Pathways to
Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Developmental Screening with the Ages and Stages Questionnaire: Social Emotional -2: (ASQ:SE-2): Administration, Scoring and Interpretation

Gilbert M Foley, Ed.D., IMH-E

Pathways to Professional Development: Building Foundations in Infant and Early Childhood Mental Health

Pathways to Professional Development was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 21 webinars focused on the foundations of Infant and Early Childhood Mental Health.
  - Provided live virtually
  - Recorded for viewing as LMS modules

- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.

  - View all offerings here→ https://www.ctacny.org/special-initiatives/pathways-to-professional-development/

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.

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Pathways to Professional Development Webinar Series

- **Module I:** Developmental and Psychodynamic Foundations of Infant and Early Childhood Mental Health – 6 Webinars
- **Module II:** Assessment, Diagnosis, Formulation and Professional Development – 4 Webinars
- **Module III:** Risk, Stress, Protection and Resilience – 2 Webinars
- **Module IV:** Through the Lens of Family, Community and Culture – 2 Webinars
- **Module V:** Specific Disorders: A Closer Look: 4 Webinars
- **Module VI:** Helping in Infant and Early Childhood Mental Health – 3 Webinars

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Who we are

These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

    - **NYCCD and McSilver** also run the **NYC Early Childhood Mental Health Training and Technical Assistance Center(TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

https://ttacny.org/

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Overview of Topic

- A large body of evidence exists that early social-emotional capacities, sometimes referred to as non- cognitive skills, predict to the likelihood of healthy personal development, future success in the workplace and adult well-being.
- Screening with the ASQ:SE-2 is an effective and efficient method of early identification of social-emotional development at-risk for delayed growth and expression.
- The meaning and significance of early social-emotional skills and Infant and Early Childhood Mental Health (IECMH) are reviewed
- Strategies to engage the parent/caregiver in screening and an analysis of how the benefits of screening outweigh the risks will be discussed.
- Procedures for administering, scoring and interpreting the ASQ:SE-2 will be reviewed in-depth.
- "Red-Flag" behaviors will be identified and guidelines for informing the parent/ caregiver about the results of the screening and a follow-up action plan will be examined.

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Learning Objectives

As an outcome of completing this learning module, participants will be able to:

1. Present the meaning and significance of social-emotional development/ IECMH
2. Describe engaging caregivers in screening and how the benefits outweigh the risks
3. Complete the administration, scoring and interpretation of the ASQ:SE-2
4. Characterize formulating an action-plan and giving feedback to parents/caregivers
5. Discuss strategies for supporting early development

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ZERO to THREE and WAIMH Definitions of Infant Mental Health

- ZERO TO THREE defines infant mental health as: *". . . the developing capacity of the child from birth to age 3 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn -- all in the context of family, community, and cultural expectations for young children.* ***Infant mental health aligns with healthy social and emotional development."***

- The World Association of Infant Mental Health describes infant mental health as: *"... a field dedicated to understanding and treating children 0-3 years of age within the context of family, caregiving and community relationships."*

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Act Early

- There is now general consensus among child development scientists and neuroscientists that the quality of a child's earliest relationships with a primary caregiver and other significant caretakers can support or alter the normal course of brain development and significantly impact the child's capacity to learn, to process sensory information, and to form future relationships.

- **"Early experience determines whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health."** (A Science-Based Framework for Early Childhood Policy, 2016, p.3, Harvard Center on the Developing Child)

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Attachment: Forming Close and Secure Relationships

- If you are in a **dangerous situation**, your chances of survival are vastly increased if you are with a competent, loyal and responsive companion than if you are alone.
- **Infancy is a dangerous situation given the protracted period of helplessness and dependency**

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What is Attachment?

Two sides of one coin

Has survival meaning

An enduring emotional tie

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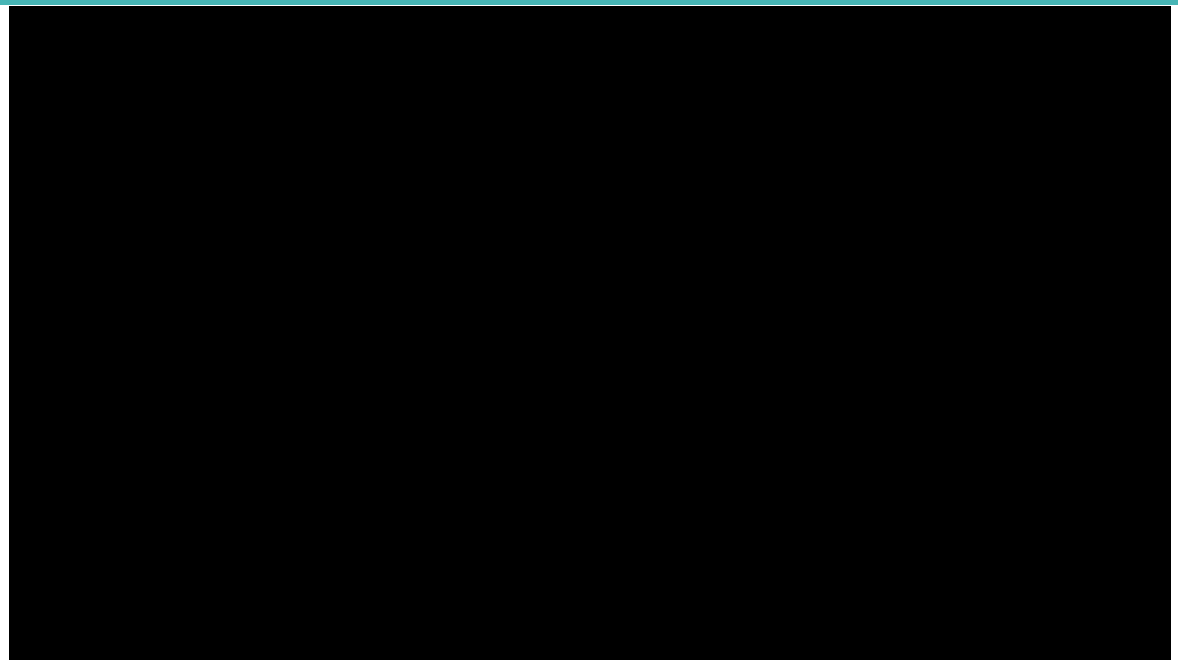
What we will do for love……!



https://www.youtube.com/watch?v=F87RcxJPIbo

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Attachment Behaviors

Infants have inborn patterns of action & reaction:
A preverbal signaling system aimed to bring a caregiver into **proximity** when in threat, danger, fear or distress:

- Cooing
- Crying
- Face gazing
- Social smiling
- Sucking
- Clinging
- Grasping

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Attachment Categories

- Secure: Confident, safe & assured
- Anxious avoidant: Too self-sufficient too soon
- Anxious ambivalent: Approach-avoidant
- Disorganized: Confused & unsystematic

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Secure Attachment:
A Powerful Protective Factor

"The picture of securely attached children that emerges from research is a very positive one. They appear curious, self-confident about managing cognitive tasks, persistent in the face of frustration and cooperative (Karen,2024, p-66)."

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Emotionally Available Parenting

Relate to your child in a way that they feel uniquely valued and understood

Parent in a sensitive, responsive, reliable, attuned and benevolent manner

Be bigger, stronger, wiser and kinder when limits are called-for

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Qualities of Caregiving

most apt to spawn a secure attachment:

- Sensitive
- Responsive
- Reliable
- Continuous
- Benevolent
- Attuned

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Why Attachment is Important: Developmental Implications Over the Life Span

- Internal working model
- Secure base behavior
- We parent the way we were parented:
  - Research suggests about a 70% concordance between the attachment classification of the mother and the child by 1 year of age (Ward & Carlson, 1995)

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Signaling To Bring A Caregiver Into Proximity

Infancy

- Distress behaviors
- Crying and bodily expression
- Hyperarousal
- Difficulty calming

Toddlerhood

- Tantrum-like behavior
- Breaks in emotional control
- Withholding /noncompliance “NO”

Preschool

- Verbal combativeness
- Physical aggression
- Noncompliance
- Withdrawal

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Signaling

All behavior is a communication!

The child will always tell you.
It may be in code;
It is our job to decode it.

-Sally Provence

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Social-Emotional (non-cognitive) Skills

A growing and convincing body of literature suggests that social-emotional development, aligned with infant mental health and sometimes referred to as non-cognitive skills, formed early in life, are pivotal in increasing the likelihood of healthy personal development, future success in the workplace and adult well-being.

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Why Is Social-Emotional Development Important?

A longitudinal study (Jones, Greenberg & Crowley, 2015) looking at the relationship between social-emotional competency in kindergarten and functioning 13-19 years later in a sample of 753, found that teacher-rated prosocial skills in kindergarten were a consistently significant predictor of young adult outcomes across the domains of education, employment, criminal activity, substance abuse and mental health.

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Why Is Social-Emotional Development Important?

- A metanalysis of 158 studies representing 45,529 + students from elementary to college from 27 countries found:
  - students with higher emotional intelligence had better grades and scored higher on achievement tests than those with lower emotional intelligence (McCann, et al., 2020)

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Affect-Feeling-Emotion

An instantaneous neurological process experienced in a GASP!

- Affect-The physiological arousal, frequently interoceptive, that is the antecedent of feeling and emotion
- Feeling-A differentiated mood state consciously identified as a feeling
- Emotion-An association of memories and related feeling states

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Interoception

- Sensation from the internal organs
- Sensations from the internal organs are foundational to the experience and regulation of emotional states e.g. butterflies in my stomach (anxiety); white as a ghost (fear)

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Emotion Regulation

- Broadly, emotion regulation covers the spectrum from an awareness of feeling states to the ability to control and tolerate emotional arousal as well as an ability to alter the course of an emotional state in terms of range, intensity, and reaction time (the 0 to 60 phenomenon) in accordance with contextual, social, and adaptive demands.

(Naragon-Gainey et al., 2018; Sheppes et al., 2015)

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Emotion Identification And Regulation

Reduce the general level of physiological arousal

Reference the context

Reference the body

Explore the Environment and Learn

- Knowledge is constructed out of concrete sensory experiences organized and internalized through exploration, discovery and mastery of the larger environment.

- The attachment figure serves as a **“ secure base”** from whom to explore the world and a safe harbor to return for replenishment.

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Through the Lens of Family, Community and Culture

Cultural Values Beliefs and Assumptions Shape

Goals and expectations for children

Expressions of love and nurture

Approach to discipline and limit setting

(ZERO to THREE, 2019, slide 65)

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Background Data for the ASQ:SE-2

- Second revision 2015
- Data collection: Direct mailing, preschool teachers to parents and Internet
- Sample: 14,074 unduplicated children 1-72M
- Sample characteristics:
    - 58% male 42% female
    - 56% 4-year college or above
    - 14% Associate degree
    - 22% High school diploma
    - 4% less than a high school diploma

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Background Data for the ASQ:SE-2

- Sample characteristics:
  - 60% more than $40,000
  - 40% below that figure
  - 72% White
  - 8% Black or African American
  - 7% Hispanic or Latino
  - 4% Asian
  - .8% Native American
  - .3% Native Hawaiian/Pacific Islander
  - 7% Mixed race

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Background Data for the ASQ:SE-2

Reliability

- Test-retest : 89% agreement between ratings

Validity:

- Concurrent validity across a range of measures (DECA:IT, ITSEA & CBCL) % agreement ranged from 77% at 18M to 89% at 60M
- Overall ASQ: SE-2 classification (OK or risk) agreed 83.5% with the child's classification of ASD (risk)

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Engaging the Family

- What Purpose
- Why Value
- How Process

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Engaging the Family

What to expect

- Introduction to the tool
- The method
- Processing results
- Action plan

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Engaging the Family

- Make yourself the learner and let the parent teach you about their child-they are the expert on their child-not us!
- Offer the parents options:
    - Parents complete items on their own in advance of visit
    - Parents and practitioner complete ASQ:SE-2 in an interview format
    - Practitioner helps parents read and understand items (reading levels range from 4th to 6th grade levels)
- Screener should not provide their opinions about how to answer Q
- If asked for assistance, screener should reflect answer back to parent and encourage parent to provide best answer
- Screener should provide as little interpretation as possible, other than help parent understand what the Q is asking
- Be careful not to influence the parent's responses or share your opinions about the child's behavior

Background Information

- Remember that good interviewing is a “psychological conversation with an aim” not a laundry list of items to be checked off
- An Adverse Childhood Experiences (ACEs) history is an essential part of any background interview
- ACEs and risks-physical or sexual abuse, neglect, domestic violence; significant losses from any cause, living with someone with an addiction or has been incarcerated; child welfare involvement, multiple moves/placements, hospitalizations and medical dental procedures, extreme poverty, maternal age 19 or younger, prematurity (less than 39 weeks), birth weight less than 3 lb., 5oz., are among those to be identified
- The DC:0-5 Psychosocial Stressor Check List is a good reference as well as Table 4.1 page-34 in the ASQ-3 Users Guide.
- Identify protective factors-positive childhood experiences, Angels in the Nursery

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Benefits Outweigh The Risks

- The ASQ:SE-2 questionnaire provides a “quick-check” of your child’s social-emotional development
- The information on this questionnaire will remain confidential. I will not share the information with anyone without your consent
- Follow your child’s development over time-staying on track
- Your answers will show your child’s strengths and if your child is showing behaviors you would like to talk about
- Your answers will help me know what type of information I may be able to gather for you
- Your answers will help me to get to know your child better and how I can support you and him
- If you have questions or concerns about any of your child’s behaviors that are beyond my knowledge , then I will help you find other resources or agencies in your community that can help
- Informs your parenting
- Learn ways to support your child’s development whether there are concerns or he is on-track and how to build on strengths
- Learning about social-emotional development and a language to talk about your child’s social emotional development

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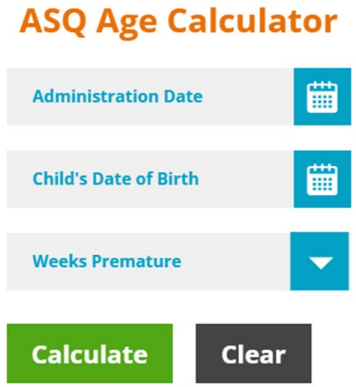
Administering the ASQ:SE-2 Scale

- Accurately calculate the child's age
- Adjust for prematurity if the child was born 3 or more weeks before due date and is under 2 years of age
- If premature, calculate adjusted age by subtracting number of week premature from chronological age
- Select age-appropriate questionnaire
- Tell parents to:
  - Answer questions based on what they know about their child's behavior
  - Answer questions based on your child's **USUAL** behavior not behavior when your child is sick, very tired or hungry. For example, when your child may become very clingy when ill but otherwise may be independent and outgoing.



https://agesandstages.com/free-resources/asq-calculator/

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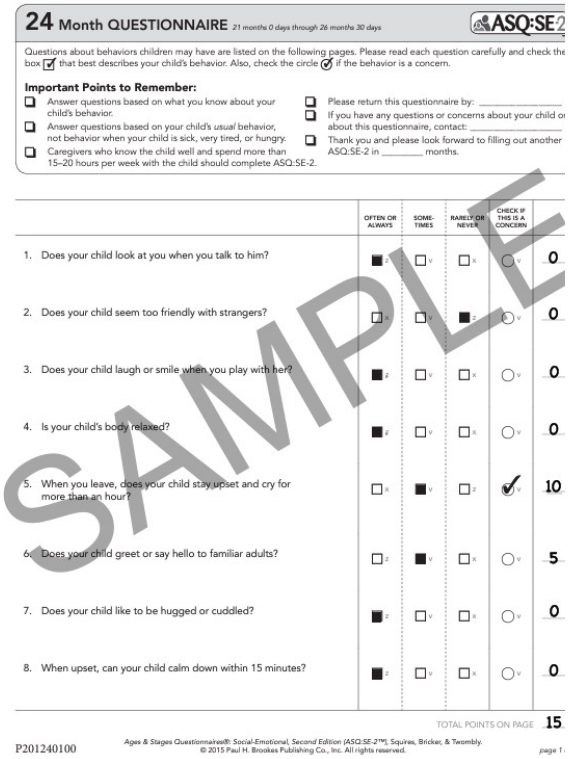
Administering the ASQ:SE-2 Scale



24 Month QUESTIONNAIRE *21 months 0 days through 26 months 30 days* ASQ:SE-2

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

Important Points to Remember:

- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: _____
- If you have any questions or concerns about your child or about this questionnaire, contact: _____
- Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	■ z	☐ v	☐ x	◯ v	0
2. Does your child seem too friendly with strangers?	☐ x	☐ v	■ z	◯ v	0
3. Does your child laugh or smile when you play with her?	■ z	☐ v	☐ x	◯ v	0
4. Is your child's body relaxed?	■ z	☐ v	☐ x	◯ v	0
5. When you leave, does your child stay upset and cry for more than an hour?	☐ x	■ v	☐ z	✓ v	10
6. Does your child greet or say hello to familiar adults?	☐ z	■ v	☐ x	◯ v	5
7. Does your child like to be hugged or cuddled?	■ z	☐ v	☐ x	◯ v	0
8. When upset, can your child calm down within 15 minutes?	■ z	☐ v	☐ x	◯ v	0

TOTAL POINTS ON PAGE 15

P201240100

Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™). Squires, Bricker, & Twombly. © 2015 Paul H. Brookes Publishing Co., Inc. All rights reserved.

page 1

SAMPLE

Review possible responses with parent:

- **Often** or **always** indicates the child does the behavior often or always
- **Sometimes** indicates the child does the behavior sometimes but not consistently.
- **Rarely** or **never** indicates the child rarely performs the behavior or has never performed the behavior.

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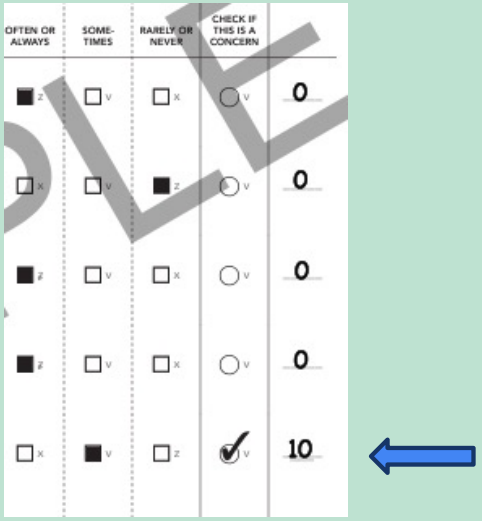
Administering the ASQ:SE-2 scale

- **Item concerns**: Marking the circle in the far-right column indicates this behavior is a concern to the parent. Encourage parents to check a response first, before indicating the behavior is a problem.

****Ask for more information about any item of concern as appropriate**
–" Can you tell me more about…….?"



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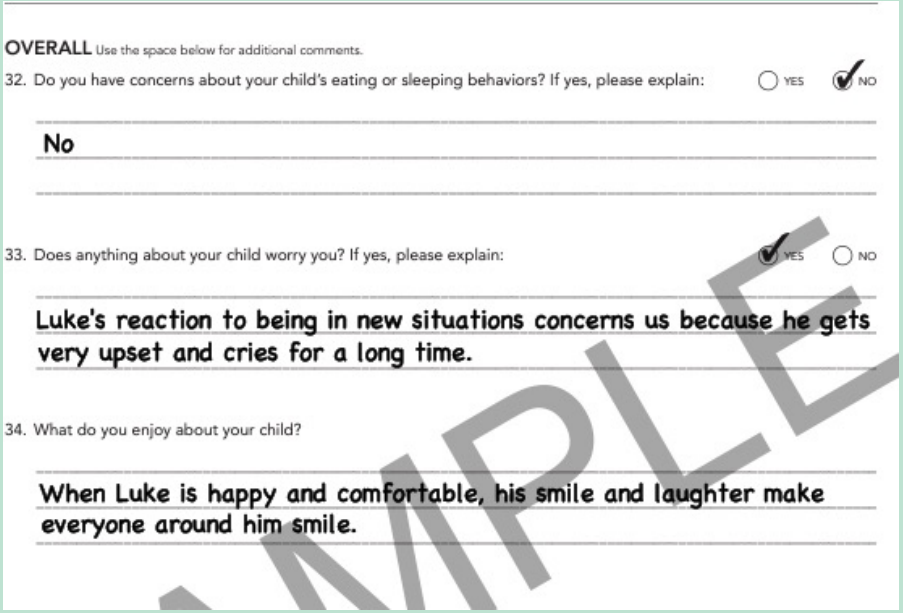
- **Open ended Questions:** At the end of each questionnaire there are 3 unscored open-ended questions that ask about a parent's overall concerns related to their child's eating, sleeping and for older children toileting behaviors. The final question asks **what you enjoy most about your child.**



OVERALL Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain: ○ YES ✓ NO

No

33. Does anything about your child worry you? If yes, please explain: ✓ YES ○ NO

Luke's reaction to being in new situations concerns us because he gets very upset and cries for a long time.

34. What do you enjoy about your child?

When Luke is happy and comfortable, his smile and laughter make everyone around him smile.

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Scoring the ASQ:SE-2

- Check for unanswered questions-all questions are to be answered.
  - If **four or more** items are unanswered or missing the questionnaire is **INVALID**.
  - If **1-2** items are missing, proceed with the child's total score.
  - If **3** items are missing, divide the questionnaire's total points by the number of items answered yielding the average item score. Time the average item score by 3 and add to the existing total score to yield an adjusted total score.

Example: 55 is the child's total score for items answered divided by 32 (number of items answered)= 1.72 x 3=5.16

Add 5.16 to the total score of items answered 55 + 5.16=60.16 total points

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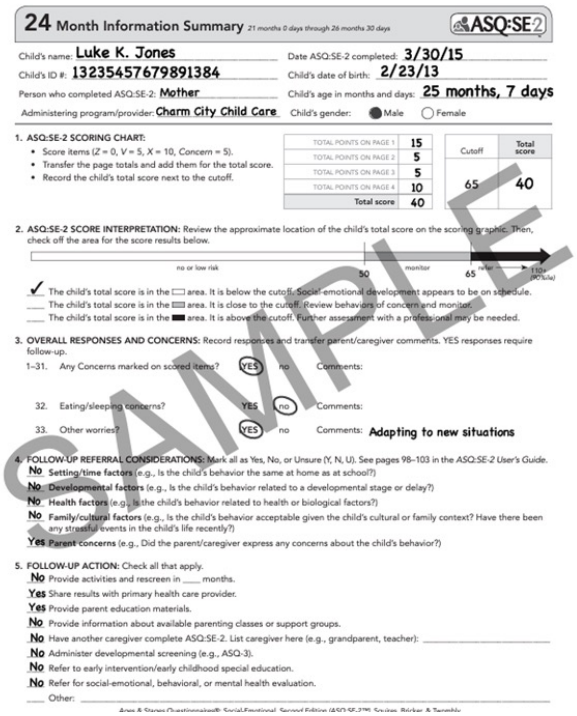
Scoring the ASQ:SE-2



24 Month Information Summary *21 months 0 days through 26 months 30 days* — ASQ:SE-2

Child's name: **Luke K. Jones** — Date ASQ:SE-2 completed: **3/30/15**

Child's ID #: **13235457679891384** — Child's date of birth: **2/23/13**

Person who completed ASQ:SE-2: **Mother** — Child's age in months and days: **25 months, 7 days**

Administering program/provider: **Charm City Child Care** — Child's gender: ● Male ○ Female

1. **ASQ:SE-2 SCORING CHART:**
   - Score items (Z = 0, V = 5, X = 10, Concern = 5).
   - Transfer the page totals and add them for the total score.
   - Record the child's total score next to the cutoff.

		Cutoff	Total score
TOTAL POINTS ON PAGE 1	15		
TOTAL POINTS ON PAGE 2	5		
TOTAL POINTS ON PAGE 3	5	65	40
TOTAL POINTS ON PAGE 4	10		
Total score	40		

2. **ASQ:SE-2 SCORE INTERPRETATION:** Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

no or low risk — 30 — monitor — 65 — refer — 110 (90%ile)

✓ The child's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.
___ The child's total score is in the ▨ area. It is close to the cutoff. Review behaviors of concern and monitor.
___ The child's total score is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

3. **OVERALL RESPONSES AND CONCERNS:** Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–31. Any Concerns marked on scored items? (YES) no Comments:

32. Eating/sleeping concerns? YES (no) Comments:

33. Other worries? (YES) no Comments: **Adapting to new situations**

4. **FOLLOW-UP REFERRAL CONSIDERATIONS:** Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.
   - No **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)
   - No **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)
   - No **Health factors** (e.g., Is the child's behavior related to health or biological factors?)
   - No **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
   - Yes **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. **FOLLOW-UP ACTION:** Check all that apply.
   - No Provide activities and rescreen in ___ months.
   - Yes Share results with primary health care provider.
   - Yes Provide parent education materials.
   - No Provide information about available parenting classes or support groups.
   - No Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
   - No Administer developmental screening (e.g., ASQ-3).
   - No Refer to early intervention/early childhood special education.
   - No Refer for social-emotional, behavioral, or mental health evaluation.
   - ___ Other: _____

- Review any parent comments to determine if the item is of concern
- Score each item on the questionnaire as follows:
  - Z (Often or always) next to the checked box= 0 points
  - V (Sometimes) next to the checked box= 5 points
  - X (Rarely or never) next to the checked box-10 points
  - **Add 5 points to each item indicated to be a concern**
  - **Remember to check the code marked for each item as a competency item scored often or always =Z= 0 points, while a problem item scored often or always = X= 10 points, as a higher score is of greater concern.**
  - **Example: 2M questionnaire:**

Item 7- Is your baby able to calm herself down? (often or always on this item is a z or 0 points)

Item 8- Does your baby cry for long periods of time? (often or always on this item is an x or 10 points)

If item 8 for example were also circled as a concern, you would add an additional 5 points to that item making the score: 10 + 5= 15

Scoring the ASQ:SE-2

- Review any parent comments to determine if the item is of concern
- Score each item on the questionnaire as follows:
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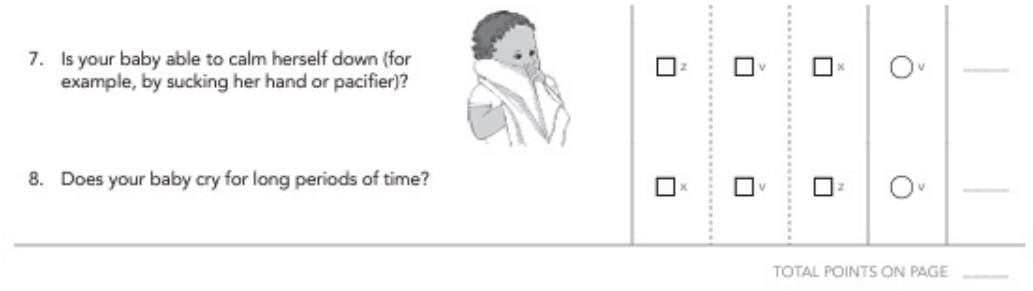
Example: 2M questionnaire:

- Item 7- Is your baby able to calm herself down? (often or always on this item is a z or 0 points)
- Item 8- Does your baby cry for long periods of time? (often or always on this item is an x or 10 points)
  - If item 8 for example were also circled as a concern, you would add an additional 5 points to that item making the score: 10 + 5= 15



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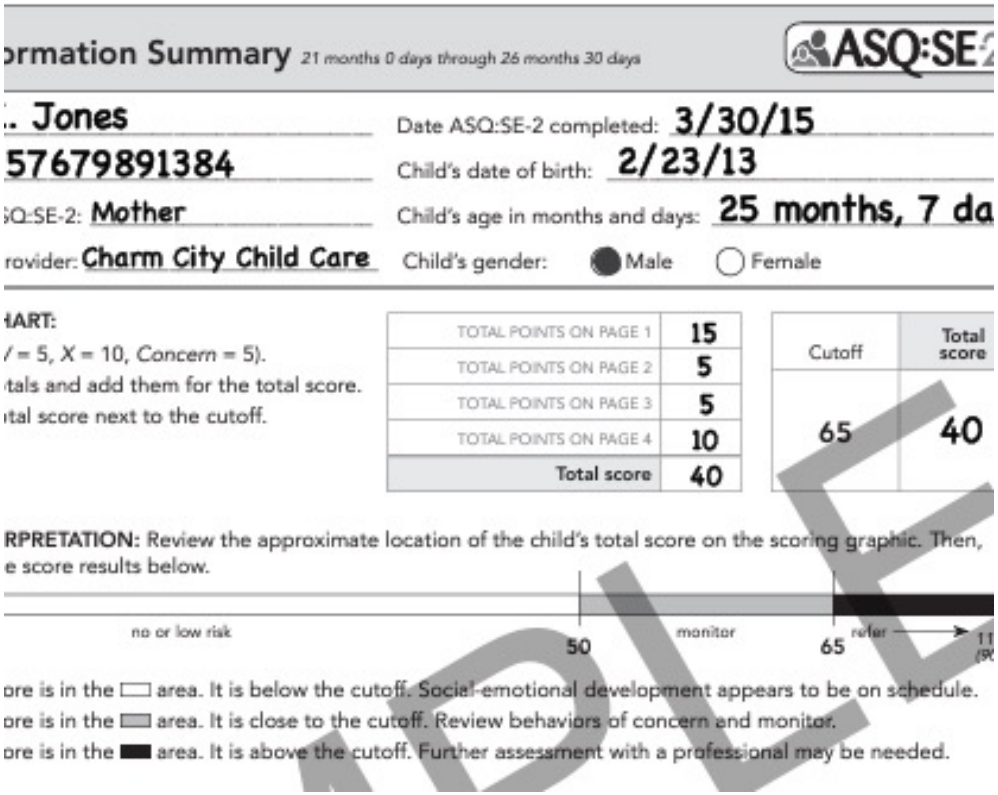
Scoring the ASQ:SE-2



ormation Summary 21 months 0 days through 26 months 30 days ASQ:SE

.. Jones
57679891384
SQ:SE-2: Mother
rovider: Charm City Child Care

Date ASQ:SE-2 completed: 3/30/15
Child's date of birth: 2/23/13
Child's age in months and days: 25 months, 7 da
Child's gender: Male Female

HART:
/ = 5, X = 10, Concern = 5).
tals and add them for the total score.
ital score next to the cutoff.

TOTAL POINTS ON PAGE 1	15
TOTAL POINTS ON PAGE 2	5
TOTAL POINTS ON PAGE 3	5
TOTAL POINTS ON PAGE 4	10
Total score	40

Cutoff	Total score
65	40

RPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, e score results below.

no or low risk | 50 | monitor | 65 | refer

ore is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.
ore is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.
ore is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

- Add page totals and transfer to the information summary sheet
- Add up the total page totals to arrive at a total score

Example: Total points on page 1= 15
Total points on page 2= 5
Total points on page 3= 5
Total points on page 4= 10

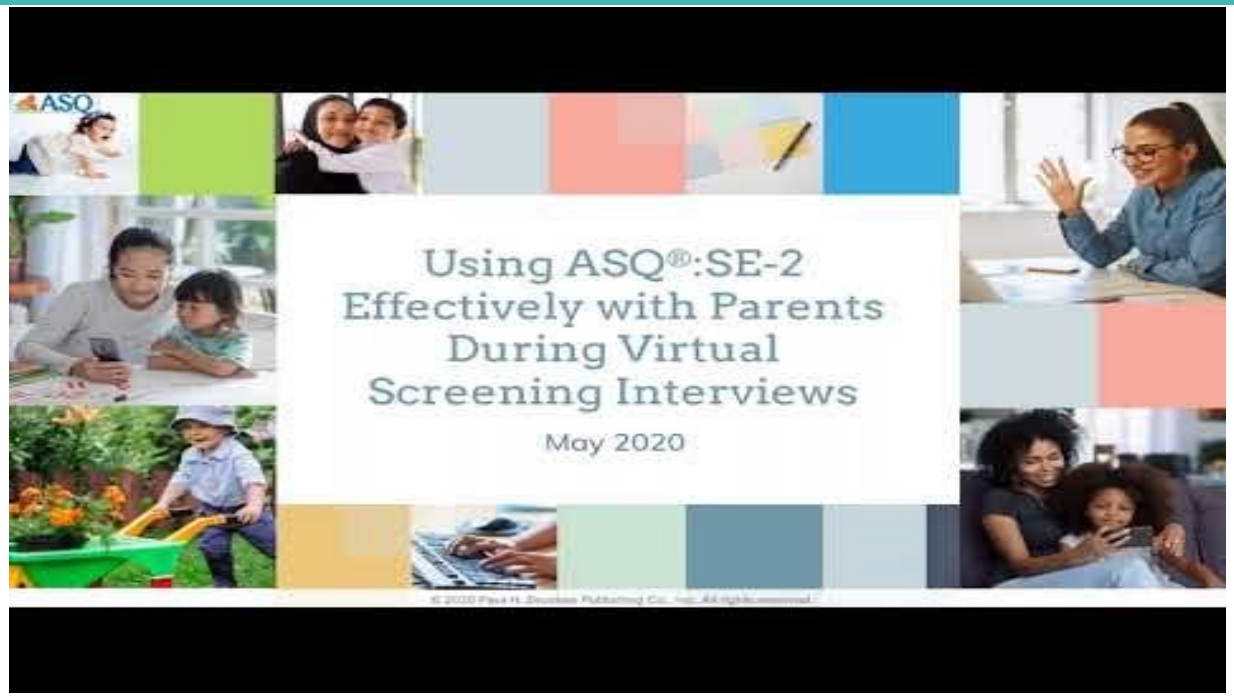
Total points =40

Compare total score to cutoff score (65). This score of 40 is well BELOW the cut off score and there are no concerns.

Determine where the total score falls on the score interpretation bar:

Within white zone= no or low risk
Within gray zone= monitor
Within black zone= further assessment

Using ASQ:SE-2 Effectively with Parents During Virtual Screening Interviews



https://youtu.be/DGoa9xlqGK0

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Overall Questions

Be sure to review:

- Every questionnaire includes unscored questions related to Eating and Sleeping and on the 30, 36, 48 & 60M questionnaire a question about concerns related to toilet training and toileting behaviors.
- Is there anything that worries you about your baby/child?
- A referral can be made solely on parental concern even if the total score is below the cutoff- typically starting with the child's health care provider
- What do you enjoy about your child?
- Start with the positive and build on strengths!

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Item Analysis Intent

- **Eating problems** (2M & 6M) Does your baby have any eating problems such as gagging, vomiting or.....? At older ages : Does your child have eating problems? For example , does she stuff food, vomit, eat things that are not food?
    - This item is targeting severe eating difficulties such as only eating one food item, or textural/sensory sensitivities or pica, or over or under-eating.

- **Perseverative behavior** (18M or older) Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands spin, or.....?
    - This item is intended to identify stereotyped behaviors, sensory/regulatory behaviors, OCD symptoms.

- **Other's concerns** (All intervals) Has anyone shared concerns about your baby's/child's behavior?
    - This item is intended to provide a glimpse into other's perceptions and may gives clues about the pervasiveness of behaviors that may be of concern (are behaviors present in more than one setting/context and in more than one relationship) and parental comments to other's perceptions.

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Red Flags

At all ages:

- Avoids or rarely makes eye contact with caregiver
- Concerns about sleep
- Eats inedible objects (more than rarely)
- Has chronic or frequent diarrhea or vomiting
- Has growth problem in height or weight
- Engages in self-hurting behavior
- Has unusual number of injuries
- Is apathetic or listless
- Is under or over-active
- Is often hard to comfort or satisfy
- Excessive use of head banging or other self-stimulating behavior

Check also after 18 months:

- Is overly aggressive or combative (e.g. hits, bites pushes, kicks, etc.
- Engages in frequent ritualistic or stereotypic behavior (e.g. body rocking, marching in place, crossing and uncrossing legs, etc.)
- Is indiscriminately friendly with strangers
- Has difficulty separating from caregivers or parent(s) on a regular basis (Province, et al., 2016)

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Caregiver Feedback and Follow-Up

- Begin by celebrating the child!
- Be an active and emotionally available listener
- Use strength-based language
- Do not overwhelm
- Demonstrate sensitivity, attunement to affect and offer support and encouragement
- Discuss child's strengths
- Discuss all items scored as 10 or 15 points (the latter were items marked as concerned by the parent and received and additional 5 points)
- Discuss results indicated as monitor or refer
- Support follow–up when indicated
- Let the parent take the lead in follow-up discussions
- Offer follow-up for any concerns identified regardless of total score
- Facilitate referrals if safe and available-use clinical judgement
- Monitor child's development
- Screening is a service

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COVID Caveat

- Given the pervasive stress of COVID , altered routines, school absence or virtual instruction, possible illness and loss, relational disruptions, increased adverse experiences, challenging behaviors such as tantrums, aggression, regression, withdrawal, irritability; eating, sleeping and digestive disturbances, may be more pervasive and you may see an increase of monitor or referral classifications.
- Be responsive and don't dismiss these behaviors or classifications as "just situational" but also avoid over-reaction and catastrophizing.
- Possibly all young children need extra monitoring, especially if they are in a high-risk population already. Err on the side of caution.
- Reflective practice-reflective supervision

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Follow-up

Follow-up may be:

- On-going check-ins and conversations
- Monitor behaviors carefully for changes in number and intensity symptoms, level of distress to child and family, regressions, unevenness in development, situational factors, psychosocial stressors, changes in relationships, health status
- Information and resource sharing
- Referral for further follow-up (primary health provider, EI, mental health clinic)
- Pay attention to "internalizers" (items such as 6M Does your baby make sounds and look at you while playing with you? At 12M item 11 Is your baby interested in things around her such as people, toys and foods. Items suggestive of excessive shyness, withdrawal, regression, constriction-the baby who is "too good," spectrum like behaviors)
- Consideration to follow-up: Setting and Time, Development, Health, Family/Culture
- Level of Impairment

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Virtual Administration of the ASQ-SE 2

Telephone or virtual administration

- **ASQOnline**: bit.ly/ASQVirtual, bpub.fyi/ASQSE2SpecialRelease
- **JPEGs of ASQ-3 and ASQ:SE-2:** Special Release Materials (in English and Spanish) allow you to text images of each questionnaire page to parents who do not have internet access. You can also email the questionnaire images to parents. Parents may view images and then provide answers via phone or video conference.

Lessons learned:

- Scheduling flexibility
- Parents and caregivers seemed more relaxed and confident
- Multiple means to engage families
- Connect virtually before in-person screenings
- Boost parents' knowledge of child development
- Staff learned new skills

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Supporting Emotional Development

- Maintain a routine
- Provide emotionally available caregiving: Sensitive, Responsive, Reliable, Attuned & Benevolent
- Provide a language enriched environment
- Engage in two-way interactions-serve and return
- Provide sufficient monitored tummy time
- Provide developmentally appropriate objects for exploration and discovery
- Provide space for movement at all time and outdoor opportunities
- Play with your baby/toddler
- Have babies sit in the room with siblings when face timing
- Get a digital picture frame that rotates photos of family and friends or look at a photo album

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Supporting Emotional Development

- Online resources for developmental experiences:
  - bpub.fyi/ASQVirtualENV
  - bpub.fyi/ASQ-Newsletter
  - ZERO TO THREE
  - Harvard Center for the Developing Child
  - National Center for Pyramid Model Innovations (NCPMI)
  - TTACny.org (New York City Early Childhood Mental Health Training and Technical Assistance Center)

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