



Foundations for Success

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

Strengths and Difficulties Questionnaire results September 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 Strengths and Difficulties Questionnaire (SDQ), which yields outcome data for children and will be used to evaluate the effectiveness of services. This report summarizes the results of 359 SDQs (intake and discharge only) completed between May 2005 and July 2006. The Infant Toddler Social Emotional Assessment (ITSEA) has also been conducted with children ages birth to 3. However, results are not reported here due to too few assessments at this time.

Overview of completed SDQs

Most of the SDQs completed at intake (78%) and discharge (72%) submitted to Wilder Research through July 2006 were from the Incredible Years Dina Curriculum program. Eleven Incredible Years Dina Curriculum sites submitted completed questionnaires; of these, most were from Wheelock ECSE (21%), Swede Hollow Head Start (19%), and

Mounds View Head Start (15%). Forms were also received from Project KEEP, Incredible Years Parent Group, and Fraser/Head Start day treatment.

Fifteen percent of the questionnaires completed at intake were completed by teachers, while 86 percent were completed by parents, primarily mothers (86% of all parent-completed forms). Most SDQs completed at intake were in English (94%); the remaining forms were completed in Spanish. Questionnaires were completed for slightly more males (61%) than females. At the time the SDQ was completed at intake, children ranged in age from 2 to 8; most (76%) were ages 3 to 4.

Results of the SDQ: Subscale scores

The SDQ is comprised of five subscales: emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behavior. In addition to subscale scores, a total difficulties score (sum of scores on all scales except prosocial behavior) was calculated for each child.

All scores can further be classified into one of three categories: normal, borderline, or abnormal. An abnormal total difficulties score can be used to identify children who may have mental health concerns. Changes in scores from intake to discharge are based on individually matched cases (n=93).

- Most scores at intake (57% to 84%) and discharge (56% to 80%) were in the normal range on each of the five subscales. However, between one-quarter and one-third of the scores were in the abnormal category at both intake and discharge on three scales: conduct problems, hyperactivity – inattention, and peer problems.

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- At intake, 28 percent of children's total difficulties scores were classified as abnormal; 20 percent were classified as abnormal at discharge. This percentage is slightly higher than the approximately 10 percent of community samples that score within the abnormal range.
- Only scores on the prosocial behavior scale significantly improved from intake to discharge. Scores on the conduct problems scale also improved from intake to discharge, although the difference was marginally significant.
- Most children maintained the same score category (normal, borderline, or abnormal) from intake to discharge, with only a small proportion (1% to 11%) moving into either higher or lower categories for each subscale.
- About one-fifth of children whose scores fell in the abnormal category on the conduct problems, hyperactivity, peer problems, and total difficulties scales at intake remained in that category at discharge.

Results of the SDQ: Impact score

In addition to the subscales, an impact score was calculated for each child. Parents and teachers report on the duration of the child's difficulties, the impact of these difficulties on the child and family or classroom, and the extent to which the difficulties impact the child's life in different domains. The impact score is the sum of scores on the items about overall distress and social impairment.

Impact scores can also be classified into normal, borderline, or abnormal categories. Changes in scores from intake to discharge are based on individually matched cases (n=30-33 for parent-reported impact items; and n=15-17 for teacher-reported impact items).

- Children's impact scores as reported by teachers tended to fall in the abnormal category at both intake and discharge more so than did parent

reports, despite the fact that parents had a greater opportunity to identify distress or social impairment as they reported on more contexts of behavior (i.e., home life and leisure activities) than did teachers.

- About two-thirds of children were reported to have experienced their difficulties for over a year.
- Most respondents (85% to 89%) indicated that the child's difficulties put a burden on the parent or family at least "a little."

Conclusions and recommendations

- Few SDQs have been submitted to Wilder Research from some programs, and in some cases, no discharge forms were submitted. Program staff should ensure that SDQs are completed for all children enrolled in the program at intake, every six months subsequent to intake, and at discharge, and submit these forms to Wilder Research on a monthly basis.
- Given that most forms (94%) were completed in English, programs should make certain that SDQs are being completed in the language that is most comfortable for the parent.
- Results indicated significant changes from intake to discharge in children's prosocial behaviors and, to some extent, conduct problems. About a quarter of children's scores in several domains of behavior remained in the abnormal category at discharge. Programs should consider whether these findings align with their expectations and whether additional supports or services are needed for children in order to effect change in other areas.
- Teachers appear to perceive that a child's difficulties distress the child to a greater extent and interfere with learning or peer relationships more so than parents. This discrepancy suggests that increasing or improving communication between teachers and parents might not only help align their perspectives but foster a partnership that may enhance children's scores in other domains of behavior.

For more information

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