

Early Support for Infants & Toddlers



Practice Guide: Social-Emotional Assessment

Background

The State Identified Measurable Results (SIMR) of Washington's State Systemic Improvement Plan (SSIP) is that there will be an increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program. Based on child outcomes summary (COS) data analysis, we have learned that children are being rated very high at entry in child outcome 1, positive social relationships. Through in-depth data analysis and stakeholder input it was determined that outcome 1 entry scores are high at times because there are no concerns, but they may also be high because concerns are not captured by assessment tools. If social-emotional concerns are not being identified, then families will not receive the necessary supports to address the needs in this area.

Implementing broader social-emotional assessment at intake is one method to ensure we are capturing needs we might have otherwise missed. Use of the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) is part of family assessment. It will inform the selection of tools for eligibility, the Summary of Functional Performance and Child Outcome Summary process, and the development of functional outcomes.

ESIT Requirement

All children referred for services must receive an assessment of their social-emotional development prior to writing the Individualized Family Service Plan (IFSP).

- Complete an ASQ:SE for each child unless one of the following applies:
 - If the child has been referred with a social-emotional screening already completed within the past 3 months (e.g. ASQ:SE or M-CHAT), or
 - The family, referral source, and/or team has already identified social-emotional concerns.

When concerns are identified on the ASQ:SE, or by the family, team or referral source, complete the eligibility process with the addition of a social-emotional tool (see menu of tools below).

- The following are examples of how concerns may be identified using the ASQ:SE:
 - A final score that is above the cutoff score. This indicates that there is a potential concern that warrants further evaluation.

- A caregiver may discuss concerns or the team may observe a behavior that is not captured by the ASQ:SE. These concerns can also lead to the use of an additional social-emotional tool by the evaluation team.
- After completing the ASQ:SE, if a more in-depth social-emotional assessment is not warranted, you must still complete the social-emotional section of the standardized tool you are using for eligibility.
- The ASQ:SE must not be used to “screen children out.” Because it is not being used for that purpose, an additional consent to screen is not required.
 - If using the tool as a part of an initial screening process, the consent to screen will be adequate.
 - If using the tool as a part of the larger evaluation and assessment process, the consent for evaluation will be adequate and must be signed before administering the ASQ:SE.

Practice Considerations

Who should complete the ASQ:SE with the family?

There are two options for completing the tool with families:

- A Family Resources Coordinator (FRC) administers and scores the ASQ:SE and qualified personnel must participate in determining what evaluation tool(s) are used for evaluation. The FRC’s primary goal in this case is to gather valuable information which can be used by the evaluation team to determine the level of need. Essential skills for a FRC to be effective in implementing this assessment include:
 - The ability to be comfortable with challenging conversations, and
 - Active listening with appropriate follow up questions.
- A qualified personnel, which could include an embedded FRC, administers and scores the ASQ:SE and decides next steps.

Ultimately, the evaluation team will make the decision as to whether or not further social-emotional evaluation is needed. It is important that the interpretation of the results be completed by someone with knowledge of child development. Intake coordinator or other staff who are not a FRC or qualified provider may not administer the ASQ:SE as a part of this process.

When to complete the ASQ:SE

- Providers must complete the ASQ:SE in person with the family. There may be a need for discussion on some or all of the items so it is important to plan for that possibility in order to get quality responses. It should take 10-20 minutes to administer and 2-3 minutes to score. It is recommended that the results be shared in the same visit but this is not required.
- The ASQ:SE should be done prior to the evaluation because the results may have an impact on who the evaluation team will consist of and what tools will be best for that child and family.

Explaining why social-emotional skills are being assessed

It can be difficult to discuss social-emotional development with a family, especially when that is not an area of concern for them. Having the right words to bring it up can be helpful for providers and the following are examples of how the ASQ:SE might be introduced to families:

- This is something we do with all families,
- We want to learn more about how we can support your child and family,
- We want to learn about your child's strengths, and
- Since all areas of development are connected, it is important for your child to have strong social-emotional skills.

It can also be helpful for caregivers if providers are able to explain what social-emotional skills are and how they relate to other areas of development. For example:

- The more we know about how your child interacts with his peers, caregivers and his environment in different situations will help us to make a plan that is just right for him,
- We can learn a lot about your child based on her style of play and how she reacts to different situations, and
- There may be behaviors that make regular routines difficult. Learning more about your child's social-emotional skills will help us understand what his behaviors are telling us.

Ways to integrate the tool in a culturally sensitive way

There are cultural differences regarding social-emotional development and behavioral expectations that make it challenging to determine whether or not there is a concern. "When and how to display emotions, how to cope with stress or change, and when it's appropriate to see adult attention are all examples of social behaviors that children learn through their culture" (Steed & Banerjee, 2016). The ASQ:SE was developed using children living in the US and some items may not always be appropriate for families with different cultural backgrounds. There are guidelines available for altering the tool to fit the culture of the children being assessed but these changes must be approved by Brookes publishing. There are, however, other ways to make sure the ASQ:SE is being administered in a culturally sensitive way.

- *Note the items the family may have found confusing or culturally inappropriate**. This will not impact the overall score but can be used as support for the interpretation of the results. For example, if eye contact with adults is not encouraged in the family this should be noted and considered when determining next steps.
- *While completing the questionnaire, regularly check with the family to ensure cultural relevance of the items.* If caregivers express concerns or confusion, make a note on that relevant item.*
- *When working with an interpreter; if you or the family seems confused by an item or their answer does not seem to fit with the question asked, discuss it further with the interpreter to ensure clarity.**

*Examples pulled from Brookes recommendations, see Resources

Implications of the Results of Social-Emotional assessment

Once the ASQ:SE is completed, the early intervention team will need to make decisions about the next steps for evaluation. If social-emotional concerns are identified it will be important to choose an evaluation tool that will yield more information for the IFSP team. The menu below lists a number of tools that can be used for social-emotional evaluation and assessment. The team can use the results of the ASQ:SE, as well as clinical opinion based on parent concerns and priorities, to choose a tool that will be the best fit for that child.

Administering the ASQ:SE is intended to increase the identification of infants and toddlers with needs in this area. One implication of this may be an increase in enrollment which may challenge the capacity of EI providers. Another implication is an increase in the number of children served who need specialized services for social-emotional or infant mental health concerns. Further guidance around addressing the social-emotional needs of all children enrolled can be found in the functional outcomes practice guide.

Resources

Steed, E. A., & Banerjee, R. (2016). Assessment and Early Identification of Young Children with Social Emotional Difficulties and Behavioral Challenges. *Journal of Intellectual Disability-Diagnosis and Treatment*, 3(4), 198-204.

ASQ Guidelines for Cultural and Linguistic Adaptation of ASQ-3 and ASQ:SE. Retrieved from <http://agesandstages.com/resource/guidelines-cultural-linguistic-adaptation-asq-3-asqse/>

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Tool Menu

Specialized Social-Emotional Tools				Purpose		
Name of Tool	Description	Time Frame	Administration	Age Range	Standardized Evaluation	Assessment Tool
BASC-2 (Behavior Assessment System for Children, 2 nd Ed.)	Can be used for both assessment and intervention planning. A child's specific behaviors are rated on a four-point scale. The Parent Rating Scale measures adaptive and problem behaviors. ³	10-20 minutes	Parent or caregiver completes the Parent Rating Scale (PRS) and the administrator completes the Structured Developmental History (SDH).	2-21 years, 11 months		✓
Bayley-III-Social-Emotional Growth Chart (Bayley Scales of Infant and Toddler Development, 3 rd Ed.)	A norm-referenced, standardized assessment subscale. Assesses self-regulation and interest in the world, communicating needs, engaging others and establishing relationships, using emotions in an interactive purposeful manner and using emotional signals or gestures to solve problems.	Not reported	Must be trained in administration and analyzing/interpreting results. Has a core battery of five scales: three administered with child interaction (cognitive, motor, language) and two conducted with parent questionnaires (social-emotional, adaptive behavior). Also included: Caregiver Report Form and Behavior Observation Inventory	1 month to 3 years, 6 months	✓	✓
CBCL (Child Behavior Checklist)	The Child Behavior Checklist for Ages 6 to 18 months (CBCL/6-18) is a standardized questionnaire for assessing children's behavioral, emotional, and social problems and competencies. ⁵	Not reported	Parent-reported assessment of child's skills. Can be self-administered or administered by an interviewer.	18 months to 5 years	✓	✓

Name of Tool	Description	Time Frame	Administration	Age Range	Standardized Evaluation	Assessment Tool
DECA-I/T (Devereux Early Childhood Assessment for Infants and Toddlers)	A standardized, norm-referenced, strength-based assessment that assesses protective factors and screens for social and emotional risks in very young children. ¹	Not reported	33 or 36 item assessment completed by parents and caregivers of infants and toddlers, comprising protective factor scales: initiative, attachment/relationship, self-regulation, and a total protective factors scale	DECA Infant: 4 weeks to 18 months DECA Toddler: 18 months to 3 years	✓ *A child can meet eligibility criteria with a DECA-I/T subscale	✓
ITSEA (Infant Toddler Social Emotional Assessment)	Focuses on competencies, as well as deficits, and relies on input from the parent and childcare provider. Use the BITSEA to quickly identify possible developmental delays, followed by the ITSEA to provide in-depth analysis and intervention guidance. ¹	ITSEA: 25-30 mins	Qualified administrator completes the assessment forms, which cover 17 subscales that address 4 domains: Externalizing, Internalizing, Dysregulation, and Competence	12 months to 3 years	✓	✓
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes)	A checklist of 29 observable developmentally supportive parenting behaviors with children ages 10–47 months in four domains. PICCOLO helps practitioners observe a wide range of parenting behaviors that help children develop over time—an approach known as <i>developmental parenting</i> . ⁷	Scored from a 10-minute observation, live or from video	Family support professionals such as home visitors, child development specialists, family educators, etc. can complete the PICCOLO	10 months to 3 years, 11 months		✓
Sensory Profile 2	A family of assessments provides you with standardized tools to help evaluate a child's unique sensory processing patterns from a position of strengths, providing deeper insight to help you customize the next steps of intervention. ¹⁰	5-20 minutes	Standardized forms are completed by caregivers and teachers, who are in the strongest position to observe the child's response to sensory interactions that occur throughout the day.	Birth to 14 years, 11 months	✓	✓

Name of Tool	Description	Time Frame	Administration	Age Range	Standardized Evaluation	Assessment Tool
TABS (Temperament and Atypical Behavior Assessment Tool)	A norm-referenced tool designed to identify temperament and self-regulation problems that can indicate that a child is developing atypically or is at risk for atypical development. The results give a detailed evaluation of atypical behavior in four categories-detached, hypersensitive-active, under reactive, and dysregulated. ⁸	15 minutes	Parent-completed checklist	11 months to 5 years, 11 months	✓	✓
Vineland SEEC (Vineland Social Emotional Early Childhood Scale)	Three scales (Interpersonal Relationships, Play and Leisure Time, and Coping Skills) and the Social-Emotional Composite assess usual social-emotional functioning in children from birth through 5:11. The tool assesses strengths and weaknesses in specific areas of S-E development that can be used to plan targeted activities and supports, monitor progress, or evaluate success after completion of a program.	15-25 minutes	Data is collected through an interview with the parent or caregiver. Can be used alone or in conjunction with the Mullen Scales of Early Learning for a more complete assessment of a young child's development.	Birth to 5 years, 11 months	✓	✓