



The ASQ: SE User's Guide: For the Ages & Stages Questionnaires: Social-Emotional

By Jane Squires Ph.D., Diane Bricker Ph.D., Elizabeth Twombly M.S.

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Clear and comprehensive, the User's Guide walks professionals step-by-step through the process of setting up and running the ASQ:SE. The User's Guide provides instructions on administering the questionnaires with sensitivity to children's environmental, cultural, and social-emotional differences, detailed technical data on how the system was developed and tested, helpful case examples, and creative activities and lists of social-emotional behaviors professionals can share with parents for use with each age group. Spanish translations of letters to parents and selected forms are also included.

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Editorial Review

Review

ASQ:SE is easy to complete with parents; itAEs very thorough. ASQ:SE completes our overall screening process. It has been successful identifying children who need mental health support." - Lisa Lowery, Director of Operations, Southern Kennebec Child Development Corporation "We use the ASQ in familiesAE homes. Adding the ASQ:SE to the program makes the developmental monitoring of high-risk children more complete by delving deeper into social-emotional questions/behavior.o - Rebekah Hermann, Family Home Visiting Services Coordinator, Orange County Health Department

About the Author

For more than 20 years, Ms. Twombly has been involved in *Ages & Stages Questionnaires® (ASQ)* research projects, including renorming for the *Ages & Stages Questionnaires®: Social Emotional, Second Edition (ASQ:SE-2™)*, and the *Ages & Stages Questionnaires®, Third Edition (ASQ-3™)*; Squires & Bricker; Paul H. Brookes Publishing Co., 2009). She has conducted trainings on ASQ and ASQ:SE nationally and internationally and has provided technical assistance to states on the development of early identification and referral systems for young children. Ms. Twombly is a contributing author of ASQ-3 and an author of ASQ:SE-2, the *ASQ-3™ Learning Activities*, and the *ASQ:SE-2™ Social-Emotional Learning Activities* (in press). She has special interests in helping underserved populations, including families with young children living in transition, and in developing systems of care for substance exposed newborns. She currently is working on a team to develop a universal system of screening and referral for families with young children in the state of Oregon.

Dr. Squires is Professor of Special Education, focusing on the field of early intervention/early childhood special education. She oversees research and outreach projects in the areas of developmental screening, implementation of screening systems, early identification of developmental delays, and the involvement of parents in monitoring their young childrenâ€™s development. She is lead author of the *Ages & Stages Questionnaires®, Third Edition (ASQ-3™)*; with D. Bricker; Paul H. Brookes Publishing Co., 2009), and the *Social-Emotional Assessment/Evaluation Measure (SEAM™), Research Edition* (with D. Bricker, M. Waddell, K. Funk, J. Clifford, & R. Hoselton; Paul H. Brookes Publishing Co., 2014), and she has authored or coauthored more than 90 books, chapters, assessments, videotapes, and articles on developmental screening and early childhood disabilities. In 2013, she coauthored the book *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* (Paul H. Brookes Publishing Co., 2013). Dr. Squires currently teaches doctoral-level courses in early intervention/special education and conducts research on comprehensive early identification and referral systems for preschool children.

Dr. Bricker served as Director of the Early Intervention Program at the Center on Human Development,

University of Oregon, from 1978 to 2004. She was a professor of special education, focusing on the fields of early intervention and social-communication.

Her professional interests have addressed three major areas: early intervention service delivery approaches, curricula-based assessment and evaluation, and developmental-behavioral screening. Dr. Bricker's work in early intervention approaches has been summarized in two volumes: *An Activity-Based Approach to Early Intervention, Fourth Edition* (with J. Johnson & N. Rahn; Paul H. Brookes Publishing Co., 2015) and *An Activity-Based Approach to Developing Young Children's Social Emotional Competence* (with J. Squires; Paul H. Brookes Publishing Co., 2007). Her work in curricula-based assessment/evaluation has focused on the development of the *Assessment, Evaluation, and Programming System for Infants and Children, Second Edition* (AEPS®; with B. Capt, K. Pretti-Frontczak, J. Johnson, K. Slentz, E. Straka, & M Waddell; Paul H. Brookes Publishing Co., 2004). This measure and curricula provides intervention personnel with a system for the comprehensive assessment of young children with results that link directly to curricular content and subsequent evaluation of child progress.

Dr. Bricker has been a primary author of the *Ages & Stages Questionnaires®* (ASQ; with J. Squires; Paul H. Brookes Publishing Co., 1995, 1999, 2009) and directed research activities on the ASQ system starting in 1980. *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* (Bricker, Macy, Squires, & Marks; Paul H. Brookes Publishing Co., 2013) offers a comprehensive system for creating and operating community-wide developmental-behavioral screening programs for young children.

Dr. Bricker's distinctions include the Division of Early Childhood, Council for Exceptional Children Service to the Field Award, December 1992, and the Peabody College Distinguished Alumna Award, May 1995.

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Excerpted from Chapter 3 and Appendix D of **The ASQ:SE User's Guide for the Ages & Stages Questionnaires®: Social-Emotional**

By Jane Squires, Ph.D., Diane Bricker, Ph.D., and Elizabeth Twombly, M.S.
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Who Should Complete the ASQ:SE?

Parents, guardians, child care providers, and preschool teachers can complete an ASQ:SE on a child. It may be helpful when gathering information to have more than one person complete a questionnaire about each child because a child's behavior may vary greatly from setting to setting and behaviors that are problematic to one parent or care provider may not be of concern to another.

Parent/Guardian The original ASQ and the ASQ:SE systems were both developed as parent-completed screening tools, and, in general, having parents complete the tool is the preferred method of use. There are many compelling reasons to include parents in the screening process, including the knowledge parents have about their children, the importance of understanding a parent's perspective, and the ability to respond to parent concerns. A significant need exists for program staff to identify parent concerns and respond to these concerns in a timely and supportive manner. It is also helpful, especially while assessing social-emotional development, to gather perspectives from both parents. What may be an urgent concern for one parent may be of little concern to the other.

Care Provider and Teacher/Early Interventionist Because many children spend a great deal of time in child care outside the home, it may be important to gather information from child care providers, teachers, and early interventionists as well as parents. Professional caregivers can complete the ASQ:SE; however, it is important that caregivers have 15–20 hours per week of contact with the child before completing an ASQ:SE. If caregivers complete the ASQ:SE in lieu of parents, every effort should be made to include parents in the screening process and to share information with them.

Both Parent and Care Provider Some programs such as child care centers may choose to have both the parent and a child care worker complete the ASQ:SE independently and may then compare questionnaires. This method provides an excellent strategy to facilitate communication between a parent and a care provider about a child's behavior. Because a child's behaviors often differ across settings, there may be a discrepancy in ASQ:SE scores. Through discussion of these differences, valuable information about the child may surface.

In What Setting(s) Will the ASQ:SE Be Used?

The settings in which the ASQ:SE may be used include the home as well as clinical, center-based, and other settings that provide services to families with young children.

Home Settings The ASQ:SE questionnaires were developed to be completed by parents at home or during a home visit. A home visit may be required when parents are unable to read, have other difficulties with independent completion of the questionnaires, or are unwilling or unable to travel to a center. Detailed information on the use of the ASQ:SE during a home visit can be found in Appendix B. The questionnaires may be a part of a larger home-visiting curriculum, for example, as part of an abuse and neglect prevention program. If used in a mail-out system, care must be taken to follow up on parents' noted concerns with a telephone call or home visit.

Clinical Settings ASQ:SE questionnaires can be used by primary health care providers to gather screening information on a child prior to a physical examination. Health care providers may save time by sending questionnaires to parents prior to their appointments or by having parents complete the questionnaire while waiting for their appointments. This method helps parents identify concerns prior to their appointment and provides a focus for the examination and subsequent discussion.

Center-Based Settings The ASQ:SE may be used in child care and educational settings. In addition to using the tool for screening purposes, use of the ASQ:SE in this type of setting may help to facilitate discussion between teachers and parents about a child's behavior across settings. As mentioned previously, if someone other than a parent completes the ASQ:SE, he or she should have at least 15—20 hours per week of contact with the child.

Other Settings The ASQ:SE can be used in other programs whose purpose is finding children in need of special services, monitoring a child's development, or educating parents about the development of their young children. Examples of other settings include health fairs sponsored by Head Start programs, kindergarten round-ups offered by school districts, and child-find screenings conducted by early intervention programs.

What Method(s) of Completion Will Be Used?

The ASQ:SE can be completed by parents independently or with assistance as needed. When interviewers or translators are assisting with administering the ASQ:SE, they should be careful to clarify their role, which is to read items and gather information from the parent. The ASQ:SE has some items that may be considered subjective by parents. For example, the question, "Does your child scream, cry, or have tantrums for long

periods of time?" may cause a parent to inquire about what might be considered a long period. To the extent possible, the interviewer should not advise or lead parents but should encourage parents to use their judgment in answering questionnaire items.

Independent The ASQ:SE was designed to be completed by most parents independently, which accounts for its low cost per child served. Questionnaires can be given to parents or mailed to them for completion. When using the questionnaires in these ways, it is important to monitor their timely return.

With Assistance Program staff should be prepared to offer assistance to parents who request or need it during questionnaire completion.

Interview The ASQ:SE can be completed through an interview over the telephone or in person. Using the ASQ:SE as an interview tool may be appropriate for parents with limited reading skills or poor understanding of written questions as a result of language, cognitive, or mental health difficulties. Suggestions for conducting interviews can be found in Appendix B.

Translation The ASQ:SE system can be used to screen children using the services of a translator over the telephone or during face-to-face contact. Translating the ASQ:SE may be necessary for parents who are not fluent in English or Spanish. When using this method, it is necessary for the translator(s) to carefully review all items and come to an agreement with the administering program as to the intent of the items and what would be an appropriate translation. Because research on the ASQ:SE has only been conducted on the English and Spanish versions of the tool, results of questionnaires that are administered in other languages should be viewed with caution.

How Frequently Will the ASQ:SE Be Used?

The ASQ:SE can be used to screen a child's social-emotional development at one point in time or may be used to monitor a child repeatedly using more than one ASQ:SE interval.

One-Time Screening Although the ASQ:SE system was developed to monitor children over time, the questionnaires can be also used for one-time screening. Some programs may not be able to mount a full-time monitoring program but be able to screen children once. For example, programs that work with homeless individuals may encounter situations in which only a one-time screening is possible. Programs that choose this approach should be prepared to respond immediately to concerns that parents note or to make a referral if appropriate. For example, programs should have information on hand about a variety of topics (e.g., toilet training, feeding) or should have staff members who can discuss these concerns with the parents. Staff should be prepared to refer children for follow-up when it is indicated by screening results and conversations with the parents.

Ongoing Monitoring Repeatedly screening children over time is referred to as *monitoring*. The extent of monitoring (e.g., number of children, number of age intervals) is highly dependent on program resources. Programs with substantial resources may use all of the available ASQ:SE intervals (i.e., 6, 12, 18, 24, 30, 36, 48, and 60 months). Programs with fewer resources may choose specific intervals for their monitoring efforts. Considering the rapid development and change that occurs in children between the ages of birth and 5 years, it is advisable to monitor children's development over time. Any change in children's homes, schools, or health status may greatly affect the status of their social-emotional development.

What Method(s) of Distribution Will Be Used?

The ASQ:SE questionnaires can be distributed to parents in at least three different ways, including through the mail, at centers, and during home visit.

Through the Mail The ASQ:SE questionnaires were primarily designed to be completed by parents at home. In comparison to the cost of approaches that employ highly skilled professionals, the cost of using the mail-out system is extremely modest (Chan & Taylor, 1998). See Appendix B for specific steps designed for the use and tracking of questionnaires when using a mail-out system.

A common concern about using the questionnaires in the mail-out format is the return rate. Many screening programs use the questionnaires in this format, and a variety of ideas for increasing return rates has been generated. Following are ideas that program staff have found successful in increasing return rates:

- Provide a self-addressed, stamped envelope with the questionnaire
- Call parents after the questionnaire has been mailed to them and after it is returned to provide feedback on screening results
- Provide incentives to return the questionnaire (e.g., food coupons, small gifts)
- Respond quickly and appropriately to parents' concerns
- Send an activity sheet (see Appendix C) or information related to parental concerns that were marked on the questionnaire (e.g., toileting tips, age-appropriate discipline ideas)

At Centers Physicians' offices, health clinics, and community based programs can distribute the ASQ:SE to parents. For example, when parents bring their child in for a well check-up, they can be asked to complete a questionnaire. Or, early intervention programs may ask parents to complete questionnaires on an annual basis.

During Home Visits During home visits, parents can be given a questionnaire and asked to complete it, or the questionnaire can be completed through an interview.

CASE STUDY

NICKY, 16 MONTHS OLD

Nicky is a 16-month-old child who lives with her 14-year-old teenage mother, Lucy; her maternal grandmother, Mona; and an uncle who is 17. The family lives in a small apartment in a city in a midwestern state. Mona works at a grocery store, and Lucy is a freshman in high school.

Soon after Lucy gave birth at home, she abandoned her baby at a church. Fortunately, the baby was found and immediately taken into custody of child protective services. A week later, Lucy told a counselor at school what she had done, and she began the process of trying to regain custody of her daughter. Lucy worked hard to regain custody; she visited regularly with her daughter and completed all of the steps necessary to regain her. Nicky was returned to Lucy under her mother's supervision after 12 months in foster care at a relative's house.

Currently Nicky and Lucy are enrolled in an Early Head Start program where Nicky receives full-day child care. Lucy comes to the Early Head Start center and attends a parenting and child development class for an hour each morning. Lucy spends an additional hour in the center with Nicky and then goes to high school for the rest of the day. Lucy and Mona completed the 18 month ASQ:SE during a home visit from an Early Head Start staff person. Nicky received a score of 65 points, 10 points above the cutoff of 55.

Setting/Time Factors

The ASQ:SE, completed by Lucy and Mona, primarily reflects Nicky's behavior in the home environment. Nicky's primary caregiver at Early Head Start also completed an ASQ:SE on Nicky, and her responses totaled 95 points. Early Head Start staff mentioned concerns about Nicky being "fussy" and being difficult to console once she gets upset.

Developmental Factors

While she was in foster care, Nicky received early intervention services. She was eligible for Part C early intervention services due to mild delays in her overall development and professional judgment regarding her risk for developmental delays. At 12 months she had made progress, was developmentally on target, was stable in her foster home, and had "graduated" from early intervention services.

Health Factors

Nicky was born 8 weeks premature and weighed 4 pounds, 6 ounces. When Nicky entered foster care, her foster mother reported that she was difficult to feed, had to be rocked to sleep, and woke frequently. By 8 months Nicky had become easier to feed but still woke frequently at night. Nicky was taken to a well-baby checkup at 12 months and has been generally healthy, aside from some colds and ear infections.

Family/Cultural Factors

The recent change in setting is a potential stress factor for Nicky. Nicky's foster care provider is a relative of the family who had offered her home when she heard from Mona about Nicky and Lucy. However, very little was done to prepare or ease the transition for Nicky from foster care to her mother's home.

Follow-Up

With Lucy's consent, the staff at Early Head Start want to have Nicky evaluated for early intervention services—this time for social-emotional concerns. While the staff feel that Nicky's behavior may still be affected by her transition from foster care to her new home, they would like to have a mental health specialist involved. The staff have not seen an improvement in Nicky's behaviors even though she has been in her new home for 4 months (and in consistent child care at the Early Head Start site). The staff have concerns about Lucy's interactions with Nicky and about Lucy's general mental health. The staff are struggling with Nicky's behaviors in child care and would like to get a second opinion. If Nicky is not eligible for early intervention services, the Early Head Start staff hope that they can get some guidance from a specialist about the best way to support Lucy and Nicky. In addition to a referral to a mental health specialist, the Early Head Start staff and Lucy plan to do the following:

- Refer Nicky to her primary health care provider to determine if a biological/ health factor might be influencing her behavior.
- Talk to Nicky's former foster mother about Nicky's behaviors. The staff want to encourage the foster mother to visit Nicky and Lucy in the child care center and at home, an option Lucy is happy with. It is hoped that the foster mother may have suggestions about ways to soothe Nicky or may suggest activities that may help ease the transition between foster care and Nicky's new home.

Users Review

From reader reviews:

Bill Bobby:

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Alice Navarro:

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Margaret James:

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