

NM CYFD HOME VISITING PROGRAM

SCREENS, TOOLS AND DATA COLLECTION FORMS: DESCRIPTIONS AND USE

REV FEBRUARY 1, 2015



Ages and Stages Questionnaires (ASQ-3)

Frequency of Use

Administered at 4, 6, 12, 18, 24, 30 and 36 months.

DESCRIPTION

A parent-completed child monitoring system, the ASQ Third Edition is a screening system composed of 21 questionnaires designed to be completed by parents or other primary caregivers at any point for a child between 1 month and 5 ½ years of age.

These questionnaires can identify accurately infants or young children who are in need of further assessment to determine whether they are eligible for early intervention or early childhood special education services. Each questionnaire contains 30 developmental items that are written in simple, straight forward language. The items are organized into five areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social.

An Overall section addresses general parental concerns. The reading level of each questionnaire ranges from fourth to sixth grade. Illustrations are provided to assist parents in understanding the items.

For the 30 developmental items on each questionnaire, parents mark yes to indicate that their child performs the behavior specified in the item, sometimes to indicate an occasional or emerging response from their child, or not yet to indicate that their child does not yet perform the behavior.

Program personnel convert each response to a point value, total these values, and compare the total score with established screening cutoff points.

Source: Squires J, Twombly E, Bricker D, and Potter L (2009). *ASQ-3 User's Guide*, Baltimore, MD: Paul Brookes.

GUIDANCE

The ASQ is a parent-report screening tool. "Parents can read and administer the questionnaire with the home visitor's assistance" and "the home visitor may demonstrate how to elicit the behaviors required for questionnaire completion".

For additional information on using the ASQ-3 during home visits, please see pages 112-114 of the ASQ-3 User's Guide.

If a screening is missed, please complete the questionnaire closest to the child's current age. Do not wait until the next scheduled date.

For scores below the cutoff, discuss with family, offer and document a referral to FIT if appropriate.

Ages and Stages Questionnaires: Social- Emotional (ASQ:SE)

Frequency of Use

Administered at 6, 12, 18, 24, 30 and 36 months.

DESCRIPTION

ASQ:SE is a screening tool that can provide for timely identification of children with responses or patterns of responses that indicate the possibility of their developing future social or emotional difficulties.

The ASQ:SE is not a diagnostic tool but an aid in identifying young children who may benefit from more in-depth evaluation and/or preventive interventions designed to improve their social competence, emotional competence, or both.

The ASQ:SE is a series of eight questionnaires (6, 12, 18, 24, 30, 36, 48, and 60 month age intervals) designed to be completed by parents to address the emotional and social competence of young children. Each questionnaire can be used within 3 months (for the 6 through 30 month intervals) or 6 months (for the 36 through 60 month intervals) of the chronological age targeted for the questionnaire.

Questionnaires can be completed by parents in 10-15 minutes. The questionnaires can be used as an interview tool as well. Cultural and ethnic variability will also need to be considered when using the ASQ:SE. If an item on the questionnaire is not appropriate for a family, it should be omitted.

Source: Squires J, Bricker F, and Twombly E (2003). *ASQ:SE User's Guide*, Baltimore, MD: Paul Brookes.

GUIDANCE

The ASQ:SE is completed by the parent and "staff should not provide their opinions on how to answer the questionnaire." In general, "staff should try to provide as little interpretation about questions as possible, other than to help the parent understand what is being asked by the item." For additional information on completing the questionnaires, see pages 36-38 in the ASQ:SE User's Guide.

If a screening is missed and the child's age still falls within the range noted on the questionnaire for the missed age, please complete the questionnaire as soon as possible. If the child no longer falls within the age range for the missed questionnaire, wait until the next required age.

For example, if the 12 month screening is missed, the age range for the 12 month questionnaire is from 9 to 14 months. If the child is 14 months or under when the home visitor realizes the screening was missed, it should still be completed.

For scores above the cutoff, discuss with family, offer appropriate referrals and/or consult with program's licensed mental health consultant, and document all of the above.

**Parenting Interactions
with Children:
Checklist of
Observations Linked to
Outcomes (PICCOLO)**

Frequency of Use

- For children 4 months or over at enrollment, complete within 6 weeks of enrollment.
- For children enrolled under 4 months of age, complete when child reaches 4 months of age.
- For all children, after the initial *PICCOLO* is done, complete every 6 months.

DESCRIPTION

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™) is a checklist of 29 observable, developmentally supportive parenting behaviors with children ages 10-47 months in four domains – Affection, Responsiveness, Encouragement, and Teaching.

PICCOLO is reliable, valid, easy to learn, and practical to use. It has been tested on a large ethnically diverse sample and is available in multiple languages.

PICCOLO is useful for programs for infants, toddlers and young children that emphasize positive parenting interactions as a way to promote children's early development.

Source: Roggman LA, Cook GA, Innocenti MS, Jump Norman V, Christiansen K & Anderson, S (2013). *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) User's Guide*. Baltimore, MD: Paul Brookes.

GUIDANCE

The CYFD HV Program is using the PICCOLO beginning at 4 months of age. See "PICCOLO_B DRAFT_Feb 2013" document for guidance around using the PICCOLO with 4 to 9 month old infants.

There is no cutoff score for the PICCOLO that would result in a referral.

Edinburgh Postnatal Depression Scale (EPDS)

Frequency of Use

- Administered during the 3rd trimester, and again when the infant is 1 month old and 3 months old.
- For children enrolled between the ages of 4 and 12 months, administered within 6 weeks of enrollment.
- Does not need to be administered if child is over 12 months of age at enrollment.

DESCRIPTION

EPDS is a 10-item screening tool. A valuable and efficient way of identifying patients at risk for “perinatal” depression, the *EPDS* is easy to administer and has proven to be an effective screening tool. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. [Please note that the CYFD NM Home Visiting Program uses a cutoff score of 10.] The *EPDS* score should not override clinical judgment. The *EPDS* is not a diagnostic tool; it should be used only as an indication that a referral may be helpful. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks.

Source: Cox JL, Holden JM, Sagovsky R (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

GUIDANCE

*If the score is at or above the cutoff (10 for women, 8 for men), offer and document referrals, consider consultation with program’s licensed mental health consultant, and re-administer in 2 months. If in 2 months the score is still at or above cutoff, again offer and document referrals and consult with your program’s licensed mental health consultant.***

Relationship Assessment Tool

Frequency of Use

Administer within 6 weeks of enrollment and annually* thereafter.

DESCRIPTION

The *Relationship Assessment Tool* is a gender-neutral tool to assess intimate partner violence. It does not address violence with members of the household other than the caregiver’s partner, but may prompt discussions regarding those issues.

Source: Adapted from the *Futures Without Violence Relationship Assessment Tool* and Smith, P.H., Earp, J.A., & DeVellis, R. (1995), *Development and validation of the Women’s Experience with Battering (WEB) Scale*. *Women’s Health*, 1, 273-288.

GUIDANCE

Add the answers for questions 1-10 (the two additional questions are for additional information only). A score of 20 or higher indicates a risk score.

Suspected or identified partner violence should initiate a referral for domestic violence services, development of a safety plan and follow-up monitoring on a monthly basis.***

Social Support Index (SSI)

Frequency of Use

Administer within 6 weeks of enrollment and annually* thereafter.

DESCRIPTION

The SSI is a 17-item instrument designed to measure the degree to which families find support in their communities. Social support has been found in a number of studies to be an important buffer against family crisis factors, to be a factor in family resilience in promoting family recovery, and as a mediator of family distress. The SSI has been used with thousands of families in Western Europe and in the United States including families with different ethnic backgrounds including Asian, Native Hawaiian, Caucasian, African-American, and those of mixed races.

Source: McCubbin HI, Thompson AI, McCubbin MA (2001). *Family Measures: Stress, Coping and Resiliency*. Kamehameha Schools, Honolulu, Hawaii. CD-Rom

GUIDANCE

A high score indicates a high sense of support. The total score can be interpreted as:

- 68-85 good support
- 51-67 average support
- 34-50 OK (some support)
- < 34 concern about sense of lack of support

A score below 34 should initiate a discussion with the parent, possible referral and/or goals to address the lack of support, and be monitored^o monthly. All of the above needs to be documented.

Reflections on Parenting

Frequency of Use

Complete once within 6 months of enrollment.

DESCRIPTION

The purpose of *Reflections on Parenting* is to begin discussions that encourage the parent to reflect on how they were parented, and how that experience affects the way they now parent. Home visitors also gain insight into the parent's experience from the conversations encouraged by the questions in *Reflections on Parenting*.

Maternal-Child Health/ Demographic Information

Frequency of Use

Complete within 6 weeks of enrollment and annually* thereafter.

DESCRIPTION

This information gathered on this form focuses on demographic and risk factors, and is collected following the intake and annually thereafter. It is used to better understand families who receive services, for program planning, and may be used for state and federal reporting purposes. The information is aggregated to protect confidentiality.

Peri-natal Questionnaire

Frequency of Use

- Complete once within 2 months of the baby's birth.
- Does not need to be completed if child is older than 2 months at enrollment.

DESCRIPTION

This form captures information about an infant's birth including prenatal care, birth weight, the mother's experience with pregnancy, and more. It is used to better understand families who receive services, for program planning, and may be used for state and federal reporting purposes. The information is aggregated to protect confidentiality.

GUIDANCE

Many programs prefer to collect this information as part of their intake even if the child is older than 2 months at enrollment.

* Based on the date of enrollment. For example, if child is enrolled in February, complete again in February of the following year.

** A consultation with the program's licensed mental health consultant should take place when suspected partner violence is combined with an EPDS score above the cutoff.

† Monitoring involves, at a minimum, checking in with the parent and documenting those conversations in the progress note.

Additional Notes:

- When administering screens, particularly the *Relationship Assessment Tool* and the *EPDS*, and there are concerns that either the child, parent or someone else may be in harm's way, home visitors should follow their program or agency's protocol regarding that situation. Child Protective Services requirements regarding mandated reporting also need to be followed.
- Risk scores, based on the cutoff, should result in a discussion with the family and appropriate documentation in the referrals section of the HV Database.