

# Social and Emotional Development: Screening Strategies for Primary Care Providers



FPEN



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## Learning Objectives:

Upon completing the program, the health care provider should be able to:

1. Define and explain some important tasks of social and emotional development in the zero to three period
2. Appreciate the benefits of screening children for social and emotional concerns, and learn how to conduct validated screens
3. Describe which screening tools are reimbursed under Medicaid.
4. Report how to contact *Early Intervention* (EI) and other referral resources in your area.

## Sponsorship:

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## Introduction

Developmental disabilities are a diverse group of chronic conditions that are due to impairments that can be mental, physical, or both.<sup>1</sup> Such disabilities have a wide range of severity and implications for long-term adjustment for children and adults. People with developmental disabilities may have problems with major life activities such as language, mobility, learning, self-help, and independent living. The estimated prevalence of developmental disabilities in infants and children (0-21 years) is between 12% and 16%.<sup>2</sup> Developmental disabilities begin anytime during development up to 22 years of age and usually persist throughout a person's lifetime.<sup>1</sup> State and Federal education departments spend approximately \$36 billion annually on special education programs for children with developmental disabilities.<sup>3</sup> Evidence shows that early intervention can:

- Prevent disabilities in some cases
- Limit the extent of disabilities (preventing grade retention or enrollment in special education)
- Assist children in developing compensational skills

Efficacy of intervention is best established for cognitive skills.<sup>4-7</sup>

- Between 12% and 16% of infants and children (0-21 years) have developmental disabilities.
- Annual spending on special education programs totals approximately \$36 billion.
- Early intervention can limit disability.

In 2001, the American Academy of Pediatrics (AAP) established a policy that all infants and young children should be screened for developmental delays at regular intervals.<sup>2</sup> In 2005, however, Sand and her colleagues published the results of a survey of pediatricians to determine actual practices with respect to screening. They determined that nearly three quarters of the responding pediatricians relied on subjective clinical assessments, not screening methods, to identify children with developmental delays. The authors concluded that "few pediatricians use effective means to screen their patients for developmental problems."<sup>8</sup> Unfortunately, as a consequence, only children with the most obvious or visible delays, such as gross motor or significant speech

delays, typically are likely to receive interventions capable of modifying outcomes. Some experts estimate that 70% to 80% of children with developmental delays will not be identified prior to entering school.<sup>9</sup>

The American Academy of Pediatrics recommends that all children be screened for developmental delays during their regularly scheduled doctor visits.

Subsequently, the AAP published an algorithm (Figure 1) to assist primary care providers in identifying children with any type of developmental delay.<sup>10</sup> The algorithm outlines methods for identifying children who may have delays (surveillance), screening children at each scheduled visit, and formalizing referral and follow up steps.

## Risks for Delays in Early Childhood Social and Emotional Development

Several factors related to either the child or the child's environment can place a child at risk for social and emotional developmental.<sup>9, 11, 12</sup> Child-related risk factors include perinatal, metabolic, and neurological problems (Table 1). Environmental risk factors include parental inputs such as maternal depression, substance abuse, low IQ, poverty, lack of nurturing as a child, and lack of health insurance (Table 2). Additional environmental inputs include family issues such as intimate partner violence, dysfunctional parenting, and many children. Community environmental inputs include violence, social isolation, and lack of treatment or support programs. Primary caregivers should be especially vigilant concerning possible developmental delays among children who have one or more of these risk factors.

Learning and developing communication and social skills are likely to be more sensitive to environmental risk factors than are gross and fine motor skills. Numerous studies have examined mother-child dyads and the impacts of maternal parenting styles and moods on children's behavior.<sup>13-18</sup> A mother's depression and her sensitivity to her child's distress are important predictors of the child's behavior, sociability, and affect. Maternal depression is an important predictor of low positive emotionality in children. Maternal depression should be treated promptly and effectively.<sup>14</sup> Primary care providers should screen all new mothers for maternal depression using a validated screening tool. More information on screening for maternal depression can be found in the IAFP's Maternal Depression and Child Development: Strategies for Primary Care Providers guideline at <http://www.iafp.com/CME/>. Kochanska and colleagues investigated maternal responsiveness to distress and its impact on infants and

**Table 1 Child-Related Risk Factors for Developmental Delay<sup>11, 12</sup>**

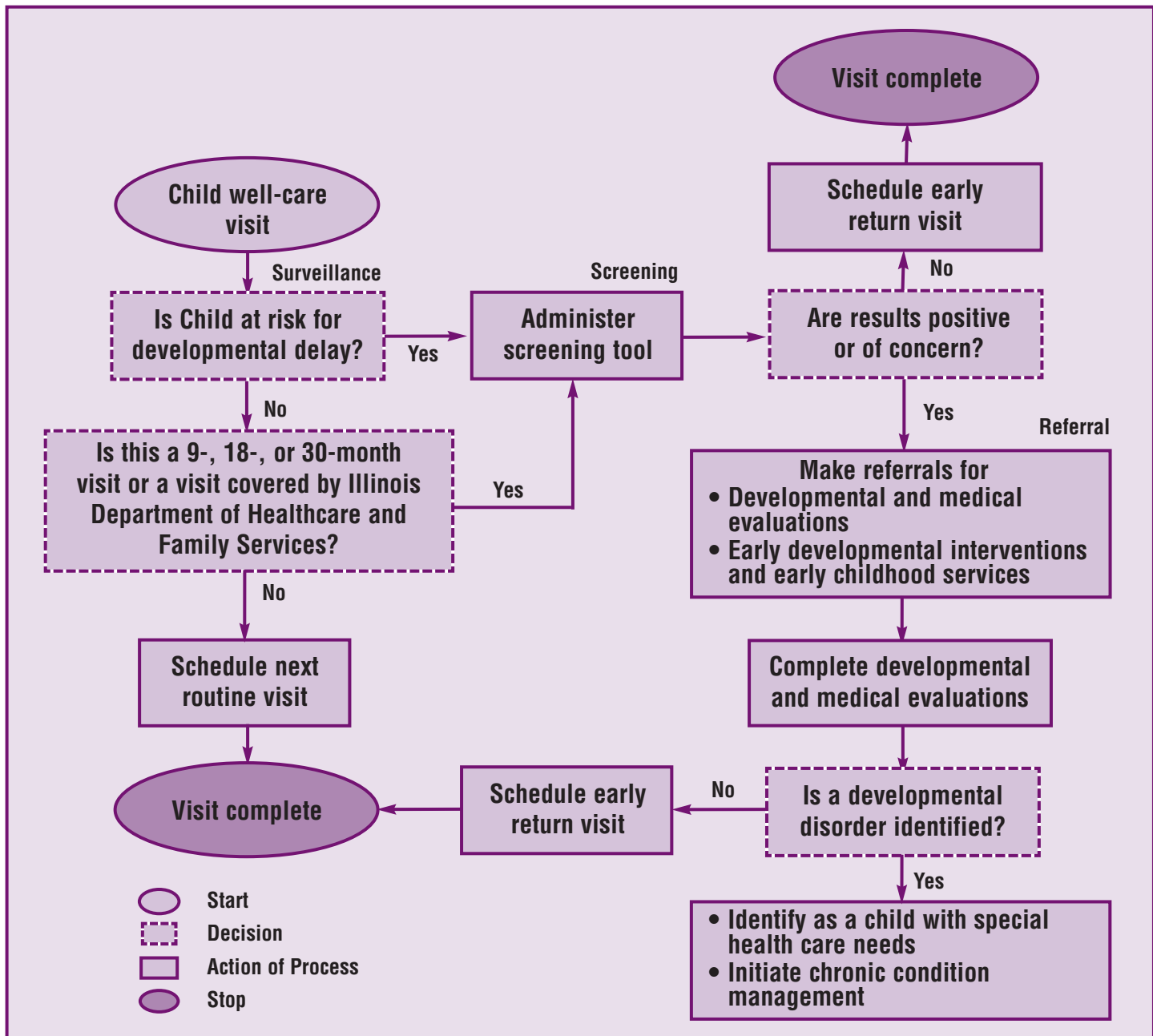
<p><b>Perinatal</b></p> <ul style="list-style-type: none"> <li>• Low birth weight</li> <li>• 30 weeks gestation or less</li> <li>• Viral infection</li> <li>• Complex heart disease</li> <li>• Respiratory problems such as prolonged or high-frequency ventilation; severe perinatal asphyxia; diaphragmatic hernia, pulmonary hypertension</li> </ul>
<p><b>Metabolic</b></p> <ul style="list-style-type: none"> <li>• Significant feeding problems</li> <li>• Prolonged or persistent hypoglycemia</li> <li>• Other metabolic disorders</li> </ul>
<p><b>Neurological</b></p> <ul style="list-style-type: none"> <li>• Intraventricular hemorrhage or periventricular leukomalacia</li> <li>• Intracranial pathology</li> <li>• Other severe neurological problems or abnormal neurological exam on discharge</li> </ul>

**Table 2 Environmental Risk Factors for Developmental Delay<sup>9</sup>**

<p><b>Parent</b></p> <ul style="list-style-type: none"> <li>• Maternal depression</li> <li>• Substance abuse</li> <li>• Low IQ</li> <li>• Limited nurturing as a child</li> <li>• Poverty</li> <li>• Lack of health insurance</li> </ul>
<p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Social isolation</li> <li>• Violence</li> <li>• Lack of treatment or support programs</li> </ul>
<p><b>Family</b></p> <ul style="list-style-type: none"> <li>• Intimate partner violence</li> <li>• Dysfunctional Parenting</li> <li>• Many children in family</li> </ul>

young children.<sup>16</sup> Responsive mothers tend to have children with greater receptive cooperation. This effect was especially significant among children who were described as prone to anger. Primary care givers may find it appropriate to provide parents with guidance on parenting skills. The Resources section in Table 5 lists several organizations that provide educational materials on parenting skills.

Treat maternal depression promptly and effectively to avoid negative impacts on children.  
Provide parents with educational materials on effective parenting skills.



**Figure 1 Algorithm for Identification and Referral of Children at Risk for Developmental Delay<sup>10</sup>**

\* Developmental surveillance and screening algorithm within a pediatric preventive care visit. Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age.

## Surveillance

The most effective surveillance method for initially identifying children who may be at risk for developmental delay is to ask parents during regular well child visits if they have any concerns about their children's development. It is important to prompt a discussion relating to specific developmental milestones with parents.<sup>2, 4, 10</sup>

- Elicit concerns from parents about their children during regular doctor visits.
- Ask about specific, age appropriate developmental milestones.

Familiarize parents with expected developmental milestones. *First Signs*, a not-for-profit organization dedicated to promoting awareness of childhood developmental issues, defines red flags for developmental delay.<sup>19</sup> *First Signs* recommends that providers and parents watch for the following red flags concerning their children’s development:

Share materials with parents on expected developmental milestones, and encourage discussion.

- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles, or other facial expressions by 9 months or thereafter
- No babbling by 9 months
- No back-and-forth gestures, such as pointing, showing, reaching, or waving by 12 months
- No words by 16 months
- No two-word meaningful phrases (without imitating or repeating) by 24 months
- Any loss of speech or babbling or social skills at any age

The most powerful indicators that can help identify children at risk for social emotional delays and concerns are their age appropriate degree of language development, their ability to participate in typically developing joint attention, their ability to be involved in social relatedness, their ability to participate in typically developing play behavior, or any loss of a skill previously achieved.

Children should exhibit certain physical abilities and behaviors at specific ages (Table 3).<sup>9</sup> Share information on expected physical abilities and behaviors with parents to elicit discussion. Greater detail is available at [www.firstsigns.org](http://www.firstsigns.org).<sup>19</sup> Obtain brochures and charts from Child and Family Connections by visiting [www.childandfamilyconnections.org](http://www.childandfamilyconnections.org).<sup>20</sup> Encourage parents to discuss these developmental milestones or any perceived delays.

While developmental surveillance and discussions with parents can elicit valuable information, the AAP emphasizes that this may not identify all children who are at risk of developmental delay. Research shows that surveillance alone detects fewer than 30% of children with delays and disabilities<sup>28</sup> Primary caregivers should continue to utilize their training to identify children who may be at risk, as well as implement the use of objective developmental screening tools to identify developmental and social emotional delays in young children. Other standard methods include observing children in the office, documenting developmental milestones which are achieved or delayed, identifying risks and protective factors in the child’s environment, and periodically reviewing charts to identify trends of concern.<sup>10</sup>

<b>Table 3 Developmental Milestones<sup>9</sup></b>			
<b>Age</b>	<b>Motor</b>	<b>Social/Emotional</b>	<b>Communication</b>
<b>4 Months</b>	Follows moving objects with eyes	Recognizes most familiar adults	Vocalizes
<b>6 Months</b>	Rolls over	Reacts to strangers	Expresses emotions such as happiness or distress
<b>9 Months</b>	Crawls, pulls self to standing position	Plays peek-a-boo, and engages in exchanges of gestures, sounds, facial expressions	Uses 1- and 2- syllable words; imitates adults
<b>12 Months</b>	Stands without assistance and climbs onto furniture	Imitates gestures such as hugging doll	Recognizes own name
<b>15 Months</b>	Walks, runs, and drinks and feeds self	Plays with other children	Greets people with “hi” or similar words. Understands and uses words such as mama, dada, bye-bye
<b>18 Months</b>	Good balance and coordination	Engages in simple pretend play	Uses 5 or more words, generally names of things
<b>24 Months</b>			Understands at least 50 words; combines 2 words into sentence
<b>36 Months</b>		Engages in extended pretend play	Uses complex sentences; can express interest and feelings about past and future

## Screening

Regardless of the absence of obvious developmental concerns, all children should be screened for developmental delays at 9, 18, and 30 months. Social emotional screening should be conducted between the 15 and 18 month visits. Annual developmental and social-emotional screenings should begin after age two. Children eliciting concerns may require additional screening. Standard screening tools address age-specific expectations.<sup>2, 23</sup> Developmental screening at nine months focuses on motor skills and early communication skills, including vocalization and gestures. In addition, vision and hearing should be evaluated at 9 months. Delays in communication and language skills are evident and identifiable at 18 months. Mild motor delays not evident at nine months may become apparent at this time. By 30 months, most motor, language, and cognitive delays are evident and identifiable through screening. *Repeated screening over time is more likely to identify a potential delay than a single test.* Parents can complete many screening tools that take less than 20 minutes to complete.<sup>10</sup> Screening results should be scored and discussed with parents before they leave the office or clinic.<sup>10</sup>

All children should be screened for developmental delays at their 9-, 18-, and 30-month well child visits.

Social emotional screenings should occur between the 15 & 18 month well child visit.

Parents can complete many screening tools that do not require physician staff for scoring and require less than 20 minutes to fill out.

- Ages and Stages Questionnaire (ASQ) [www.brookespublishing.com](http://www.brookespublishing.com)
- Ages and Stages Questionnaire, Socioemotional (ASQ: SE) [www.brookespublishing.com](http://www.brookespublishing.com)
- Battelle Developmental Inventory Screening Test (BDIST) [www.riverpub.com](http://www.riverpub.com)
- Brigance Screens II [www.curriculumassociates.com](http://www.curriculumassociates.com)
- Child Development Inventory (CDI) for Assessing Toddlers and Preschoolers [www.childdevrev.com/cdi.html](http://www.childdevrev.com/cdi.html)
- Child Development Review Parent Questionnaire (CDR-PQ) [www.childdevrev.com/ChildDevelopmentScreening.html](http://www.childdevrev.com/ChildDevelopmentScreening.html)
- Denver Developmental Screening Test (DDST II) [www.denverii.com](http://www.denverii.com)
- Parents Evaluation of Developmental Status (PEDS) [www.pedstest.com/index.php](http://www.pedstest.com/index.php)

*A full listing of Illinois HFS-supported screening tools specifically accepted for CPT codes 96110 and 96111 can be found at [www.hfs.illinois.gov/handbooks/chapter200.html#hk200](http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200).*

A variety of comprehensive, validated developmental screening tools that include a social and emotional component are now available.<sup>9, 24</sup> Choose a tool that best fits your patient population and the capability of your office. Such tools include:

### Example Screening Process: Ages and Stages Questionnaires<sup>25</sup>

The Ages and Stages Questionnaires (ASQ) represent a two-component system of assessment tools designed to measure childhood development. The basic ASQ provides a broad overview of child development, while the ASQ: Social Emotional (ASQ: SE) assesses social and emotional skills. Paired together, the two questionnaires screen well for the universe of potential developmental delays. Typically, a parent or caregiver can complete either questionnaire in 20 minutes or less. Questionnaires should be reviewed to ensure that no questions have been left unanswered before the parent or caregiver leaves your office. Unanswered questions will make it difficult to score the questionnaire and interpret its meaning.

The basic ASQ measures development in five component areas:

- Communication
- Gross Motor
- Fine Motor
- Problem-solving
- Personal-social

The communication component assesses babbling, vocalizing, listening, and understanding. The gross motor component assesses arm, body, and leg movements, while the fine motor assessment pertains to hand and finger movements. The problem-solving component assesses a child's learning skills. The personal-social component relates to solitary play, play with other children, and play with toys.

The Ages and Stages Questionnaire: Social Emotional (ASQ: SE) assesses a child's ability to self-regulate his or her emotions and social interactions in a way that is satisfactory to the child and persons with whom the child interacts. Specifically, ASQ: SE assesses:

- Self-regulation
- Compliance
- Communication
- Adaptive functioning
- Autonomy
- Affect
- Interaction with others

## Scoring the ASQ

The possible responses and associated scores for questions on the basic ASQ are:

- Yes (10 points)
- Sometimes (5 points)
- Not yet (0 points)

The points are totaled by developmental component. Each component score is compared to an established cutoff value. Children scoring above the cutoff value are considered to be developing normally. Children falling on or below a cutoff should be referred for further assessment. Any concerns a parent or caregiver has noted in the *Overall* section of the questionnaire should be addressed before he or she leaves your office.

The cutoff points for each of the developmental components on the ASQ are based on data which are inclusive of two standard deviations from the mean for a large population of children without developmental delays. *Therefore, it is appropriate to schedule an early return visit for children who fall just above established cutoffs in several areas or who have concerns noted by their parents or caregivers.*

## Scoring the ASQ: SE

The possible responses and associated scores for questions on the ASQ:SE are:

- *Most of the time* – indicates the child is doing the behavior most of the time, too much, or too often
- *Sometimes* – indicates that the child is doing the behavior occasionally but not consistently
- *Rarely or never* – indicates that the child rarely performs the behavior or has never performed the behavior
- A checked concern

Your staff may assist the parent or caregiver by explaining the possible responses but should avoid helping the parent decide which response is appropriate for a given question. *Your staff should emphasize that “rarely or never” is an appropriate response for a behavior the child may have exhibited only once or which is extremely rare.* Some parents may check “sometimes” instead of “rarely or never” in this situation thereby inflating the ASQ: SE score.

For each question on the ASQ: SE, the parent or caregiver may check a box indicating she or he has a concern related to the child with respect to that particular question. When a parent expresses a concern, it is scored as 5 points.

To score the ASQ: SE, follow process described on the ASQ: SE Information Summary page. The possible values awarded to each question are 0, 5, or 10. Compare the child’s score against the cutoff value established for the child’s age. If the score falls above the established cut off, the child should be referred to Early Intervention, a social-emotional developmental specialist or a mental health specialist. Because social and emotional developmental delays are not easily measured, children who fall near cut off values may warrant referral or early follow-up visits. Consider readministering the ASQ: SE again in three months. Children who exhibit a particular behavior of concern or whose parents express concern about their behavior may be candidates for referral. The physician’s professional judgment is crucial to determining what strategy is best for each child. Children who fall well below cut off values are not candidates for referral but should be given regularly scheduled screening tests to assure development continues to progress normally.

Elicit a discussion when a parent or caregiver has checked a concern box and ensure they receive appropriate guidance. Discuss high-scoring questions (having an individual score of 10 or 15) with the parent or caregiver. Also discuss answers to open-ended questions on the ASQ: SE. Review recommended referrals with parents and provide assurances as necessary.

Throughout the process, use culturally sensitive communication styles with the parent or caregiver. Be especially aware of your nonverbal behaviors such as eye contact, facial expression, body language and gestures. When necessary enlist the assistance of a translator or interpreter to ensure that your message concerning the child is understood and will be acted on appropriately. The ASQ: SE is available in Spanish. Depending on your patient population, it may be appropriate to keep the Spanish version in stock.

Copies of the ASQ and ASQ: SE can be ordered through the Brookes Publishing Company at [www.brookespublishing.com](http://www.brookespublishing.com).

## Referral and Follow-up

Physicians are responsible for gathering additional information for children whose screening tests for developmental delay are positive. Medical evaluations can identify underlying medical conditions, such as hearing, vision, or metabolic problems, which may contribute to developmental delays. Depending on the developmental delay of concern, a medical diagnostic evaluation may include:

- Brain imaging
- Electroencephalography
- Metabolic testing

These tests can be ordered with input from a specialist or ordered directly by the specialist. Helpful specialists include neurologists and behavioral-developmental pediatricians.

Medical evaluations generally include an update of the child's environmental, medical, family, and social history to ensure a comprehensive evaluation of potential contributing factors. The contribution of medical conditions to developmental delays varies, accounting for as much as 50% or more of global developmental delays or as little as 5% or less of isolated language disorders. Identifying underlying medical conditions is essential for appropriate treatment.<sup>10</sup>

- Evaluate the possibility that a child may have an underlying medical condition contributing to a developmental delay.
- Treat underlying conditions, or refer the child for specialty care.

With respect to diagnosis of underlying conditions, well-child care in Illinois provides resources for children of families with limited means and for children under the custody of the Illinois Department of Children and Family Services (DCFS). Detailed information relating to well-child examinations is available in the Illinois Department of Healthcare and Family Services Handbook for Healthy Kids Services, Policy and Procedures HK-200. Check for up-to-date information at [www.hfs.illinois.gov/assets/041404hk200.pdf](http://www.hfs.illinois.gov/assets/041404hk200.pdf). DCFS requires children in their legal custody who are between the ages of two years and 21 years receive, at a minimum, a comprehensive, annual health screening.

While referral to a developmental specialist is likely to be a major part of the treatment plan, primary caregivers can narrow the diagnosis or suggest treatment options that are likely to be helpful. Many tools exist that are specific to particular delays within the realm of social and emotional delay. The Modified Checklist for Autism

in Toddlers (MCHAT) is a screening tool that can be used to bolster a suspected diagnosis. Mental illness in children, depending on the age and comfort level of the child, and in adult family members can be treated pharmacologically and with play or family therapy.

## Referral for Early Intervention

When screening has indicated a child may have a developmental delay, resources are available for the child and family. For children, ages zero to three years, the state of Illinois provides services to eligible children through the Early Intervention program provided by the Department of Human Services. The Individuals with Disabilities Education Act (IDEA) federally mandates provision of Early Intervention Services to families with children aged birth to three years old with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and supports that assist them in maximizing their child's development. Services are coordinated by Child and Family Connections (CFC) Offices. There are 25 sites in Illinois that serve as entry points for early intervention services for children with and without insurance.

CFCs are responsible for assessing and evaluating children for possible developmental or social emotional delays. The initial evaluation is free. Once a child is deemed eligible for Early Intervention services, CFCs will work with the family to develop an Individualized Family Service Plan (IFSP), and identify service providers. Depending upon specific needs, children may receive services from speech therapists, physical therapists, developmental therapists, occupational therapists and/or mental health specialists. Illinois primary care providers can call 1-800-323-GROW to identify their local CFC site.

The Individuals with Disabilities Education Act (IDEA) federally mandates provision of special education services for children over the age of three. Children over the age of three who are at risk of developmental delay should be referred to their local public school system's Special Education System, even if they attend parochial, private schools or preschools.

Every child who enters the Special Education System receives an Individualized Educational Plan (IEP) within 60 school days of referral. The IEP describes the outcome goals for the child and is the basis for the services provided to the child.

## Making It Work: Reimbursement for Developmental Screening

Developmental screening and referral services are vital to a child's health. Physicians should feel comfortable billing for screening services. Managed care payers may pay above capitation for developmental screening. Indemnity and discounted fee-for-service payers differ greatly in their reimbursement for these services. Check your contracts with these types of payers. At the time of publication, Medicaid and the Medicaid Primary Care Case Management, also known as Illinois Health Connect, programs reimbursement rate was \$16.07 for screening in addition to the usual payment for a visit. Providers may bill for up to two developmental screenings per well child visit. Additionally, providers who perform a perinatal depression screen may bill for that screening as a risk assessment for the child.<sup>26</sup> The Illinois Department of Healthcare and Family Services (HFS) requires the routine use of developmental screening tools with HFS program participants or beneficiaries. Follow up visits will be required for children with identified social or emotional delays, and insurance carriers almost invariably approve these visits. For developmental delays, there are established Current Procedural Terminology (CPT) Codes and International Classification of Diseases, 9<sup>th</sup> revision (ICD9) Codes (Table 4).

**Table 4 Procedural and Diagnostic Codes for Developmental Delays**

### CPT Codes

- 96110 for HFS developmental testing (limited)
- 96111 HFS developmental screening (extended)
- 99420 Health risk assessment (behavioral screening)

### ICD9 Codes

- 783.4 Developmental delay
- 309.23 Academic inhibition
- 315.4 Developmental coordination disorder
- 784.5 Other speech disturbance
- 309.3 Disturbance of conduct

## Putting It All Together

Based on the recent policy statement of the American Academy of Pediatrics,<sup>10</sup> the Committee on Child Development of the Illinois Chapter of the American Academy of Pediatrics released specific practice recommendations for developmental surveillance and screening (Table 6), including statements of minimum standards and best practice.

**Table 5 Resources**

- Child and Family Connections ([www.childandfamilyconnections.org](http://www.childandfamilyconnections.org)) provides services for children with certain disabilities (for example, Down syndrome, cerebral palsy, delays in speaking and understanding spoken language) and children at risk for developmental disability. They ensure timely referral to appropriate specialists. Locations for branch offices are listed on their website, which also offers free, downloadable educational materials for parents.<sup>20</sup>
- Healthy Steps for Young Children ([www.healthysteps.org](http://www.healthysteps.org) <<http://www.healthysteps.org>>) is a national initiative to foster healthy growth and development. The website provides information for parents and for medical practices.
- Illinois Department of Healthcare and Family Services ([www.hfs.illinois.gov/mch](http://www.hfs.illinois.gov/mch) <<http://www.hfs.illinois.gov/mch>>) has a website to promote health of women and their children. The site includes discussion of child development and well-child visits.
- The Fussy Baby Network provides home visits from specialists and contacts with other parents enrolled in the program. The network is staffed by physicians, nurses, psychologists, and social workers. For more information visit [www.fussybabynetwork.org/index.html](http://www.fussybabynetwork.org/index.html) or call 888-432-BABY.
- Moms & Babies provides health insurance for mothers of limited means and their babies. Information is available at [www.allkidscovered.com/pregnant.html#MPE](http://www.allkidscovered.com/pregnant.html#MPE) and by calling 1-866-255-5437.<sup>27</sup>
- Zero to Three ([www.zerotothree.org/index.html](http://www.zerotothree.org/index.html)) provides extensive information for professionals and parents. The Web site contains downloadable educational material for parents. The organization also publishes a professional journal on child development. Past issues of the journal are available on the Web site. The website also includes information on upcoming conferences on child development.
- KidsGrowth Child Health ([www.kidsgrowth.com](http://www.kidsgrowth.com)) provides guidance to parents on child care, developmental milestones, immunization, poison control, and book reviews.
- The Whole Child ([www.pbs.org/wholechild](http://www.pbs.org/wholechild)) is an attractive site with materials for parents and child-care providers. Available information includes guidance for parents on child rearing, developmental milestones, video clips, PBS program broadcast dates, and educational videocassettes.

## Summary

Primary care providers play an important role in assisting parents in caring for their children. A critical part of their role is identifying children at risk of developmental delay. A significant number of children with social and emotional delays are not identified early enough for intervention to be most effective. Primary care providers have the opportunity and the tools to identify children who may be at risk due to adverse perinatal events, maternal depression, or inappropriate parenting styles. Primary care providers should screen all children for developmental delays if there are concerns and during well-child visits at 9, 18 and 30 months, utilizing a validated screening tool, which includes components assessing the social and emotional domains. Parents can complete screening tools that take 20 minutes or less to administer. The state of Illinois provides a wealth of resources for children with developmental delays. The primary care provider plays an important role by providing guidance to parents of children at risk of developmental delay, directing these parents to appropriate resources, referring those children who screen positive and need further evaluation, and ensuring that these children and their families have the best possible quality of life.

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**Table 6 ICAAP recommendations for surveillance and screening in infants and toddlers**

### Minimum standards

- Perform developmental surveillance at every visit.
- Conduct screening at 9, 18, and 30-month visits.
  - Use a social/emotional screening tool in place of a developmental tool at one of these visits, if the practice prefers this strategy.
  - In addition, conduct an autism-specific screen at the 18-month visit.
  - Perform developmental screen at 24-month visit if there is no scheduled 30-month visit.
- Use a tool-based screening at every visit if a child is *at risk* for developmental delay.

### Best practice

- Add a developmental screening at the 4- or 6-month visit, as well as the 24-month visit.
- Screen the mother for perinatal depression, at a minimum, at the 2- and 6-month visits.

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# **IAFP Course Evaluation and CME Post-test**

## **Social and Emotional Development: Screening Strategies for Primary Care Providers**

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### **Learning Objectives**

1. Define and explain some important tasks of social and emotional development in the zero to three period
2. Appreciate the benefits of screening children for social and emotional concerns, and learn how to conduct validated screens
3. Describe which screening tools are reimbursed under Medicaid.
4. Report how to contact Early Intervention (EI) and other referral resources in your area.

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For a CME Certificate, please log onto [www.iafp.com/CME/](http://www.iafp.com/CME/) and complete the online test and evaluation titled ABCD: Social and Emotional Development: Screening Strategies for Primary Care Providers self study guideline post test and evaluation, or complete the test and evaluation form on the next page, and send to:

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**In the space provided, indicate whether each item is True (T) or False (F).**

- \_\_\_\_\_ 1. A provider should consider a parent's perspective when assessing a child's behavior.
- \_\_\_\_\_ 2. Parents generally give accurate and quality information about their child's behavior.
- \_\_\_\_\_ 3. The Illinois Department of Healthcare and Family Services (IDHFS, formerly the Illinois Department of Public Aid, IDPA) expects that developmental screening is done as part of the well child visit and therefore is not reimbursed separately.
- \_\_\_\_\_ 4. Early Intervention services are not available for children enrolled in the private or parochial school system.
- \_\_\_\_\_ 5. A provider using clinical judgment and an informal developmental checklist or screening tool will pick up the same percentage of children with social/emotional concerns and/or at risk for social/emotional concerns as one using a validated screening tool.
- \_\_\_\_\_ 6. There are no validated screening tools available at this time that specifically addresses social/emotional development.
- \_\_\_\_\_ 7. IDHFS will reimburse private practices for conducting screenings for children enrolled in All Kids/Medicaid.

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