

THE INFANT, PRESCHOOL, FAMILY, MENTAL HEALTH INITIATIVE

Compendium of Screening Tools for Early Childhood Social-Emotional Development



By
Todd Sosna, Ph.D., and
Ann Mastergeorge, Ph.D.
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Executive Summary

Mental health is critical for happiness and success throughout the lifespan and across all human endeavors. The development of social-emotional competence in early childhood is an important foundation for mental health throughout childhood and into adulthood. However, social-emotional disorders can develop in infancy and early childhood, and can result in significant and persistent distress and impairment for children and their families. Impairment resulting from social-emotional developmental delays and disorders can affect many areas of child functioning, including readiness for and performance in school.

Prevention, early interventions and treatments of early childhood social-emotional delays and disorders are available and effective. However, social-emotional delays and disorders for many children go unidentified, or when identified do not receive needed services and supports. Early identification and access to services is important for preventing distress and impairment, and improving outcomes for children and their families.

This is one of three guides designed to encourage early identification of social-emotional developmental delays and disorders, as well as improvements in access to prevention, early intervention and treatment services, for children from birth to five years of age. These guides are intended to support School Readiness sites, other state and county First 5 initiatives, and similar programs conducted by schools, county behavioral health agencies and social services programs. The other two guides are:

Mental Health Screening and Referral Capacity for Children 0-5, and Strategies for Financing Mental Health Screening, Assessment, and Services

This guide describes screening and assessment tools for early childhood social-emotional health. It suggests criteria and procedures for selecting screening and/or assessment tools for use in a School Readiness site or other local early childhood programs. Moreover, it describes methods of evaluating and selecting screening and assessment tools in the context of psychometric considerations. One section of the document briefly reviews numerous tools, rated according to several key dimensions.

The final section highlights lessons learned from the Infant Preschool Family Mental Health Initiative (IPFMHI). Eight counties took part in the IPFMHI pilot program, which was designed to serve very young children (from birth to 5 years of age) who have (or are at risk of) social, emotional, or behavioral delays or disorders. The California Department of Mental Health received funding to support this initiative from First 5 California starting in 2001.

This joint effort between the California Department of Mental Health and the eight participating counties (Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, San Francisco and Stanislaus) resulted in protocols in screening and assessment, consultative models, and improved provider preparedness. The guide summarizes the screening and assessment tools used by these county IPFMHI projects.

Introduction

This guide describes screening and assessment tools for early childhood social-emotional health. It suggests criteria and procedures for selecting screening and/or assessment tools for use in School Readiness sites or other local early childhood programs.

Screening tools have several uses, including identifying children who show signs of a possible developmental delay or disorder; supporting care or curriculum planning; and evaluating outcomes. However, a screening tool is not sufficient for confirming a developmental delay or disorder, which requires an assessment. Therefore, children whose screening results indicate a possible delay or disorder should undergo a comprehensive assessment.

Assessments are valuable in verifying (diagnosing) a delay or disorder, supporting treatment or care planning, establishing program eligibility, monitoring change over time, and evaluating outcomes. Moreover, assessments are dynamic processes that involve gathering and synthesizing information across multiple content areas, settings, and informants.

Assessment tools are helpful components of an assessment process, but assessment tools alone are

insufficient for diagnosing a delay or disorder, or developing treatment plans. Accomplishing these assessment goals requires integration of additional information that is gathered through interviews and observations.

Information in this guide may be of use in selecting tools for an assessment process, care planning, or outcome evaluation. However, this publication is intended primarily to assist in the selection of screening tools that identify children, birth to five years of age, who may have a social-emotional delay or disorder.



Characteristics of Screening and Assessment Tools

Numerous published screening and assessment tools are available. These tools vary in several important characteristics, including the types of developmental domains that they measure; intended uses; age ranges; administration methods; scoring and interpretation requirements; appropriateness for use with ethnically diverse children and families; and reliability and validity. This report explores the applicability and importance of each of these characteristics.

Program administrators will want to select tools that best meet the needs of the children and families served by their programs. Ideally, selected tools:

- Are capable of measuring the developmental domains that are relevant to the program
- Support program goals
- Cover the entire age range of children served by the program
- Have administrative, scoring and interpretation requirements that are consistent with the skills of the program's staff
- Can be administered within a reasonable length of time
- Are appropriate for use with ethnically diverse children and families, and with families who speak languages other than English
- Demonstrate acceptable levels of dependability and accuracy

Screening Tools Intended for Identifying Social-Emotional Delays or Disorders

Screening tools intended specifically to identify children with social-emotional delays or disorders, who are served by School Readiness sites will, ideally have six desirable characteristics:

- Capability of measuring the entire social-emotional domain
- Applicability for children from birth to five years of age
- Concise enough to administer in less than 20 minutes
- Straightforward enough to be administered, scored and interpreted by staff with diverse educational backgrounds
- Appropriate across ethnicities of and languages spoken by children and families served by the program
- Can demonstrate acceptable psychometrics (dependability and accuracy)

Developmental Domains Measured

Early childhood development screening and assessment tools vary tremendously in their focus and scope. For example, some comprehensively measure progress on a broad range of domains (including physical, sensory, motor, cognition, language, and social-emotional). However, the focus of others may be as narrow as a single domain—for example, social-emotional development alone; or even an aspect of development from a single domain—for example, temperament or attachment. Finally, some tools focus on factors that affect the development of delays and disorders, such as risk and resiliency factors.

Program goals should guide selection of assessment tools. A comprehensive tool is a good choice for a program that promotes general early childhood development, as Head Start does. A tool specifically focusing upon social-emotional development is a good choice for an outreach program that is designed to improve identification of young children who have unrecognized or untreated mental health needs. A tool that measures temperament may be a good choice for a clinic that serves children who have regulatory disorders. Finally, a tool that measures risk and resiliency factors may be a good choice for a prevention program that helps families with multiple needs in accessing services and supports. Programs that are multifaceted may be best served by a combination of tools.

Intended Uses

The intended uses of screening and assessment tools vary considerably. Typical uses include:

- Identifying children who show signs of a possible developmental delay or disorder. Screening tools do not confirm the existence of a delay or disorder, but instead identify children for whom an assessment is indicated. Assessments confirm the status of a diagnosis.
- Diagnosing a delay or disorder.
- Assisting in treatment or curriculum planning.

- Determining program eligibility.
- Monitoring change over time.
- Evaluating the achievement of outcomes.

Many tools can be used to achieve more than one goal. Again, the practicality of the tool depends on the goals of the program. Screening tools that identify children who show signs of a possible delay or disorder are a good choice for outreach programs.

Assessment tools are appropriate as components of the extensive process needed for diagnosis or eligibility determination. In addition, many assessment tools are helpful in treatment planning, monitoring change over time, and evaluating achievement of outcomes.

Age Ranges

Early childhood development is rapid and dynamic. To be effective, screening and assessment tools must be sensitive to these developmental changes. Consequently, some tools are intended for children strictly within a relatively limited age range—for example, from birth to 36 months. Other tools are appropriate for a broader age range—for example 2 to 16 years of age. Tools that are appropriate for children across a large age range often have multiple configurations that are specific to narrower age intervals—segmented, for example, into modules for infants aged 3-6 months, 7-12 months, and 12-18 months. Other tools use age-specific scores for interpretation—for example, the number of items that indicate the need for an assessment changes depending on the age of the child.

Selection of a tool that is appropriate for the entire age range of children served in a particular program is obviously beneficial. The tool may be re-administered over time (for example at the start and end of a program), and changes in scores may be monitored and compared. However, when a program uses one tool for younger children, and a second tool for older children, the ability to compare and monitor scores over time becomes complicated.

Administrative Methods

Screening and assessment tools are administered using various methods, including:

- *Paper and pencil report*—These are typically questionnaires. A parent, teacher or other caregiver reads questions and indicates responses either as “yes” or “no,” or on a scale indicating their level of agreement with statements. The respondent needs to be able to read and understand the questions. Questions therefore must be written at an appropriate reading level and in the language of the respondent. Some tools can also be completed by an interview in which the questions are read to the respondent.

These self-report tools typically can be completed in less than 20 minutes and require relatively little training for program staff to administer (although additional training may be required for scoring or interpretation of the results). Agencies using these tools may be required to purchase one-time use answer forms, or—after purchasing initial materials may be permitted to reproduce answer forms with no additional charge by the publisher. Some tools are available for public use at no charge.

- *Interview*—Typically, the interview is conducted with a parent, teacher, or other caregiver. The format may be structured, in which questions are read only as written; or semi-structured, in which the interviewer has discretion in asking additional questions until gaining confidence that the answers are complete. Questions may inquire about a child’s behavior, parent-child interactions, areas of accomplishment, areas of concern, or other topics.

These tools may be brief, but are typically lengthier than self-reporting “paper and pencil” questionnaires. Training often is required to administer an interview tool. Agencies may need to purchase one-time use recording sheets, or may be permitted

to reproduce recording sheets after initially purchasing answer templates.

- **Observations**—Observations typically involve watching a child or interactions between a parent or caregiver and a child. The observations may be formal, in which activities observed are structured; or informal, in which observations occur in natural settings—for example, during play time or in the home.

The child's behavior, parent-child interactions, peer-to-peer interactions, and other factors may be the focus of observation. Moreover, observations may result in an accounting of developmentally expected behaviors that have been accomplished, occurrence of problematic behaviors, the quality of interactions with others, and other behavioral indicators.

These tools typically require more than 20 minutes to administer, and training often is required for formal observations. Agencies may need to purchase one-time-use recording sheets, or may be permitted to reproduce recording sheets after purchasing templates.

- **Structured tasks**—These tools typically involve administering a test by which developmentally expected skills or behaviors are examined. The child's performance on a list of activities is recorded. These tools typically require training, and more than 20 minutes to administer. Agencies will need to purchase test equipment and one-time use recording forms.

Screening tools are typically paper-and-pencil questionnaires, while assessments more often involve interview, observations, and structured activities. Paper-and pencil-tools have the advantage of being easy to administer to parents or other caregivers, and convenient to use across settings—for example, in a pediatrician's waiting room, or at preschool centers. In addition, questionnaires are often brief, require little training to administer, and are relatively inexpensive to use.

Alternatively, interviews, observations, and structured tasks can yield more detailed information that can be important when making a diagnosis or developing an individualized care plan. Moreover, some tools that involve multiple methods—for example, gathering information from across informants and settings—provide more comprehensive information.

Length of Time to Complete

The length of time required to administer screening and assessment tools varies from brief (10 to 20 minutes) to lengthy (more than an hour). Screening tools are by their nature brief, whereas assessments are lengthier. Detailed information needed for diagnosing and individualized care planning maybe facilitated by use of lengthier tools.

Scoring and Interpretation Requirements

Tools vary in the time needed to score them and interpret their results. Scoring and interpretation of some tools is relatively simple and straightforward, requiring little training. For example, scoring a paper-and-pencil questionnaire may require only adding the values associated with each item and summing across the items to produce a single total score or set of scores. Moreover, interpretation may simply involve determining whether or not a child's score exceeds a "cutoff" score that indicates the need for an assessment.

Tools that have more complex scoring and interpretation procedures may require extensive training and/or advanced education and experience in testing. For example, items may need to be weighted or have their point values reversed, or a table may be needed to convert raw scores into percentages or standardized scores. Moreover, interpretation may involve reference to normative tables and detailed knowledge of early childhood development.

Screening tools typically can be scored and interpreted immediately after completion, and the results can be shared easily. The interpretation often involves determining the need for a

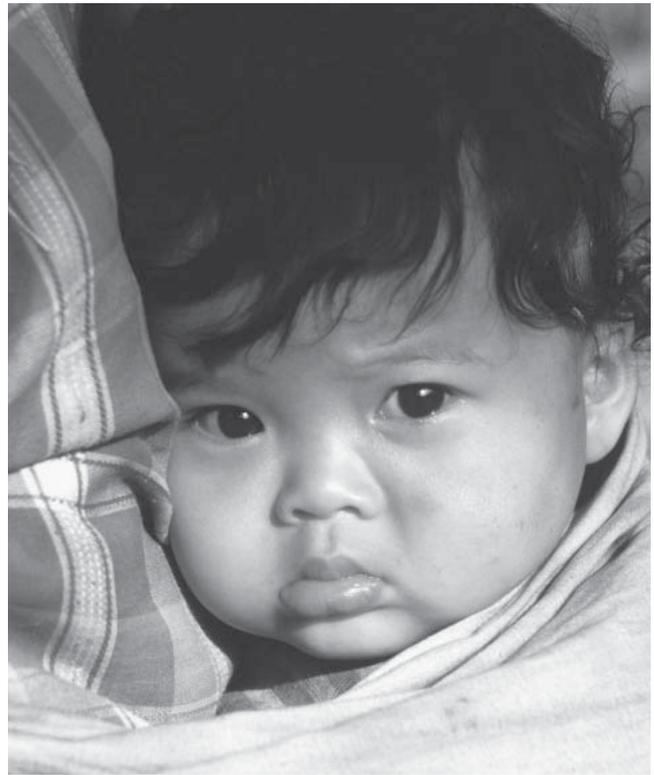
subsequent assessment. However, assessments often require more time to score and interpret, and may involve scheduling a separate meeting in which to discuss the results.

Appropriateness for Use with Diverse Languages and Ethnicities

Screening and assessment tools must accommodate ethnically and culturally diverse children and families. The degree to which a tool is ethnically and culturally appropriate is influenced by the methods used for item selection, format, validation, standardization and other criteria. A discussion of these methodological issues is beyond the scope of this guide. However, the tool minimally must be available in the respondent's primary language. Caution must be exercised in interpreting results of a tool that has not been demonstrated to be appropriate for a child's ethnic or cultural group.

Reliability and Validity

Screening and assessment tools vary considerably in the degree to which they produce reliable and valid results. Reliability refers to the degree to which the results of a tool are stable or dependable across administrations or respondents. Validity refers to the degree to which a tool accurately measures the constructs (the area of



development) it intends to measure. The value of a tool is increased when the reliability and validity are strong. Agencies will want to consider levels of reliability and validity when selecting a tool.. Such an analysis requires an understanding of the types of reliability and validity associated with screening and assessment tools. A summary of these concepts is presented in Appendix A.

Descriptions of Screening and Assessment Tools

This section consists of brief, single-page descriptions of 41 readily available tools for screening and assessing early childhood social-emotional development. The list of tools is broad, but not exhaustive, and is intended to be a first step in the selection of tools that can support the work of School Readiness sites and other early childhood programs. Inclusion on the list does not constitute endorsement, nor does exclusion indicate condemnation.

The descriptions are based on information from numerous sources including manuals, Web-based information available from the publishers or developers, and other published reviews of screening and assessment instruments. However, the descriptions are largely based on the excellent reviews presented in *Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers*, prepared by Mathematica Policy Research, Inc., and published by Administration for Children and Families, at http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/index.html.

The summaries are intended to introduce readers to tools they may want to consider. Ideally, readers will be able to identify a list of tools that appear to fit well with their program, and then gather more detailed information available from the tools' publishers or developers to make final selection decisions.

The summaries may be of use in selecting tools for an assessment process, care planning, or outcome evaluation, but keep in mind that the descriptions are primarily intended to assist in the selection of screening tools for identifying children from birth to five years of age who may have a social-emotional developmental delay or disorder. Each description includes the following information:

- *Developer, publisher and contact information*—The authors or developers of each tool along with contact information for the publisher.
 - *Description*—Content areas, uses, age ranges, and types of items.
 - *Psychometrics*—Completion of reliability, validity and normative sample studies. Types or reliability and validity studies, and normative sample characteristics are listed when such studies were completed. Results of psychometric studies are described as either “moderate” or “acceptably high to strong.” Acceptably high or strong results are defined as reliability and validity coefficients that generally were above .60, sensitivity and specificity that were generally above 75 percent, and a normative sample that was nationally representative. All other results are described as moderate.
 - *Administration, scoring, and interpretation*—The level of training required and length of time needed to administer, score, and interpret.
 - *Languages*—Languages in which the tool is available.
- Summaries are listed alphabetically and color-coded as follows:
- Tools that focus exclusively on social-emotional development are in **brown text**.
 - Tools that measure multiple developmental domains, including social-emotional development, are in **blue text**.
 - Tools that measure family resources or risk factors are in **green text**.
- A *Summary Table* precedes the individual descriptions. This table is similarly color-coded and further classifies the tools by identifying which are primarily for screening or assessment. Measures are classified as screening tools if they meet the following criteria:
- Designed to assist in identifying children with possible delays or disorders
 - Use a paper-and-pencil report method
 - Can be administered in less than 20 minutes
 - Can be scored and interpreted by program staff (with diverse educational backgrounds) who have received training in the use of the tool

The *Summary Table* includes the following information:

- *Age Ranges*—Lists the age range for which the tool was developed
- *Content and applications*—Notes the primary content areas and uses
- *Psychometric Rating*—Provides a simple rating of the tool's reliability, validity and normative sample studies. The rating ranges from a low of "0" to a high of "10–12." A tool received one point for having completed the following studies:
 1. Test-retest reliability
 2. Inter-rater reliability (in the case of tools that use observation and direct assessment methods only)
 3. Internal consistency
 4. Concurrent validity
 5. Predictive validity (including sensitivity and specificity studies)
 6. Normative (standardization) sample

Completion of these studies in development of a tool (regardless of the results) demonstrates attention to many important factors. A tool that had

completed all of these factors would receive "5," or in the case of tools with inter-rater reliability "6" points. In addition, each tool received an additional point if the reliability or validity studies showed "acceptably high or strong results."

The descriptions and ratings are *not* based on an exhaustive review of the literature for each tool. Reliability, validity and normative studies may have been completed on a tool but not included in this review or in the psychometric ratings. Therefore, readers are advised to use these descriptions and ratings as an initial step, to be followed by more extensive research, in selecting a tool. Moreover, readers are advised against using any one characteristic of a tool—for example its psychometrics—as the sole reason to include or exclude it. Readers would instead be wise to select a tool based on its overall fit with the program for which it will be used.

- *Administration Method and Length*—Lists methods of administration and length of time (in minutes) to complete. Tools that require longer than one hour to administer are all described as greater than (>) 60 minutes.

**SCREENING AND ASSESSMENT TOOLS DESCRIPTIONS
SUMMARY TABLE**

TOOLS	AGE RANGES	USES		PSYCHOMETRICS Rating (0-10/12)	ADMINISTRATION	
		Content	Applications		Method	Length (Minutes)
SOCIAL-EMOTIONAL SCREENING						
Ages and Stages Questionnaires: Social-Emotional (ASQ: SE)	3-66 Months	Social-emotional	Screening for delays	9	Paper/pencil	15-20
Behavioral Assessment of Baby's Emotional and Social Style (BABES)	0-36 Months	Social-emotional	Screening for concerns	0	Paper/pencil	10
Eyberg Child Behavior Inventory (ECBI) Sutter-Eyberg Behavior Inventory-Revised (SESBI-R)	2-16 Years	Conduct	Screening for externalizing disorders	10	Paper/pencil	15
Mental Health Screening Tool (MHST)	0-5 years	Social-emotional	Screening for urgent need for assessment	0	Paper/pencil	10
Pediatric Symptom Checklist	4-16 Years	Social-emotional	Screening for disorders	5	Paper/pencil	10-15
The Preschool Feelings Checklist	36-66 Months	Depression	Screening for depression	3	Paper/pencil	10
Preschool and Kindergarten Behavioral Scales-Second Edition (PBKS-2)	36-60 Months	Social-emotional	Screening for delay Intervention planning	7	Paper/pencil	15
Strengths and Difficulties Questionnaire	3-16 Years	Social-emotional	Screening for disorders	5	Paper/pencil	10
SOCIAL-EMOTIONAL ASSESSMENT						
Achenbach System of Empirically Based Assessment	18-60 Months	Social-emotional	Assessment	12	Paper/pencil	20-30
Behavior Assessment System for Children, Second Edition (BASC-II)	2.0-21.11 Years	Social-emotional	Assessment Treatment planning	6	Paper/pencil	20-30
Devereux Early Childhood Assessment	2-5 Years	Social-emotional	Assess for behavioral concerns and protective factors Treatment planning	8	Observation	30
Early Screening Project	3-5 Years	Social-emotional	Assessment	8	Teacher nominations, Paper/pencil and Observation	>60
Infant Toddler Social Emotional Assessment (ITSEA) Brief Infant Toddler Social Emotional Assessment (BITSEA)	12-36 Months	Social-emotional	Assessment Screening for delays	8	Paper/pencil or Interview	30-45 20
Functional Emotional Assessment Scale	7-48 Months	Social-emotional	Screening for delays Caregiver capacity	4	Observation	20
Social Skills Rating System	3-18 Years	Social-emotional	Assessing social skills and disorders, and care planning	6	Paper/pencil	15-25
Vineland Social-Emotional Early Childhood Scales	0-72 Months	Social-emotional	Screening for delays	8	Interview	25

Key: ■ Measures, exclusively, social-emotional development; ■ Measures family resources or risk factors;
■ Measures multiple developmental domains, including social-emotional development

**SCREENING AND ASSESSMENT TOOLS DESCRIPTIONS
SUMMARY TABLE**

TOOLS	AGE RANGES	USES		PSYCHOMETRICS Rating (0-10/12)	ADMINISTRATION	
		Content	Applications		Method	Length (Minutes)
SOCIAL-EMOTIONAL CONCEPTS						
Carey Temperament Scales	1-12 Years	Temperament	Assessing temperament	4	Paper/pencil	20
Temperament and Atypical Behavioral Scale (TABS)	11-71 Months	Temperament Self-regulation	Screening or assessing temperament and self-regulation problems	7	Paper/pencil	10-30
MULTIPLE DEVELOPMENT DOMAINS INCLUDING SOCIAL-EMOTIONAL SCREENING						
Ages and Stages Questionnaires	4-60 Months	Multiple	Screening for delays	9	Paper/pencil	15-20
Battelle Developmental Inventory	0-8 Years	Multiple	Screening for delays Assess functional abilities	6	Structured tasks Observations Paper/pencil	15-20 >60
Denver II Developmental Screening Test	0-6 Years	Multiple	Screening for delays	5	Structured tasks and Paper/pencil	10-20
Developmental Observation Checklist System	0-7 Years	<ul style="list-style-type: none"> Multiple Child's ability to adjust and family stress 	Identify possible delays and stress Care planning	9	Paper/pencil	30
Infant Toddler Symptom Checklist	7-30 Months	Multiple	Screening for delays	2	Paper/pencil or Interview	20
Parents Evaluations of Developmental Status (PEDS)	0-8 Years	Multiple	Screening for delays	10	Paper/pencil or interview	10
MULTIPLE DEVELOPMENT DOMAINS INCLUDING SOCIAL-EMOTIONAL ASSESSMENT						
Assessment, Evaluation and Programming System	0-6 Years*	Multiple	Intervention planning	6	Structured tasks, Paper/pencil	>60
Bayley Scale for Infant Development	1-42 Months	Multiple	Assessment of delays	9	Structured tasks	60
Brigance Diagnostic Inventory of Early Development	0-7 Years	Multiple	Instructional planning	4	Structured tasks, Observations, and Interview	>60
Developmental Profile II	0-6 Years	Multiple	Assess special education needs Support IEPs	6	Structured tasks or Paper/pencil	20-40
Early Coping Inventory	4-36 Months	Multiple	Intervention planning	2	Observation	>60
Early Learning Accomplishment Profile	0-36 Months	Multiple	Intervention planning	10	Observation	>60
Infant-Toddler Developmental Assessment	0-42 Months	Multiple	Screening for delays	6	Interview and Observation	>60

* See individual description

Key: ■ Measures, exclusively, social-emotional development; ■ Measures family resources or risk factors;
■ Measures multiple developmental domains, including social-emotional development

**SCREENING AND ASSESSMENT TOOLS DESCRIPTIONS
SUMMARY TABLE**

TOOLS	AGE RANGES	USES		PSYCHOMETRICS Rating (0-10/12)	ADMINISTRATION	
		Content	Applications		Method	Length (Minutes)
FAMILY RESOURCES AND RISK FACTORS						
Child Abuse Potential Inventory	0-18 Years	Child abuse risk	Screening for child abuse risk	3	Paper/pencil	20
Confusion, Hubbub, and Order Scale (CHAOS)	Infants and young children	Risk Factors	Screening for risk factors and intervention planning	5	Paper/pencil	10
Family Needs Scale	Families of young children	Risk Factors	Screening for risk factors and intervention planning	3	Paper/pencil	10
Family Psychosocial Screening	Families with children	Risk Factors	Screening for risk factors and intervention planning	0	Paper/pencil	20
Family Resource Scale	Families of young children	Risk Factors	Screening for risk factors and intervention planning	4	Paper/pencil	10
Family Support Scale	Families of young children	Risk Factors	Screening for risk factors and intervention planning	5	Paper/pencil	10
Home Observation for Measurement of the Environment (HOME)	0-15 Years	Risk Factors	Screening for risk factors and intervention planning	7	Observation, and Interview	>60
The Kempe Family Stress Inventory	0-18 Years	Child maltreatment risk	Screening for child maltreatment risk	3	Interview	>60
Parenting Stress Index	1-12 Years	Risk Factors	Screening for behavior concerns and risk factors, and intervention planning	7	Paper/pencil	20-30
Support Functions Scale	Families of young children	Risk Factors	Screening for risk factors and intervention planning	5	Paper/pencil	10

Key: ■ Measures, exclusively, social-emotional development; ■ Measures family resources or risk factors;
■ Measures multiple developmental domains, including social-emotional development

Achenbach System of Empirically Based Assessment

Developers T. M. Achenbach and L. A. Rescorla

Publisher ASEBA
(802) 656-8313
www.aseba.org

Description

A measure of behavioral, emotional and social functioning, including language development of children 1.5 to 5 years of age.

Consists of two versions, one for parents and the other for caregiver/teachers. Each consists of 99 items on a child behavior checklist, and a language development survey. The language survey asks the respondent to identify the child's best multi-word phrases from a list of 310 words. The measures are organized into two broad clinical syndromes—externalizing and internalizing problems—and further divided into a number of subscales.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: acceptably high to strong results
- Predictive validity: acceptably high to strong results
- Normative sample: nationally representative (consisting only of English-speaking parents)

Administration, Scoring, and Interpretation

Self-administered paper-and-pencil surveys completed by parents, and teachers or caregivers, completed in about 20–30 minutes, and requiring a 5th-grade reading level. Interpretation by an individual with graduate training and familiarity with the manual.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Ages and Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System, Second Edition

Developers J. Squires, L. Potter, and D. Bricker

Publisher Paul H. Brookes Publishing Co.
(800) 638-3775
<http://www.pbrookes.com/>

Description

A comprehensive screening tool for possible developmental delays, including communication, gross motor, fine motor, problem solving, and personal-social functioning, for children 4 to 60 months of age.

Consists of parent-completed questionnaires. Questionnaires are specific to 19 age intervals between 4 and 60 months, each with 30 developmental items, corresponding to the different age intervals. Parents rate the frequency of occurrence of each of the listed behaviors.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: moderate results
- Concurrent validity: acceptably high to strong results
- Predictive validity: moderate results
- Normative sample (consisting of educationally, economically, and ethnically diverse families, but not nationally representative)

Administration, Scoring, and Interpretation

A paper-and-pencil survey completed by parents in 15 minutes, requiring a 6th-grade reading level. Easy to score and interpret. May be scored and interpreted by trained program staff or parents.

Available in English, Spanish, French, and Korean.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

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

Developers J. Squires, D. Bricker, and E. Twombly

Publisher Paul H. Brookes Publishing Co.
(800) 638-3775
www.pbrookes.com

Description

A screening tool for social-emotional development, for children 3 to 66 months of age, designed to identify children in need of further assessment.

Consists of parent-completed questionnaires. Questionnaires are specific to eight age intervals between 3 and 66 months, each with 22 to 36 social-emotional development items, corresponding to the different age intervals. Parents rate the frequency of occurrence of each of the listed behaviors. The questions encompass seven characteristics: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: acceptably high to strong results
- Predictive validity: acceptably high to strong results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Self-administered paper-and-pencil survey completed by parents in 15 minutes, requiring a 5th–6th grade reading level. Easy to score and interpret. May be scored and interpreted by paraprofessionals.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Assessment, Evaluation, and Programming System (AEPS) Measurement for Birth to Three Years

Developers

D. Bricker, J. Cripe, K. Slentz

Publisher

Paul H. Brookes Publishing Co.
(800) 638-3775
www.pbrookes.com

Description

An assessment measure of developmental progress across six domains: fine motor, gross motor, adaptive, cognitive, social-communication, and social development.

Appropriate for children with a developmental age of 3 years or less, and a chronological age of not more than 6 years.

An assessment involving direct observation of behaviors, and a parent or caregiver report. Mastery of developmental goals and objectives are scored. Designed to create individual evaluation and intervention plans.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Concurrent validity: acceptably high to strong results

Administration, Scoring, and Interpretation

Administered by direct service staff or specialist with training, completed in 1–2 hours. Designed for use with children who have developmental disabilities.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Battelle Developmental Inventory

Developer J. Newborg, J. R. Stock, and J. Wnek

Publisher Riverside Publishing Co.
(800) 323-9540
www.riverpub.com

Description

A measure of development across five domains: personal-social, adaptive, motor, communication and cognitive, for children from birth to 8 years of age.

A screening consisting of 96 items, or an assessment composed of 341 items. Designed to identify children with special needs and to assess the functional abilities of these children. Items are scored depending on whether the child typically completes the item “correctly,” “sometimes does so,” or “rarely or never completes the task.”

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Concurrent validity: acceptably high to strong results
- Normative sample: nationally representative

Administration, Scoring, and Interpretation

Direct child assessment, observation, and parent interview, administered by paraprofessionals who have received supervised practice, requires 15 to 60 minutes, depending on the child’s age and whether the screening or full battery is used. Includes guidelines for use with children who have developmental disabilities.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Bayley Scale for Infant Development, Second Edition

Developer N. Bayley
Publisher The Psychological Corporation
(800) 872-1726
www.psychcorp.com

Description

A measure of developmental functioning across three scales: mental, motor, and behavior. The mental scale includes cognitive, language, and personal-social development, for children 1 to 42 months of age. The neurodevelopment screening tool consists of 11 to 13 items from the full battery, to identify possible neurological impairment or developmental delays, for children 3–24 months of age.

An assessment or screening tool consisting of a series of situations and tasks. Designed to identify areas of relative impairment or delay.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: nationally representative

Administration, Scoring, and Interpretation

Direct child assessment, administered by a highly trained examiner, taking 15 to 60 minutes for the full battery, depending on the child's age, and 10 to 20 minutes for the screening tool.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Behavioral Assessment of Baby's Emotional and Social Style (BABES)

Developers K. Finello, and M. Poulsen

Publisher California School of Professional Psychology—Los Angeles
(818) 284-2777, extension 3030

Description

A screening tool for social-emotional development, consisting of three scales—temperament, ability to self-soothe, and regulatory processes—for children 0 to 36 months of age.

A parent-completed questionnaire consisting of 29 items.

Psychometrics

Studies on reliability, validity, or normative samples have not been reported.

Administration, Scoring, and Interpretation

A paper-and-pencil survey completed by parents in about 10 minutes, easily scored and interpreted.

Available in English and Spanish

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Behavior Assessment System For Children, Second Edition (BASC-II)

Developers C. Reynolds, and R. Kamphaus

Publisher American Guidance Service
(800) 328-2560
www.agsnet.com

Description

A measure of behavioral functioning, designed to assist in identifying behavior problems and developing intervention plans, for children 2 to 21 years of age. For children ages 2 to 5 years, produces two functional scales (functional communication, and social skills), and eight clinical scales (aggression, anxiety, attention problems, atypicality, depression, hyperactivity, somatization, and withdrawal).

Consist of five components: parent-rating scale (134 to 160 items); teacher-rating scale (100 to 139 items); self-report of personality (for children over 8 years of age); student observation system; and structured developmental history. Rating forms are available for children 2–5, 6–11, and 12–21 years. Behaviors, listed on the parent and teacher forms, are rated on a four-point scale of frequency, ranging from “never” to “almost always.”

Psychometrics

- Test-retest reliability: moderate results
- Inter-rater reliability: moderate results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Consists of paper-and-pencil surveys, completed by parents with at least a 3rd-grade reading level, and by teachers, requiring 20 to 30 minutes. Interpretation by an individual with graduate training and familiarity with the manual.

Available in English and Spanish (parent form).

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Brigance Diagnostic Inventory of Early Development, Revised Edition

Developer	A. H. Brigance
Publisher	Curriculum Associates (800) 225-0248 www.curriculumassociates.com

Description

A criterion-based measure of development encompassing 200 skills across 11 domains: preambulatory motor, gross motor, fine motor, self-help, speech and language, general knowledge and comprehension, readiness, basic reading skills, manuscript writing, basic math, and social and emotional development, for children from birth to 7 years of age.

Designed for assessment and instructional planning. Mastery is scored for each item, based on guidelines in the manual.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results

Administration, Scoring, and Interpretation

Direct child and parent assessment, and parent observations administered by an examiner trained in child development and familiar with the measure.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Carey Temperament Scales

Developer

W. B. Carey

Publisher

Behavioral Development Initiatives
(800) 405-2313
www.b-di.com

Description

A measure of child temperament, for children 1 month to 12 years of age. Consists of questionnaires for five age groupings, completed by parents or other caregivers, each with 75 to 100 descriptions of behavior to assess characteristics of temperament. Each description is rated on a 6-point frequency of occurrence scale.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: moderate results
- Normative sample (not nationally representative, primarily a White middle-class Eastern United States population)

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaires completed by parents or other caregiver in 20 minutes, and requiring an early high school reading level. Intended to be scored and interpreted by a licensed or certified professional.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

The Child Abuse Potential Inventory, Second Edition (CAP)

Developer J. S. Milner

Publisher Psytec Corporation
(800) 758-1415

Description

A measure of child abuse risk intended to assist in the screening of suspected physical child abuse, for children of all ages.

A 160-item questionnaire completed by a parent or caregiver. Items are answered in a force-choice “agree” or “disagree” format.

- Internal consistency: acceptably high to strong results
- Predictive validity: moderate results

Administration, Scoring, and Interpretation

Paper and pencil questionnaire, completed by a parent or caregiver in about 20 minutes, requiring a 3rd-grade reading level. Can be administered by a paraprofessional; a professional with clinical training is required to perform scoring and interpretation.

Available in English and Spanish.

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Confusion, Hubbub, And Order Scale (CHAOS)

Developers

A. P. Matheny, Jr., T. D. Wachs, J. L. Ludwig, and K. Phillips

Publisher

Child Development Unit, Department of Pediatrics, University of Louisville Health Service Center
Available in *Journal of Applied Developmental Psychology* (1995), volume 16, pages 429–444.

Description

A measure of confusion and disorganization in a child's home environment. Appropriate for homes with infants and young children, intended to identify chaotic home situations in which further assessment would be helpful.

A questionnaire consisting of 15 statements to be completed by a parent or caregiver. Statements are rated, on a 4-point scale in references to how closely they describe their home environment.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by a parent or caregiver in about 10 minutes. Can be administered, scored and interpreted by trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Denver II Developmental Screening Test

Developers W. K. Frankenburg, and J.B. Dodds

Publisher Denver Development Materials, Inc.
(303) 355-4729

Description

A screening measure of development across four areas: personal-social, fine-motor adaptive, language, and gross motor for children from birth to 6 years of age. Intended to identify possible developmental delays.

Consists of 125 items, including questions for parents and tests for children on 20 tasks. The child's performance is scored as "pass" or "fail." The measure also includes a Prescreening Developmental Questionnaire consisting of 91 parent-completed items from the full test.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Normative sample (not nationally representative, consisting of English-speaking children from Colorado)

Administration, Scoring, and Interpretation

Direct child assessment and parent report administered by a highly trained professional or paraprofessional, taking 10–20 minutes to compete.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Developmental Observation Checklist System

Developers W. Hresko, S. Miguel, R. Sherbenou, and S. Burton

Publisher Pro-ed
(800) 897-3202
www.proedinc.com/index.html

Description

A measure of child development, the ability of children to adjust to their environment, and level of family stress, for children birth to 6 years of age. Child development areas included in the test are cognition, language, social, and motor domains.

Consists of three parts: a Developmental Checklist (475 items) assessing development; an Adjustment Behavior Checklist (25 items) to screen for problematic behaviors; and a Parental Stress and Support Checklist (40 items) to identify family stress. The Developmental Checklist uses a “yes” and “no” format, while the latter two checklists use a 4-point scale.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: nationally representative

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaires, completed by parents, requiring about 30 minutes and a 4th-grade reading level. Easy to score and interpret. May be scored and interpreted by trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Developmental Profile II

Developers

G. Alpern, T. Boll, and M. Shearer

Publisher

Western Psychological Services
(800) 648-8857
www.wpspublish.com

Description

A comprehensive assessment of motor, language, personal-self-help, social, and intellectual development. This test is designed to determine the need for special education, and to assist in planning individualized education plans for children from birth to 7 years of age, or children who have a developmental level below 9 years of age.

Consists of a 186-item inventory that is divided into 13 age groupings, each with about 15 items. The test also encompasses eight parent-completed questionnaires, each with 22 to 36 social-emotional development items corresponding to different age intervals. Items are scored as “pass” or “fail,” depending on the child’s skill level.

Psychometrics

- Test-retest reliability: moderate results
- Inter-rater reliability: moderate results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample (not nationally representative, primarily children from urban Indiana and Washington communities, under-represents ethnic minority populations other than African-American)

Administration, Scoring, and Interpretation

Direct child assessment and/or parent or teacher report. May be administered by interviewing the parent, by direct assessment of the child, or through a report completed by a teacher, taking 20 to 40 minutes to complete. Administration and scoring can be completed by trained program staff; however, interpretation requires a professional who has clinical training.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Devereux Early Childhood Assessment (DECA)

Developers P LeBuffe, and J. Naglieri

Publisher Kaplan Press
(800) 334-2014
www.kaplanco.com

Description

A measure of protective factors and behavioral concerns, for children 2–5 years of age. Protective factors include initiative, self-control and attachment. Designed to identify children who have behavioral problems and to develop intervention plans based on individual protective and behavioral concern profiles.

Consists of 37 items—27 on protective factors and 10 on behavioral concerns. Behaviors are rated as occurring “never,” “rarely,” “occasionally,” “frequently,” or “very frequently” during the past four months.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: moderate results
- Internal consistency: acceptably high to strong results
- Predictive validity: moderate results
- Normative sample: nationally representative

Administration, Scoring, and Interpretation

Completed by a rater (parent, caregiver, or teacher) who is familiar with the child’s behavior (observes the child at least 2 hours per day, 2 days per week, for 4 weeks). Scoring and interpretation is completed by a highly trained individual.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Early Coping Inventory

Developers

S. Zeitlin, G. G. Williamson, and M. Szczepanski

Publisher

Scholastic Testing Services, Inc.
(800) 642-6787
www.ststesting.com

Description

A measure of early childhood coping behavior, generating three coping clusters— sensorimotor organization, reactive behavior and self-initiated behavior—for children with a chronological or developmental age between 4 and 36 months. Used for intervention planning.

Consists of 48 items completed by a rater who has observed the child at least three times. Items are scored on a 5-point scale from “ineffective coping” to “consistently effective coping.”

Psychometrics

- Test-retest reliability: moderate results
- Inter-rater reliability: moderate results

Administration, Scoring, and Interpretation

Observations completed by an individual knowledgeable in infant development; may take an hour or longer to complete (less time if the rater is familiar with the child). Interpretation by a professional with a background in early childhood development and mental health.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Early Learning Accomplishment Profile, Revised Edition

Developers

M. E. Glover, J. L. Preminger, and A. R. Sanford

Publisher

Kaplan Press
(800) 334-2014
www.kaplanco.com

Description

A criterion-based measure of development for children with special needs, including gross-motor, fine-motor, cognitive, language, self-help, and social/emotional skills domains for children from 0 to 36 months of age. Items were drawn from various early-childhood assessment measures. Intended to support intervention planning for children who have special needs.

Completed by a trained observer who rates the child as either showing or not showing criterion-referenced skills.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: acceptably high to strong results
- Normative sample: nationally representative

Administration, Scoring, and Interpretation

Observations completed by a highly trained individual taking at least one hour to complete.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Early Screening Project

Developers

H. M. Walker, H. H. Severson, and E. G. Feil

Publisher

Sopris West
(800) 547-6747
www.sopriswest.com

Description

A screening process for social, emotional or behavioral delays or disorders consisting of three successive stages of assessment for children 3 to 5 years of age. Intended to identify adjustment problems, and acting-out and withdrawn behavior patterns.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Concurrent validity: acceptably high to strong results
- Predictive validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

The first stage of assessment involves teacher nominations of children who exhibit acting-out or withdrawn behavior patterns. In the second stage of assessment, a teacher completes a behavior checklist. The third stage of assessment involves observations of the child during two 10-minute sessions by a trained professional, and a questionnaire completed by a parent.

Available in English.

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Eyberg Child Behavior Inventory (ECBI); and Sutter-Eyberg Student Behavior Inventory–Revised (SESBI-R)

Developers **S. Eyberg and D. Pincus**
Publisher **Psychological Assessment Resources**
 (800) 331-test
 www.parinc.com

Description

A measure of current frequency and severity of disruptive behaviors in home and school settings, and the degree to which parents and/or teachers find the behavior troublesome, for children 2 to 16 years of age. Designed to identify children who have oppositional or conduct behavior problems, or are at risk of developing such problems.

The ECBI consists of 36 items and is completed by parents, while the SESBI-R consists of 38 items and is completed by teachers. Each behavior requires completion of two ratings: one on the Intensity scale (how often the behavior occurs, on a 7-point scale from “never” to “always”), and the other on the Problem scale (whether or not the behavior is a problem, indicated by a “yes” or “no” response).

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: acceptably high to strong results
- Predictive validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Both measures are easily administered within 15 minutes and require a 6th-grade reading level; however, graduate-level clinical training is needed for interpretation.

Available in English, with numerous unofficial translations.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Family Needs Scale

Developers C. J. Dunst, C. S. Cooper, J. C. Weeldreyer, K. D. Snyder, and J. H. Chase

Publisher Brookline Books
(800) 666-book
www.brooklinebooks.com

Description

A measure of a family's needs. Designed to assist in care planning. Appropriate for families of young children.

A questionnaire consisting of 41 items concerning a family's needs. Each item is rated by a parent on a 5-point scale, from "almost never a need" to "almost always a need."

Psychometrics

- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by parents in about 10 minutes. Can be administered, scored and interpreted by trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Family Psychosocial Screening

Developers K. J. Kemper and K. J. Kelleher

Publisher K. J. Kemper and K. J. Kelleher
www.pedstest.com/links/resources.html

Description

A measure of psychosocial risk factors associated with developmental delays, including nine domains: parental history of physical abuse as a child, parental substance abuse, maternal depression, domestic violence, social support, stable housing, single parenting, education level, and unemployment. Designed to assist in care planning. Appropriate for families with children.

Consists of a two-page questionnaire to be completed by parents or caregivers.

Psychometrics

Studies on reliability, validity or normative samples have not been reported.

Administration, Scoring, and Interpretation

Self-administered paper-and-pencil survey completed by parents in about 20 minutes. Can be administered, scored, and interpreted by program staff.

Available in English.

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Family Resource Scale

Developers

C. J. Dunst, and H. E. Leet

Publisher

Brookline Books
(800) 666-book
www.brooklinebooks.com

Description

A measure of a family's tangible and intangible resources, including food, shelter, finances, transportation, health care, time to be with family, childcare, and time for self. Designed to assist in care planning. Appropriate for families of young children.

A questionnaire consisting of 31 items concerning the adequacy of a family's resources. Each item is rated by a parent on a 5-point scale, ranging from "not at all adequate" to "almost always adequate."

Psychometrics

- Test-retest reliability: moderate results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by parents in about 10 minutes. Can be administered, scored, and interpreted by trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Family Support Scale

Developers

C. J. Dunst, C. M. Trivette, and V. Jenkins

Publisher

Brookline Books
(800) 666-book
www.brooklinebooks.com

Description

A measure of individual parents' satisfaction with the level of available social support services applicable to raising their young child. Designed to assist in care planning. Appropriate for families of young children.

A questionnaire consisting of 18 items concerning social support. Each source of support is rated by a parent on a 5-point scale from "not at all helpful" to "extremely helpful."

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by parents in about 10 minutes. Can be administered, scored and interpreted by trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Functional Emotional Assessment Scale

Developers

S. Greenspan, G. DeGangi, and S. Wieder

Publisher

The Interdisciplinary Council on Development and Learning Disorders
www.icdl.com

Description

A measure of emotional and social functioning, and the capacity of individual caregivers to support their child's emotional development, for children 7 to 48 months of age. The social-emotional development component of the test covers regulation and interest in the world; forming relationships; intentional two-way communication; development of a complex sense of self; representational capacity and elaboration of symbolic thinking; and emotional thinking or development and expression of thematic play. Designed to identify the need for further clinical assessment.

Highly trained staff members rate a child's developmental capacities based on observations of caregiver-child play interaction sessions. The results are shown in caregiver and child scores. Ratings can be developed from live or videotaped play sessions. Caregivers initiate play with three different developmentally appropriate toys (symbolic, tactile, and toys involving large motor movements).

Psychometrics

- Inter-rater reliability: acceptably high to strong results
- Predictive validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Observations of play sessions by a highly trained individual, taking about 20 minutes to complete.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Home Observation for Measurement of the Environment (HOME)

Developers

B. M. Caldwell and R. H. Bradley

Publisher

**University of Arkansas
(501) 565-7627
www.ualr.edu/~crtldept/home4.htm**

Description

A measure of the quality and quantity of stimulation and support available to a child in the home environment, for children from 0 to 15 years of age. Designed to screen for environments that do not stimulate the cognitive development of children, and to assist with care planning.

Consists of four scales. The Infant-Toddler Scale (ages birth to 3 years) is composed of 45 items clustered into six subscales: parental responsiveness, acceptance of child, organization of the environment, learning materials, parental involvement, and variety in experience. The Early Childhood Scale (ages 3-6 years) is composed of 55 items clustered into eight subscales: learning materials, language stimulation, physical environment, parental responsiveness, learning stimulation, modeling of social maturity, variety in experience, and acceptance of child. The Middle Childhood and Early Adolescent Scales are for children 6 to 15 years of age.

A semi-structured observation and interview of the primary caregiver and child is administered during a home visit. Items are scored as a “yes” or “no” for each behavior that is observed or reported.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results

Administration, Scoring, and Interpretation

A highly trained individual can administer the test within 45 to 90 minutes.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Infant-Toddler Developmental Assessment

Developers

S. Provence, J. Erikson, S. Vater, and S. Palmeri

Publisher

Riverside Publishing
(800) 323-9540
www.riverpub.com

Description

A measure of developmental functioning including gross motor, fine motor, relationship to inanimate objects (cognitive), language/communication, self-help, relationship to persons, emotions and feeling states, and coping, for children 0 to 42 months of age. Designed to identify the need for further assessment and intervention planning.

Consists of six phases conducted by a team of two or more professionals. The phases include referral and pre-interview data gathering; initial parent interview; health review; developmental observation and assessment; integration and synthesis; and share findings, completion, and report.

Psychometrics

- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Parent report and observations. Child behavior is rated as “present and observed,” “not present and not observed,” “reported present and not observed,” “emerging,” or “refused.” Administration, scoring, and interpretation require highly trained individuals.

Available in English and Spanish (parent report).

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Infant-Toddler Social Emotional Assessment (ITSEA); and Brief Infant-Toddler Social Emotional Assessment (BITSEA)

Developers A. S. Carter and M. J. Briggs-Gowan

Publisher ITSEA Project Office at itsea@yale.edu

Description

A measure of social-emotional and behavioral delays and problems for children 12 to 36 months of age. Consists of four domains: externalizing, internalizing, dysregulation, and competencies; and three indices: maladaptive, atypical behavior, and social relatedness. Designed to identify the need for further assessment.

A questionnaire or interview to be completed by a parent or adult caregiver, consisting of 195 items, most of which are rated on a three-point scale: “not true/rarely,” “somewhat true/sometimes,” or “very true/often.”

The Brief Infant Toddler Social and Emotional Assessment (BITSEA) is a shorter measure consisting of 60 items derived from the full scale.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Parent/caregiver report or interview taking 30 to 45 minutes to complete and requiring a 4th- to 6th-grade reading level. A professional with training in standardized assessment is needed for interpretation.

Available in English, Spanish, French, Hebrew, and Dutch.

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Infant-Toddler Symptom Checklist

Developers

G. DeGangi, S. Poisson, R. Sickel, and A. S. Wiener

Publisher

Therapy Skill Builders
(800) 872-1726

Description

A measure to screen for sensory and regulatory disorders for children 7 to 30 months of age. The checklist focuses on nine domains: self-regulation, attention, sleep, eating or feeding, dressing, bathing, and touch, movement, listening and language, looking and sight, and attachment/emotional functioning. Designed to identify the need for further assessment.

A series of five age-specific questionnaires to be completed by parent report or through an interview. Most items list a behavior that is rated as “never or sometimes,” “most times,” or “past.”

Psychometrics

- Predictive validity: moderate results
- Normative sample: (not nationally representative, primarily White middle class children)

Administration, Scoring, and Interpretation

Parent/caregiver report or interview that requires about 10 to 20 minutes to complete. May be scored and interpreted by highly trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

The Kempe Family Stress Inventory

Developers **B. Schmitt and C. Carroll**

Publisher **B. Schmitt and C. Carroll**
www.kempecenter.org/

Description

A measure of parental risks for child maltreatment and/or caregiving difficulties for children of all ages.

A 10-item rating scale is completed after a thorough psychosocial interview. Multiple scoring methods with varying weights for individual items and varying cutoff scores have been used.

Psychometrics

- Inter-rater reliability: acceptably high to strong results
- Predictive validity: moderate results

Administration, Scoring, and Interpretation

Direct parent assessment requiring specialized training to administer, score, and interpret.

Available in English.

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Mental Health Screening Tool (Child Birth to 5 Years)

Developers

Developed by a work group convened by the California Institute for Mental Health

Publisher

The California Institute for Mental Health
(916) 556-3480
www.cimh.org

Description

A brief screening tool designed to identify children from birth to 5 years of age who most urgently need a mental health assessment.

A brief four-item tool to be completed by a staff person working with a child and family. Designed to be used in a variety of settings by staff who have diverse educational backgrounds. The rater indicates whether or not listed behaviors are exhibited by the child, by means of a “yes” or “no” format. The presence of one or more “yes” responses indicates the need for an assessment.

Psychometrics

Studies on reliability, validity, or normative samples have not been reported.

Administration, Scoring, and Interpretation

A paper-and-pencil questionnaire completed by a staff person in less than 10 minutes. Easily scored and interpreted with little training.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Parenting Stress Index

Developer

R. R. Abidin

Publisher

Psychological Assessment Resources, Inc.
(800) 331-8378
www.parinc.com

Description

A self-report measure of child behavior problems and stress experienced by parents of children 1 month to 12 years of age. Designed to identify the need for further assessment and intervention planning.

Consists of 120 items (long form) or 36 items (short form), including 13 sub-scales within four major domains: total stress, child domain, parent domain, and life stress. Items are rated as either “strongly agree,” “agree,” “not sure,” “disagree,” or “strongly disagree.”

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Predictive validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by parents in 20 to 30 minutes requires a 5th-grade reading level. Easily administered and scored; however, interpretation requires an examiner with specialized training.

Available in English, Spanish, and French.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Parents' Evaluation of Developmental Status (PEDS)

Developer

F. P. Glascoe

Publisher

Ellsworth & Vandermeer Press, Ltd.
(888) 729-1697
www.pedstest.com

Description

A general measure to screen for developmental delays or disorders for children from birth to 8 years of age. Consists of nine domains: global/cognitive, expressive language and articulation, receptive language, fine motor, gross motor, behavior, social-emotional, self-help, and school. Designed to identify the need for assessment.

A questionnaire or interview to be completed by a parent or caregiver consists of 10 questions about parental concerns, most of which are rated as “yes,” “no,” or “a little.”

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Predictive validity: acceptably high to strong results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Parent/caregiver report or interview requires 10 minutes and a 5th grade reading level to complete. May be scored and interpreted by trained program staff.

Available in English, Spanish, and Vietnamese.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Pediatric Symptom Checklist

Developers

M. Jellinek, J. M. Murphy, S. J. Bishop, and M. Pagano

Publisher

M. Jellinek, J. M. Murphy, S. J. Bishop, and M. Pagano
(617) 724-3163
<http://psc.partners.org/>

Description

A measure to screen for social-emotional delays or disorders for children 4 to 16 years of age. Designed to identify the need for assessment.

A questionnaire completed by a parent or caregiver consisting of a list of 35 emotional and behavioral problems. The occurrence of each behavior is rated on a three-point scale: “never,” “sometimes,” or “often.”

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Predictive validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by a parent or caregiver in 10 to 15 minutes. May be administered and scored by program staff; however, interpretation by a practitioner with advanced training and experience in psychology is recommended.

Available in English, Spanish, and Japanese.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

The Preschool Feelings Checklist

Developers J. Luby, A. Heffelfinger, C. Mrakotsky, and T. Hildebrand

Publisher J. Luby, A. Heffelfinger, C. Mrakotsky, and T. Hildebrand
(314) 286-2730

Description

A measure to screen for depression for children 36 to 66 months of age. Designed to identify the need for assessment.

A questionnaire completed by a parent or caregiver consisting of 16 items rated using a “yes” or “no” format.

Psychometrics

- Internal consistency: acceptably high to strong results
- Predictive validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by a parent or caregiver in 10 minutes. May be administered and scored by program staff.

Available in English.

Color key:

■ Measures, exclusively, social-emotional development

■ Measures family resources or risk factors

■ Measures multiple developmental domains, including social-emotional development

Preschool and Kindergarten Behavior Scales—Second Edition

Developer	K. W. Merrell
Publisher	Pro-Ed (800) 897-3202 www.proedinc.com

Description

A behavior rating scale of social skills and problem behaviors for children 3 to 6 years of age. Consists of 76 items on two scales: The Social Skills scale, which includes social cooperation, social interaction and social independence sub-scales; and the Problem Behavior scale, which includes externalizing and internalizing sub-scales. Designed to screen for at-risk behavior and assist with intervention planning.

A questionnaire completed by a parent, teacher or caregiver. The occurrence of each behavior is rated on a four-point scale: “never,” “rarely,” “sometimes,” or “often.”

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: moderate results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by a parent, teacher or caregiver in 10 to 15 minutes. May be administered and scored by program staff; however, interpretation requires a professional with training in psychological testing.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Social Skills Rating System

Developers

F. M. Grisham and S. N. Elliott

Publisher

American Guidance Services, Inc.
(800) 328-2560
www.agsnet.com

Description

A series of questionnaires that assess social behavior for children 3 to 18 years of age. Ratings completed by parents, teachers, and children (grades 3-12) produce scales in social skills, problem behaviors and academic competence. Designed to support care planning.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaires completed by parents, teachers and children in 15 to 25 minutes.

Available in English and Spanish.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Strengths and Difficulties Questionnaire (SDQ)

Developer R. Goodman
Publisher Youth in Mind
www.sdqinfo.com

Description

A screening questionnaire completed by a parent, teacher and youth (11 to 16 years of age) to identify social-emotional delays or disorders in children 3 to 16 years of age. Designed to identify the need for assessment.

The tool is available in several versions involving different components to meet the needs of different situations. All versions include questions about 25 attributes (positive and negative) across five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviors. Also available are optional supplement questionnaires through which to identify the extent of any problems and the benefit of any interventions.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: moderate results
- Predictive validity: moderate results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by parents, teachers and youth in about 10 minutes. May be scored and interpreted by trained program staff.

Available in English, Spanish, and more than 45 other languages.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Support Functions Scale

Developers

C. J. Dunst, C. M. Trivette

Publisher

Brookline Books
(800) 666-book
www.brooklinebooks.com

Description

A measure of a family's need for different types of support, including financial, emotional, instrumental, and informational. Designed to assist in care planning. Appropriate for families of young children.

A questionnaire consisting of 20 items or (a 12-item short version) asks about the need for support and is rated by a parent on a five-point scale from "never" to "quite often."

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaire completed by parents in about 10 minutes. Can be administered, scored, and interpreted by trained program staff.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Temperament and Atypical Behavior Scale (TABS)

Developers J. T. Neisworth, S. J. Bagnato, J. Salvia, and F. M. Hunt

Publisher Paul H. Brookes Publishing Co.
(800) 638-3775
www.brookespublishing.com

Description

A measure of atypical temperament and self-regulatory behaviors for children 11 to 71 months of age. Consists of a Screener and an Assessment Tool. Produces a Temperament and Regulatory Index. Designed to identify need for further assessment and to assist in planning interventions.

A pair of questionnaires completed by a parent or staff person who is familiar with the child's behavior. The Screener consists of 15 items with "yes" and "no" responses, and the Assessment Tool consists of 55 items with "yes," "no," or "need help" responses.

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Internal consistency: acceptably high to strong results
- Predictive validity: acceptably high to strong results
- Normative sample: not nationally representative

Administration, Scoring, and Interpretation

Paper-and-pencil questionnaires completed by a parent or staff person in 10 to 30 minutes.

Available in English.

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Vineland Social-Emotional Early Childhood Scales

Developers S. S. Sparrow, D. A. Balla, and D. V. Cicchetti

Publisher American Guidance Services, Inc.
(800) 328-2560
www.agsnet.com

Description

A measure of social-emotional functioning that includes three scales: interpersonal relationships, play and leisure time, and coping skills, for children birth to 72 months of age. Designed to identify need for further assessment and assist in planning interventions.

A semi-structured interview consisting of 122 items that are scored as “usually performs,” “sometimes or partially performs,” “never performs,” “no opportunity for the child to perform,” or “don’t know if the child performs.”

Psychometrics

- Test-retest reliability: acceptably high to strong results
- Inter-rater reliability: moderate results
- Internal consistency: acceptably high to strong results
- Concurrent validity: moderate results
- Normative sample: nationally representative

Administration, Scoring, and Interpretation

Interviewer-assisted parent report requiring about 25 minutes to complete. Parents answer open-ended questions about key developmental milestones. Administration, scoring, and interpretation require a highly trained individual.

Available in English (Spanish reports for parents).

Color key:

- Measures, exclusively, social-emotional development
- Measures family resources or risk factors
- Measures multiple developmental domains, including social-emotional development

Lessons From the Field

The Infant, Preschool, Family, Mental Health Initiative (IPFMHI) was established as a pilot program in eight counties to serve very young children (birth to 5 years of age) who have (or are at risk of) social, emotional or behavioral delays or disorders. The California Department of Mental Health received funding to support this initiative from First 5 California starting in 2001.

This joint effort between the California Department of Mental Health and the eight participating counties (Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, San Francisco and Stanislaus) resulted in protocols in screening and assessment, consultative models, and improved provider preparedness. Screening and assessment tools used by these counties in their IPFMHI projects are summarized below.

Screening and Assessment Measures Used by IPFMHI Counties

As part of the IPFMHI Clinical Services Study conducted from 2001 to 2003 to evaluate the effectiveness of relationship-based interventions for very young children and their families, county mental health providers were required to use a core set of measures with the families they served in the study. Most mental health providers had very little or no experience with the use of these measures before their application in the Clinical Services Study. Measures were chosen based on the experience of the mental health providers, ease of administration, and use by other service providers in local communities. Study measures served the following purposes:

- *Screening*—Identify and describe risk factors.
- *Assessment*—Gather information that would help to guide treatment.
- *Outcomes*—Provide data at two points in time during treatment to evaluate the effectiveness of the treatment.
- *Experience*—Provide experience for the

mental health providers and agencies in the use of these measures.

Children and families served in the IPFMHI programs were screened and evaluated with measures focusing on six domains: mental health, development, parent-child relationship, family resources, stresses and supports, and family satisfaction. The measures are listed in the following table.

IPFMHI Clinical Services Study Measures	
Service Domain	Measures
Client Background	Child and Family Information Packet Referral and Intake Information
Mental Health and Diagnosis	The Diagnostic Classification for 0-3 (DC: 0-3) Diagnostic and Statistical Manual: Fourth Edition (DSM-IV) Mental Health Screening Tool (MHST) Behavioral Assessment of Babies Social and Emotional Style (BABES)
Development	Ages and Stages Questionnaire (ASQ) Bayley Scale for Infant Development Infant Toddler Development Assessment (IDA)
Parent-Child Relationship	Parenting Stress Index (PSI)—Short Form Marschak Interactive Method (MIM) Early Relationship Assessment
Family Resources, Stress and Supports	The Fresno Resource and Support Scale (FRSS)
Family Satisfaction	Client Satisfaction Questionnaire (CSQ-8) Infant Parent Program Questionnaire

IPFMHI strongly encouraged the continued use of measures after the completion of the Clinical Services Study. The hope was that the mental health provider agencies would incorporate some or all of the measures into their assessment process and, where applicable, use the results as outcome measures. Use of such measures provides a common language for discussion of diagnosis, parent-child relationships, family resources and supports, developmental functioning, parenting stress, and change as a result of treatment.

IPFMHI funding was beneficial for county mental health providers that had sought to offer services for children birth to five years of age and their families. The funding enabled those counties to acquire new screening and assessment measures, to receive training in their use, to receive technical assistance for engaging those measures as part of their quality improvement activities, and to obtain outcomes that demonstrated improvement for children's symptoms and families' concerns after intervention.

More than a year after completion of the Clinical Services Study, the pilot counties were asked about the use of measures in their counties. The pilot counties continue to use these and other measures as detailed below and as summarized in the following two tables.

The Parenting Stress Index-Short Form has been adopted for routine use in all of the pilot counties except one, where it is being considered for use. Moreover, seven of the 11 agencies in Los Angeles County are using the measure. This instrument, which is used in treatment planning, yields information about the parent-child relationship, the parent's experience of the child's behavior, and parental stress. The measure also has been found useful as an outcome measure, for which it is used by Riverside County and four agencies in Los Angeles County.

The Diagnostic Classification for 0-3 (DC: 0-3) is used "often" or "very often" in six counties and in six of the 11 Los Angeles County mental health provider agencies. A DSM IV diagnosis is required for Medi-Cal billing; however, the DC: 0-3 pro-

vides a more detailed description of a very young child's mental health. IPFMHI helped to develop and promote the use of a "crosswalk" that translates a DC: 0-3 diagnosis into a DSM IV diagnosis required for billing. Los Angeles, Sacramento, and Stanislaus Counties have incorporated the DC: 0-3 in their initial client assessments. With funding from First 5 Sacramento, Cherise Northcutt of the Sacramento Department of Mental Health collaborated with Chris Wright of the Sacramento County Office of Education to develop a "Schematic Decision Tree for DC: 0-3" through which to conduct training in the use of the DC: 0-3 and help clinicians to use it for diagnosis.

The Ages and Stages Questionnaire (ASQ) is used in five counties and eight of the 11 agencies in Los Angeles County. This popular easily administered screening tool describes developmental functioning in five domain areas: language communication, fine motor, gross motor, cognitive, and personal-social. In Sacramento County the ASQ is used by home visitors in the CAL SAFE model Birth and Beyond program. In Alameda County the ASQ is used primarily by child care mental health consultants and the Every Child Counts Healthy Steps Program (developmental specialists in pediatric offices) to inform the service planning and make referrals for developmental assessment.

The Marschak Interactive Method (MIM) is used by Fresno, Riverside and Sacramento Counties. This measure assesses the parent-child relationship with the use of videotaped activities. IPFMHI conducted special training in the use of video and the MIM to support the use of this measure in these counties.

The Devereux Early Childhood Assessment (DECA) was not a core measure in the Clinical Services Study, but is used by Alameda, Riverside and Sacramento Counties, and by two agencies in Los Angeles County. Riverside County uses the DECA in its countywide screening project funded by First 5 Riverside, and also uses the DECA as an outcome measure. In Alameda County, mental health consultants use the DECA in conjunction

with early care and education teachers to inform treatment plans and respond to the needs of children within the classroom. The DECA is designed to identify children with behavior concerns and develop intervention plans based on individual protective and concern profiles. Scoring and interpretation require a high degree of training.

The Bayley Scale for Infant Development and the *Infant Toddler Development Assessment (IDA)* were options for use in the Clinical Services Study to generate information on developmental functioning. Alameda and Sacramento Counties use both of these measures. In addition, three agencies in Los Angeles County use the Bayley. Both require a high degree of training for use.

The Mental Health Screening Tool (MHST) and the *MHST Supplemental Moderate Risk Assessment* are screening tools for children and families at high and moderate risk, respectively, for mental health problems. The MHST is used by referral sources in Humboldt and San Francisco Counties and in Children's Hospital Los Angeles. The MHST Supplemental, which Sue Ammen and Peggy Thompson developed for the Clinical Services Study, is used by referral sources in Fresno and Humboldt Counties and in Children's Hospital Los Angeles.

The Behavioral Assessment of Babies Social and Emotional Style (BABES), a screening tool completed by parents, yields information about the parent's experience of the child's behavior and the parent-child relationship. It was used in the Clinical Services Study and continues to be used by agencies in Sacramento County and Children's Hospital Los Angeles.

The Fresno Resource and Support Scale (FRSS), developed for the Clinical Services Study by Sue Ammen and Peggy Thompson and available from IPFMHI, produces a quick and simple assessment of a family's resources and supports. It continues to be used by Fresno and Stanislaus Counties and by three agencies in Los Angeles County.

The Child Behavior Check List (CBCL) was not used by the Clinical Services Study, but is used by Humboldt and Riverside Counties and eight agencies in Los Angeles County for both assessment and outcome measures. For a number of years the CBCL was a mandated outcome measure for the California Department of Mental Health.

The Temperament and Atypical Behavior Scale (TABS), *Early Relationship Assessment*, and *Edinburgh Maternal Depression* were not used in the Clinical Services Study; however, they are all used by Alameda County's Children's Hospital of Oakland.

The IPFMHI Intervention Tracking Form was used in the Clinical Services Study to document the activities of each intervention session, and to track the attunement between the parent and child and the overall progress in treatment. Riverside County continues to use this form.

The DMH/ICARE Initial Assessment is a comprehensive tool used to gather information about the background, history, and risk factors of the child and family. It was developed by the Los Angeles County Department of Mental Health and the ICARE Network, and is used by six of the agencies in Los Angeles County.

Screening and Assessment Measures Used By IPFMHI Providers 2003-2004: Table I <i>(Includes All Counties Except Los Angeles)</i>	Alameda	Fresno	Humboldt	Riverside	Sacramento	San Francisco	Stanislaus
	Frequency of Use: Never=0, Seldom=1, Often=2, Very often=3						
Measures							
<i>Clinical Services Study Measures</i>							
Mental Health Screening Tool (MHST)	1	0	3	0	0	2	0
Mental Health Screening Tool Supplemental (Moderate Risk Assessment)	0	2	3	1	0	0	0
Behavioral Assessment of Babies Social and Emotional Style (BABES)	0	0	0	1	2	0	0
Diagnostic Classification 0-3 (DC: 0-3)	2	2	2	2	3	1	3
Ages and Stages Questionnaire (ASQ)	2	3	2	1	2	0	3
Infant Toddler Development Assessment (IDA)	3	0	1	0	3	0	0
Bayley Scale for Infant Development	2	0	1	1	2	0	0
Fresno Resource and Support Scale	1	2	1	1	0	0	3
Parenting Stress Index-Short Form (PSI-SF)	2	3	2	3	2	0	2
IPFMHI Intervention Tracking Form	0	0	0	3	0	0	0
<i>Other Measures</i>							
Devereaux Early Childhood Assessment (DECA)	2	0	0	3	2	0	0
Marschak Intervention Method (MIM)	0	3	0	2	2	0	2
Temperament and Atypical Behavior Scale (TABS)	3	0	0	0	—	0	0
Early Relationship Assessment	3	0	0	0	—	0	0
Edinburgh Maternal Depression	3	0	0	1	—	0	0
Child Behavior Checklist (CBCL)	1	0	3	2	—	1	0

Screening and Assessment Measures Used By IPFMHI Providers 2003-2004: Table 2 <i>(Includes only Los Angeles County Agencies)</i>	ICAT Wilshire	Children's Bureau	NFPP	Family Service Santa Monica	Children's Hospital of LA	CHLA Stacey	UCLA	Sycamores	St. Johns	LACGC
Measures	Frequency of Use: Never=0, Seldom=1, Often=2, Very often=3										
<i>Clinical Services Study Measures</i>											
Mental Health Screening Tool (MHST)	0	0	0	0	2	2	0	0	0	0	1
Mental Health Screening Tool Supplemental (Moderate Risk Assessment)	0	0	0	0	2	2	0	0	0	0	1
Behav. Assess. of Babies Social & Emotional Style (BABES)	0	0	0	0	3	3	0	0	0	0	2
Diagnostic Classification 0-3 (DC: 0-3)	0	0	0	0	3	3	3	1	3	2	3
Ages and Stages Questionnaire (ASQ)	1	2	3	2	3	1	2	0	3	3	0
Infant Toddler Development Assessment (IDA)	0	0	0	0	0	0	0	0	0	0	0
Bayley Scale for Infant Development	1	0	0	0	2	2	3	0	1	0	1
Fresno Resource and Support Scale	0	0	0	0	3	2	0	0	0	0	2
Parenting Stress Index-Short Form (PSI-SF)	1	0	0	0	3	2	3	2	3	3	3
<i>Other Measures</i>											
Devereaux Early Childhood Assessment (DECA)	0	0	0	0	3	2	0	0	0	0	0
Marschak Intervention Method (MIM)	0	0	0	0	0	0	0	0	0	0	1
Temperament and Atypical Behavior Scale (TABS)	0	0	0	0	0	0	0	0	0	0	0
Early Relationship Assessment	0	0	0	0	0	0	0	0	0	0	0
Edinburgh Maternal Depression	0	0	3	0	0	0	0	0	0	0	0
Achenbach Child Behavior Checklist (CBCL)	2	0	0	2	1	2	3	3	3	3	3
DMH/ICARE Initial Assessment	0	0	0	0	3	3	3	0	3	2	3

Appendix A: Understanding Reliability and Validity

Test-Retest Reliability

Test-retest reliability refers to the stability or consistency of results across different administrations. It answers the question – Will the tool produce the same results if the same rater screens or assesses the same child, twice?

Typically a screening or assessment tool is completed by the same rater, in reference to the same individual (child) on two occasions, separated by a brief period of time (a few days or weeks). The results of the different administrations are compared. Test-retest reliability is higher when the results across administrations are more similar, suggesting that the tool measures a construct that is stable or consistent across a brief period of time.

Significant changes in results across a brief period of time are a problem. Early childhood development is dynamic and rapid, and change in developmental progress is expected over months and years; however, only modest, if any, change in developmental domains would be expected over the course of days or weeks.

When the results of a tool are not stable over time, it has limited usefulness for screening or assessment. For example, if a child scores in the *possible delay or disorder* range on one administration and the *typical development* range on a second administration in the course of one week, then the actual developmental needs of the child are not clarified by the use of the tool. Under these circumstances, confidence in the use of the tool is *not* warranted.

Inter-Rater Reliability

Inter-rater reliability refers to the stability or consistency of results across different raters. It answers the questions – Will a tool produce the same results if two different raters screen or assess the same child, in the same setting, at the same time?

Typically a screening or assessment tool is completed by two different raters in reference to the same individual (child) at the same occasion. The results of the different raters are compared. Inter-rater reliability is higher when the results across raters are more similar, suggesting that the tool

measures a construct that is stable or consistent across raters. Significant changes in results across raters are a problem particularly for tools that use observations, structured tasks, or unstructured interview methods.

Results that are not stable across raters have limited usefulness for screening or assessment. For example, if a child scores in the *possible delay or disorder* range when the tool is administered by one rater, and the *typical development* range when administered by a second rater, then the actual developmental needs of the child are not clarified by the use of the tool. Under these circumstances, confidence in the use of the tool is *not* warranted. In this example the two raters simultaneously observe the child completing the same activities; therefore, differences in results are due to variability in the tool's reliability rather than in the child's behavior.

However, differences in results *are* expected across informants who observe a child at different times or in different settings. These differences do not necessarily jeopardize the usefulness of a tool. For example, a child's behavior at home as rated by a parent may be different from the child's behavior at preschool as rated by a teacher. In such cases, different results are not unexpected.

Internal Consistency

Internal consistency refers to the degree to which a tool's individual items contribute to measuring the same construct (for example, social-emotional development). It answers the question—Does a tool measure a specific content area?

Internal consistency is higher when the individual items correlate strongly to each other and to the total (subscale or domain) score. Internal consistency is important in demonstrating that a tool (subscale or domain) measures a single construct or area of development. Low internal consistency is a problem. If individual items are not correlated with each other and the total score then two children who receive the same score may not necessarily have the same needs.

For example, if a tool that supposedly screens for oppositional behavior had low internal consistency,

tency (which suggests that the items do not correlate with each other or the total score, and also suggests that more than one construct is being measured), then two children could score above the “cutoff” but be based on entirely different items, and because the items do not correlate the children could have very different needs. Moreover, the needs may not have to do with oppositional behavior because the lack of internal consistency suggests that other unintended or unspecified constructs also are being measured.

For screening and assessment tools that measure multiple developmental domains, internal consistency is important at the domain or subscale level, but may not be appropriate to expect across domains or at the total score level. For example, one would not expect items measuring gross motor skills that compose one domain of a comprehensive tool to correlate highly with social-emotional competencies that compose a second domain.

Content Validity

Content validity refers to the degree to which the items of a screening or assessment tool are representative of the construct being measured. It answers the question – Does a tool measure the entire specified content area?

This type of validity indicates whether or not a tool can offer a fair or accurate measurement of the entire construct that an examiner intends to measure. For example, the degree to which a screening tool for social-emotional development includes items that cover all important aspects of social-emotional development – such as attention, initiation of play, interaction with caregivers, social skills, and communication, is a measure of its content validity. High content validity supports confidence in generalizing a person’s performance on a screening or assessment tool to their level of functioning in the real world.

Content validity is commonly established by developing test items based on a thorough review of the relevant literature and in consultation with content experts. Low content validity can be problematic if the user attempts to draw conclusions about a child’s development that goes beyond the focus and scope of the items that compose the tool.

Criterion Validity

Criterion validity refers to the degree to which a tool’s results are similar to an established independent measure of the construct, can predict the occurrence of relevant future behavior, or can distinguish between relevant groups of individuals (children). Concurrent and predictive validity are types of criterion validity.

Low criterion validity is a problem. Failure of a tool to produce results that are similar to the findings of other tools that measure the same construct brings the accuracy of the tool into doubt. Moreover, a tool that is *not* able to accurately predict real-world behavior or distinguish between relevant groups is of little use for screening or assessment.

Concurrent Validity

Concurrent validity refers to the degree to which the results from a screening or assessment tool are similar to the results of an established (already valid) tool for measuring the same construct. High concurrent validity indicates that the tool being used produces results similar to the results of an established tool; therefore, confidence in the results of the tool would be comparable to confidence justified in the comparison tools. For example, the Wechsler Scales are established measures of intelligence. Therefore, a new tool for measuring intelligence might compare its results with that of the Wechsler Scales. If the results are similar, and you have confidence in the Wechsler Scales, then similar confidence in the new tool is warranted by virtue of its concurrent validity.

Predictive Validity

Predictive validity refers to the degree to which the results from a screening or assessment tool predict future relevant real-world behavior. For example, a screening tool for social-emotional disorders administered to preschool children might be expected to predict oppositional or tantrum behavior when the children are in kindergarten.

A screening tool for social-emotional disorders would also be expected to distinguish between children with an actual confirmed mental health disorder (based upon a full clinical diagnostic assessment) and those with typical social-emotional development.

A tool's accuracy in distinguishing between groups of individuals can be described in terms of its *sensitivity* and *specificity*. Sensitivity refers to the degree to which a tool correctly identifies children who have a delay or disorder. For example, of all the children, in a sample of children, who actually have a social-emotional disorder, if the screening tool accurately identified 8 out of every 10 of them then the tool would have a sensitivity of 80%.

Specificity refers to the degree to which a tool correctly identifies children who do not have a delay or disorder. For example, of all the children without a delay or disorder (showing typical development), in a sample of children, if the screening tool accurately identified 9 out of every 10 of them, then the tool would have a specificity of 90%.

Concurrent and predictive validity are of great importance in selecting a screening tool with the primary goal of outreach and early identification. Screening tools are designed to identify children who have unidentified needs, and in turn link them to assessments and, when appropriate, services. However, screening tools are not entirely accurate. Some children without a need will be incorrectly identified and referred for assessments. In addition, some children with a need will incorrectly not be identified and therefore will not be referred for assessments.

Although high sensitivity and specificity are ideal tool attributes, in practice errors of both under- and over-identification will occur. Both types of errors have consequences. A *false-positive error* (over-identification) involves incorrectly identifying a child as having a possible delay or disorder, who in actuality does not have a delay or disorder. False-positive errors tend to cause parents and others to worry needlessly until completion of an assessment affirm that the child has *no* delay or disorder.

The second type of error, a *false-negative error* (under-identification) involves failing to identify a child as having a possible delay or disorder, who in actuality has a delay or disorder. False negative errors result in a child having his/her needs go undetected and who consequently does not receive referrals for assessment and prevention, early intervention or treatment services.

Screening tools with a low false-negative error rate (relative to a low false-positive error rate) are generally preferable, because of the more serious

consequences of a high false-negative rate—failure to identify children with a disorder, and missing opportunities for early intervention.

Norm-Referenced and Criterion-Referenced Tools

The use or interpretation of screening and assessment tools can be based on comparisons between the scores achieved by different children or families, or in terms of the degree to which a child or family member demonstrates mastery in a particular area. *Norm-referenced* tools compare the results of a child or family relative to the results of other children or families. The comparison group is referred to as the normative sample. They answer the question – How does this child compare to the general population of children?

Criterion-referenced tools compare the results of a child or family to a performance standard. They answer the question – How does this child compare to standards set by experts in the field?

Norm- or criterion-referenced tools are uniquely suited for different purposes. Norm-referenced tools are helpful in identifying departure from the average—that is, individuals who score much higher or much lower than their peers. Criterion-referenced tools are helpful in documenting an individual's level of mastery, and in tracking change in mastery over time.

The relevance of a norm-referenced tool for a particular group of children or families depends on its normative sample. The normative (or standardization) sample is the group of individuals who are used as the reference group for comparing the scores of others. The relevance of the standardization group depends on the degree to which those in the group are representative of the children and families in a particular program.

If the standardization group was recent (for example, from the last 10 years), large, and nationally representative then it will have broader relevance. However, if the standardization sample is not nationally representative—perhaps without sufficient representation of ethnically diverse children or families, or of individuals from different regions of the nation—its usefulness in making predictions about children and families who are dissimilar from the group may be compromised.

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