remote simultaneous interpreting
- Planning and equipment recommendations
- Tips for before, during and after the session



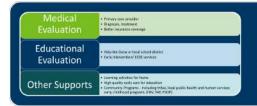
Take-Home Points



Family-centered Care

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Recommended Instruments



Dual or Triple Referral



Active Referral, Coordination, Follow-up





Thank You!

Firstname Lastname

firstname.lastname@state.mn.us

555-555-5555