



Foundations for Success

*Improving early childhood mental health
to support successful families and communities in Ramsey County*

Ages & Stages Questionnaire®: Social Emotional results September 2007

Foundations for Success is a five-year initiative designed to develop and implement a county-wide system for early childhood mental health services in Ramsey County. Funded by the John S. and James L. Knight Foundation and coordinated by the Community Action Partnership of Ramsey and Washington Counties, the initiative promotes culturally competent and family friendly services. Services are developed and implemented by a collaboration of more than 100 community agencies, representing local foundations, government, parents, school districts, health, mental health, early childhood professionals, and the University of Minnesota.

The initiative is evaluated by Wilder Research. One component of the evaluation is an analysis of the results of the Ages & Stages Questionnaire®: Social Emotional (ASQ:SE), which is being used to screen children across the county for emotional or behavioral concerns. This report summarizes the results of 8,178 screening assessments completed between January 2005 and July 2007.

Completed screenings were submitted by nine agencies: Saint Paul Public Schools (29%), Community Action Partnership of Washington and Ramsey Counties Head Start (24%), North St. Paul-Maplewood-Oakdale Schools (17%), White Bear Lake Schools (11%), Mounds View Schools (11%), Roseville Area Schools (6%), Ramsey County Early Childhood Information and Referral (1%), Amherst H. Wilder Foundation (<1%), and the Lifetrack Resources (<1%).

The ASQ:SE has eight versions, each designed for children of a specific age. For example, the 24-month

version of the ASQ:SE should be completed for children between the ages of 21 and 26 months. Most of the screening forms submitted were the 48-month (45%) or the 60-month versions (45%).

Almost all forms (95%) were completed in English. Four percent were completed in Spanish and about 1 percent was completed in Hmong or Somali.

Most forms (84%) were completed by mothers; others were completed by fathers, grandparents, foster parents, and guardians. Most people (93%) did not require assistance to complete the forms; others required some assistance, such as help with language translation and reading the form.

Variation in screening results

Twelve percent of the children had elevated scores. A total of 980 children had scores that fell above the clinical cut-off, suggesting a need for additional assessment and possible referral to services.

Some children were disproportionately likely to receive elevated scores (i.e., scores above the clinical cut-off) including:

- Children screened at Head Start (26% elevated, compared to 8% or less for all other agencies).
- Younger children (29% elevated for the 36-month forms and 42% of all younger age versions combined, compared to 10% for the 48-month and 60-month screenings).
- Children from non-Caucasian racial/ethnic backgrounds (20% elevated for children from all other racial/ethnic groups combined, compared to 5% of Caucasian children).

- Children with a non-English screening (57% elevated in Hmong, 31% in Spanish, and 26% in Somali, compared to 11% in English).
- Children whose mother did not have a college degree (20% elevated, compared to 5% of those whose mother had at least a two-year degree).
- Children with family incomes of \$24,000 or less (24% elevated, compared to 6% those with family incomes of more than \$24,000).
- Children with disabilities, such as speech problems (39% elevated, compared to 13% of those without a disability).
- Children receiving special services (32% elevated, compared to 12% of children not receiving special services.)

Administration/completion concerns

Incorrect versions of the screening forms were sometimes administered. Eleven percent of children had a screening that was at least one age level older or younger than appropriate based on their actual age. Three percent of the screened children were either older than 66 months, making them too old for the 60 month version, or younger than 3 months, making them too young for the six month version. The prevalence of errors remained consistent when only screenings submitted over the previous six months were examined.

Computation errors are relatively common. Of 50 randomly selected screenings submitted within the last six months, 24 percent had a computation error (i.e., the score on the summary page did not match the actual score based on the items endorsed). Computation errors are consistent with the results from six months ago, when 25 percent of the randomly selected forms had an error.

Screenings are often not conducted in the primary language of families. In the previous six months, Somali and Hmong forms were each completed with only 13 percent of the families speaking these languages at home. Spanish forms

were used more frequently (47% of the families with Spanish as the primary language).

Some forms continue to be completed incorrectly.

A review of completed screenings indicates several other errors. First, respondents very rarely checked the column indicating that behaviors were seen as a problem, even when children were rated as frequently exhibiting potentially problematic behaviors. The failure to check this column may reduce scores, leading to an under-identification of at-risk children. Second, the instructions for scoring assessments are often not followed, with missing items simply omitted from the score, again leading to potential under-identification.

Conclusions and recommendations

The results of this analysis suggest that the administration challenges highlighted in previous reports continue. Screeners are encouraged to continue their efforts to address these challenges, by ensuring that the correct forms are administered, adhering to administration procedures to ensure that forms are completed accurately and yield valid scores, and ensuring that forms are completed in the most comfortable language for respondents.

Second, as more screenings are completed in Hmong and Somali, it will be important to review the findings and discuss the implications for standardizing the screenings. More children receive scores above the clinical cut-off when the Hmong and Somali versions are used. Initiative partners should discuss whether this reflects validity concerns in the instrument, or higher levels of risk in these populations.

Third, partners should continue to consider the types of follow-up support or services that may be required to meet the needs of children with elevated scores. Options for support services should be reviewed to ensure that they are appropriate for the children most likely to receive elevated scores.

For more information

For more information about Foundations for Success, contact Catherine Wright at Community Action Head Start, 651-603-5813 or cwright@caprw.org.

For more information about this report, contact Cheryl Holm-Hansen at Wilder Research, 651-647-4624 or cah1@wilder.org.

Author: Cheryl Holm-Hansen and Mao Thao

SEPTEMBER 2007