DEVELOPMENTAL SCREENING in the PEDIATRIC SETTING

Tips and Strategies for Preparation, Communication and Partnerships
HOW TO USE THIS RESOURCE

Developmental and social-emotional screenings are an important tool used to support children’s healthy development. Screenings allow parents/guardians and professionals to see where children are developing well and identify areas of development where they may need support.

This resource is to be used by professionals who conduct developmental and social-emotional screens on children.

If you have any questions or comments please contact OCDcomm@pitt.edu.

Thank you for the important work you do supporting children and families!
There are numerous screening tools available to the pediatric provider. Choosing the most appropriate tool depends on the age of the child, the purpose of the screen, and the use of the results.

While there are numerous screening options, those included in this resource are evidence-based screens that are frequently used in pediatric practices.

For more information about Screening, please refer to the AAP Bright Futures: www.brightfutures.aap.org
## SCREENING TOOLS

<table>
<thead>
<tr>
<th>Depression</th>
<th>Tool</th>
<th>Full Name &amp; Link to Screen</th>
<th>Age Group</th>
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<tbody>
<tr>
<td>PHQ-9</td>
<td>Patient Health Questionnaire-9 (Screening for depression)</td>
<td>13+ years</td>
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<tr>
<td>EPDS</td>
<td>Edinburgh Postnatal Depression Scale</td>
<td>Perinatal women</td>
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<thead>
<tr>
<th>Development</th>
<th>Tool</th>
<th>Full Name &amp; Link to Screen</th>
<th>Age Group</th>
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<tbody>
<tr>
<td>ASQ:SE</td>
<td>Ages and Stages Questionnaires Social-Emotional</td>
<td>6–60 months</td>
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<tr>
<td>PEDS</td>
<td>Parents’ Evaluation of Developmental Status</td>
<td>Birth–8 years</td>
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<thead>
<tr>
<th>Autism</th>
<th>Tool</th>
<th>Full Name &amp; Link to Screen</th>
<th>Age Group</th>
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<tbody>
<tr>
<td>MCHAT</td>
<td>Modified Checklist for Autism in Toddlers</td>
<td>16–30 months</td>
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<thead>
<tr>
<th>Psychosocial/Socio-emotional</th>
<th>Tool</th>
<th>Full Name &amp; Link to Screen</th>
<th>Age Group</th>
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<tbody>
<tr>
<td>BITSEA</td>
<td>Brief Infant-Toddler Social and Emotional Assessment</td>
<td>12–36 months</td>
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<tr>
<td>ECSA</td>
<td>Early Childhood Screening Assessment</td>
<td>18–60 months</td>
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<tr>
<td>PSC</td>
<td>Pediatric Symptom Checklist (17- or 35-item tool)</td>
<td>4–16 years</td>
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<tr>
<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
<td>3–16 years</td>
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<tr>
<th>Risk Factor</th>
<th>Tool</th>
<th>Full Name &amp; Link to Screen</th>
<th>Age Group</th>
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<tbody>
<tr>
<td>SWYC</td>
<td>Survey of Well-being of Young Children</td>
<td>0–60 months</td>
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<tr>
<td>SEEK</td>
<td>Safe Environment for Every Child</td>
<td>0–5 years</td>
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<tr>
<th>Adolescent</th>
<th>Tool</th>
<th>Full Name &amp; Link to Screen</th>
<th>Age Group</th>
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<tbody>
<tr>
<td>CRAFFT</td>
<td>Car, Relax, Alone, Forget, Friends, Trouble; (Screening for substance abuse)</td>
<td>14 to 21 years</td>
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BEFORE YOU SCREEN

Before starting the screening process, review the following guidelines and recommendations.
BEFORE YOU SCREEN

Refresh your Knowledge

Revisit your knowledge on developmental milestones so you can converse with the family about milestones on which a child has or has not made progress.

CDC Developmental Milestones:
www.cdc.gov/ncbddd/actearly/milestones/index.html

Select the right screening tool.

Within the first two years of life, remember to adjust for age if the infant was born three or more weeks prematurely.
BEFORE YOU SCREEN

Talking with Families

Prepare for how you might handle a conversation with families in general or when you have to share concerns. One way to do this is by practicing aloud in advance of the screening.

Talk with the family prior to the screen to explain the process for screening and the content of the screens in terms of strengths and concerns in social-emotional and developmental domains.

Be able to talk about what the different domains of child development mean using simple terms if you will be doing the developmental screens.

Key Messages:
• Explain that screening helps ensure a child's development is on schedule.
• Explain how the screen is conducted and scored (not a pass/fail test).
• Explain that other family members are welcome to participate.

CDC Tips for Talking with Parents:
BEFORE YOU SCREEN

Gather Information from the Family

Identify if any family members require special support to participate fully in the screening. This might include:

• Sign language interpreter
• Verbal/written materials in braille or other languages

Take time to learn about any cultural expectations or norms that may impact the screening. For example, in cultures where children rarely spend time alone on the floor, this experience may affect the timing of crawling skills. Children living in cultures that do not provide silverware to children at a young age may show differences in the timing of development of certain skills on screening tools.

In addition, make sure you have an accurate date of birth and, if not a full term birth, number of weeks premature.
Gather Information from the Family (cont.)

Identify if the family needs interpretation. Even if the family understands and speaks English, they may need help with particular concepts or questions as they participate in the screen. If the questionnaire is translated this is not necessarily a substitute for an interpreter if needed.

1. Explain to the family that interpretation services are free of charge.

2. Find out the language(s) spoken at home. Sometimes families speak multiple languages. Identify their preferred language and dialect.

3. Find out if the family has specific requirements regarding interpretation. Some questions you might ask are:
   • Do they prefer the interpreter to be a certain gender?
   • Are there any interpreters or agencies the family does not feel comfortable with?
   • Is there an interpreter the family has used in the past that they would like to use again?
BEFORE YOU SCREEN

Family Language Interpretation

*If an interpreter is needed*, find out the rules and process your organization has for interpreters:

- Find out if your organization has a process in place for families who refused interpretation and identify alternative strategies to allow families to participate in the screening. *Children or teenagers should not be used as interpreters for screening.*
- If you have never worked with an interpreter, seek the advice of an experienced team member in order to ensure you understand what kind of cultural/linguistic accommodations you may need to make.
- Schedule extra time for the screen. Working with an interpreter will likely double the time the screen would take otherwise.
- Prepare to take frequent breaks during the screen so the interpreter can explain what you are saying.
- Remember to note the names of people assisting in questionnaire completion.

*Keep in Mind…*

All agencies are required by law to provide interpretation for Limited English Proficient Individuals (Title VI of the Civil Rights Act of 1964)
BEFORE YOU SCREEN

Prepare with an Interpreter

If you are able to speak with the interpreter before the screening, identify any terms or concepts that may be difficult to interpret. Inform the interpreter about the objectives of the screen and concepts that may be difficult to interpret. If there is not an exact translation for a word or concept, work with the interpreter to come up with an appropriate explanation of the word or concept.

Learn about common perceptions in the families’ culture about health, child development, and roles of parents, family members and service providers.

Review recommendations and guidelines on how to screen children from diverse backgrounds.

Tips for Screening Children from Diverse Cultures based on ASQ work: www.agesandstages.com/free-resources/articles/tips-screening-children-diverse-cultures/

Keep in Mind...
Interpreters and Translators are not the same. Translators work with written words and interpreters use speech or sign language.
DURING THE SCREEN

Keep in mind the following tips and recommendations during the screening process.
DURING THE SCREEN

Setting the Stage with the Family

Begin by reviewing the tools you will be using. Sometimes you might give the family their own copy and encourage them to take notes if they would like.

Use positive language when describing the tool and the intent of the screen.

Make sure the family understands that the information is confidential and they are not forced to answer a question if it makes them uncomfortable.

Be mindful of the family’s literacy level. Ask families how they would like the information to be presented. For example, you might say, "I have copies of the questionnaires so you can review them as we go along. Some people prefer me to read the questions out loud. What would work best for you?"

If you are using an interpreter, make sure you are looking at the family member to whom you are speaking, not at the interpreter, when you are addressing the family and/or child. It is recommended that you sit in a triangle formation with the interpreter seated to the side.
DURING THE SCREEN

Working with the Family

Remember that families know their child best and are their best advocate. Encourage and support this idea.

Help families determine the most appropriate answer by trying to distinguish whether a child cannot or will not do certain activities. Encourage families to answer based on the child’s usual behavior, not how the child acts when they are tired or sick.

Explain the meanings of different responses from which families have to choose.

Be available for help, but do not answer questions for the family.

Sometimes, a family member who appears to be overstating concerns may really be in need of support themselves. Always be prepared to offer resources that can support families, as well as those that support children. Remember that, at this young age, healthy relationships between children and parents/guardians are key.
Ask families about behavioral and social expectations for their child that may be culturally based.

*Keep in mind...*

Culture influences development. An apparent delay based on different cultural norms may not be a delay at all, but a reflection of expectations. For example, in some cultures, it is not typical for children to make eye contact with adults. If a child does not make eye contact with you, it may be a sign of a developmental delay, but it may also be the result of a cultural norm.

Be careful of your own cultural biases when assessing.
Building Information

Keep building on information you gather as you work through the activities.

In communicating with the family, always:
• Recognize and reinforce their knowledge
• Explain why the skill is important
• Emphasize the child’s strengths
• If you are using an interpreter, ALWAYS address questions and conversation to the family member, NOT to the interpreter
Once the screen itself is over, there are a number of recommendations that you should consider to ensure the family has the best possible experience.
Preparing to Share Results and Recommendations

Always double check your results to be sure everything is filled out.

Develop an outline of the key points that you want to review with the family using language they will understand.

Have potential resources prepared to share such as referrals, further evaluation, and Early Intervention support.
Scoring and Referral Considerations

While reviewing screening tool scores and considering referral options keep in mind:

- A child’s health and health history,
- Cultural factors and language(s) spoken in home
- Concerns from the family
- Environmental factors such as opportunities to practice skills

A child may be referred for a re-screen or an in-depth assessment for scores that fall in the “monitoring” area, or if the family has indicated any overall concerns.
Reviewing the Results with Families

Consider how the setting and timing of the behaviors may impact a child’s results.

If a child goes to child care, it may be useful to have child care staff who know the child well and work with them often complete certain screens as well to see if the child’s behavior is the same at child care and home.

Take into account factors that can impact a child’s behavior when considering whether a referral for diagnostic evaluation should be made. For example, children who act out only at certain times of day might do so for valid reasons such as being tired or hungry. Knowing a child and family’s health history can also help guide prudent next steps.

Prepare for emotional responses from the family and acknowledge their responses and concerns. Remember that families are invested in their children and want the best for them.
What to do When the Child’s Results Show Development is on Schedule

Some scores, even if not at risk, can identify areas of the child’s development that can be targeted in everyday ways.

• Remind families that monitoring a child’s development should be ongoing in the home, in child care settings, and elsewhere.
• Give families materials that describe their child’s next developmental level.
• Use the screening results to talk about the child’s strengths and challenges.
• If you are still concerned about a child’s development after a “low risk” or “no risk” screening result, you might consider referral for a more thorough evaluation, such as to the Child Development Unit or Alliance for Infants and Toddlers.

Resources:
• CSEFEL Practical Strategies (csefel.vanderbilt.edu/resources/strategies.html)
• CSEFEL Family Tools (csefel.vanderbilt.edu/resources/family.html)
Sharing Results and Recommendations when the Child’s Results Indicate a concern

Review all answers with the family, paying particular attention to items that they indicated were an issue of concern for them.

Always lead with strengths:
- In the family-child relationship
- Of the family’s knowledge and/or interactions
- The child’s abilities

Then, if possible, help family members come to conclusions on their own. Ask them what they wonder or want to know more about their child. You can review the areas where you’ve observed a child may need more practice or support.

If the score suggests a referral for evaluation is appropriate, remind the family they are in control and that by taking a next step of evaluation, they might find relief about questions they’ve been worried about.
Discussing Next Steps

Results and next steps should be talked about in person or over the phone, not by email. This helps to maintain privacy and confidentiality.

Talk about resources and follow up options. Rescreening is common.

CDC Guide for Talking with Pediatricians about Developmental Concerns:

Allegheny Country Family Resource Guide
Early Intervention Services Contact List:
www.familyresourceguide.org/early-intervention/services-information.aspx
AFTER THE SCREEN

Coding the Visit

Appropriate coding and billing of services rendered to the child’s medical insurance provider can assist with reimbursement of time and supplies.

Below you will find a number of commonly used codes, along with the level of reimbursement outlined in Pennsylvania’s Office of Medical Assistance Fee Schedule (accurate as of August 2018). Reimbursement is always dependent on proper documentation.

CPT Codes

96110 - Developmental screening ($6.99)
- developmental milestone survey, speech and language delay screen; must include scoring and documentation with a standardized instrument

96127 - Brief emotional/ behavioral assessment ($4.00)
- depression inventory, ADHD scale; must use a standardized instrument and include scoring and documentation
CPT Codes

96161 – Administration of caregiver-focused health risk assessment instrument ($3.48)
  - depression inventory or standardized instrument; for the benefit of the patient and must include scoring and documentation

99214 - Established patient office or other outpatient, visit typically 25 minutes ($54.42)
  - For use with return visit for follow-up of condition, must document that >50% of visit time was spent in counseling and coordination related to diagnosed condition

99215 - Established patient office or other outpatient, visit typically 40 minutes ($78.05)
  - Use with initial comprehensive visit; must document that >50% of visit time was spent in counseling and coordination related to diagnosed condition

99244 - Patient office consultation, typically 60 minutes ($120.56)
  - Use with initial comprehensive visit; document that >50% of visit time was spent in counseling and coordination related to diagnosed condition
ADDITIONAL RESOURCES

- The Alliance for Infants and Toddlers ([www.afit.org](www.afit.org)) (412-885-6000)
- The Autism Center of Pittsburgh ([www.autismcenterofpittsburgh.com](www.autismcenterofpittsburgh.com))
- Bright Futures ([https://brightfutures.aap.org](https://brightfutures.aap.org))
- Center for Disease Control developmental resources ([www.cdc.gov/ncbddd/actearly/](www.cdc.gov/ncbddd/actearly/))
- CONNECT Helpline ([www.papromiseforchildren.org](www.papromiseforchildren.org)) (1-877-692-7288)
- PA Early Intervention Technical Assistance Online Learning Portal ([www.eita-pa.org](www.eita-pa.org))
- Pittsburgh Public Schools has its own intermediate unit that provides early intervention for children ages 3 to 5 with educational needs within the district (412-529-4000) ([https://www.pghschools.org/domain/1333](https://www.pghschools.org/domain/1333))

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REFERENCES


