



Social/Emotional Screening and Referral Program Outline

*The **Enhancing Developmentally Oriented Primary Care (EDOPC)** project is a partnership of the Advocate Health Care Healthy Steps Program, the Illinois Academy of Family Physicians (IAFP), the Illinois Chapter of the American Academy of Pediatrics (ICAAP), the Ounce of Prevention Fund, and the Illinois Department of Healthcare and Family Services (IDHFS), among others. EDOPC content and training activities were coordinated with **Illinois Healthy Beginnings: The Assuring Better Child Health and Development (ABCD) II Project**, which was lead by the Ounce and IDHFS from 2004-2006. These groups have partnered to offer developmentally oriented continuing medical education (CME) opportunities to pediatricians and family physicians, described below.*

Trainings are held on-site in medical offices, clinics and hospitals, and are geared towards the entire staff in order to facilitate a comprehensive team approach to patient care. In addition to CME credits, we offer resource materials and the opportunity for additional training and technical assistance.

The Social/Emotional Screening and Referral program is a 1.5 hour presentation that is designed to be presented in the office/clinic setting to all staff. A trained healthcare provider, such as a physician (pediatrician or family physician) or nurse/nurse practitioner offers the presentation.

Below is an outline, followed by images of the PowerPoint slides used during the presentation. Complete speakers' notes have been written and are used to train faculty members. Speaker notes and/or PowerPoint versions of this curriculum may be requested by contacting the project staff at info@edopc.org or at 888/270-0558 or 312/733-1026 x203.

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Outline

I. Welcome and Introductions

- a. Presenters and Attendees
- b. Information about the Project (agencies collaborating, etc.)
- c. Sponsorship/CME
- d. Today's Objectives

II. Defining Social/Emotional (S/E) Development

- a. General definitions
- b. Influential factors
- c. Stages of development
- d. Parents' perspectives

III. Reasons to Screen

- a. Surveillance, screening and assessment
- b. Benefits
- c. Illinois Department of Public Aid and Early Intervention recommendations

IV. S/E Milestones

- a. Stages of emotional development
- b. Red flags

V. Barriers

- a. Barriers/concerns and suggested solutions
- b. Culture-specific issues

VI. Tools

- a. Ages and Stages Questionnaire (ASQ) – general information
- b. Features of the ASQ Social Emotional (ASQ: SE) tool
- c. Scoring and interpreting results
- d. Case study

VII. Making it Work

- a. Staff's role
- b. Billing and coding
- c. Summary
- d. Questions
- e. For more information
- f. Refer to manual (articles, misc. resources)
- g. Contact ICAAP

For more information, including how to obtain the speaker notes and PowerPoint version of this curriculum and permission for their use, please contact the EDOPC project staff at info@edopc.org or at 888/270-0558 or 312/733-1026 x203.

Resources

*from DHS brochure, Post Partum Depression

ABCD II Technical Assistance Call on Maternal Depression July 14, 2004

ILAIMH conference, "Mothers, Infants & Depression: A Relational Approach to Assessment and Treatment," keynote speaker: Roseanne Clark, PhD

Enhancing Developmentally Oriented Primary Care: Social/Emotional Screening and Referral



Resource & Referral Kit Contents

Section #1

Policy

- ❑ American Academy of Pediatrics: Developmental Surveillance & Screening of Infants & Young Children Pediatric Vol. 108 No.1 July 2001, pp192-195

Section #2

Supplementary Reading:

- ❑ Building a Bridge from Birth to School: Improving Developmental and Behavioral health Services for Young Children. Common Wealth Fund, May 2003
- ❑ Parents' Evaluation of Developmental Status: How Well Do Parents' Concerns Identify Children with Behavioral and Emotional Problems

Section #3

Screening Tools:

- ❑ Scripts for ASQ and ASQ:SE
- ❑ Quick Look for Screens
- ❑ Sample 18 mos. ASQ:SE
- ❑ Temperament Scale

Section #4

Miscellaneous Resources

- ❑ Websites
- ❑ ABCD II/ Healthy Beginnings Partner Organizations
- ❑ Child and Family Connections (Early Intervention) Sites

Section #5

Reimbursements

- ❑ Illinois Medicaid Information Notice dated 2/1/04 from Governor Blagojevich regarding billing for screening under the Healthy Kids (Illinois Medicaid) Program
- ❑ Illinois Medicaid Healthy Kids Handbook Appendix
- ❑ CPT Procedure codes for screening
- ❑ Fee Schedule
- ❑ Healthy Kids Handbook Agencies and referral resource materials

Section #6

Handouts

- ❑ 18 month Link Letter

Crying

- ❑ **What to Do** "What Should I Do When My Newborn Cries?"
- ❑ **Why Crying** "Why is My Baby Crying So Much?"

Discipline

- **Limit Setting** “How Can I Begin Setting Limits for My Child?”

Masturbation

- “Masturbation in Early Childhood: Is It Really Normal?”

Temperament

- “What Kind of Temperament Does My Baby Have?”

Self-Esteem

- “I Can Do It’ Promoting Toddlers’ Self-Esteem

Discipline and Limit Setting

- **Aggressive Behavior** “Help! My Child is Biting! Aggressive Behavior and Toddlers
- **Biting** “Why Is My Child Biting?”
- **Handling “No’s”** “Handling the ‘No’s’ of Toddlerhood”
- **Overexcitement** “What Can I Do When My Child is Overexcited?”
- **Temper Tantrums** “Ten Tips For Managing Temper Tantrums”
- **Time-Out** “Using Time-Out Effectively”

Fears and Separation (See also Sleep and Comfort)

- **Fears in Toddlers** “Why Is My Toddler Fearful?”
- **Fear of Healthcare Providers** “‘No Doctor, No Doctor’ When Your Child Is Afraid of the Primary Care Clinician
- **Fear of Strangers** “‘Me Afraid!’ Fear of Strangers in Toddlerhood”
- **Separation** “Why Are Goodbyes So Hard? Separation in the Toddler Years”

Play and Toys

- **Play** “It’s Child’s Play: Play Is Important for Learning”
- **Sharing** “Sharing and Turn Taking in Toddlerhood”

Siblings

- **Adjusting to Baby** “How Can I Help My Older Child Adjust to the New Baby?”

Sleep and Comfort

- **Bedtime Transition** “Good Nights: Solutions for Bedtime Battles”
- **Comfort Objects** “Blankies, Loveys and Thumbs: Transitional Objects and Toddlers
- **Transition to New Bed** “‘Now I’m Big’ Moving From a Crib to a Bed”
- **Night Fears** “Monsters Under the Bed: Nightmares and Night Terrors”
- **Night Wakening** “Help! My Toddler is Waking During the Night!”

Toilet Training

- **Dry Days** “How Can I Help My Child Stay Dry During the Day?”
- **Toilet Readiness** “Is My Child Ready For Toilet Training?”
- **Gender** “‘Is She a Boy Like Me?’ Preschool and Gender”
- **Making Friends** “Making Friends: Preschoolers and Social Development”
- **Shy Child** “Helping the Shy Child”

TV and Video Games

- “When is Enough Too Much? Making Decisions

Enhancing Developmentally Oriented Primary Care (EDOPC)

Social/Emotional Development and Screening

Disclosure Information

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss commercial products or services and unapproved/investigative uses of a commercial product/device in my presentation.

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EDOPC at a Glance

- Collaborative project
 - Advocate Healthy Steps Program
 - Illinois Chapter, American Academy of Pediatrics (ICAAP)
 - Illinois Academy of Family Physicians (IAFP)
 - The Ounce of Prevention Fund
- 2005 through 2007
- Multiple funders

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EDOPC at a Glance

- Goals include:
 - Improve delivery and financing of preventive health and developmental services for children birth to three
 - Build on existing programs to develop a range of strategies for primary care settings
- Accomplished through:
 - Educational programs for practices, FQHCs, training programs
 - Technical assistance
 - Policy and systems change

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Social/Emotional Development and Screening

CME Information

- The AAP designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)™
- Physicians should only claim credit commensurate with the extent of their participation in the activity
- This activity is acceptable for up to 1.5 AAP credits. (can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Fellows of the AAP)

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Social/Emotional Development and Screening

- Sign in required
- Pre-test
- Please complete post-test and evaluation following the presentation
- Feel free to ask questions

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Social/Emotional Development and Screening

Today's Objectives

- Define social and emotional (S/E) development
- Explain importance of screening for families, your practice
- Give examples of S/E milestones and "red flags"
- Use, document and bill for ASQ:SE tool
- Discuss concerns and referral resources

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Social/Emotional Development and Screening

- Part I: Defining S/E development
- Part II: Reasons to screen
- Part III: Some S/E milestones
- Part IV: Barriers
- Part V: Tools
- Part VI: Making it work



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Part I: Defining Social and Emotional Development

- Social/Emotional Development
 - Social: How someone gets along with others
 - Emotional: How someone feels about himself and how he expresses different emotions
- Ability to get along with others, empathize, respond to aggression, problem solve
- Influential factors
 - RELATIONSHIPS and ATTACHMENTS

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Part I: Defining Social Emotional Development

Erikson's Stages of Development

Psychosocial stages of development

Stage	Psychological Crisis	Age	Characteristics
1	Trust vs. Mistrust	Birth - 2 years	Child acquires a sense of "basic trust": infant develops trust that his needs will be met
2	Autonomy vs. Shame, Doubt	2 - 3 years	Child seeks to develop a sense of self control without a loss of self esteem

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Part I: Defining Social and Emotional Development

- Parents' relationships with their provider and the practice
 - Need to establish trust
 - Need to be comfortable with personal issues
- Parents' own relationship histories
 - Personal expectations as a parent
 - "Ghosts in the Nursery"



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Part I: Defining Social and Emotional Development

Temperament

- Key to relationship building
- Individual differences in behavioral style
- Consider child's in relation to parents' temperament
 - Conflict or mismatch
 - Can cause mental health issues, depression

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Parents' Perspectives

- Consider varied temperaments
 - Support "mismatches"
- Consider varied tolerance levels
 - Example: fussy babies
- Consider referral when parents have concerns about social/emotional development and screening is normal



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Part II: Reasons to Screen

- Surveillance
 - Eliciting concerns, observing children, sharing opinions
 - Common as part of well child visit
- Assessment
 - Comprehensive
 - Not typically done in primary care visit
- Screening
 - Using a standardized tool
 - Easily fits into practice routines



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Part II: Reasons to Screen

- Benefits to families
 - Higher satisfaction
 - Facilitates discussion, helps raise issues
- Benefits to practices
 - Better understanding of parent concerns
 - Improves anticipatory guidance, patient education
 - Improves overall patient health
- Recommended/supported by the Illinois Department of Healthcare and Family Services (formerly IDPA), and Early Intervention (EI)

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Part III: Social Emotional Milestones

Stages of Emotional Development

Age	Emotional Expression	Emotional Understanding
Birth-6mo	<ul style="list-style-type: none"> • Basic emotions are present • Social smile emerges • Laughter emerges • Emotional patterns vary with social interaction 	<ul style="list-style-type: none"> • Infant can imitate adult's facial expression
7-12 mo	<ul style="list-style-type: none"> • Anger and fear increase • Use of caregiver as a secure base • Improved emotional self regulation 	<ul style="list-style-type: none"> • Ability to detect the meaning of others' emotional expression emerges • Social referencing develops
1-2 yr	<ul style="list-style-type: none"> • Self conscious emotions appear 	<ul style="list-style-type: none"> • Increased vocalization about feelings • Empathy develops
3-5 yr	<ul style="list-style-type: none"> • Representation and language improve → emotional self regulation develops 	<ul style="list-style-type: none"> • Increased ability to read behavioral cues

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Part III: Social/Emotional Milestones Red Flags

- No big smiles or other warm, joyful expressions by 4-5 months
- No back-and-forth sharing of sounds by 9 months
- No babbling at 9 months
- No back-and-forth gestures, such as pointing, reaching, or waving by 12 months
- No words by 16 months
- No two word spontaneous meaningful phrases by 24 months
- No Joint Attention such as:
 - No reciprocal smile by 2 months
 - No gaze monitoring by 8 months
 - No following a point by 9 months
 - No showing of objects by 10 months
 - No pointing to obtain object by 12 months
 - No pointing to indicate to another an object of interest by 14 months
 - No social referencing by 14 months

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Part IV: Barriers/Concerns

Barrier	Solutions
Lack of Time	<ul style="list-style-type: none"> • Use parent report tools • Use staff effectively
Access to Tools	<ul style="list-style-type: none"> • Consult with ICAAP
Referral Resources	<ul style="list-style-type: none"> • Use EI/CFCs, Head Start, Early Head Start, Local School District • New toll free hotlines
Cultural Issues	<ul style="list-style-type: none"> • Identify staff member to assist with these issues
Communication	<ul style="list-style-type: none"> • Establish trusting relationship with family
Duplication of Effort	<ul style="list-style-type: none"> • Doing screening ensures you get accurate info • Children's behavior changes

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Part IV: Barriers/Concerns

Culture-Specific Awareness & Understanding

- Consider diversity within cultural groups as well as between cultural groups
- Gather culture-specific information
 - Study, read, use cultural guides, participate in daily life, learn the language (verbal and nonverbal), learn parenting & caregiving practices
- Culture specific issues and intervention
 - Make no assumptions about concerns, priorities & resources!

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Part V: Tools

What is the ASQ system?

- Parent/Caregiver completed screening tools
- Series of questionnaires for children 3 months to 5 years
- Identifies children in need of further assessment
 - Developmental concerns(ASQ)
 - Social-emotional concerns (ASQ:SE)
- Encourages parent involvement

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Part V: Tools

ASQ System: 2 Components

ASQ

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

ASQ:SE

- Social-Emotional development



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Part V: Tools

Features of ASQ:SE

- 6, 12, 18, 24, 30, 36, 48 & 60 month intervals
- 3-6 month administration window on either side
- From 19 items (6-month interval) to 33 items (60-month interval)
- Competence and problem behaviors targeted

Part V: Tools

About the ASQ: SE

- What it covers
 - Self-regulation
 - Communication
 - Adaptive functioning
 - Autonomy
 - Compliance
 - Affect
 - Interaction with others
- How to administer
 - Parent completes
 - Office Team system

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Part V: The Tool

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 = ___

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Part V: The Tool Interpreting Scores

- The “Sometimes” Issue
- The Subjectivity Issue
- Validity of report
 - Teen parents
 - Parents involved in protective services
 - First time or isolated parents
 - Parents actively involved with drugs and alcohol
 - Parents with mental illness

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Part V: The Tool

Review questionnaires with parent

- Discuss items that individually score 10 or 15 points.
- Discuss answers to open-ended questions
- Discuss referral considerations
- Review score and compare to cutoffs
 - Remember that cutoffs on ASQ:SE are very different from ASQ!

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Part V: The Tool Possible Follow-up

Below Cutoff

- Provide ASQ:SE guidance activities & monitor
- ### Close to Cutoff
- Follow up on concerns
 - Provide information, education and support
 - Re-administer ASQ:SE
 - Make referrals as appropriate

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Part V: The Tool Possible Follow-up

Above Cutoffs

- Refer to EI/Early Childhood Special Education program
 - Refer to local community agencies
 - Refer for mental health evaluation
- ### General Tips:
- Include copy of completed tool with referral
 - Make referral within 48 hours of screening

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Part V: Tools Cross-Cultural Communication

- Adapt to style that is comfortable for the family
- Consider nonverbal behavior
 - eye contact
 - facial expressions
 - proximity and touching
 - body language, gestures
- Sensitive use of translators, interpreters

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Sample case study

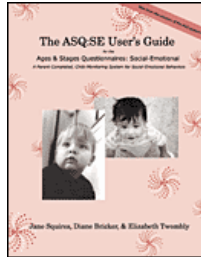
John

- 18 months old
- Behavior problems (especially at day care)
- Factors to consider re: screening
- Follow up: what would you do?

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Part V: Tools ASQ: SE User's Guide

- Excellent resource
- Covers all topics in depth



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Part VI: Making it Work

Use a team approach

- Identify a leader
- Set policies
 - When/at what age will screenings be done?
 - How to make time during child's visit for screenings?
- Sample staff roles

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Part VI: Making it Work

The process...

- Before administration: pulling charts, preparing tool
- Before administration: educating parent
- During visit: communication tips
- Referral
- Coding and Billing
- Recordkeeping

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Part VI: Making it Work

Questions regarding billing

- ICAAP
 - www.illinoisaaap.org
 - Sarah Baur, Project Director
 - 312-733-1026 ext. 203
 - sbaur@illinoisaaap.net
- Department of Healthcare and Family Services
 - 1-877-782-5565
 - www.dpallinois.com
 - Handbook for Providers of Healthy Kids Services

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Part VI: Making it Work

**Department of Healthcare and Family Services
(formerly IDPA)**

www.dpallinois.com
877-782-5565

EDOPC

www.edopc.org; info@edopc.org
888-270-0558

ICAAP

www.illinoisaaap.org; info@illinoisaaap.com
312-733-1026

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EDOPC

- THANK YOU!
 - Questions/comments?
 - Refer to resource manual for more info
 - Contact EDOPC staff with future questions
 - www.edopc.org
 - info@edopc.org
 - 888-270-0558
- Please turn in evaluations and pre/post tests

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