



Section A: Introduction to Developmental Screening

LAND ACKNOWLEDGMENT

The traditional lands on which the Hospital for Sick Children resides are the territory of the Huron- Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory has been occupied for the past 15,000 years, and was “the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes” (Council of Ontario Universities, Elders Circle, 2014).

We are thankful to work in this territory and gratefully acknowledge past, present and future Indigenous peoples who call Toronto home.



Learning Objectives

At the end of this webinar, participants will be able to:

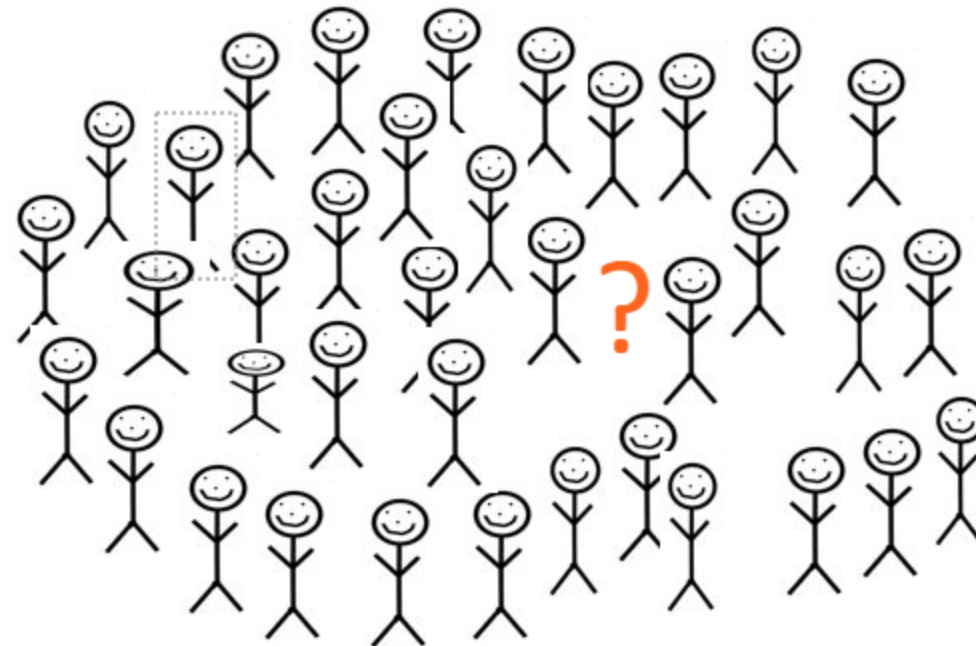
- Gain a better understanding of developmental screening and its benefits in supporting children's development
- Understand, facilitate, score and interpret the Ages and Stages Questionnaire 3rd edition and the Ages and Stages Questionnaire: Social-Emotional 2nd edition
- Better understand the various barriers to accessing services for young children and their families
- Use the recommendations provided to better engage with, and deliver the results to families
- Make the appropriate decisions to support a child's development

The Rationale for Screening

- Screening enhances our understanding about any risk to a child's development that may not necessarily be observed
- When a risk to development is recognized early and the appropriate early intervention provided, it can positively influence a child's developmental trajectory
- Even as early as infancy, development AND behaviors can signal the need for intervention
- Links exist between early risk factors, poor outcomes, and violence

Why Screen?

Clearly
Typical

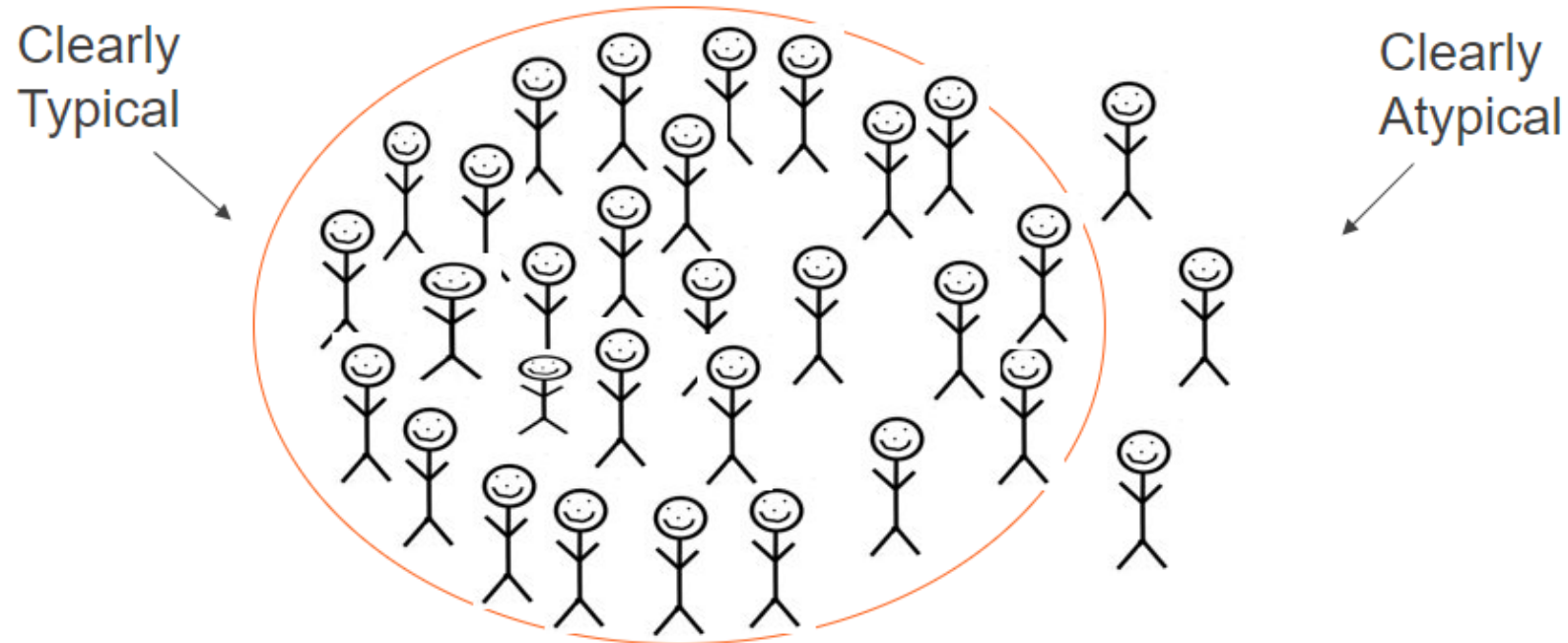


Clearly
Atypical

Adapted from Macias, M. (2006) D-PIP Training Workshop

Can We Support All Children Without a Screen?

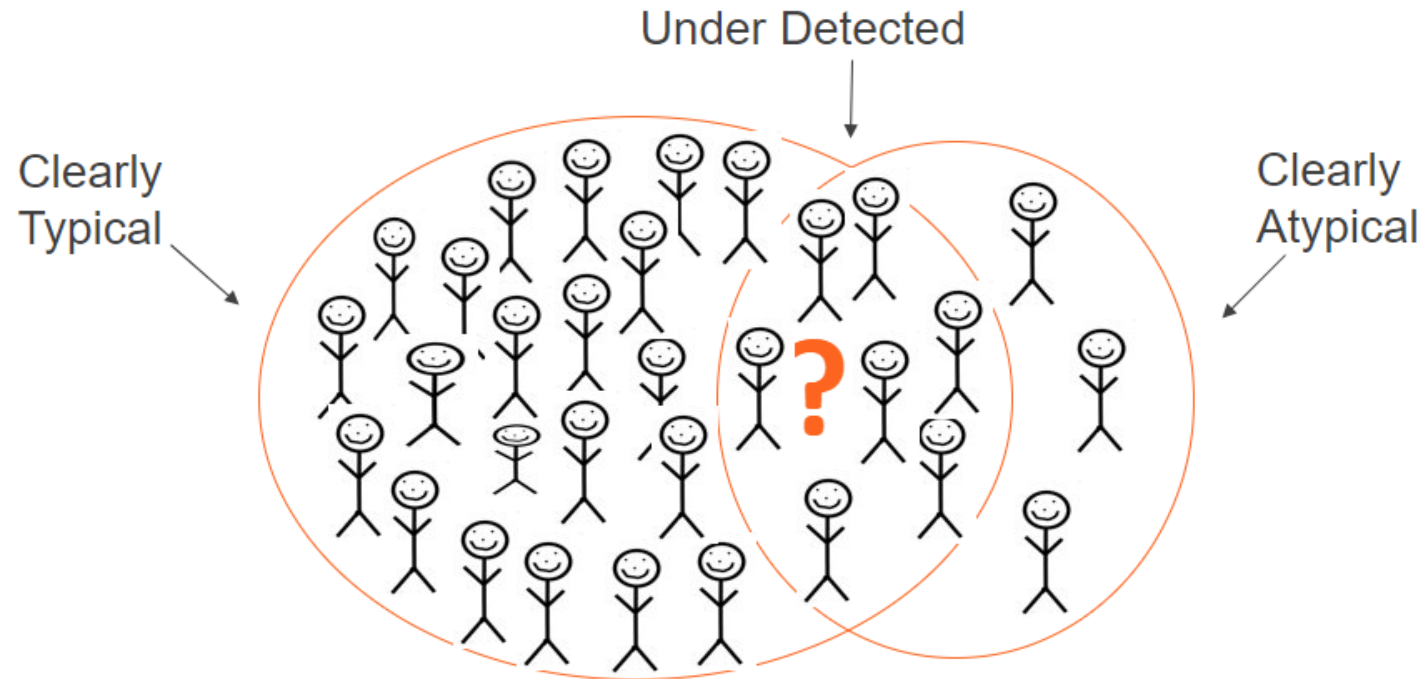
Our eyes are not sensitive



Adapted from Macias, M. (2006) D-PIP Training Workshop

Screening Helps Us Support All Children!

To prevent us from missing children



Adapted from Macias, M. (2006) D-PIP Training Workshop

What are the ASQ Screening Tools?

Brief, accurate (valid) tools that:

- Identify children developing on-schedule
- May identify children who would benefit from practice/support in specific areas (e.g., ASQ-3 & ASQ:SE-2)
- Identify children **at risk** for developmental delays (DD) who should be referred for further evaluation

Who Completes the ASQ Screening Tools and Who Are They Meant For?

- Parent- or caregiver-completed screening tools that encourage parent/caregiver involvement
- Series of questionnaires for children ages:
 - 1 month to 5 ½ years (ASQ-3)
 - 1 month to 6 years (ASQ:SE-2)

ASQ:3 and ASQ:SE-2 Domains

ASQ-3

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

ASQ:SE-2

- Social-emotional development



What Can an ASQ Screen Tell Us?

- That a child's development may be at risk for delay
- That there may be a need for a referral to a service for further assessment
- That a child may be on track with their development
- That a child just may need some support or practice with their development
- That a child's developmental needs may not always be obvious
- When parents/caregivers may benefit from some developmental guidance to better support their child's development

Compelling Statistics

25% of Canadian children under the age of 5 are at risk for social, emotional or behavioural problems

(Willms, D. 2002, NLSCY)

Detection Rates of Children with Existing Delays

	Without Screening Tools	With Screening Tools
Developmental Disabilities	14-54% identified Sheldrick et al, 2011	70-80% identified Squires et al, 1996
Mental Health Problems	20% identified Lavigne et al, 1993	80-90% identified Sturner, 1991

Courtesy of START

Keep in Mind

Results of screening will inform you that....

- **Most** children are on schedule and doing great!
- **Some** children will benefit from practice in specific areas (e.g., fine motor) or other family supports
- **A few** children will need referral for evaluation



And Remember...

- Screening **does not** diagnose delays or disabilities
- Screening **does not** identify specific child goals or skills to target; only information on general areas of development



Why Can I Not Just Use the ASQ:3?

Research indicates that:

- The ASQ:3 looks largely at observable behaviours, whereas the ASQ:SE2 allows for insight into behaviours that are more subtle and less observable
- Using the ASQ:3 and the ASQ:SE2 *together* offers a more comprehensive and holistic view of the child

Social Emotional Behaviours: Which Ones Concern Us?

Externalizing:

- Severe tantrums
- Kicking, hitting, biting
- Throwing toys and materials
- Difficulty accepting guidance

Internalizing:

- Withdrawn
- Unengaged with people or materials
- Sad, anxious, irritable

Dysregulation:

- Hard to recognize emotional state
- Shifts quickly to inconsolable crying
- Difficulty being calmed or calming self
- Difficulty with routines:
 - Falling asleep, staying awake
 - Feeding / Mealtime problems

Challenges in Assessing Social Emotional Development

Understanding the Characteristics of Problem Behaviors:

2 Crucial Features:

- Frequency
- Intensity of Behaviors

2 Dimensions:

- Externalizing
- Internalizing

Challenges in Assessing Social Emotional Development

Anti-Social Behavior is Part of Typical Development

- Infants cry to get wants and needs met
- Toddlers can't share. They may bite and have frequent temper tantrums
- Preschoolers whine, make demands, grab, push and hit
- Behavioral experimentation helps children learn consequences, builds working memory for future problem solving, and ultimately helps them develop self regulation

Video: Early Childhood Mental Health



Center on the Developing Child at Harvard University (www.developingchild.harvard.edu)

**CLICK THE “X” AT THE TOP RIGHT-HAND CORNER TO
EXIT THIS SCREEN**

