

Recognizing and responding to young children in need of extra social-emotional support starts with assessment

An introduction to two caregiver-completed
assessment tools

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Session will cover:

1. Importance of Social-emotional development.
2. Overview of tiered model approach for supporting social-emotional development using the Positive Behavior Intervention Support (PBIS) Pyramid Model
3. Introduction to:
 - Ages & Stages Questionnaires®: Social-emotional (ASQ:SE)
 - Social Emotional Assessment/Evaluation Measure (SEAM™)



What is Social-emotional Development?

Children's reactions and responses that produce:

- satisfying interactions between the individual and his or her social world
- comfortable self-images and perceptions by others
- matching and modulation of emotional and social responses to internal and external events.

What is Social-emotional Development?

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

Why Assess Social-emotional Development?

- Healthy early childhood social -emotional development is essential for educational readiness, social well-being, and preventive mental health (American Academy of Pediatrics, 2001; Lyman, Njoroge, Willis. Early Childhood Psychosocial Screening in Culturally Diverse Populations: A Survey of Clinical Experience with Ages and Stages Questionnaires: Social -Emotional (ASQ-SE). Zero to three, May 2007.
- American Academy of Pediatrics, U.S. Public Health Service have called for improvement in early identification of psychosocial disturbances or risks (American Academy of Pediatrics, 2001, 2006; Pelletier & Abrams, 2003; U.S. Public Health Service, 2000)
- Strong links between early social-emotional behaviors and subsequent outcomes.



Social-emotional Research

- **Links exist between earliest emotional development and later social behavior** (Cicchetti & Cohen, 1995a, 1995b; Reynolds, Temple, Robertson, & Mann, 2001)
- **Behaviors, even in infancy, signal the need for intervention** (Shonkoff & Phillips, 2000)
- **Links exist between early risk factors, poor outcomes, and violence** (Conroy & Brown, 2004)
- **By 3rd grade, programs for children with antisocial behavior are mostly ineffective** (Greenberg et al., 2003; Walker, 2004)

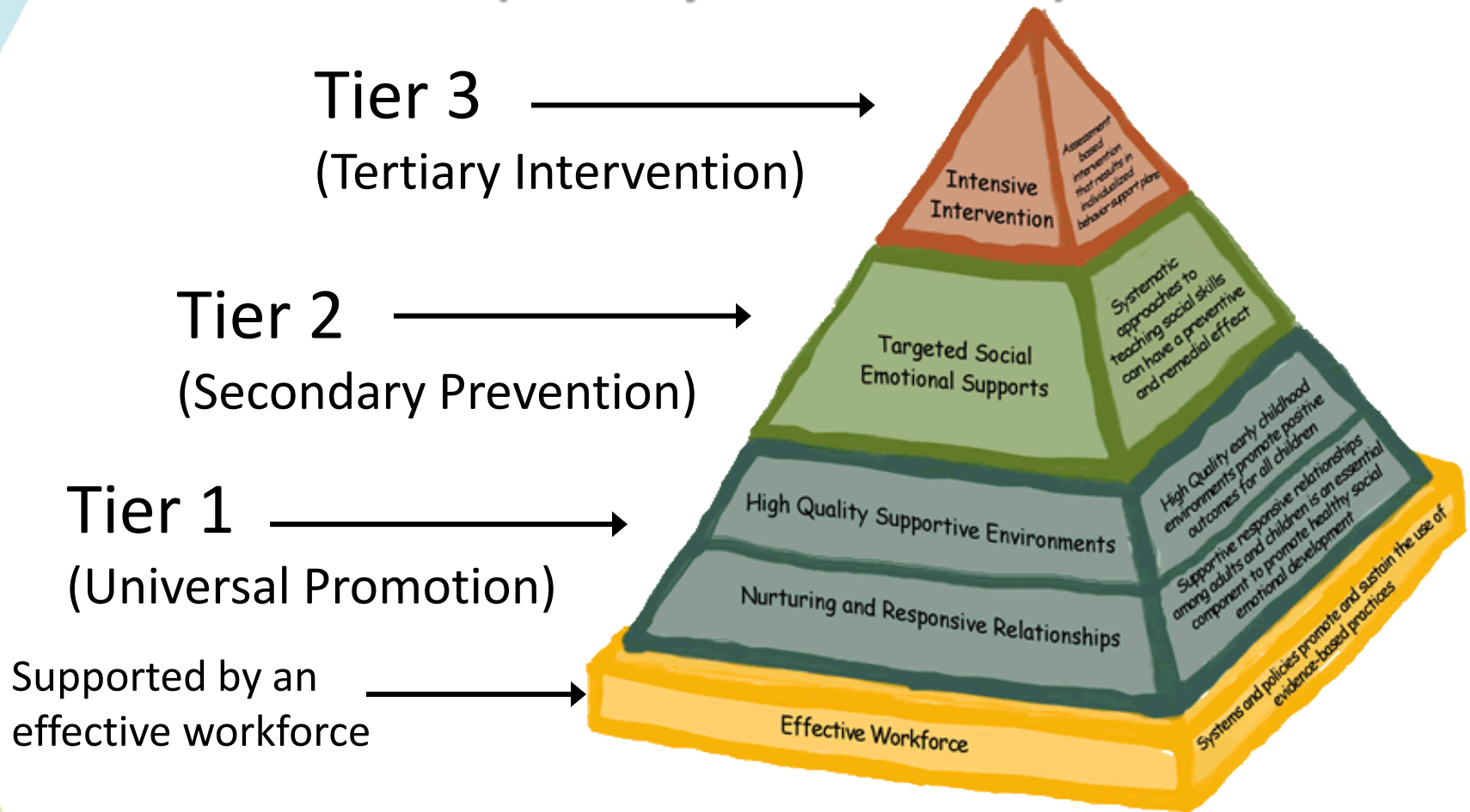
Barriers to Early Identification and Treatment of Young Children Experiencing Social-emotional Challenges

- Lack of clear definition of what is acceptable
- Poorly equipped professionals
- Few valid screening measures
- Lack of community-based mental health services for young children and their families
- Difficult for young children experiencing social-emotional difficulties or behavioral challenges to qualify for services

Squires, J. & Bricker, D., (2007)



3-Tiered Approach to Supporting Social-emotional Development (PBIS Pyramid Model)



Source: Center for Social Emotional Foundations for Effective Learning, <http://csefel.vanderbilt.edu/>



Tier 1: Nurturing and Responsive Relationships & High Quality Supportive Environments

- **Supportive responsive relationships** among adults and children is an essential component to promote healthy social-emotional development.
- **High quality early childhood environments** promote positive outcomes for all children.

Tier 2: Targeted Social-emotional Support

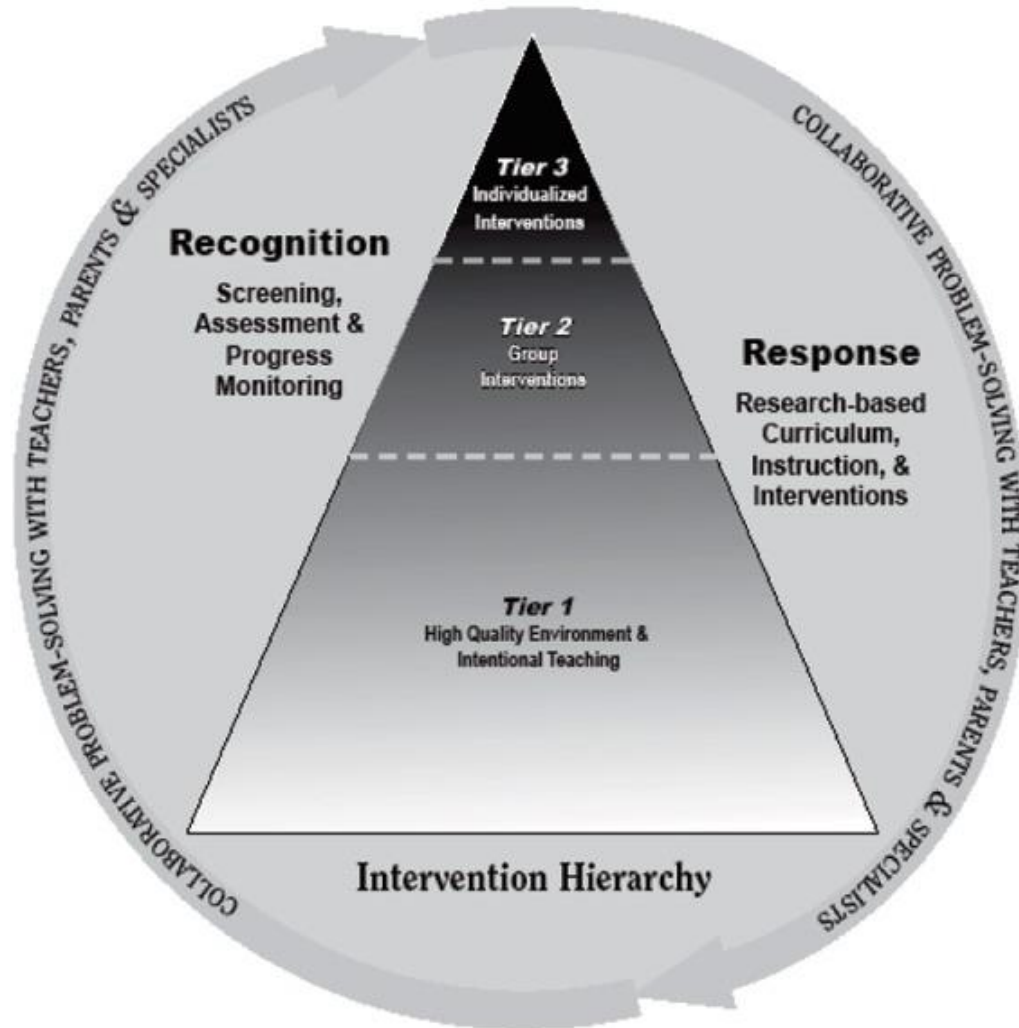
- Systematic approaches to **teaching social-emotional skills** can have a preventive and remedial effect.



Tier 3: Intensive Intervention

- Assessment based intervention that results in **individualized behavior support plans** (e.g., Functional behavioral analysis).

Response to Intervention in ECE: “Recognition & Response”



Before we can *Respond*, we need to *Recognize!*

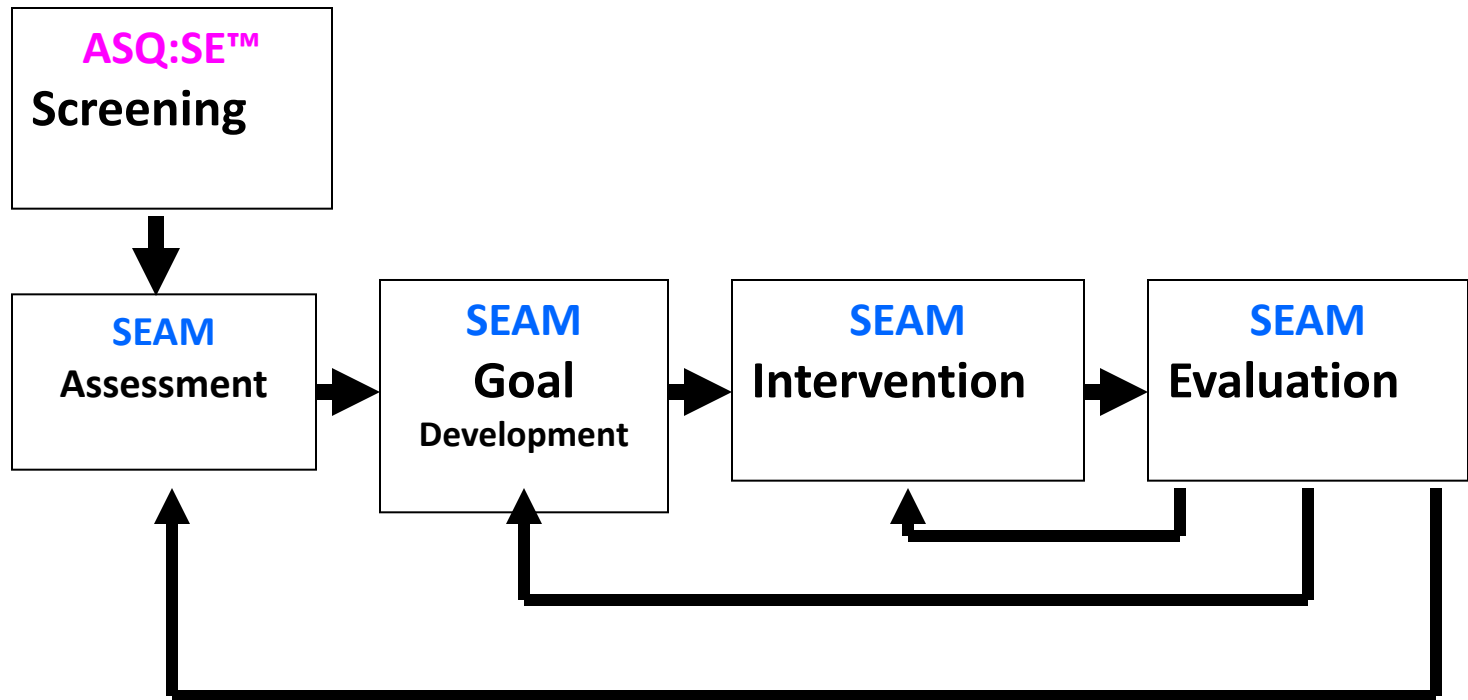
- “The key components of Response to Intervention (and Recognition & Response) are:
 - systematic screening and progress monitoring,
 - the use of multiple tiers of increasingly intense interventions, and
 - a problem-solving process to aid in decision-making.”

<http://www.recognitionandresponse.org/content/view/full/81/92/>

Assessment in a Tiered Model Approach

- Assessment is integral to teaching
- Tells us:
 - Who:
 - is doing fine with current level of instruction and support
 - needs more individualized instruction and support
 - What to teach
 - How to target teaching efforts
 - Whether children are responding to teaching, support, and intervention methods.

The Linked System Framework

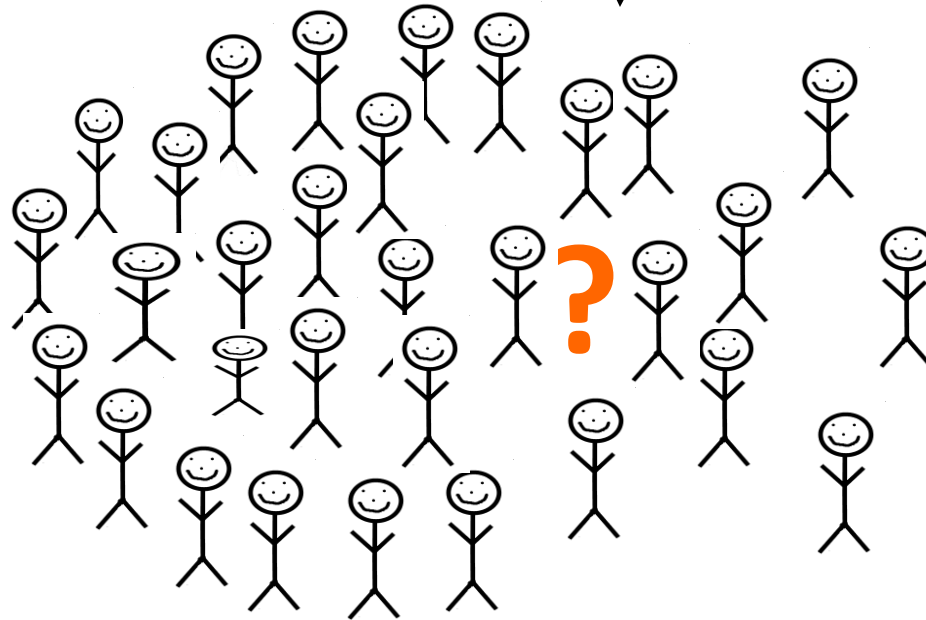


Why Screen?

Clearly
Typical

Under Detected

Clearly
Atypical



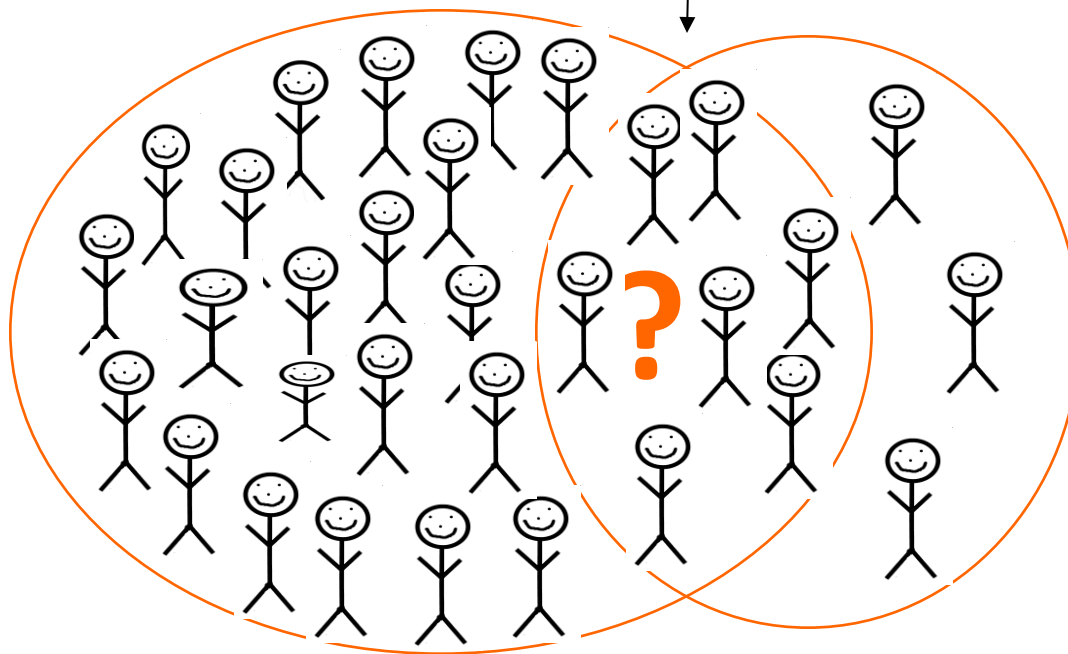
Adapted from Macias, M. (2006) D-PIP Training Workshop

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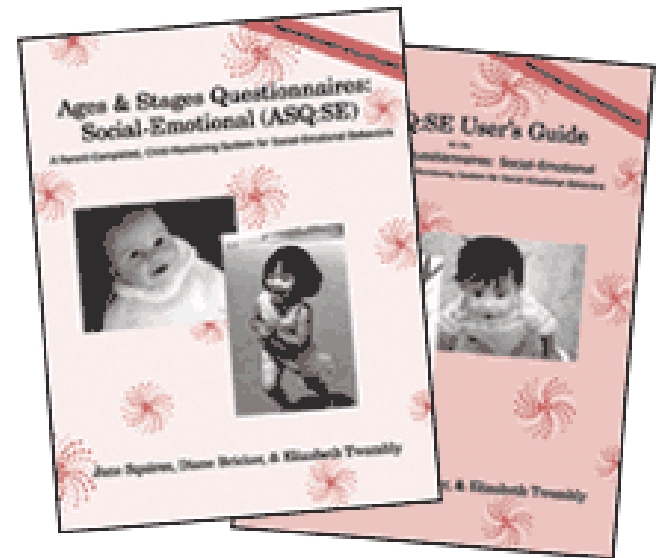
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ASQ-3™ and ASQ:SE Training Materials by Jane Squires, Jane Farrell, Jantina Clifford, Suzanne Yockelson, Elizabeth Twombly, and LaWanda Potter
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What is the ASQ:SE?

- Ages & Stages Questionnaires: Social-Emotional
- Developmental screening tool designed to be completed by parents/caregivers
- Assists in identifying children who may be at risk for social-emotional difficulties
- Can help to identify children whose developmental status is:
 - On schedule
 - At risk (development should be closely monitored)
 - Questionable (consider referral for further evaluation)



Features of the ASQ:SE

- Parent- or caregiver-completed screening tool that encourages parent/caregiver involvement
- Series of questionnaires for children ages 3 months to 5 ½ years
 - 6-, 12-, 18-, 24-, 30-, 36-, 48-, and 60-month intervals
 - Between 19 (6 month) and 33 (60 month) scored questions on each questionnaire
- Items address competence *and* problem behaviors
- Externalizing and internalizing behaviors targeted

Features of the ASQ:SE

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 the ASQ:SE

- 3 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*
 - All items include a "concerns" option
- Open-ended questions related to eating, sleeping, and toileting
- High scores falling above empirically-derived cutoff points are indicative of problems

Interpreting ASQ:SE Results

➤ Total Score Below Cutoff

- Development appears to be on schedule
- Provide suggestions for developmentally appropriate activities
- Monitor at regular intervals
- Follow-up on any parent concerns

Interpreting ASQ:SE Results



Total Score Close to Cutoff

- Possible risk
- Follow up on parent concerns
- Provide information, education, and support
- Make referrals as appropriate:
 - EI/ECSE
 - Feeding clinic
 - Faith based groups
 - Community groups, YMCA
 - Parenting groups
 - Early Head Start
- Monitor more frequently

Interpreting ASQ:SE Results

➤ Total Score Above Cutoff

- Probable risk
- Consider 4 “referral factors”
- Refer to:
 - EI/ECSE
 - Mental health
 - Primary health care provider
- Implement systematic approaches to teaching social-emotional skills (PBIS Tier 2)
- Closely monitor child progress and response to intervention

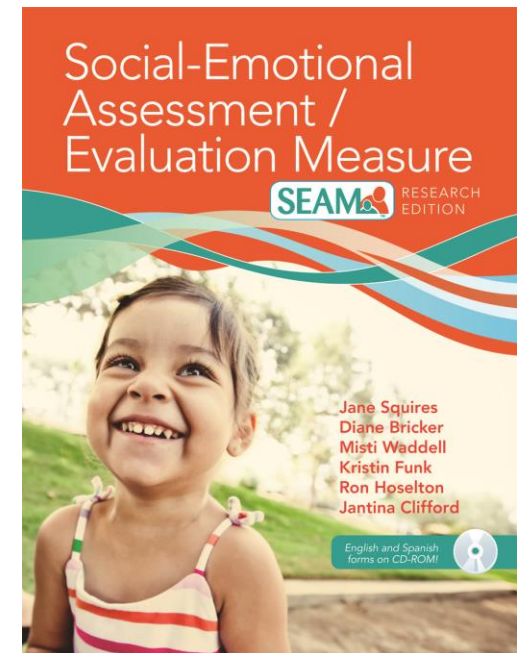
What's New in ASQ:SE-2

- Age ranges expanded: 1 month – 6 years
- Wording changes to improve clarity
- “Most of the time” changed to “Often or always”
- Addition of items sensitive to autism, anxiety
- Increased emphasis on 4 referral factors
- Updated cut-offs based on new normative sample (N = 16,424)
- Addition of “monitoring zone” to help identify scores that are “close to the cut-off”
- Available in Fall 2015!



What is the SEAM?

- Social Emotional Assessment/Evaluation Measure
- Curriculum-based assessment tool designed to be completed by parents/caregivers
- Assists in the development of functional goals in order to:
 - Identify competence skills that child needs support in developing or strengthening
 - Identify and plan intervention content to foster positive social emotional development
 - Evaluate child progress



What is the SEAM?

SEAM system Includes:

- SEAM Infant, Toddler, & Preschool intervals
- SEAM with Ages (for professionals such as home visitors)
- SEAM Family Profile
 - Assesses parent and caregiver strengths
 - Helps identify areas where more supports and resources might be needed to assist parents in fostering their child's social-emotional skills.
- SEAM User's Guide
- Environmental Screening Questionnaire
 - Assists in gathering information regarding risk factors

Features of the SEAM

- Completed independently by caregiver or together with guidance and support from professional
- 3 Age Intervals:
 - Infants (2-18 months)
 - Toddlers (18-36 months)
 - Preschools (36-66 months)
- 10 Benchmarks included in each interval
 - 3-8 items per benchmark

SEAM Toddler Benchmarks

1. Participates in healthy interactions (4)
2. Expresses a range of emotions (4)
3. Regulates social-emotional responses (3)
4. Begins to show empathy for others (3)
5. Shares attention and engages with others (5)
6. Demonstrates independence (3)
7. Displays a positive self-image (3)
8. Regulates attention and activity level (4)
9. Cooperates with daily routines and requests (2)
10. Shows a range of adaptive skills (4)

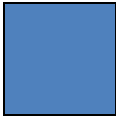



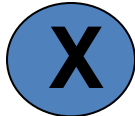

Sample SEAM Assessment Item

Toddler

	Benchmarks
1.0	Toddler participates in healthy interactions. (4)
2.0	Toddler expresses a range of emotions. (4)
3.0	Toddler regulates her social emotional responses. (3)
4.0	Toddler begins to show empathy for others. (3)
5.0	Toddler shares attention and engages with others. (5)

Sample SEAM Assessment Item

Toddler

C-3.0 Toddler regulates own social-emotional responses	Very True	Some-what True	Rarely True	Not True	Concern	Focus Area
<p>3.1. Toddler responds to soothing when upset <i>Some examples might be:</i></p> <ul style="list-style-type: none"> • Stops crying when picked up and comforted. • Resumes playing after being hugged and kissed by caregiver when upset <p>3.2 Toddler can settle self down after periods of exciting activity</p>						

Features of the SEAM

SEAM Response Options:

- 4 options for rating children's behavior:
 - Very True (Consistently or most of the time)
 - Somewhat True (Sometimes, though not consistently)
 - Rarely True (Only once in a while)
 - Not True (Doesn't yet show skill)
- Items include examples of what behaviors *might* look like.
- Parents answer based on their personal experiences and what they know about their child
- Parents can indicate if an item is a concern or if they would like item to become a focus area

Using SEAM Results

- Items are all competence skills (i.e., skills we want children to learn or develop).
- Can promote conversations with parents focused on social-emotional development.
- “Non-judgmental” assessment: Items can be scored but results are not intended to compare or identify children.
- Results can be used to identify goals and organize intervention efforts.
- Scores can be used to evaluate child’s progress toward goals.



Summary

ASQ:SE

- Tier 1:
 - Promotes conversations with parents
 - Assists in identifying children:
 - In need of systematic approaches to teaching (SEAM @ Tier 2)
 - Who may need referral for further evaluation
- Tier 2:
 - Re-administer to evaluate child progress.

SEAM

- Tier 2:
 - Promotes conversations with parents
 - Assists in:
 - Developing individualized child goals
 - Organizing teaching and family support efforts
 - Monitoring child progress
- Tiers 1 & 3
 - Promotes conversations with parents

Andrew's SEAM

- ANDREW is 30 months old and lives with his mother, father and 6-month-old brother. ANDREW attends a center-based childcare program 5 mornings a week, and is at home with his baby brother and grandmother in the afternoons. His mother is a student at the university and his father works full-time. His mother was home with him full-time until 3 months ago, when she started attending a PhD program at the university.
- ANDREW enjoys playing with trains, trucks, and cars. He is very active. At the childcare center ANDREW has difficulty separating from his mother and cries for long periods of time. ANDREW is also slow to warm up and join in activities.
- Review Andrew's SEAM and discuss/answer the following questions in your group.

Questions for Discussion

- What are Andrew's strengths?
- What are 2 social-emotional goals you would like to suggest for Andrew?
- What are some strategies or resources that you think might be helpful for Andrew?



Andrew's SEAM

Summarize Andrew's strengths

- *Andrew is curious and active and enjoys playing.*
- *Andrew is affectionate and talks and plays with others.*
- *Andrew is a happy baby; he smiles and laughs.*
- *Andrew likes attention from his family and engages in activities with them*
- *Andrew seems to feel good about himself and his accomplishments*
- *Andrew looks at books and listens to stories that are read to him*
- *Andrew eats a variety of foods*
- *Andrew cooperates with requests*

SEAM: A Case Study

Identify at least 2 intervention goals using SEAM Toddler:

- *After getting upset or engaging in exciting activity, Andrew will learn to calm himself within 5 to 10 minutes.*
- *While at the childcare center, Andrew will make a smooth transition between activities (e.g. going to circle time to outdoor play).*
- *After a bedtime story and good-night hug and kiss from his mother and/or father, Andrew will learn to fall asleep on his own.*
- *Each morning when his mother drops Andrew at the childcare center, Andrew will separate with minimal upset after she gives him a hug and says good-bye.*

Implementation Plan and Things to Consider

What are some resources and strategies that might be helpful for Andrew?

- Examples:
 - Environmental arrangement & child preferences
 - Curriculum modifications & adaptations (e.g. for transitions)
 - Building Relationships (between teachers & child, with parents)
 - Take time to teach social skills (model & practice)
 - Social-emotional curricula (e.g., identifying emotions, self-regulation skills)

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SEAM

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