



The Newsletter of
**The Indiana Association for Infant and Toddler
Mental Health**

Social Emotional Screening

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Young children's development can be collapsed into three main areas: cognition/language, motor skills, and social/emotional capacities. Until recently, screening and evaluation of the first two have been much more likely than the third. One reason is that cognition, language, and motor development can be more easily observed and measured, leading to a larger variety of tools and methods of assessment. Another possible reason is that social and emotional development has been overlooked, for reasons such as an emphasis on school readiness and professional's discomfort with the notion of emotional problems in very young children.

In the last several years, a case has been made that social and emotional capacities form the basis of success in other skill areas. In particular, clinicians and researchers have emphasized the importance of early care-giving relationships in helping young children attain self regulation and social skills that build a foundation for future positive relationships and a host of other desirable outcomes. Following this research, interest in measuring social and emotional skills has grown. As a result there are now a number of excellent tools for screening and assessing young children's social and emotional capacities and concerns.

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Spotlight on MHAI Public Policy Agenda
CHILDREN, YOUTH AND JUVENILE MENTAL HEALTH AND
ADDICTION SCREENING POLICY

STATEMENT: The prevalence of mental illness, addiction and serious emotional disorders in children and youth under age 18 is oftentimes not adequately or appropriately diagnosed. At the same time, the efficacy of early treatment for mental illness, addiction and serious emotional disorders is proven and the benefits have been demonstrated.

The Mental Health America of Indiana supports and will work to guide and create, consistent with recommendations made by the President's New Freedom Commission, the Surgeon General and the Transformation Working Group, opportunities for systematic, standardized and regular screening of children for mental illness, addiction and serious emotional disorders and youth in any and all appropriate settings including but not limited to public and private schools; child welfare; juvenile courts; and primary care settings. Any screening program must:

- ensure that only qualified personnel conduct the screening and assessment, and develop the treatment program;
- ensure that records of the screening, assessment and treatment are kept confidential in accordance with current privacy standards for these types of records; and
- prohibit discrimination based on the screening, assessment and treatment.
- provide for active parental consent
- not be used as an assessment

MHAI supports all efforts to avoid stigmatization as well as the parent's right to opt out. Once an illness is identified, treatment must also be made available.

REFLECTIONS

**Winter
2007**

Vol 1, No.1

*A Subsidiary of
the Mental
Health Association in
Indiana, Inc.*

Screening (from page 2)

Screening for developmental problems, such as delays in speech, and medical problems, such as deafness or vision problems is well-established in health and educational communities. Many of us recall having hearing and vision screening as school children or have participated in child find activities at community events. Early intervention activities can save money and increase quality of life for affected children and their families. In contrast, when left untreated, social-emotional deficits and challenging behaviors can intensify and result in long-lasting problems.

Screening tools must be used by appropriate personnel, be administered correctly, and be interpreted with care. Screening tools do not yield a diagnosis or a treatment plan. Rather, screening tools are measures that help determine if there is a need for a full assessment in a given area. Because it is not a formal diagnostic procedure, a screening tool can be appropriately used by many different individuals who have been trained to administer, score and interpret the particular tool. Practitioners should check the manual of the tool for information about what training is needed to use it, and consult with supervisors when they are unsure. Use of a specific tool is recommended over use of clinical judgment or informal assessment, because these less formal methods under identify children in need of help.

Several good tools are available to assess social and emotional skills in young children. In general, a screening tool for this purpose utilizes parent or other caregiver report. Most of the tools take only minutes to complete and score, and they frequently have reading levels between 4th to 6th grade. Several are available in Spanish or other languages.

The *Brief Infant Toddler Social Emotional Assessment (BITSEA)* is another excellent and well researched screening tool derived from the full measure, the *Infant Toddler Social Emotional Assessment (ITSEA)*. The 60-item BITSEA is for ages 12 to 36 months and includes an assessment of delays in social and emotional development, the presence of problem or concerning behaviors, and an assessment of competence. Forms for parents and child care providers are available.

One of the best known and most recommended systems for assessing young children's overall development is the *Ages and Stages Questionnaires, Second Edition (ASQ)*. The ASQ includes social and emotional skills among the areas assessed and it is currently recommended for developmental surveillance by the American Academy of Pediatrics. For a more directed screening, a practitioner can choose the *Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)* for ages birth to 5 years. The parent or other caregiver completes the 30 questions, noting for each item if the child can do the skill all the time, sometimes, or not yet. The provider compares the child's score to scores of other children the same age. If the score is below a certain cut-off, additional assessment is suggested.

The *Devereux Early Childhood Assessment (DECA) Program* can be used for ages 2 to 5 years. The 27 item parent report form identifies problem behaviors and protective factors. There is a 10 item screener that identifies behavior concerns. In addition, birth to 2 version is being prepared.

The *Mental Health Screening Tool* screens for urgent need for assessment and is in use in Indiana by child protection workers. The MHST is appropriate for use by many differently trained workers. It consists of 4 items related to current behavior, history of trauma, and placement issues and can be given over time while a child is in out of home care. Any "yes" answer should generate a referral for further assessment.

Interest in early identification of concerns in social and emotional development includes a high level of research and clinical activity directed to autism spectrum disorders. The *Modified Checklist for Autism in Toddlers (MCHAT)* consists of 23 yes/no items that are completed by the parent or other caregiver. An answer in the clinical direction on any 2 critical items or any 3 items total should result in referral for full evaluation. This tool is available for free on line at firstsigns.org and many other sites.

Developmental screening is common as part of child find activities in communities, routine developmental surveillance by primary health care providers, and best practices by early care and education professionals. Including screening of social-emotional capacities and concerns is now recommended and offers the promise of early intervention to avoid serious behavior concerns. The IAITMH recommends and supports social emotional screening in early childhood.

Indiana's DC: 0-3R Crosswalk

The Indiana Association for Infant and Toddler Mental Health Infant Mental Health Task Force has completed a crosswalk between *DC 0-3 R (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition)*, *DSM IV TR (Diagnostic and Statistical Manual, Fourth Edition, Training Revision)* and the *ICD 9 CM (International Classification of Disease, Ninth Edition, Clinical Manual)*. The Indiana Crosswalk joins those of several other states, including Maine and Florida. Indiana's crosswalk is the only one to compare the *DC 0-3R* to both the *DSM* and the *ICD* systems. Several previous crosswalks can be viewed on the ZERO TO THREE website (zerotothree.org). Indiana's crosswalk is presently available at the association website (iaitmh.org).

Almost immediately after the publication of *DC 0-3*, clinicians who liked using it realized that some of the diagnoses it generated could not be used for billing or in other forms of communicating with insurance or other providers. Soon, several crosswalks were developed that allowed providers to make a diagnosis *using DC 0-3*, but to bill using a code from the *ICD* or *DSM* systems. These crosswalks have been very popular and frequently used in other states.

The Indiana crosswalk was developed by the IMH Task Force, an interdisciplinary group including social workers, mental health counselors, psychologists, speech and language pathologists, and developmental behavioral pediatricians.

FROM THE CHAIR

The IAITMH is starting its new year with a resolution to have a complete volume of 4 issues of our newsletter, *Reflections*, in 2007. Along with this issue, we plan three other issues: moral development, cultural issues, and early intervention, each to be "guest edited" by a different Board member. Please contact us if you have ideas for articles that would fit these themes or ideas for future issues.

As always, the beginning of the year is a transition time. The IAITMH Board is sorry to lose Sharon Wilkerson, who has moved to Texas for a wonderful new job and more time with her grandchildren, Mike Grindstaff who also leaves us to have more family time, and Stacy Holmes, who has become very busy with First Steps responsibilities. We thank you all very much for your service to babies and their families. In their places, the IAITMH welcomes new members Denise Senter, long-time trainer and therapist along with parents Carla Hall and Kim Krick. We are looking forward to a productive year! Angie Tomlin

TRAINING NEWS

Mental Health Diagnoses in Early Childhood
Indianapolis, IN
February 9, 2007

Hoosier Idol
March 21, 2007
Indianapolis, IN

THE Institute for Strengthening Families
Indianapolis, IN
April 9-11, 2007
September 17-19, 2007

Indiana Association for the Education of Young Children
Indiana Convention Center
April 12-14, 2007

Mental Health America Indiana
Annual Conference
Union Station, Indianapolis

Indiana Association for Infant and Toddler Mental Health
Ruth Lily Conference Center, Riley Hospital for Children
Indianapolis, IN
Annual Conference
August 17, 2007

What is IAITMH?

The Indiana Association for Infant and Toddler Mental Health is an inclusive group of individuals, family members, caregivers, professionals and agencies who collectively use their knowledge, concern, education and expertise to actively advocate, promote, educate, and influence local, state, national and international mental health issues regarding infants and toddlers.

Want more? Go to <http://www.iaitmh.org> for the full MHAI Public Policy Agenda, resources to learn more about screening, and details about training and the Indiana DC:0-3R Crosswalk.



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MEMBERSHIP

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