

Surveillance and Screening for Young Children in Pediatric Primary Care

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Disclosures



- No potential conflicts of interest
- Faculty at University of Maryland

Learning Objectives

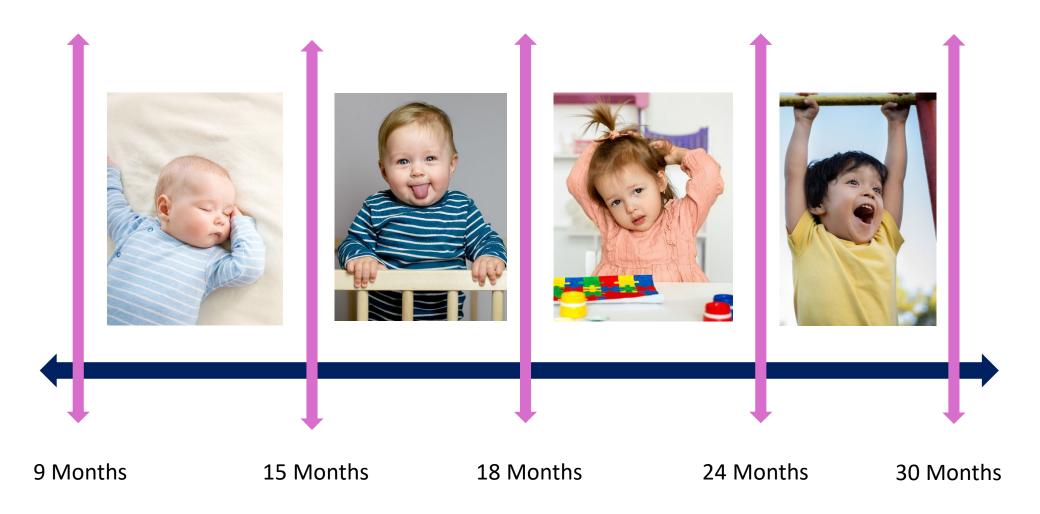


By the end of this lesson, participants will be able to....

- Define and understand the difference between surveillance and screening in early childhood
- Discuss strategies to engage families of young children in developmental surveillance
- Identify early childhood screening measures to use in pediatric primary care
- Learn strategies for reviewing results of screeners with families of young children

Surveillance vs Screening





DEVELOPMENTAL SURVEILLANCE OR MONITORING

DEVELOPMENTAL SCREENING

Done by parents, teachers & health professionals

On-going process begins at birth

Sample Tool: "Learn the Signs. Act Early." Milestones Checklist Formal process recommended by the AAP at 9, 18, 24, or 30 months

Done by health professionals or by teachers with special training

Important for tracking signs of development & identifying concerns

Both look for

developmental

milestones

Uses a valid screening tool

Sample Tool:
Ages & Stages
Questionniare

Approach to Surveillance





Elicit and attend to parent concerns



Observe parent-child interactions



Record findings and plans



Maintain a developmental history



Identify strengths, risks, and protective factors



Share results with other relevant providers

Ask Parents If They have Any Concerns about Their Child's Development, Behavior, or Learning



"What are some things you and your baby do together?"



"Is there anything your baby does or does not do that concerns you?"

"What are some things your baby likes to do?"

"Has your baby lost any skills he/she once had?"

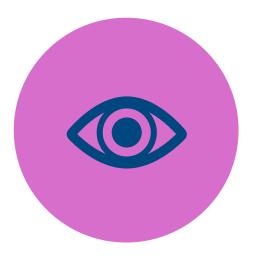




Maintain a developmental history

Reviewing the developmental history over time can identify developmental abnormalities or deviations





Observe parent-child interactions

(e.g., responsiveness of the parent to the child's cues)





Identify strengths, risk, and protective factors





Record findings and plans





Share results with other relevant providers

Do Caregivers Know Best?

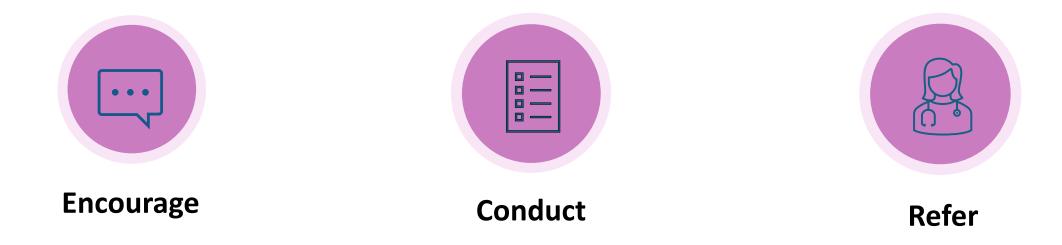


- Research shows that parents'
 concerns are as accurate as quality
 screening tests
- Parents raise important concerns regardless of differences in education and child-rearing experience
- Parents are typically the first to be concerned with their child's development



Approach to Surveillance





Providers should not take a "wait and see" approach

Approach to Screening





- Screening involves using a standardized test to identify developmental and behavioral disorders
- Screening should be done when the child is:
 - 9, 18, and 24/30 months
- Typically administered by:
 - Early childhood educators
 - Mental health providers
 - Health care providers



From: Promoting Optimal Development: Identifying Infants and Young Children With

Developmental Disorders Through Developmental Surveillance and Screening

Pediatrics. 2020;145(1). doi:10.1542/peds.2019-3449 Motor disorder evaluation Patient without (Indicated CK and thyroid identified risks or Motor concern? testing, possibly Yes developmental neuroimaging; see text) problems arrives for No health supervision visit **Medical evaluation** (Indicated genetic testing, Screening result Age-specific visit^a concerning? chronic condition evaluation; Yes see text) No **Developmental evaluation** 9. 30 mo: (Indicated early intervention Administer^b developmental and therapy refferals; screen see text) 18 mo: Administer^b developmental screen and ASD screen 24 mo: Unaddressed concern Identify concern in record Administer^b ASD screen from surveillance? system^c Yes Other ages: No additional screening with dvelopmental concerns Perform remainder of Bright Futures Set early return flag^c visit Developmenta diagnosis Perform physical examination established? No and routine developmental surveillance (including risk Yes factor assessment) Initiate chronic condition End management

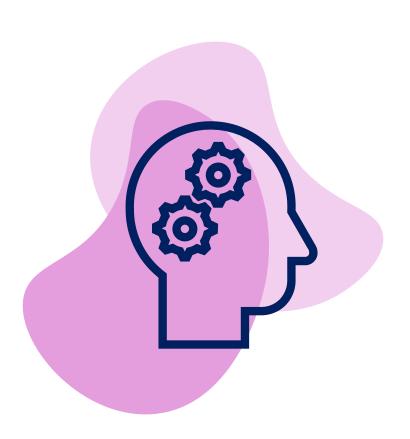
Maryland Behavioral

Health Integration in Pediatric Primary Care

Why Screening for Behavioral and Emotional Problems



- 11-20% of U.S. children have a behavioral and emotional (B/E) disorder
- 10-15% of preschool children have developmental delays. 1-3% of preschool children have global developmental delays
- Anxiety and ADHD often emerge early in childhood
- Disparities in race can lead to over-identification and under-identification of developmental delays and behavioral problems



The Case for Routine Behavioral and Emotional Screening



Estimates report that

1 in 8 children with

identified mental health problems receive treatment



Fewer than 50% of

those with clinically significant B/E problems are detected

<u>MYTH</u>

VS



There are no adequate screening tools for preschoolers



Many screening tools have sensitivities and specificities greater than 70%

A great deal of training is required to administer screening tools accurately



Training requirements are not extensive for most screening tools. Most can be administered by nurses, office staff and paraprofessionals.

Screening takes a lot of time



Many screening tools take less than 15 minutes to complete and less than 2 to score

Tools that rely on parent report are not valid



Parent concerns are generally valid and predictive of developmental delays

Selecting the Right Screening Tool



- Reliability and validity
- Sensitivity and specificity
- Evidence-based
- Administration time
- Literacy levels





How to Administer



- Can have parents fill out
- Can interview parents
- Can administer items with child



Social/Emotional/Behavioral Screeners









BRIGHT FUTURES 🔽 TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist (PSC)

Bright Futures: Mental Health available online



Ages and Stages Questionnaire: Social-Emotional-2



Description

- Screening and surveillance of socialemotional and mental health milestones
- Assesses self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people
- 9 age-specific forms

Age range

• 1-72 months

Administration

- 19-33 items depending on age-specific form
- 10-15 minutes

Access information

 Available for purchase via <u>www.agesandstages.com</u>
 or
 <u>www.brookespublishing.co</u>
 <u>m</u>

Pediatric Symptom Checklist (PSC-17b)



Description

 General psychosocial screening and functional assessment in the areas of attention, externalizing symptoms, and internalizing symptoms

Age range

• 4-16 years

Administration

- 17 items
- Less than 5 minutes

Access information

 Available for free download via <u>massgeneral.org/psychiatry/trea</u> <u>tments-and-services/pediatric-</u> <u>symptom-checklist</u>

Strengths and Difficulties Questionnaire (SDQ



Description

- Screens resilience and psychosocial risk for mental health and socialemotional behavioral skills
- Generates indicators for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior
- Parent, teacher, and youth self-report measures

Age range

- 3- to 4-year-olds
- 4- to 17-year-olds

Administration

- 22 items for 3- to 4-yearold version
- 25 items for 4- to 17year-old version
- 5-10 minutes

Access

 Available for free download via www.sdqinfo.org

The Survey of Well-being of Young Children (SWYC): Baby PSC



Description

 Screens socialemotional health and behavior

Age range

• 1-18 months

Administration

- 12 items
- 5 minutes

Access information

 Available for free download via www.theswyc.org

SWYC: Preschool PSC



Description

 Screens socialemotional health and behavior

Age range

• 18-65 months

Administration

- 18 items
- 5 minutes

Access information

 Available for free download via www.theswyc.org



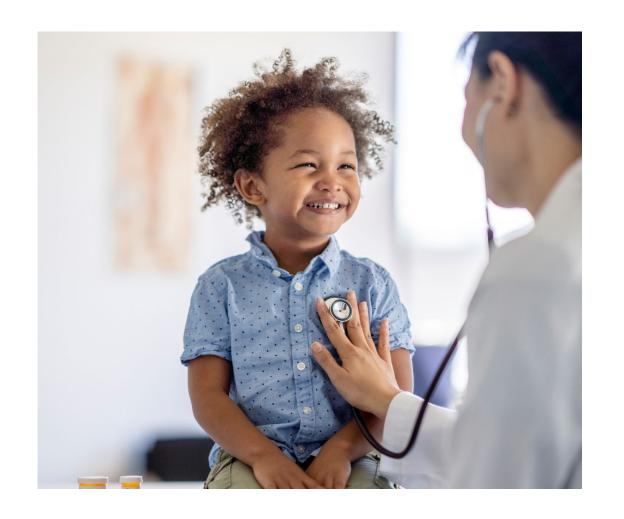
Importance of Developmental Screening



• Screening is effective

 Mental illness and developmental delays may lead to multiple negative outcomes

 Half of children in general population do not get services before entering school

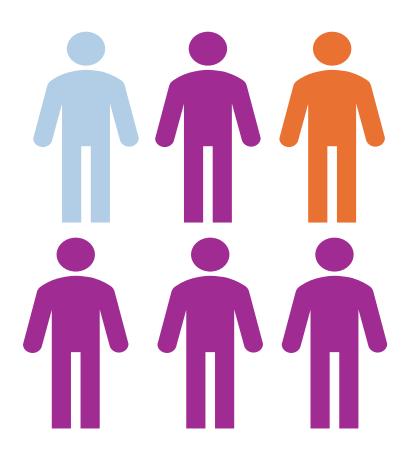


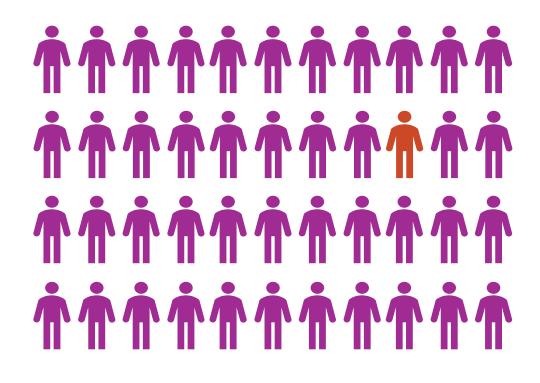
1 in 6 children

have a developmental disability

1 in 44 children

have autism spectrum disorder (ASD)





Why Screen Development



 Detection rates of developmental disorders are lower than prevalence rates

 Identification of delayed or disordered development promotes identification of medical conditions and complications



Developmental Screeners











Ages and Stages Questionnaires-3



Description

- Parent-completed
- Screens
 communication,
 gross motor, fine
 motor, problem solving, personal
 adaptive skills

Age range

• 2-60 months

Administration

- 30 items
- 10-15 minutes

Access information

Available to purchase via www.agesandstages.com or www.brookespublishing.c om

Parents' Evaluation of Developmental Status (PEDS)



Description

- Parent interview
- Screens for developmental and behavioral problems needing further evaluation
- Same form is used for all ages

Age range

• 0-8 years

Administration

- 10 items
- 2-5 minutes

Access information

 Available for purchase via <u>www.pedstest.com</u>

PEDS: Developmental Milestones Screening Version



Description

- Parent interview
- Screens for developmental and social-emotional problems

Age range

0-8 years

Administration

- 6-8 items per age level
- 4-6 minutes

Access information

 Available for purchase via <u>www.pedstest.com</u>

The Survey of Well-being of Young Children (SWYC): Milestones



Description

- 12 age-specific forms
- Keyed to pediatric periodicity schedule
- Includes cognitive, language, and motor skills

Age range

• 1-65 months

Administration

- 10 items
- 5 minutes

Access information

 Available for free download via www.theswyc.org



When to Screen for ASD



Routine ASD surveillance should happen at every well-child visit. The AAP recommends that all children receive a standardized developmental screener at:

- 9 months
- 18 months
- 30 months

In addition, all children should be screened specifically for ASD at:

- 18 months
- 24 months



ASD Screeners











Social Communication Questionnaire (SCQ)



Description

- Parent –completed
- Identifies children at risk for autism

Age range

4+ years

Administration

- 40 items
- 5-10 minutes

Access information

 Available for purchase via www.wpspublish.com

Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)



Description

- Parent –completed
- Identifies children at risk for autism
- Follow-up clinician administered questions

Age range

16-30 months

Administration

- 20 items
- 5-10 minutes

Access information

Available for free download via

www.mchatscreen.com



Steps following Screening







Reviewing results

Referrals for assessment and services

How to Discuss Results:









Don't be definitive



Explain why they are referred

Reviewing Results



- Regardless of results
 - Restate your motivation to ask them to fill it out, and that it's a place to start a discussion
 - Ask if they had any ideas or concerns while filling it out
 - o Follow up with them if "yes"
 - Can probe for misunderstanding or confusion about any items
 - If everything is negative
 - Comment on this and ask one more time for concerns
 - Can say that we know we can't ask every question so don't always capture every possible issue
 - State your willingness to talk about these things in the future



If there are some positive items or an overall positive score

- "I see that you've marked ______, can you tell me more about that?"
- Ask about impact on function (school, home, peers)





Screening isn't Diagnosing!

• If screener is positive, it does not mean child will receive a diagnosis

• If screen is normal, but you still have worries, refer for further evaluation

Disparities in Surveillance and Screening



• Surveillance and screening more likely for patients with private insurance

Developmental risk linked to lower SES

State-level variation

 Child's race, primary language, having a medical home, and highest household educational level also play a role

Early & Periodic Screening, Diagnostic and Treatment (EPSDT)



- Medicaid provides access to prevention, diagnostic, and treatment services for low-income infants and children
- States obligated to ensure Medicaid-eligible children and families are aware of EPSDT and have access to required screenings and needed treatment services
- Required to provide infants and children with screening at established times and as-needed
- Includes physicians and nurse practitioners



- www.agesandstages.com
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Thank You!



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