Child Health Notes



Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by Public Health-Seattle & King County—Children with Special Health Care Needs Program. This newsletter provides physicians, nurse practitioners, primary health care providers, public health centers and community partners with current information regarding identification and management of special health issues for children. Contributing agencies and programs include: Washington State Department of Health and UW — Center on Human Development & Disability

DEVELOPMENTAL SURVEILLANCE AND SCREENING IN PRIMARY CARE

Developmental surveillance:

- is a longitudinal, cumulative process to identify children at risk for developmental delays
- notes risk factors, including medical history and home risk factors, as well as protective factors
- provides the context for interpretation of screening results

Developmental screening:

- uses standardized tests to refine the identification of children who may need intervention
- does not result in a diagnosis or treatment plan but rather identifies areas in which a child's development differs from same-age norms
- AAP guidelines recommend routine screening at *9*, *18*, *24 and 30 months* or whenever concerns are identified (Identifying Infants and Young Children With Developmental Disorders in the Medical Home, *Pediatrics* 2006; 118: 405-420)
- There are other screening protocols available. For example, the North Carolina ABCD Project recommends screening at 4, 6, 12, 24, 36, 48 months: www.nashp.org

WHY IS SCREENING IMPORTANT?

- Early intervention is effective. Children who participate in early intervention programs prior to kindergarten are more likely to achieve goals of independence, functional productivity, community integration, and improved school performance. Families are more likely to cope effectively.
- Without the use of standardized tools, **only 30% of children with developmental disabilities are identified before school entrance**. However, when standardized tools are used, 70-80% of children with developmental disabilities are identified. (Palfrey et al. *J Pediatr*. 1987;111:651-655; Squires et al. *JDBP*. 1996; 17(6):420-427.)
- Studies have shown that incorporating a screening test before a well-child care visit **does not increase the length of the visit**. (Schonwald et al. *Clinical Pediatr* 2009; 48:648-655; Sices et al. 2009; *Pediatrics*; 122: 1095)
- Incorporating regular screening for all children in your practice facilitates discussions with parents when concerns arise. It is easier to broach the subject of new developmental concerns in the context of an ongoing discussion with parents.
- Even if children referred for evaluation do not qualify for early intervention/special education or therapy assistance, there are resources from parent websites and handouts, to Head Start programs and more that can assist parents and their children with borderline range skills.

WHAT SCREENING TESTS ARE AVAILABLE?

- Parent report questionnaires can be given before a visit, so that administration time does not add to visit length. They can be mailed home (Ages and Stages) or given in the waiting room (PEDS). The results can then be discussed at the visit.
- A good screening test should have good sensitivity (few false negatives) and good specificity (few false positives.) Values for both sensitivity and specificity should be at least 70 80 %. There are several parent report tools available that are easy to incorporate into practice and that meet these criteria, including the ASQ-3 and the PEDS.

Two examples of screening tests are:

• Ages and Stages Questionnaire (ASQ-3)

http://www.brookespublishing.com/store/books/squires-70021/index.htm

AGES: 1 month through 5 ½ year

ITEMS: 30 items in 5 domains for each questionnaire TIME: Administered at home – takes parents 10-15 minutes

Scoring takes 5 minutes

Also available as online version for parents to complete.

• PEDS (Parent Evaluation of Developmental Status)

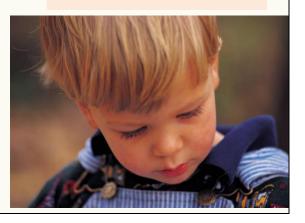
http://www.pedstest.com
AGES: Birth to 8 years
ITEMS: 10 item questionnaire

TIME: takes parents 2 minutes, either at home or in the waiting room

Scoring takes 5 minutes

- For a more detailed discussion, visit the Washington State Medical Home website:
 www.medicalhome.org/health/dev_mon.cfm
- For autism screening guidelines, see: Johnson et al. *Pediatrics* 2007; 120 (5): 1183-1215

IF UNSURE, REFER!



COUNTY RESOURCES FOR DEVELOPMENTAL SCREENING AND ASSESSMENT

For children under age three: Contact: Lead Family Resources Coordinator at the Community Health Access Program

(CHAP) 206-438-6105

For children age three and older: Contact: Local school district

SPECIAL NEEDS INFORMATION AND RESOURCES:		
Local:	Children with Special Health Care Needs Program	206-296-4610
	Community Health Access Program (Lead FRC)	206-438-6105
	Parent to Parent-Arc of King County	425-643-4048
Regional:	Seattle Children's Hospital	
	Health Professional Hotline	(800) 293-2462
	Parent Resource Line	(866) 987-2500
	WithinReach Family Health Hotline	1-800-322-2588, 1-800-833-6388 TTD
		www.withinreachwa.org
	Infant Toddler Early Intervention Program	www1.dshs.wa.gov/iteip
	Parent to Parent Support Programs of Washington	(800) 821-5927
		www.arcwa.org/parent to parent.htm
National/	American Academy of Pediatrics	www.aap.org
Internet:	AAP Developmental and Behavioral Pediatrics	www.dbpeds.org
	American Academy of Family Physicians	www.aafp.org
	Family Village (Extensive family resources for CSHCN)	www.familyvillage.wisc.edu
	Family Voices (Links to national and state family support networks)	www.familyvoices.org



