



Foundations for Success

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

Ages & Stages Questionnaires®: Social-Emotional results July 2006

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 Questionnaires®: 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 3,535 screening assessments completed between January 2005 and June 2006.

Completed screenings were submitted by nine agencies: Saint Paul Public Schools (37%), Community Action Partnership of Washington and Ramsey Counties Head Start (17%), North St. Paul-Maplewood-Oakdale Schools (15%), White Bear Lake Schools (15%), Mounds View Schools (8%), Roseville Area Schools (8%), Ramsey County Early Childhood Information and Referral (<1%), Lifetrack Resources (<1%), and the Amherst H. Wilder Foundation (<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. Of the screening forms submitted, most were the 48-month or the 60-month version (45% each).

Almost all forms (96%) were completed in English. Three percent were completed in Spanish and the remaining one percent was completed in Hmong or Somali.

Most forms (85%) were completed by mothers. The remaining forms were completed by fathers, grandparents, foster parents, guardians, and others. Most individuals (95%) did not require any assistance to complete the forms; the others required some assistance, such as help reading the form or language translation.

Variation in screening results

Eleven percent of the children had scores that fell above the clinical cut-off. A total of 374 children had scores that fell above the clinical cut-off, suggesting a need for additional assessment and possible referral for services.

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

Children screened at the Community Action Partnership of Washington and Ramsey Counties Head Start (39% of elevated scores; 17% of the children screened).

Younger children; only 8 percent of the 48-month and 60-month screenings had elevated scores, compared to 27 percent of the 36-month

forms and 59 percent of all younger age versions combined.

Male children (58% of elevated scores; 51% of the children screened).

Children from racial/ethnic backgrounds other than White/Caucasian (combined, African American, Asian, and Hispanic youth made up 58% of elevated scores and 30% of children screened).

Children who spoke a language other than English at home (33% of elevated scores; 14% of the children screened). Over 44 other languages were represented among these children.

Children whose parents had a high school diploma or less (51% of elevated scores; 27% of children screened).

Children with family incomes of \$24,000 or less (60% of elevated scores; 26% of children screened).

Children with disabilities, such as speech problems (11% of elevated scores; 5% of children screened).

Administration/completion concerns

Incorrect versions of the screening forms were sometimes used. Many children (N=504, or 14%) had a screening completed that was one age level older or younger than appropriate based on their actual age; 69 (2%) had a form that was incorrect by more than one level. Four percent of the children with completed screenings were either older than 66 months (N=124), making them too old for the 60 month version, or younger than 3 months (N=18), making them too young for the six month version. Some forms did not include birth dates, making it impossible to check results.

Computation errors appear to be prevalent. Fifty screenings were randomly selected for this analysis. Fifteen of these screenings did not include the summary page, where the total score is indicated. Of the remaining 35 screenings, 14 (40%) had a

computation error (i.e., the total score listed on the summary page did not match the actual score based on the items endorsed).

Some forms appear to be completed incorrectly.

A review of completed screenings indicates several other possible completion 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 the scores, leading to an under-identification of at-risk children. Second, the scoring protocol for the ASQ:SE includes instructions for scoring assessments with missing items. These instructions are often not followed, with missing items simply omitted from the total score, again leading to a potential under-identification.

Conclusions and recommendations

- Check forms prior to administration to ensure that the form accurately reflects the child's age.
- Ensure that forms are completed in the language that is most comfortable for respondents. The percentage of forms completed in languages other than English appeared low relative to the languages spoken by respondents at home (e.g., 5% speak Hmong at home, but less than 1% completed the form in Hmong). Some respondents said that staff helped them by translating the instrument, which may not be needed if an already translated version is used.
- Consider the types of follow-up support or services that may be required to meet the needs of children with elevated scores.
- Review administration and scoring procedures with staff who are completing the screenings at each agency to ensure that forms are completed accurately and yield valid scores.

For more information

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