Foundations for Success

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

Ages & Stages Questionnaire®: Social Emotional results September 2009

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 16,460 screening assessments completed between January 2005 and August 2009. The data include 9,887 screenings completed on paper and sent to Wilder Research, and 6,573 screenings completed electronically through Patient Tools.

Completed screenings were submitted by twelve agencies: Saint Paul Public Schools (37%), Community Action Partnership of Washington and Ramsey Counties Head Start (18%), North St. Paul-Maplewood-Oakdale Schools (13%), White Bear Lake Schools (11%), Mounds View Schools (11%), Roseville Area Schools (11%), Ramsey County Early Childhood Information and Referral (<1%), Amherst H. Wilder Foundation (<1%), Health Partners Pediatrics and Adolescent Medicine (<1%), Central Pediatrics (<1%), Sackett, Huberty, & Staub (<1%), and 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 (46%) and the 60-month (43%).

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

Most forms (84%) were completed by mothers; others were completed by fathers, grandparents, foster parents, and guardians. Most people (94%) did not require assistance to complete the forms.

Variation in screening results

Twelve percent of the children had elevated scores. A total of 1,987 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 including:

- Children screened at Head Start (23% elevated, compared to 10% or less for most other agencies). It should be noted that 86 percent of the children screened through Early Childhood Information and Referral also had elevated scores. This higher percentage of elevated scores can be attributed to the fact that children generally only receive referrals if there are already concerns about their social or emotional well-being.
- Younger children (28% elevated for the 36-month forms and 31% of all younger age versions combined, compared to 10%-11% for the 48-month and 60-month screenings). This finding is likely due to the fact that older children received

more universal screening; younger children were more often screened due to existing concerns.

- Children from non-Caucasian racial/ethnic backgrounds (19% elevated for children from all other racial/ethnic groups combined, compared to 6% of Caucasian children).
- Children with a non-English screening (53% elevated in Hmong, 30% in Spanish, and 32% in Somali, compared to 11% in English).
- Children whose mother did not have a college degree (19% elevated, compared to 5% of those whose mother had at least a two-year degree).
- Children with family incomes of $24,000 or less (22% elevated, compared to 6% those with family incomes of more than $24,000).
- Children with disabilities, such as speech problems (38% elevated, compared to 12% of those without a disability).
- Children receiving special services (34% 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 the children with paper versions of the screening had a screening that was at least one age level older or younger than appropriate based on their actual age. Six percent of the screened children fell outside of the eligible age range for the assessment (i.e., either older than 66 months or younger than 3 months). These errors were not possible using the electronic version of the screening forms.

Computation errors were relatively common among paper assessments, which were hand scored. Earlier in the evaluation, completed paper versions of the screening were reviewed. Of 50 randomly selected screenings submitted between July and December 2007, 34 percent had a computation error (i.e., the score on the summary page did not match the score based on the items endorsed). Screenings submitted in 2008 and 2009 were not examined systematically, though an anecdotal review suggests that errors were still relatively prevalent. Computation errors are not possible using the electronic version of the screening forms.

Some forms continue to be completed incorrectly. A review of completed screenings indicated several other errors. First, respondents rarely checked the column indicating that behaviors were seen as a problem, even when children were rated as frequently exhibiting potentially problematic behaviors. Second, scoring instructions were often not followed, with missing items simply omitted. Missing items should be filled in by attempting to contact parents for the information or by inserting the average score of the answered items in place of missing items (depending on the age range of the assessment and the number of missing items). Both errors may reduce scores, leading to an under-identification of at-risk children.

Screenings were often not conducted in the primary language of families. Somali forms were completed with only 14 percent of the families who reported speaking Somali in the home. Similarly, Hmong forms were completed with only 14 percent of the Hmong-speaking families. Spanish forms were used more frequently (68% of the families with Spanish as the primary language).

Conclusions and recommendations

Over the course of this initiative, screening was successfully administered across Ramsey County, resulting in many young children being identified with potential concerns. Current efforts to identify high risk children and refer them to the appropriate services should continue.

Administration challenges emerged, however. Screeners using the paper versions are encouraged to consider switching to the electronic versions, or to continue their efforts to address these challenges, by ensuring that the correct forms are administered and adhering to administration procedures.

The project's goal of standardizing the ASQ:SE in Hmong and Somali was not realized due to an inadequate number of completed screenings in these languages. Further efforts will be needed to review these materials and ensure their appropriateness within Hmong and Somali populations.

For more information

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