

## Alabama Developmental Screening Overview

Many children with developmental delays and autism do not receive needed services in a timely fashion. Only half of children with disabilities are identified before entering school and children with autism are typically diagnosed around kindergarten age, despite more than 80 percent of parents being concerned by age two. These delays are missed, in part, because only 12 percent of children in Alabama receive standardized developmental screening (*2007 National Survey of Children's Health*) as recommended by American Academy of Pediatrics (AAP) policy statements and Bright Futures guidelines. Surveillance captures about 30 percent of children with delays, whereas standardized screening identifies more than twice that number – 70 to 80 percent.

There are a number of reasons for practices to adopt a procedure for universal developmental screening using a standardized tool: it is recommended by the American Academy of Pediatrics (AAP) and Bright Futures; and it is a 'must-pass' for recognition under the Patient-Centered Medical Home (PCMH) program standards. **The Alabama Child Health Improvement Alliance (ACHIA) developmental screening continuous quality improvement training** trains practices on routine developmental screening for earlier identification of developmental delays and appropriate referral to best assure a young child's optimal development and readiness for kindergarten. The developmental trainings enable clinics to use the quality improvement Plan-Do-Study-Act method for practice change, with the goals of building capacity to implement standardized developmental screening in a busy practice, engage families in routine developmental screening using a standardized tool, address parent concerns, and interface with the community to refer at-risk children for diagnostic evaluation and services.

### Screening Tools at a Glance

**The Ages and Stages Questionnaire – 3 (ASQ)** identifies children in need of further assessment to determine whether they have developmental delays and are eligible for early intervention. The tool meets recommended criteria for sensitivity, specificity and reliability and is available in Spanish. Copyright regulations prevent the screen from being posted on a practice website or emailed to a family.

**The Ages and Stages Questionnaire – Social Emotional (ASQ-SE)** identifies infants and young children whose social or emotional development requires further evaluation to determine if referral for intervention services is necessary. The tool meets recommended criteria for sensitivity, specificity and reliability and is available in Spanish. Copyright regulations prevent the screen from being posted on the practice website or emailing it to a family.

**The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT)** is a two-stage screening tool to assess risk for Autism Spectrum Disorders. The tool meets criteria for sensitivity, specificity and reliability and is available in Spanish.

To check out more information on screening materials, visit the ACHIA website here:  
<http://www.achia.org/area-1/past-projects> (coming soon!)

Below is a brief snapshot of the screeners recommended by the ACHIA.

## Screening Tool Information: ASQ-3

*What is the purpose of the ASQ-3?* The ASQ-3 is a developmental screening system made up of 21 age-specific questionnaires completed by parents or primary caregivers of young children. The questionnaires can identify children who are in need of further assessment to determine whether they are eligible for early intervention of early childhood special education services.

*What domains are addressed?* The domains addressed are: Gross motor, Fine motor, Problem-solving, Personal-social, and an overall section for general parental concerns.

*How are the scores reported?* The score results are described as “typical development,” “need for monitoring,” or “need for further assessment.”

*What ages can be screened with the ASQ-3?*

The recommended screening time for this collaborative is 9-, 18, and 24- months; but screens exist for two months to five years.

*What languages are available?* The ASQ-3 is available in English with additional versions in Spanish and French.

*How long is the questionnaire?* Each questionnaire contains 30 items and is typically completed by the parent in 10 minutes. A fourth-grade reading level is needed to complete the screen.

*How accurate is the ASQ-3?* Sensitivity (how accurately the ASQ-3 identifies children at risk of developmental delay) is 85-89 percent. Specificity (how accurately the ASQ-3 identifies children not at risk of developmental delay) is 80-86 percent.

*Where and when should the questionnaire administered?* Common settings to complete the questionnaire include doctor offices, homes, and child care centers. The ASQ-3 is typically administered at a preventive care visit but many payors allow completion at office visits as well.

*What training is needed to administer and score the ASQ-3?* A professional background is not required to learn how to administer or score the ASQ-3. Screens may be scored by the physician or by staff.

*What are the copyright laws for the ASQ? How can I get the questionnaire to my patients?*

One set of ASQs must be purchased per practice site. The questionnaires may be copied to provide to parents, but may not be emailed or placed on the practice website. The publisher has an online option that, with an annual fee, allows for screening administration, automated scoring and information storage. In addition, results and follow-up decisions can be stored in the individual child’s records.

<http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>

## Screening Tool Information: ASQ-SE

*What is the purpose of the ASQ-SE?* The ASQ-SE is a developmental screener to complement the ASQ-3 by providing information specifically addressing the social and emotional behavior of children. The ASQ-SE

identifies infants and young children whose social or emotional development requires further evaluation to determine if a referral for intervention services is necessary.

*What are the domains addressed?* The domains addressed are: Self-regulation, Compliance, Communication, Adaptive Functioning, Autonomy, Affect, and Interaction with people.

*How are the scores reported?* The results are classified as “okay” or “at risk.”

*What ages may be screened with the ASQ-SE?* The recommended time to administer the screen in this collaborative is 36 months; but screens are available for six months through three years, then one per year until age 5.

*What languages are available?* The ASQ-SE is available in English and Spanish.

*How long is the questionnaire?* Each questionnaire contains 34 questions and typically takes the parent 10 minutes to complete.

*How accurate is the ASQ-SE?* Sensitivity (how accurately the ASQ-SE identifies children at risk of developmental delay) is 78 percent. Specificity (how accurately the ASQ-SE identifies children not at risk of developmental delay) is 95 percent.

*Where and when should the ASQ-SE be administered?* Common settings to complete the questionnaire include doctor offices, homes, mental health settings, and child care centers.

*What training is needed to administer and score an ASQ-SE?* A professional background is not required to learn how to administer or score the ASQ-SE. Screens may be scored by the physician, staff, or parents.

*What are the copyright laws for the ASQ-SE?*

One set must be purchased per practice site. The questionnaires may be copied, but may not be emailed or placed on the practice website. The publisher has an online option that allows for screening administration, automated scoring and information storage. In addition, results and follow-up decisions can be stored in the individual child’s records.

<http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>

## Screening Tool Information: MCHAT-R/F

*What is the purpose of the MCHAT-R/F?* The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2009) is a two-stage parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD). The M-CHAT-R/F is an autism screening tool designed to identify children 16 to 30 months of age who should receive a more thorough assessment for possible early signs of autism spectrum disorder (ASD) or developmental delay.

*How are the scores reported?* The results are classified as: “low risk,” “medium-risk,” “high-risk.”

*What ages may be screened with the MCHAT-R/F?* Ages 16-30 months. In its training, ACHIA recommends 18 and 24 months.

*What languages are available?* The MCHAT is available in many languages but only a few languages, such as Spanish, are available in the version with the follow-up question.

*How long is the questionnaire?* The MCHAT-R/F consists of 20 “Yes” or “No” questions for the parent to complete.

*How accurate is the screen?* The MCHAT-R/F Positive Predictive Value (PPV) indicates that 54 percent of children who screen positive are likely to be diagnosed with autism. Broadening the scope to consider other developmental delays, 89 percent of children who test positive are likely to be diagnosed with a developmental delay. Furthermore, 98 percent of all toddlers who screen positive are likely to show a developmental concern warranting further evaluation.

*Where and when should the MCHAT-R/F be administered?*

Common settings to administer the tool are during the well-child visit.

*What training is required to administer and score the MCHAT-R/F?*

Scoring takes less than two minutes and does not require a health background to administer or score.

*What are the copyright laws for the MCHAT-R/F?*

The MCHAT-R/F is free to download and reproduce but is copyrighted. All reproductions must include the copyright at the bottom of the document. No modifications may be made to the title, items, or instructions without permission from the authors. No enhancements may be made including addition of audio/and or visual materials. The MCHAT-R/F may be incorporated into a practice EMR if it is just intended for use in the own office’s medical record; but alterations are not allowed.

[http://www.mchatscreen.com/Official\\_M-CHAT\\_Website.html](http://www.mchatscreen.com/Official_M-CHAT_Website.html)