Screening for Developmental Delays, Environmental Stressors, and Social and Emotional Difficulties in Childhood

Early detection of developmental delays and social and emotional concerns can lead to early intervention with evidence-based therapies and result in successful long-term outcomes.

PURPOSE

The pediatrician should take every opportunity to discuss the impact of early childhood experiences with the family and support parents in their role as primary caregivers.

In 2006, the American Academy of Pediatrics issued a policy statement recommending developmental surveillance at every well child prevention visit. Any concerns raised during surveillance should be promptly addressed with a formal developmental screening using an empirically proven instrument. Formal screening should be administered when a child is 9, 18, and 24, or 30 months of age. In addition, they published an algorithm for surveillance of child development and how to deal with the outcomes of screening.

ALGORITHM

1) Developmental surveillance is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable healthcare professionals identify children who have developmental problems. There are five components of developmental surveillance:
   - Eliciting and attending to the parents' concerns about the child's development.
   - Documenting and maintaining a developmental history.
   - Making accurate observations of the child.
   - Identifying risk and protective factors.
   - Maintaining an accurate record of documentation the process and findings.
2) Developmental concerns should be included as one of many health topics addressed at each pediatric preventive care visit throughout the first five years of life.
3) Administer a screening tool. Developmental screening does not result in either a diagnosis or treatment plan, but rather identifies areas in which a child's development differs from same age norms.
4) Make referrals for developmental and medical evaluations and early developmental intervention.
5) Once a diagnosis has been made, the child should be identified as a child with special health care needs and chronic condition management should be initiated.

CHOOSING DEVELOPMENTAL SCREENING TOOLS

Although all developmental screening tools are designed to identify children with potentially delayed development, each one approaches the task in a different way. There is no universally accepted screening tool appropriate for all populations and all ages. Screening tools should address developmental domains including fine and gross motor skills, language and communication skills, problem-solving/adaptive behavior, and personal-social skills. They must also be culturally and linguistically sensitive. Many screening tools are available and the choice of which tool to use depends on the population being screened. Frequently used screening tools include:

- The Ages and Stages Questionnaire (ASQ)
- The Ages and Stages Questionnaire-Social Emotional (ASQ-SE)
- Parents' Evaluation of Developmental Status (PEDS)
- Modified Checklist for Autism in Toddlers, Revised With Follow-Up (M-CHAT-R)

Continued on next page

INCORPORATING SURVEILLANCE AND SCREENING IN THE PEDIATRIC PRACTICE

The most effective way to incorporate developmental screening into the medical home is through a quality improvement approach. This should be regarded as a "whole office" endeavor and not simply a matter of the clinician performing the task. The process should involve front desk procedures such as appropriate scheduling and distribution of screening tools, and the use of non-physician staff for reviewing and scoring the screening tools.

SCREENING FOR SIGNS OF ENVIRONMENTAL STRESSORS AND SOCIAL-EMOTIONAL DIFFICULTIES

The AAP has recognized that screening for social and emotional difficulties that may be early signs of toxic stress should be part of every pediatric visit. Noting recent changes in a child's emotional behavior or physical findings (speech difficulties, irritability, sleep patterns) that cannot be explained by normal developmental variances should alert the pediatrician to the possible presence of family or household stressors. These stressors may represent either eustress (arrival of a new baby, new home) or negative stress (financial losses, legal problems, parental discord, parent in drug rehabilitation). Additionally, when developmental delays are identified by screening or other concerns are raised by parents, exposure to trauma should be considered.

Screening tools for toxic stress and trauma are limited. Consequently, screening often takes the form of the pediatrician's observations, as well as direct and indirect interviewing.

Observations to note the parent-child interaction:

- Does the parent hold and handle the baby in a nurturing manner?
- If a toddler, does the child appear to use the parent as a safe base?
- If an infant, does the parent appear able to soothe and calm the child?

Cues that you might see in the family experiencing stress:

- Missed appointments
- Apparent parental stress
- Parent with mental health issues
- Parent with substance use issues
- Use of inappropriate discipline
- Parent is under the influence during visit

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Child behaviors that could indicate social-emotional difficulties:

- Does not interact appropriately with parent (hits, bites, kicks)
- Does not use parent as a safe base
- Flat affect, no range of emotions
- Rejects/avoids being touched, held or playing with others
- Does not explore
- Hypervigilant (stays near mother)
- Easily distracted or frustrated
- Disregulation (unable to calm self)
- Hyperactivity
- Repetitive play about a violent event
- Skill regression
- Unprovoked aggression
- Sleep disturbances
- Changes in appetite

Source:

National Child Traumatic Stress Network

Zero to Three

Continued on next page

Some questions you might ask:

"Has your home life changed in any significant way (moving, new people in the home, people leaving the home)?"

"How many people live in your household and how large is your dwelling place?"

"Since the last time I saw you (your child), has anything really scary or upsetting happened to you (your child) or anyone in your family?"

"Are there any behavior problems with your child at home, at child care or at preschool, or in your neighborhood?"

"How do you feel about your child's current behavior?"

"How do you as a parent deal with stress?" "Are you less able to care for your child?"

"Do you have a fear of losing control and hitting your child or your domestic partner?"

If you determine that further screening, assessment, or treatment is warranted, contact the family's health plan and request a Care Coordinator to assist the family with the referral process to a mental health therapist in the provider network.

SUMMARY

It is an American Academy of Pediatrics policy that surveillance and/or formal screening for developmental and mental health concerns, as well as for early signs of toxic stress, be conducted at each well visit. Formal screening is important for the early recognition of delays, exposure to trauma, and disabilities in children. An appropriate referral for diagnosis and early intervention will lead to early and more comprehensive treatment and management within the physician's office and ultimately better long-term outcomes. Ensuring that children grow into healthy, well-adjusted adults who will be our next generation of parents and leaders is our ultimate mission as pediatricians. By protecting and promoting healthy brain development, we can raise stronger, healthier children.

Key Points

- Incorporate questions into your exam routine to identify possible stressors or mental health issues.
- Look beneath the surface for the less visible signs of social emotional difficulties.
- Screening is the first step—referrals to appropriate treatment is key.

ADVOCACY

The Florida Chapter of the American Academy of Pediatrics is working with statewide managed care organizations, Medicaid, and Florida Healthy Kids to educate the payers as to the importance of early childhood screening for developmental and mental health issues, as well as signs of toxic stress, and to encourage appropriate payment for these services.

RESOURCES

Code, D. (2011). *Kids Pick Up on Everything: How Parental Stress Is Toxic to Kids*. CreateSpace Independent Publishing Platform.

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2-1-1 Help Me Grow

Early Steps Programs

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