

An Introduction to the Ages and Stages Questionnaires: Social Emotional



Assessment Workshop
University of British Columbia

May 12/2011

Introductions

- ❖ Who are you and what program(s) do you work with?
- ❖ Hoped for outcomes for the workshop?



Objectives

- ❖ Review the benefits of developmental screening.
- ❖ Describe features the ASQ:SE.
- ❖ Score ASQ:SE.
- ❖ Describe ASQ:SE cutoff scores.
- ❖ Discussion of ASQ:SE information in relation to other referral considerations.

What are the ASQ:SE ?

- ❖ Parent/Caregiver completed screening tools.
- ❖ Series of questionnaires for children 3 months to 5 & 1/2 years.
- ❖ Accurately identifies children at risk for social-emotional delay/issues.
- ❖ Encourages parent involvement.

ASQ and ASQ-SE

ASQ screens 5 domains:

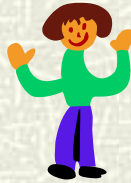
- ❖ Communication
- ❖ Gross Motor
- ❖ Fine Motor
- ❖ Problem solving
- ❖ Personal-social



ASQ-SE developed as a companion tool



Beyond Cutoff



Near Cutoff



Not near cutoff



Further

**Assessment
and
intervention**

**Continue to
Monitor**

**(Re-Screen) &
suggestions**

Developmental-Organizational Framework (Cicchetti, 1993)

Age	Stage of Development	Behaviors
0-12 months	Attachment	<ul style="list-style-type: none"> -regulation -recognizable states -attachment -communication
12-30 months	Autonomy & Self Development	<ul style="list-style-type: none"> -differentiates between self and others; real and make believe -use of pronouns exploration -self control; rules
30 months-7 years	Establishing Peer Relations	<ul style="list-style-type: none"> -empathy -gender differences -identification of friends -interest in other children

Behavioral Areas	Definition
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 People	Ability/willingness to respond or initiate social responses with caregivers, adults, peers.

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

- Most of the time
- Sometimes
- Never or Hardly Ever
- Is this a concern?

Points

0 or 10

5

0 or 10

Yes = 5

- ❖ 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
 - (18 months and older) Perseverative behaviors

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

Missing Items?

Calculate an Average Score

6-18 months 2 or less

24-60 months 3 or less

1) Compute Average Score:

$$\frac{\text{Child's Score}}{\text{\# of Scored Items Answered}} = \text{Average Score}$$

2) Compute Final Score

Average Score times (# of missing items)

$$+ \text{ Child's Score} \\ = \text{Final Score}$$

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

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

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 local community agencies/programs
 - ❖ Feeding clinic
 - ❖ Church groups
 - ❖ Community groups
 - ❖ Parenting groups
- ❖ Refer to primary health care provider
- ❖ Refer to Infant and Child Mental Health

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:SE and explain score.
- ❖ Emphasize child and family strengths.
- ❖ Provide specific examples of concerns.
- ❖ Invite parents to share observations, concerns.



Communicating Screening Results*

❖ Prepare for the meeting carefully

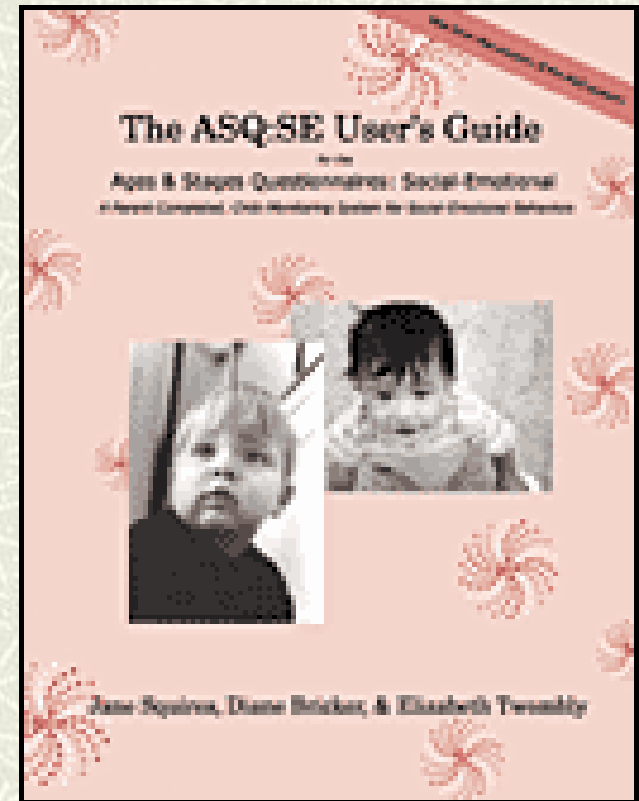
- ❖ Make notes about behaviors.
- ❖ Note information you need to gather (health history etc.) from family.
- ❖ Role play conversation with a peer.
- ❖ Select a private, comfortable place.
- ❖ Consider cultural or language issues.
- ❖ Know your community resources.
- ❖ Be calm!

* Adapted from the Hilton/Early Head Start Training Program
Sonoma State University

ASQ:SE

User's Guide

- ❖ Excellent resources.
- ❖ Includes information on scoring and interpreting scores.
- ❖ Provides activities and case studies.
- ❖ Covers all topics in depth.



In Summary

- ❖ Screening tools can help bridge communication with families.**
- ❖ Screening tools can provide baseline information for suggestions and activities.**
- ❖ Screening tools can assist in making referrals**
- ❖ Referrals should be based on a variety of considerations in addition to “scores”.**
- ❖ Social-emotional issues are very complicated.**
- ❖ Use available resources to make decisions about next steps after screening.**

For More Information Please Contact:

University of Oregon
Early Intervention Program
5253 University of Oregon
Eugene, OR 97403-5253
541-346-0807
eip.uoregon.edu

