Early Identification and Treatment of Developmental Issues in Children 0 to 5

Sondra is a first time foster mom, but she raised three of her own children. Her first foster child is four-year-old Natasha. It has been a while but Sondra thinks her own children at four knew the alphabet and could even pick out some words and they chattered incessantly. Natasha doesn't speak in whole sentences. She makes her wishes known with whining or single words: More, No, Mine. Sondra wonders whether Natasha may be developmentally delayed but no one told her about any problems.

Case Manager Analise Ramirez is visiting Tamika, a 16-year-old foster youth with a baby of her own. Analise is worried that Tamika is depressed. She has not taken the opportunity to return to school, even though childcare is available. She seems to have no relationship with her foster mother or the other young mom who lives in the home. When Analise comes for visits, Tamika is always watching TV and barely responds to simple questions. But what about the baby? Six-month-old Daniel is also a foster child. He fusses quietly in his infant seat, but is expressionless when Analise approaches him. "He never smiles," Tamika says sadly. Analise wonders if it is true.

The citizen review panel is looking at the case of two-year old twins Garritt and Thomas. The boys have been in foster care since birth, and have been in the same stable home the whole time. One panel sees that the boys had a developmental screening at their childcare program. The case manager's notes show that the boys both scored above the cutoff on the ASQ-SE and below the cutoff on the ASQ. But the panel wonders what it means. Is there something that needs to be happening now?

Infant Mental Health

Very young foster children come into our protection at a critical period in their development. We know the importance of these early years in shaping a child's capacity for emotional, physical and cognitive growth. **We also know that early identification and intervention can prevent or reduce the impact of developmental problems.** This growing knowledge is of vital importance to young children in foster care.

Infant mental health is a term that refers to this period of development in the young child. While the term may call up images of adult mental illness, for early childhood professionals the emphasis is on the word "health." The Zero to Three Infant Mental Health Task Force, a multidisciplinary group of mental health professionals, defines it as:

> "…the developing capacity of the child from birth to age 3 to:
> - Experience, regulate and express emotions;
> - Form close and secure interpersonal relationships;
> - Explore the environment and learn—
>
> All in the context of family, community and cultural expectations for young children. "

Infant mental health is synonymous with social emotional development.

We know that older foster children leave the system with high rates of emotional problems, school failure, troubles with the law and pregnancy. **Case managers, child care workers, foster parents, citizen review panel members and others involved in meeting the state's responsibility to dependent children must all be part of encouraging early identification of problems and making sure children receive appropriate help.** Research has shown that 17% percent of children have a developmental or behavioral disability, but only 50% of these children are identified before they start school.

First step: Screening

Screening is the first step when there is concern about a child's development. A screening is a brief assessment (process or system) designed to identify children who should receive more intensive assessment and evaluation. A screening is a snapshot provided by people who know the child well: A parent, a foster parent, a childcare provider, a home visitor. A screening does not result in a diagnosis, but can point to the need for more detailed assessment and evaluation by early childhood professionals. When reliable screening tools are used, professionals are able to identify 70% to 80% of children with developmental delays.

Ages and Stages Questionnaire (ASQ)

All children in subsidized childcare, between the ages of three months to kindergarten, are required to have a developmental screening every year. Research indicates that low income populations are particularly at risk for developmental delays. Very young children in foster care will spend at least some of their time in this setting. In Miami-Dade County, the Ages and Stages Questionnaire (ASQ) is the screening tool that has been chosen by The Early Learning Coalition's Assessment Task Force. The ASQ provides 21 separate questionnaires geared to the child's age, from 2 months to 60 months. The questions cover communication, gross motor and fine motor skills, problem solving and personal-social development, but are presented through concrete behaviors. For example, these items appear in the questionnaire for 16-month-old children:

- Does your child say four or more words in addition to mama and dada?
- Does your child walk and seldom fall?
- Does your child stack three small blocks or toys on top of each other by herself?
- Can your child drop a crumb or Cheerio into a small, clear bottle, such as a plastic soda-pop bottle or baby bottle?
- Does your child feed himself with a spoon, even though he may spill some food?

The parent or caregivers can answer: " Yes, Sometimes, or Not Yet." Especially in the early years, where children change rapidly, it is recommended that the questionnaire be administered more than once a year.

Ages and Stages Questionnaire-Social Emotional (ASQ-SE)

The Ages and Stages Questionnaire-Social Emotional (ASQ-SE) is sometimes used along with the ASQ. It focuses more closely on social and emotional development that may be tied closely with infant mental health status. There are 8 questionnaires developed for 8 age groups, starting at six months and going to 60 months. It covers the areas of self-regulation, compliance, communication, adaptive behaviors, autonomy, affect and interactions with people. These questionnaires also contain questions based on direct observations. For example, the 30-month questionnaire contains these questions:

- Does your child like to be hugged and cuddled?

- When upset can your child calm down within 15 minutes?
- Does your child destroy or damage things on purpose?
- Does your child try to hurt other children, adults or animals, for example by kicking or biting?

The parent or caregiver responds with: “Most of the time, Sometimes, Rarely, or Never”. Because of the complexity of the lives of young children in the child welfare system, it is recommended that programs and caregivers pay particular attention to the social-emotional development of the children in care. The ASQ-SE is an important tool to address this need.

The questionnaires include additional open-ended questions about the child. Once the questionnaire is completed, it is scored by a person who has been trained on the process. The resulting score will indicate whether 1) the child needs further assessment and evaluation by professionals; 2) the child may need further monitoring or activities to promote specific areas of development; or, 3) there are no indications of any problems.

The questionnaire takes 10 to 15 minutes to fill out and only a minute or two to score. In addition to being a powerful tool for identifying problems, parent educators can use the questionnaires as a mini child development course. The parent is respected as the provider of information, but the educator can support good parenting by using the questions to help shape developmental expectations.

What next?

If the questionnaire scores point to the need for more in depth assessments, a referral must be made. Depending on the areas of concern, the assessment would be done by a team of professionals. The team could include a speech pathologist, an audiologist, a physical therapist, a psychologist or others.

For children from birth to 36 months, the referral is made to Early Steps, Florida’s early intervention system for children under three. Early Steps can provide assessments as well as intervention/treatment services. There are four Early Steps offices covering Miami-Dade and the keys (http://www.cms-kids.com/contact/regions/miami.html). The law requires that the assessment take place within 45 days of the referral.

If the child is between three and five, the referral is made to the Florida Diagnostic and Learning Resources System South (http://fdlrs-south.dade.k12.fl.us), FDLRS (pronounced often as “fiddlers”).

The Role of the Advocate

Screening, assessment and early intervention services are mandated in both federal and Florida law. The Individuals with Disabilities Education Act (IDEA) Amendments of 1990 to 1997 require states to provide early identification and provision of services to infants and toddlers with developmental delays or an established disability. Medicaid’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program also requires screening at each well-child visit.

But, like many services foster children are entitled to, it often requires strong advocacy to make sure it happens.

To assure the children who depend on you can benefit from early intervention:

1. Make sure they are receiving required screenings at their childcare provider or other agency.

2. Make sure that appropriate referrals are made when screenings show the possibility of developmental problems.

3. Make sure that in depth evaluations and assessments are carried out according to required timelines. Call and ask the status of the referral and when the evaluation is scheduled.

4. Make sure that children are receiving the services outlined in the plan resulting from the assessment.

References and Resources

Ages and Stages Questionnaire: Extensive information on the questionnaires and their development can be found at: www.agesandstages.org

American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care (2000). Developmental Issues for Young Children in Foster Care PEDIATRICS Vol. 106 No. 5, pp. 1145-1150 http://aappolicy.aappublications.org/cgi/reprint/pediatrics;106/5/1145.pdf

Florida State University Center for Prevention and Early Intervention Policy What is Infant Mental Health? http://www.cpeip.fsu.edu/resourceFiles/resourceFile_68.pdf?CFID=27539&CFTOKEN=91862830