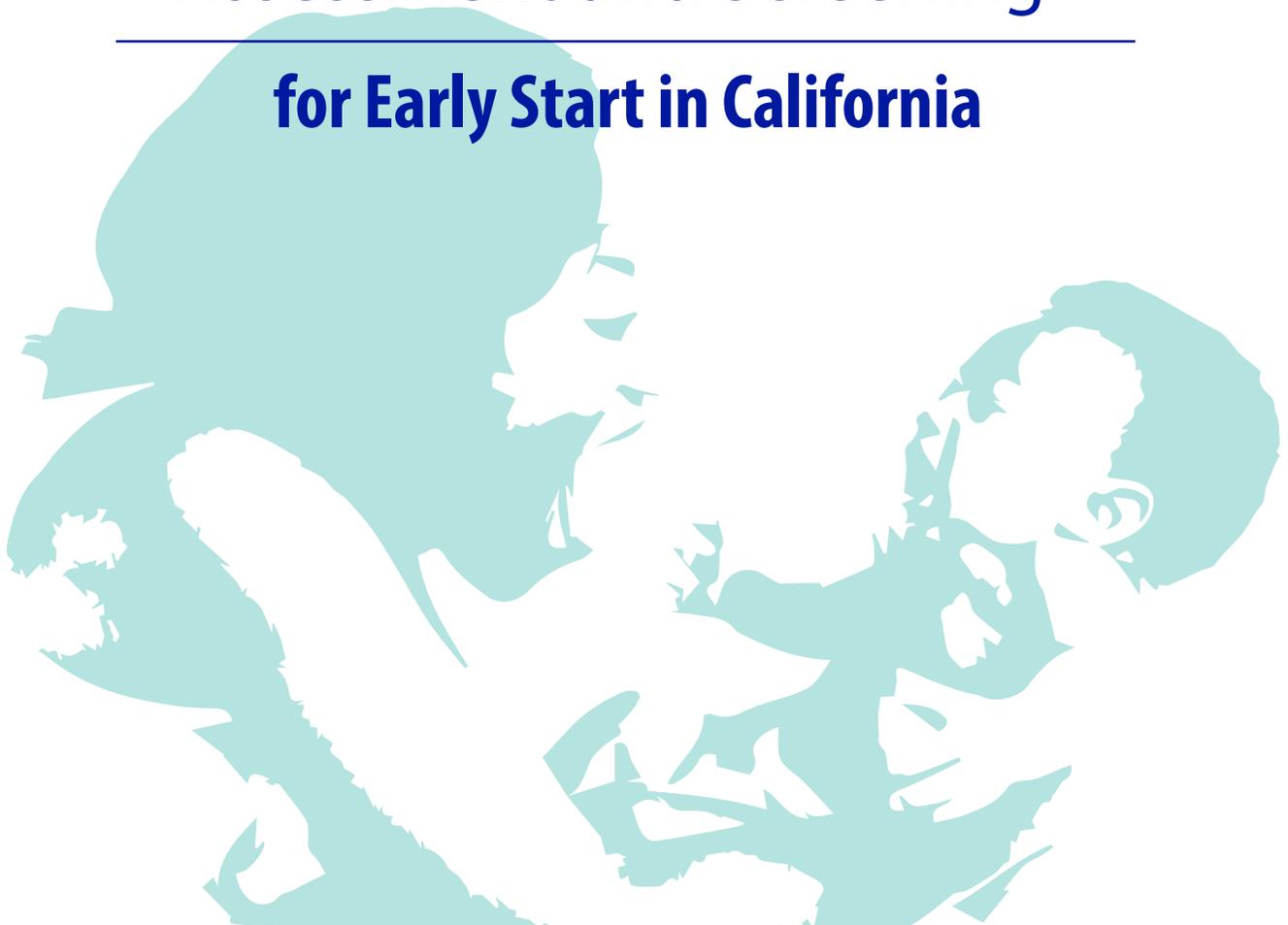




Guidelines for

**Evidence-Based Infant-Toddler
Social and Emotional
Assessment and Screening**

for Early Start in California



Acknowledgments

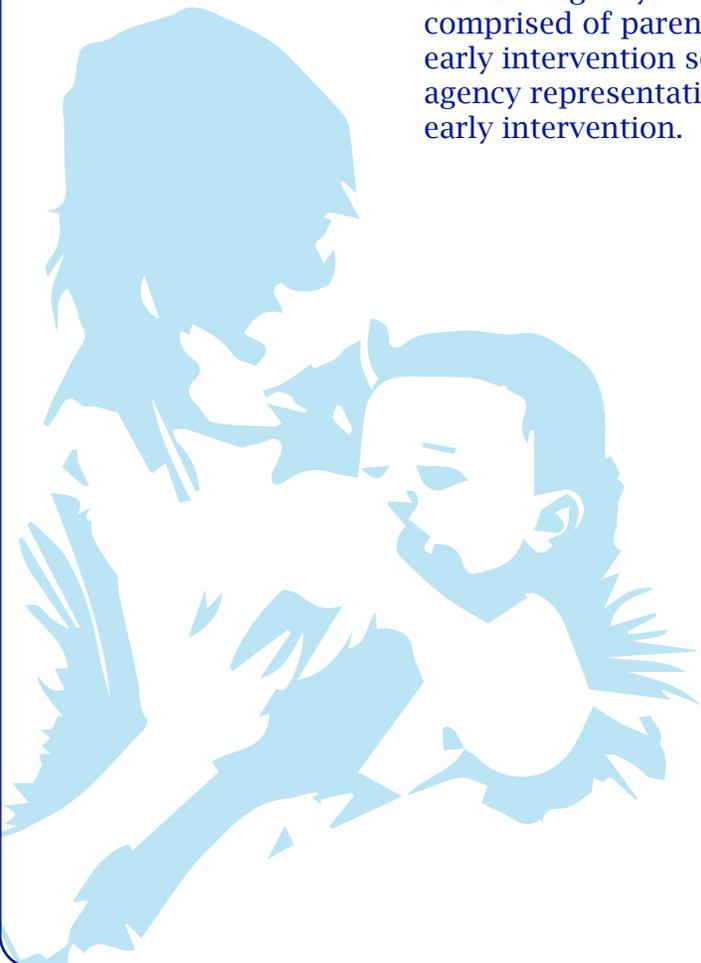
In 2013, the Office of Special Education Programs mandated a State Systemic Improvement Plan as a new requirement for federal support for early intervention services. California's Department of Developmental Services, through extensive stakeholder participation, chose to focus efforts on strategies that will result in infants and toddlers showing enhanced social and emotional development over the course of their time in the Early Start program. A component of the plan includes the promotion and implementation of evidence-based assessment of infant and toddler development.

This document was developed by the California Interagency Coordinating Council (ICC) on Early Intervention and produced in collaboration with WestEd Center for Prevention & Early Intervention in response to a request from Early Start service coordinators and service providers for guidance on best practices in social and emotional assessment and screening. The document reflects the ICC's ongoing commitment to family-centered approaches, family-professional partnerships, and interagency collaboration as the basis of the Individuals with Disabilities Education Act Part C family service system.

The Interagency Coordinating Council on Early Intervention is comprised of parents of children with developmental disabilities, early intervention service providers, health care professionals, state agency representatives, state lawmakers, and others interested in early intervention.

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Introduction

California's Interagency Coordinating Council on Early Intervention (ICC) recognizes that:

- Young children thrive when they have the capacity to turn to caregivers for tender loving care, solace, attention and guidance; when they experience, manage and regulate their emotions to developmentally appropriate expectations; and when they have the initiative to explore, discover, learn and make friends.
- Parents are the most important people in guiding their children's social and emotional development.
- Social and emotional development is the foundation of all other domains of child development.
- Every individualized family service plan (IFSP) shall address social and emotional development per statute [California Early Intervention Service Act, Title 14, Government Code Section 95020].
- The IFSP process includes a review of social and emotional development as one of the five domains assessed for each child and includes partnership of the family concerns, priorities and resources.
- Because of the impact of the parent-child relationship on development, every IFSP should include a family outcome with a social and emotional component regardless of the child's delay or disability. Family outcomes reinforce the importance of the parent and family in the child's life and support the optimal development of the child.
- The standard of practice is to integrate knowledge about the individual child's social and emotional functioning within the contexts of the child's cognitive and developmental functioning, family relationships, cultural values and beliefs, and broader family and community factors.
- Evidence-based practice integrates the current best evidence available, clinical expertise, and family values.

Purpose

The purpose of this document is to provide guidance to Early Start service coordinators and service providers on evidence-based evaluation and assessment processes. The results can be used for:

- The determination of eligibility for service;
- The development of the IFSP to respond to a documented need based on developmental assessment and/or family assessment;
- The monitoring of progress;
- The accurate reporting of federally required child outcomes.

Process for Developing This Document

These guidelines are based on federal and state statutes, as well as a review of the evidence-based literature and published best practice guidelines, with input from stakeholders, including parents, service providers, Early Start regional center and school district professionals, ICC members and ICC community representatives.

Philosophical Approach

Infants and toddlers grow and develop in the context of their relationships, experiences and environments. Cultural child-rearing values, family stability and social supports influence how parents relate to and guide the development of their infants and toddlers. Parents who care for and guide their child on a daily basis are essential members of the assessment team. Developmental assessment synthesizes biological, psychosocial and cultural influences that affect the young child's way of adapting to the world. Assessment of infant social and emotional well-being is based on a developmental model that takes into account the full complexity of the child's health, developmental functioning, temperament, self-regulation, parent-child relationships, family cultural values and beliefs, and the caregiving environment.

Assessment

The document *Assessment of Family Strengths and Needs*, from the *Early Start Service Coordination Handbook*, provides valuable information on assessment. Published by WestEd Center for Prevention & Early Intervention (2014), it is available online at www.ceitan-earlystart.org.





GOALS OF INFANT-TODDLER SOCIAL AND EMOTIONAL ASSESSMENT

- Reach and sustain consensus among parents and professionals through a shared view of the child's developmental strengths and needs.
 - Develop a shared understanding of the child within the cultural and psychosocial context of caregiving environments.
 - Develop a shared understanding of the child's regulatory, sensory, developmental, social, emotional and relational strengths and vulnerabilities.
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- Develop a shared understanding of family protective and risk factors: strengths, stressors, resources and social supports that impact the caregiving environment.
 - Inform decisions about eligibility.
 - Inform decisions about ongoing individualized social and emotional intervention and desired outcomes relating to child and caregiving needs.
 - Accurately measure and document the child's baseline status and progress over time, at least every six months, and upon exit from the Early Start program.
 - Demonstrate improved outcomes in social and emotional development among infants and toddlers in the Early Start program.

PRINCIPLES OF PARENT-PROFESSIONAL PARTNERSHIP AND FAMILY-CENTERED CARE IN THE ASSESSMENT PROCESS

- Information about the purpose, philosophy, and procedures of the assessment is discussed with the parents.
- Infants and toddlers are always assessed with a parent or primary caregiver present.
- Assessment of infants and toddlers must be provided in the child's primary language to the greatest extent possible.
- It is preferable for infants and toddlers to be assessed in environments in which they are familiar.
- Formal assessment does not take place until rapport is established and the child is comfortable. Formal assessment is postponed pending the infant-toddler's ever-changing states of comfort, including fatigue and hunger.

- Strategies, including parent participation, must be used to see the child’s optimal level of functioning.
- Parents confirm that the professional has a complete picture of their child.
 “Is what you saw your child do today typical of what you see at home?”
 “How was it the same?”
 “How was it different?”
 “What should I know about your child that I have not asked you?”
- Multiple settings and/or observations are called for until the parent deems an accurate picture of the child has been understood.
- A professional with training in the social and emotional development of infants and toddlers must be a member of the assessment team as required by statute and professional ethics [Early Intervention Program for Infants and Toddlers with Disabilities, 34 Code of Federal Regulations (CFR) Section 303.21].
- Personnel have met state requirements to ensure that they are qualified to evaluate and assess social and emotional development [34 CFR Section 303.31].
- The IFSP Team must include a person directly involved in conducting the evaluation and assessment [34 CFR Section 303.343(a)(1)].
- An evidence-based assessment process uses a variety of methods, including interview, observation, and information from the child’s primary caregivers and other significant individuals in the child’s life.
- Developmental, psychosocial and prenatal/postnatal health history are integral elements of an assessment.
- Formal social, emotional and behavioral assessment must be evidence-based, using valid and reliable tools to identify strengths and difficulties. Interpretation of formal assessment data must be viewed in the context of the standardized group norms in terms of language and culture.
- Systematic and ongoing assessments of social, emotional and behavioral strengths and difficulties are conducted at regular intervals (no less than every six months).
- The information from assessment and progress reports should be shared with families in an understandable and useful manner to allow parents to better understand and meet their child’s developmental needs.



INFANT-FAMILY SOCIAL AND EMOTIONAL DEVELOPMENTAL ASSESSMENT PROCESS

I. Preplan with the parent(s):

- Orient the parent(s) to the assessment process and discuss the role of the parent(s) as a member of the assessment team.
- Select the best time for the assessment, considering the infant-toddler's feeding, sleeping and temperament patterns.
- Ask the parent(s) if there is a need for an interpreter.
- Request a release of information for perinatal, medical and developmental records.
- Request information from child care and/or early intervention providers.
- Remind the parent(s) that it is okay to reschedule if it's not a good day for the assessment.

When an assessment does not occur in the home:

- Remind the parent(s) to bring food, drink, diapers and favorite toys.
- Ask the parent(s) if there is a need for special accommodations and other issues that might affect the ability of the parent(s) or child to attend and participate, such as transportation or other children's schedules.

II. Provide an opportunity for the parent(s) to share:

- Parental views of their child's developmental, social, emotional, behavioral and relational strengths and challenges.
- Parental and/or cultural child-rearing practices and expectations of behavior.
- Parental concerns, including the frequency, intensity and duration of the concerns.
- Child's self-regulation, temperament, relationships, fears and preferences with each parent and other caregivers.
- Child's play: with each parent, siblings and peers, favorite toys, screen time.
- Child's daily living: sleeping, eating, toileting, crying, child care.
- Child's birth, medical, developmental and caregiving history.
- Family resources, concrete needs, social supports, stressors and family psychosocial history.

III. Observe the parent(s) and child in interactive play.

IV. Observe the child's developmental level of independent play (sensorimotor/representational/symbolic).

V. Conduct a formal/informal assessment of developmental competencies, strengths and vulnerabilities, preferences and interests:

- Cognitive/attentional capacities, communication, gross and fine motor development.
- Sensory functioning.
- Temperamental, emotional, behavioral and relational strengths and vulnerabilities.
- Adaptive behaviors: daily living skills, routines: feeding, sleeping, self-comforting, toileting, dressing, car seat use.

VI. Confirm with the parent(s) that the assessment accurately reflects a clear understanding of the child's strengths and vulnerabilities.



Interpretation

FACTORS TO CONSIDER IN THE INTERPRETATION OF INFANT-TODDLER SOCIAL AND EMOTIONAL ASSESSMENT DATA

- Perinatal history including neonatal intensive care unit experience, gestational age, birthweight, perinatal vulnerabilities, exposure to environmental toxins.
- Foster care and out-of-home placement.
- Current developmental status and significant support needs.
- History and current physical/nutritional health status.
- Hospitalizations, injuries and/or medical procedures.
- Family well-being including separations, stressors, depression and changes, family psychosocial history and socio-economic considerations.
- Experiential opportunities to interact with objects, persons and events.
- Cultural child-rearing practices and developmental and behavioral expectations.
- Exposure to multiple languages in the caregiving environment.
- Medication side effects.



Screening

INFANT-TODDLER SOCIAL AND EMOTIONAL SCREENING AS PREVENTIVE INTERVENTION

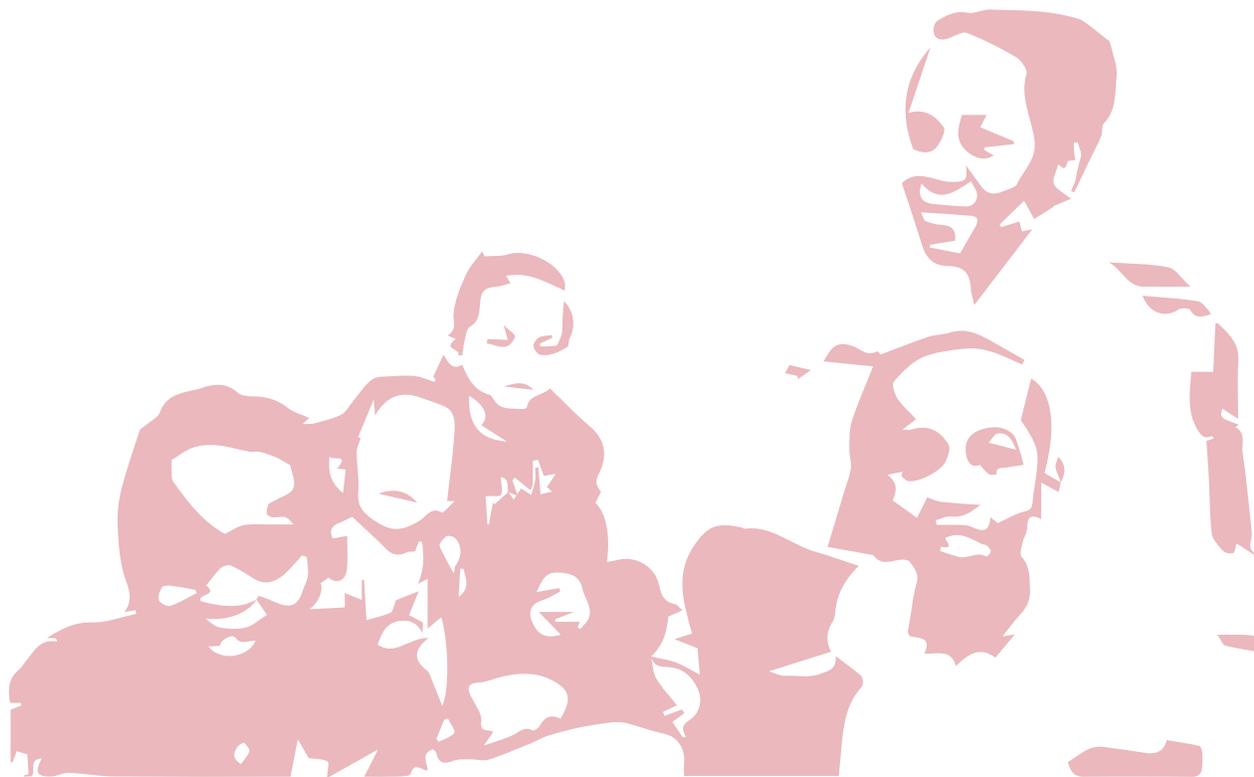
Best practice requires that all professionals responsible for the care of children perform routine developmental screening to identify areas of concern (DDS, 2003). The American Academy of Pediatrics Mental Health Task Force reports that up to 14 percent of young children, ages birth to 5 years of age, experience social and emotional difficulties that cause distress to the young child and to the family (Foy, 2010). A study of young children, 1 to 3 years old who screened positive for social, emotional and behavioral problems, concluded that the use of validated screening tools in early childhood has the potential to identify the majority of children who later would manifest significant emotional and behavioral problems (Briggs-Gowan & Carter, 2008). It is generally agreed that behavioral screenings are essential to identify the need for further evaluations ensuring that infants and toddlers and their families receive necessary early intervention services. The Birth to Five: Watch Me Thrive federal initiative is encouraging universal developmental and behavioral screening for children and support for families and providers who care for them. The American Academy of Pediatrics recommends developmental screening with a standardized tool when a child is 9, 18, and 24 or 30 months of age.

Assessment tools are available that show sufficient evidence supporting their use for one of three purposes: identifying social, emotional and behavioral concerns; establishing program eligibility as part of the evaluation process; and developing IFSP goals (Bagner et al, 2012).

The recommended practice is to survey the parent(s) at every IFSP review to identify areas of concern relating to social, emotional and behavioral development with valid tools, including, but not limited to:

- Ages & Stages: SE
- Brief Infant-Toddler Social-Emotional Assessment
- Desired Results Developmental Profile
- Temperament and Atypical Behavior Scale
- M-CHAT at 18 Months Corrected Age

Information on tools is available through the National Early Childhood Technical Assistance Center online at www.nectac.org. Developmental Screening and Assessment Instruments with an Emphasis on Social and Emotional Development for Young Children Ages Birth Through Five (Ringwalt, 2008) presents several screening instruments and is available for download in PDF format at www.ectacenter.org/~pdfs/pubs/screening.pdf.



Conclusion

The goal of ongoing assessment and screening is to be responsive to parent concerns regarding the social, emotional and behavioral development of their infants and toddlers. The provision of child-family preventive intervention and intervention supports ensures that the young child leaving Part C is better prepared to cope with developmental and behavioral expectations; to explore, learn and make friends; and to be included as a member of the preschool, child care and neighborhood community.

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