

BIRTH TO 5: WATCH ME THRIVE!

A Behavioral Health Provider's Guide for Developmental and Behavioral Screening

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Birth to 5: Watch Me Thrive!

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As a behavioral health provider, you play a critically important role in helping to support healthy child development in your work with parents of young children. Because you are a trusted advisor and source of information for your clients, you are in a unique position to help parents recognize the importance of monitoring their children's development and acting early to address any concerns. In the context of your therapeutic relationship, you have the opportunity to explore parenting issues and stresses, hear and respond to questions or concerns, and support a parent's desire to help their child to thrive.

This guide was created to help behavioral health providers working with parents of young children to understand the importance of developmental and behavioral screening in early childhood; administer developmental and behavioral screenings with parents if such screenings are not being done routinely in others settings; and work with parents to access resources and further services for their children as needed. Accompanying this guide is a list of standardized developmental and behavioral screening tools and the [Birth to 5: Watch Me Thrive! Toolkit](#), which includes information about healthy development, developmental and behavioral concerns, where to go for help, and how to talk to families. We hope this guide, together with the tool list and [Birth to 5: Watch Me Thrive! Toolkit](#) will support your work with parents and help them to monitor and reinforce their children's healthy growth.

What is developmental and behavioral screening and why should I be involved?

The goal of screening is to formally track the development and behavior of young children in order to identify and effectively intervene when children are experiencing challenges, and to support children who are at elevated risk for problems in order to prevent their onset. This activity is part of an overall clinically preventative approach to children's health. The American Academy of Pediatrics (AAP) recommends developmental and behavioral screening with a standardized screening tool when a child is 9, 18, and 24 or 30 months of age; screening is also recommended at any time a parent or caregiver is concerned about a child's development. A screening does **not** provide a diagnosis. If screening results indicate concern, an important next step is a formal evaluation with a specialist such as a developmental pediatrician or child psychologist.

Research shows that children whose parents have mental health and/or substance use disorders are at greater risk of developing social, emotional, and/or behavioral problems and may develop issues related to attachment and cognitive, emotional, social, and behavioral development.¹ These children are at increased risk of developing mental

¹ Center on the Developing Child at Harvard University. (2009). *Maternal depression can undermine the development of young children*. Working Paper No. 8. Retrieved from Center on the Developing Child at Harvard University; El-Sheikh, M., & Flanagan, E. (2001). Parental problem drinking and children's adjustment: Family conflict and parental depression as mediators and moderators of risk. *Journal of Abnormal Child Psychology: An Official Publication of the International Society for Research in Child and Adolescent Psychopathology* 29(5), 417-432.; Feldman, R., Stiffman, A. R., & Jung, K. G. (1987). *Children at risk: In the web of parental mental illness*. Piscataway, NJ: Rutgers University Press.; Huang, L. N., & Freed, R. (2006). *The spiraling effects of maternal depression on mothers, children, families*

health/substance use disorders in childhood, adolescence, and later adult life.² Evidence suggests that early recognition and appropriate interventions can make a positive difference to the life course and quality of life of those identified with such problems.³

The case is made in this guide and elsewhere that universal screening for developmental and behavioral risks should be a standard of care for children, and that clinicians working with adults in substance use and mental health services are uniquely positioned to participate in this process.⁴



As a behavioral health provider working with parents of young children:

You know your clients well and have a foundation of trust established that may allow them to be honest and forthcoming about concerns. Parents may be reluctant to voice such concerns to their child's pediatrician or other care provider if they feel shame or guilt that they may be to blame for the child's struggles, or fear being judged a "bad parent."

Your relationship may provide a rich opportunity to explore openly the parent's perspective on how their child is doing, reinforce their expertise on their own child, and validate their desire to help their child succeed. These conversations may open opportunities to explore a wide range of parenting issues that may benefit both the adult and the child.

You are in a position to share important information both about healthy child development and the importance of regular developmental and behavioral screening. You can underscore that screening is a routine part of care for every young child, and is a sort of check up on development and behavior.

You can introduce the notion that you are part of a team of care than includes the child's pediatrician and other caregivers (e.g. child care providers, teachers, other family members who provide care, specialty providers like speech-language pathologists, or occupational therapists) and that you can all work together toward common goals of wellness for the child and family, with the parent at the center of the team.

and communities. Issue Brief No. 2. Annie E. Casey Foundation.; Johnson, J. L., & Leff, M. (1999). Children of substance abusers: Overview of research findings. *Pediatrics*, 103, 1085–1099.; Karen, R. (1998). *Becoming attached. First relationships and how they shape our capacity to love*. New York, NY: Oxford University Press.; Mordoch, E., & Hall, W. (2002). Children living with a parent who has a mental illness: A critical analysis of the literature and research implications. *Archives of Psychiatric Nursing*, 16(5), 208–216.

² Goodman, S., & Brand, S. (2009). Infants of depressed mothers: Vulnerabilities, risk factors, and protective factors in the later development of psychopathology. In C. Zeanah (Ed.), *Handbook of infant mental health* (3rd ed.). New York, NY: Guilford Press.

³ Karoly, L., Kilburn, R. and Cannon, J. (2005) *Early Childhood Interventions: Proven Results, Future Promise*: RAND Corporation.

⁴ U.S. Department of Education Office of Special Education and Rehabilitative Services (2002). *A New Era: Revitalizing Special Education for Children and Their Families*, Washington, DC.

Child Maltreatment, Abuse, and Neglect

We recognize that in the course of conducting screening, providers may discover situations of concern, in particular where they suspect child maltreatment or neglect. We know that adverse experiences like these have been shown to negatively affect brain and cognitive development, attachment, and later academic achievement and have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood.

Medical providers are required by law to report suspicions of abuse or neglect to state child protective service (CPS) agencies. If you suspect a child is being abused or neglected or if domestic or sexual abuse is disclosed, contact your local CPS or law enforcement agency so professionals can assess the situation. Keep in mind that CPS agencies are better equipped to investigate the home situation and have the resources to provide needed family support. Many States have a toll-free number to call to report suspected child abuse or neglect. To find out where to call, consult the *Child Welfare Information Gateway* publication, [State Child Abuse Reporting Numbers](#).

For additional resources, check out Childhelp[®], a national organization that provides crisis assistance and other counseling and referral services. The [Childhelp National Child Abuse Hotline](#) is staffed 24 hours a day, 7 days a week, with professional crisis counselors who have access to a database of 55,000 emergency, social service, and support resources. All calls are anonymous. Contact them at 1.800.4.A.CHILD (1.800.422.4453).

What is the role of the behavioral health provider in promoting the use of developmental and behavioral screening for young children?

Many young children will receive developmental screenings if they are receiving regular pediatric care; but some children do not have access to regular care, or may not receive regular screenings. You may be able to help your clients to be educated and empowered in understanding the role and importance of screening; in monitoring and addressing developmental and behavioral concerns; and in accessing further evaluation or intervention services when they are needed. Developmental and behavioral screening includes three tasks for the behavioral health provider: raising the subject and collecting background information; conducting the screen and providing feedback; and following up with next steps.

Raising the subject and collecting background information

A good starting point is establishing whether the parent has concerns about their child's development and/or behavior. As a behavioral health provider you are in an excellent position to help parents think about their children's behavior and how they are responding to behavioral challenges. You may have expertise on child development, or may wish to use some of the resources in the [Birth to 5: Watch Me Thrive! Toolkit](#) or elsewhere to provide some context for parents' concerns. For example, [Learn the Signs. Act Early](#) developmental factsheets may provide a nice tool for talking about a parent's observations of his/her child's strengths and challenges.

If a parent expresses concerns, it is important to explore whether the child has been screened previously, whether the

Find the Right Screening Tool

- ✓ **Ages:** What age groups do I serve and what screening tools are made for those ages?
- ✓ **Time:** How much time does it take to use this screening tool? Which tool is practical within a child care or Head Start program?
- ✓ **Cost:** What is the cost for the screening tool and its ongoing use within early care and education programs?
- ✓ **Training:** Is there training required to use this screening tool? How much training is required? What type of training is recommended?
- ✓ **Languages:** Does the screening tool need to be available in different languages to fit the needs of the families I serve?
- ✓ **Culture:** Is it culturally appropriate?

parent is aware of screening results, and whether the child is or has been engaged in evaluations or intervention services. Assessing previous screenings is an important starting place since the goal is to ensure universal and regular screening, but not duplicative screening. Parents may or may not be aware of screenings that have been conducted previously, and may want to check in with their child's medical provider about this. A screening passport, similar to an immunization card, can help parent's keep track of their children's screening records.

You may be the first person to really talk with parents about screening tools as a routine way of checking their child's development against some well-established norms. It may be helpful to parents to think of screening as similar to when the doctor checks the child's height and weight: while there is a wide range of "normal" across the spectrum of all children, these measures can help a doctor recognize if there are indications that some aspect of growth needs a little more investigation. It is important to clarify for parents that developmental screening is part of the regular monitoring of children's growth. Parents who express concerns about their child's behavior or development may find it helpful to have a tool that clarifies whether the behaviors they are observing are age-appropriate, or whether a screening indicates the need for some further exploration.

Conducting the screen

If parents have concerns about their child's development and/or children have not been receiving regular developmental and behavioral screening, you are encouraged to complete a parent-reported screening tool with the parent, including scoring and discussing findings. The process of completing one of the screening surveys with the parent is quick (typically around 10 minutes), may be critical in identifying issues and moving towards appropriate follow-up, and can demystify the process for the parent and support them in monitoring their child's development.

The compendium of screening tools that accompanies this Guide is designed to assist you in identifying a screening tool that fits your needs and those of the parent. The list provides information on psychometric properties of screening tools, as well as information on cost, time to administer, training requirements, and other relevant factors. While this list is not all-inclusive and is not intended to be an endorsement of any particular tools over others, it is based on a wide search of the literature and inclusion criteria such as comprehensiveness, tool specificity, and inclusion of family input.

The list of screening tools that accompanies this document is made up of two sections: a section of summary tables and a section of individual profiles. The summary tables are designed to give you an overview of a range of tools; the profiles section provides more detail about each.

If you do not feel comfortable going through the screening process with the parent yourself and would prefer to refer the parent elsewhere for the screening, the [Birth to 5: Watch Me Thrive! Toolkit](#) can help in finding appropriate places to refer, including the child's medical home or an early intervention specialist.

Following up and monitor progress regularly

Once the parent has completed the screen and you have scored and shared the results with the parent, you play a critically important role in helping the parent to interpret and act on the findings.

➤ **If the results indicate “low risk” or “no risk”**

There may be no need for formal follow up, except to encourage that the parent share these results with the primary care provider at the next milestone visit, as well as the child care provider, and any other relevant service provider working with the child. This may also provide an opportunity to talk with the parent about the fact that every child has unique strengths and challenges, and to share some resources from the [Birth to 5: Watch Me Thrive! Toolkit](#) such as some of the ideas for activities that families can do with their children to help in their development. It is an opportunity to remind parents that you are always open to talking about their child's development, concerns about their child, or checking in periodically about how things are going.

If the parent still has concerns, you may be able to incorporate this area of exploration into your work. Certainly the parent should be encouraged to share the results with the child's

Birth to Five: Watch Me Thrive! Passport



One tool for helping parents to monitor developmental progress is the use of a screening passport, which is similar to an immunization card or booklet. This tool can help parents keep track of their child's screening records and share screening information with providers. A passport is included in this *Birth to 5: Watch Me Thrive Toolkit* and can be shared with parents.

primary health care provider, and discuss whether additional testing or referral to a specialist for a more thorough evaluation

is necessary. It may also be helpful to share resources like *The Milestones Moments* booklets (included in the [Birth to 5: Watch Me Thrive! Toolkit](#)) to help parents put their child's growth and behavior into developmental perspective.

➤ **If the results indicate the child is “at risk”**

The first thing to underscore is that this is not a diagnosis, but rather, an indication that the child should be evaluated more thoroughly to get a more in-depth and specific understanding of what might be going on. It is essential that the parent is provided with enough information and support to make it successfully to this next step. The [Birth to 5: Watch Me Thrive! Toolkit](#) is designed to help you connect the family to the right specialist, like a pediatrician or an early intervention or public school program, which can conduct its own review, and in the case of the early intervention service or public school service program, conduct a more in-depth evaluation if the child is suspected of having a disability.

In addition to referring the parent for follow-up, you are also in a unique position to help the parent make sense of these findings, whether they validate a concern or come as a surprise, and to help the parent to feel empowered to support their child's behavior and development at home. The tips and learning modules in the [Birth to 5: Watch Me Thrive! Toolkit](#) offer many ideas for activities that parents can try at home, even as they pursue more thorough investigation of developmental or behavioral concerns.

Whether or not the child has a medical home, if a child under 3 years of age has an “at risk” screening result, you can connect the family to a local early intervention service program. Early intervention service programs under Part C of the Individuals with Disabilities Education Act (IDEA) are available in every state and territory of the United States and offer child evaluations free of charge if the child is suspected of having a disability to determine if a child is eligible for services under IDEA. The [Birth to 5: Watch Me Thrive! Toolkit](#) accompanying this guide provides a description of the early intervention system and a state by state directory of early intervention coordinators, sometimes called “Part C coordinators”. If the child is age 3 or older, you can help connect the family to their neighborhood public school, which can provide information on evaluation under Part B of the IDEA, even if the child is not in kindergarten yet. If the child is in child care at a center or program that has access to mental health consultants, this is another resource that may be available for a formal evaluation.

If you are interested in helping the family locate a pediatric health care professional, a good resource may be your state Maternal and Child Health Hotline. (See the [Birth to 5: Watch Me Thrive Toolkit](#) for more information). You also can connect all families to parent training information centers or family to family health information centers. Information on these family support centers is also available in the [Birth to 5: Watch Me Thrive! Toolkit](#).

Summary of Recommended Steps:

1) Raise the Topic and Collect Background Information

Example: *“I was reviewing your intake information and was reminded that you have a young child at home. We routinely check in with our parents about how their children are doing. Would it be okay with you if we take a few minutes to talk about how you and your child are doing?”*

- Introduce and normalize the concept of developmental and behavioral screening
- Gather history of screening and parent’s awareness of results, and assess if there is ongoing care being provided

- Seek permission to ask a few standard survey questions and introduce the screening tool

2) Conduct Screening

Conduct an appropriate standardized developmental and behavioral screen or refer the family to another professional who can complete the screen.

3) Follow-Up and Monitor Progress Regularly

- After administering the tool, quickly score and provide feedback to the parent
- If the screening indicates low risk, recognize the parent's openness and honesty and conclude the screening, reminding the parent that if they ever have concerns about their child you would be happy to talk with them about these.
- Offer to share resources on child development and ways that parents can help nurture healthy development and behavior in their young children. Remind parents to share results with their child's medical home, child care provider, and any other relevant specialist working with the child.
- If the screening indicates elevated risk, caution that this is not a diagnosis but an indication that further evaluation might be helpful to understand the nature of what is going on.

Example: *"The screening supports your concerns and suggests that your child might have some risk related to _____. To be clear, a potential risk does not mean a diagnosis. It suggests we should be aware and act preventatively. Before a problem emerges, a further screening or evaluation seems indicated. How does that sound to you?"*

- If the screen indicates that the child needs additional evaluation, help the parent to connect with a medical provider, children's mental health provider, early intervention or public school program in your community for follow up. Use the [Birth to 5: Watch Me Thrive! Toolkit](#) to assist in identifying providers as needed.
- Offer yourself as part of the care team for this child and family and consider collaborating with other providers in the family's support network (with appropriate written consent from your patient) in order to offer the most effective and coordinated care in the service of helping this family to succeed.

Making a difference

Research indicates that the first five years of a child's life are critical to brain development, academic achievement, and later life outcomes. The short time it takes to conduct a developmental and behavioral screen can change the trajectory of a child's life forever. By incorporating a system of regular developmental and behavioral screening, YOU can play an important role in making sure all children thrive. We hope you find this User Guide, Screening Compendium, and [Birth to 5: Watch Me Thrive! Toolkit](#) useful in supporting young children and their families on their developmental journey. Visit <http://www.hhs.gov/watchmethrive> for a complete set of resources.



Birth to 5: Watch Me Thrive!

*Celebrating Developmental Milestones • Implementing Universal Screening • Improving Early Detection •
Enhancing Developmental Supports*