Objectives

1. Describe best practice developmental screening recommendations for health care providers.
2. List standardized screening instruments appropriate for use in developmental screening of young children.
3. Identify resources for health promotion and referral for child development.

Developmental and Mental Health Screening- Definitions

- Identify children in need of further assessment
  - Development
    - Cognitive
    - Fine and Gross Motor
    - Speech and Language
    - Social-emotional
  - Mental Health
    - Identify children whose social-emotional development is delayed and/or whose mental health development is at risk
    - Mental Health¹
      - Express and regulate emotions
      - Form close and secure relationships
      - Explore his/her environment and learn

¹. Zero to Three: National Center for Infants, Toddlers, and Families (www.zerotothree.org)
AAP Policy Statement

- **Surveillance**
  - Every well child visit

- **Developmental Screening**
  - 9, 18, 24/30 month visits
  - Anytime caregiver expresses concern or surveillance raises concern
  - Screen (readiness for kindergarten) at 4 or 5 year visit

- **Autism Screening**
  - 18 and 24 months


- **Referrals**
  - Any child identified with concerns should be referred for a medical/developmental evaluation, to Early Intervention Services, and to an early childhood mental health professional (if applicable)


How is this working?

- Approximately 13% of children in the US with developmental delay
  - Early Intervention serving only 10-31% of these children
  - Survey of AAP Fellows: 47.7% report using at least one screening instrument
  - National Child Health Survey (2007)
    - Only 31.1% of parents of children 10-47 months reported developmental screening from their doctor or other health-care provider
    - 32.3% reported of parents of children 10-47 months reported developmental surveillance from their doctor or other health-care provider


Developmental Screening Task Force

http://www.health.state.mn.us/divs/fh/mch/devscrn/
Instrument Details

Developmental Screening Instruments

Parent Report
- Parents' Evaluation of Developmental Status (PEDS) Ages birth-8 years
- Ages and Stages Questionnaire-3 (ASQ-3) Ages 1-66 months

Mental Health Screening Instruments

Parent Report
- Pediatric Symptom Checklist (PSC) Ages 4-16 years
- Ages and Stages Questionnaires: Social Emotional (ASQ:SE) Ages 6-60 months

Barriers to Screening

<table>
<thead>
<tr>
<th>Author</th>
<th>Barriers to Screening for Health Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Barry, Brenner, Chalesonitl, &amp; Muck, 2010</td>
<td>Lack of confidence with tools</td>
</tr>
<tr>
<td>Jennings &amp; Manline, 2013</td>
<td>Lack of staff, funds, or reimbursement</td>
</tr>
<tr>
<td>Jessen, Chen, Weitler, Fowles, &amp; Needle, 2009</td>
<td>Lack of integration with EHRs</td>
</tr>
<tr>
<td>Mckrides &amp; Rybard, 2011</td>
<td>Time, cost, competing clinical demands</td>
</tr>
<tr>
<td>Poon, Lieben &amp; Pincus, 2010</td>
<td>Staffing requirements/turover</td>
</tr>
<tr>
<td>Shah, Kunnavakkam, &amp; Muck, 2013</td>
<td>Lack of consensus on suitable tools</td>
</tr>
<tr>
<td></td>
<td>Lack of physician confidence in screening</td>
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<tr>
<td></td>
<td>Poor access to treatment/referral resources</td>
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<tr>
<td></td>
<td>Inadequate reimbursement</td>
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<tr>
<td></td>
<td>Irregular adherence to well-child visit schedule by parents</td>
</tr>
<tr>
<td></td>
<td>Poor knowledge regarding the special education and the early intervention process</td>
</tr>
</tbody>
</table>
Overcoming Barriers

- Training Resources
  - Staff
  - Providers
- Online Versions
  - Eliminate scoring burden
  - Complete before visit
- Streamline Health History/Interview with Instruments
  - Can actually save time!
- Referral or Screening Resources
  - Public Health Agencies
  - Departments of Health, Education, Social/Human Services

Communication Results

- Unclear communication between the family and the provider is cited as a common challenge\textsuperscript{1-4}
- Recommended Strategies:
  - Providing developmental resources (e.g., referrals, anticipatory guidance)\textsuperscript{4,5}
  - Eliciting and acknowledging developmental concerns\textsuperscript{4}
  - Preparing parents for results\textsuperscript{4}
  - Explore parents feelings about results\textsuperscript{4}
  - Clear communication with referral resources\textsuperscript{4}

Resources for Anticipatory Guidance for Infants and Children

- American Academy of Pediatrics/Bright Futures, 3\textsuperscript{rd} Edition, 2008

Learn the Signs, Act Early

www.cdc.gov/actearly

- Milestones Checklists
- If You’re Concerned
- Free Materials
- Autism Case Training
- Watch Me! Training
- Multimedia and Tools
Questions to ask your child's doctor:

- Is my child's development on track for his or her age?
- What should I do if I'm worried about my child's progress?

As they grow, children are always learning new things. Below are just some of the things you should look for as your child grows.

**At 6 months, many children**
- Respond to simple spoken requests
- Copy sounds
- Respond to own name
- Show affection for friends without prompting

**At 2 years (24 months), many children**
- Say several single words
- Point to show others something interesting
- Play simple pretend, such as feeding a doll
- Respond to other people's emotions and often seem happy

**At 3 years (36 months), many children**
- Carry on a conversation using 2 to 3 sentences
- Would rather play with other children than by themselves
- Play make-believe with dolls, animals, and people

It's time to change how we view a child's growth.

It's important to remember that children develop at their own pace.

The development of children is a normal process; there is a wide range of normal. Some children will develop quickly, while others will develop more slowly. There is no "right" way to develop.

There is usually nothing about how people with ASD look that sets them apart from other people, but they may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. People with ASD often have problems with social, communication, and behavior abilities that affect them throughout their lives; others need less.

Some people with ASD need a lot of help in their daily activities. Many people with ASD also have different ways of learning, paying attention, or reacting to things. People with ASD often have problems with social, communication, and behavior abilities that affect them throughout their lives; others need less.

Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. Scientists do not know yet exactly what causes these differences for most people with ASD. However, some people with ASD do not know yet exactly what causes these differences for most people with ASD. However, some people with ASD have a known difference, such as a genetic condition. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. People with ASD often have problems with social, communication, and behavior abilities that affect them throughout their lives; others need less.

Autism Spectrum Disorder

FAQs about Autism Spectrum Disorder

Children or adults with ASD might:

- Have trouble relating to others or not have an interest in other people at all
- Not point at objects to show interest
- Not look, feel, or sound things
- Have trouble adapting when a routine changes
- Repeat actions over and over again
- Repeat or echo words or phrases said to them, or repeat actions they have watched others do
- Respond to other sounds but lose skills they once had
- Have trouble expressing their needs using typical words
- Be very interested in people, but not know how to talk, play with, or relate to them
- Prefer not to be held or cuddled, or might cuddle only when they want to
- Look, feel, or sound things
- Lose interest in people, toys, or activities they once liked
- Have trouble understanding facial expressions or body language
- Have trouble understanding the look on another person's face
- Have trouble understanding when other people are talking to them
- Have trouble understanding other people's emotions
- Look, feel, or sound things
- Not make eye contact
- Avoid eye contact and want to be alone
- Have trouble expressing or understanding feelings
- Don't respond when their name is spoken
- Respond to simple spoken requests
- Copy sounds
- Respond to own name
- Show affection for friends without prompting

ADHD, autism, and other conditions may be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified. However, all of these conditions have been reclassified and are now all called autism spectrum disorder.
Multimedia Resources

[Image: CDC Multimedia Resources]

http://www.cdc.gov/ncbddd/actearly/multimedia/buttons.html

Resources for Anticipatory Guidance for Infants and Children

[Image: HelpMeGrow]

helpmegrowmn.org

What is Early Intervention?

- To provide support to families to support their children’s development;
- To promote children’s development in key domains such as communication or mobility;
- To promote children’s coping confidence; and
- To prevent the emergence of future problems.

IDEA - Individuals with Disabilities Education Act

IDEA was established in 1986 to ensure that infants and toddlers with developmental delays and their families receive appropriate early intervention.

- Voluntary program for states.
- Each state sets their own eligibility guidelines.

(MN State Rule 125.027)

MN's Early Intervention System:
What do we call it?

- Part C (0-3 years)
- Part B 619 (3-5 years)
- Early Intervention
- Birth to Three services
- Infant & Toddler Intervention
- Preschool Special Education Services
- Early Childhood Special Education

Determining Eligibility

Are you and/or the parent(s) concerned about a child's development?

<table>
<thead>
<tr>
<th>Part C (0 to 3 years)</th>
<th>Part B619 (3 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Cost</td>
</tr>
<tr>
<td>Free to family</td>
<td>Free to family</td>
</tr>
</tbody>
</table>

Eligibility

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorical disability</td>
<td>Developmental delay</td>
</tr>
<tr>
<td>DD + identifiable educational need</td>
<td></td>
</tr>
<tr>
<td>HPD + identifiable educational need (No informed clinical opinion)</td>
<td></td>
</tr>
</tbody>
</table>

13 Special Education Categories

- Autistic Spectrum Disorders (ASD)
- Deaf-Blind
- Emotional or Behavioral Disorders
- Deaf and Hard of Hearing
- Developmental Cognitive Disability
- Other Health Disabilities
- Physically Impaired
- Severely Multiply Impaired
- Specific Learning Disability
- Speech or Language Impairments
- Visually Impaired
- Traumatic Brain Injury
- Developmental Delay (MN Administrative Rule 3525.1351)

As defined in MN Administrative Rules 3525.1225 - 3525.1248
Developmental Delay

- Demonstrated by a score of 1.5 standard deviations or more below the mean as measured by appropriate diagnostic instruments
  - In 1 or more of the areas of development (0 to 3 years)
  - In 2 or more areas of development (3 to 5 years)
    - Cognitive development
    - Physical development
    - Communication development
    - Social or emotional development
    - Adaptive development

High Probability Condition

- Diagnosed physical or mental condition with a high probability of resulting in developmental delay.
  - For example...
    - Autism spectrum disorder (ASD)
    - Cerebral palsy
    - Hearing or vision impairment
    - Down syndrome
    - Fetal alcohol syndrome
    - Infants born weighing <1500 grams
    - Elevated blood lead levels
    - Many of the disorders currently tested for through newborn screening

Social or Emotional Conditions

- Axis I conditions from the Diagnostic Classifications 0-3R (DC 0-3R) including:
  - Adjustment Disorders
  - Anxiety Disorders of Infancy and Childhood
  - Depression of Infancy and Early Childhood
  - Deprivation/Maltreatment Disorder
  - Disorders of Affect
  - Feeding Behavior Disorders
  - Mixed Disorder of Emotional Expressiveness
  - Post-traumatic stress disorder (PTSD)
  - Prolonged Bereavement / Grief Disorder
  - Regulation Disorders of Sensory Processing
  - Sleep Behavior Disorder
  - Disorders of Relating and Communicating
  - Multisystem Developmental Disorder (MSDD)

Informed Clinical Opinion (0-3)

To be used in conjunction with supporting documentation to determine eligibility.

- Evaluation of the child at play.
- Observation of parent-child interaction.
- Information from teachers or child care providers.
- Neurodevelopmental or other physical examination.
- Other medical information: Has this child been hospitalized frequently? Are frequent hospitalizations anticipated? Short term and long term prognosis?
Who can refer a child to Help Me Grow?

- Parents
- Child care providers
- Health care providers
- Family members
- Family friends
- Child protection workers
- Anybody who may be concerned about a child's development.

Make sure to send completed screening results with referral so the child is not rescreened and the process can move directly to evaluation.

How to make a referral

- Online referral at: www.helpmegrowmn.org
- Call 1-866-693-GROW (4769)
- Contact the child’s local school district

What is Help Me Grow?

Home young children need extra help to learn and grow. Help Me Grow provides resources for families to look at developmental milestones, to learn if there are concerns, and to take the next step in seeking additional support or referring their child for a comprehensive, confidential screening or evaluation at no cost. (Minnesota children from birth to five years old, if sexual, eligible can receive services in their home, child care setting or school. These services are free regardless of income or immigration status.)

Help Me Grow is an advocacy initiative of the State of Minnesota (Department of Education, Department of Health and Department of Human Services) partnering with all local service agencies.

www.helpmegrowmn.org
Then what happens?

- On-line referrals and toll free phone calls go to the MN Department of Education.
- Referral is sent to local central intake office (typically the school district) within 24 hours.
- Local area makes contact with the family to schedule a home visit/meeting.

<table>
<thead>
<tr>
<th>Eligibility Determination</th>
<th>Part C (0 to 3 years)</th>
<th>Part B619 (3 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45 calendar days from referral</td>
<td>30 school days from parent consent</td>
</tr>
</tbody>
</table>

Evaluation Process for Determining Eligibility

- May conduct a developmental screening (if one has not already been completed)
- Review of the child’s current records related to health status and medical history
- Evaluation of the child’s levels of functioning across five developmental domains
  - Cognitive
  - Physical
  - Communication
  - Social/Emotional
  - Adaptive
- Assessment of the unique needs of the child in terms of each of those developmental areas.

Summary of Early Intervention Services

<table>
<thead>
<tr>
<th>Cost</th>
<th>Part C (0 to 3 years)</th>
<th>Part B619 (3 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free to family</td>
<td>Free to family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Part C (0 to 3 years)</th>
<th>Part B619 (3 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For family + child</td>
<td>Natural environment (home, daycare)</td>
<td>For child</td>
</tr>
<tr>
<td>IFSP</td>
<td></td>
<td>IEP</td>
</tr>
<tr>
<td>Year-round</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff</th>
<th>Part C (0 to 3 years)</th>
<th>Part B619 (3 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordinator</td>
<td>IEP Case Manager (ECSE teacher)</td>
<td></td>
</tr>
</tbody>
</table>
What services are provided? (0-3)

- Services are based on the child and family’s needs and priorities.
- Core services at no cost to the family include:
  - Individualized Family Service Plan
  - Service coordination
  - Early Childhood Special Education and related services (i.e. transportation, occupational therapy, physical therapy, speech services)
  - Assessments every 6 months

Additional Services (0-3)

- Additional services may include:
  - Assistive technology
  - Audiology technology
  - Family education and counseling
  - Health services (during intervention)
  - Nursing
  - Nutrition
  - Psychological services
  - Social work
  - Transportation and related costs
  - Vision services

Preschool Special Education Services (3-5)

- Services are based on the child’s educational needs.
- Core services at no cost to the family include:
  - IEP: Individualized Education Program
  - Case Manager
  - Early Childhood Special Education and related services (i.e. transportation, occupational therapy, physical therapy, speech services)
  - IEP review annually

What if a child isn’t eligible for Early Intervention Services?

- Local Public Health Agencies
  - Family Home Visiting
  - Follow Along Program
  - WIC
  - Child and Teen Checkup
  - Nursing Services
- Head Start/Early Head Start
- Early Childhood Family Education (ECFE)
- Early Childhood Health & Developmental Screening
- Community Support and Services
  - Local clinics, parent education and support groups
What can you do…

- LISTEN.
  - Help parents understand typical developmental milestones and what to do when they are concerned.
  - Stay connected with community partners; education, health, child care, etc.
  - Help parents become aware of community services programs that support families.

Make a Referral... Don’t Wait

When you and/or a parent is concerned about a child's development (or the child does not pass a developmental screening), a referral should be made to:

- **Educational**: Help Me Grow
  - Start Early Intervention Services ASAP
  - Families are entitled to these free services

- **Medical**: Primary healthcare provider
  - Medical diagnosis and treatment
  - May allow for additional coverage and services

Mental Health Referral

- Why
  - Mental health professionals who specialize in this age group can provide family-based or school-based care that makes a difference – the earlier, the better!

- What to expect
  - For younger children (especially under 4 years), it is family based, not individual therapy
  - Many schools have school-linked mental health services which are much more convenient for students and families

- How
  - Know your local resources and develop referral pathways (see next slide)
  - Send copy of screening results
Sam’s Story: A Journey Through Early Intervention Services

Told by Jon Hartmann

Sam at 9 Months: Able to sit independently, but unable to crawl or pull himself up.

Sam’s Preschool Years: He loved being read to, but couldn’t identify letters after two years of Special Education Preschool.

Motor coordination delays mean that Sam is a bit more accident prone. This incident resulted in four stitches!
Sam Thrives in Kindergarten!

Despite his motor challenges, Sam is eager to try anything. This summer, it was T-ball and Swimming!

Sam Today: Enjoying all of the adventures of first grade!

Thank you for sharing our Journey!
The Hartmann Family

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CME Credits

To obtain your CME credits through the MN Medical Association you must complete the following quiz at:
http://z.umn.edu/cmequiz

Upon completion, your CME certificate will be emailed to you. Please be sure to include your contact information.

Questions can be directed to: knye@umn.edu