Using the ASQ–SE
Ages and Stages Questionnaires: Social Emotional
A Parent-Completed, Child Monitoring System for Social Emotional Behaviors
Why ASQ-SE?

- Authors Jane Squires, Diane Bricker, & Elizabeth Twombly recognized the need for such a tool as a result of their work with developmental screening.

- Research shows children who are living in poverty, and who are more likely to show signs of anxiety, depression, and antisocial behavior are increasing.

- Brain research reveals link between brain development and high quality environmental experiences.
Brain Development
Sensitive Periods

SENSORY PATHWAYS (Vision, Hearing)

LANGUAGE

HIGHER COGNITIVE FUNCTION

FIRST YEAR

BIRTH (MONTHS) (YEARS)
Philosophical views and models

- Transactional Approach (Sameroff & Chandler, 1975)
  - reciprocal interaction between child and environment.
- Ecological Model (Bronfenbrenner, 1977)
  - socialization of child in context of family and community.
- Social Learning Model (Bandura, 1977)
  - bridge between behaviorists and cognitive learning theories. Social learning occurs as a function of daily social interactions.
- Additional influences: Gesell, Piaget
Why Screen?

• Early identification of infants and toddlers at risk of a social-emotional disorder is crucial for improving developmental outcomes.

• The earlier social-emotional issues are recognized, the better the outcome is likely to be.
Early Identification

• Once established, social and emotional problems
  Highly resistant to change and
  Likely to intensify over time

• Strong relationship exists between
  Childhood social and emotional problems
  Delinquency and later criminality
Findings

“Disturbances or inappropriate social learning at earlier levels will likely cause continuing and more serious disturbances at later ages.”
What is Screening?

- A brief procedure to determine whether a child requires further and more comprehensive evaluation/assessment.
- Not diagnostic.
- To assure timely identification and early intervention.
About the ASQ-SE

- Is a monitoring tool designed to be user friendly.
- Complements the Ages and Stages.
- Is a questionnaire designed to be answered by parent and caregiver.
- Intention is to have parents involved in assessment, intervention, and evaluation process.
- Based on premise that most parents can accurately evaluate their child’s behavior when given proper information.
Using the ASQ-SE

- Can be used as a one time screening or an on-going monitoring tool.
- Tool helps guide decisions about referrals for further assessment and support services the family may need.
- Monitor child’s social-emotional development.
- Supports communication between parents and teachers about child’s behavior.
About the ASQ-SE

Can we count on parents to give accurate and good quality information? Yes!

- Screening tools using parent reports are as accurate as those using other measurement methods.

- Tests correct for the tendency of some parents to over-report/under-report.

2004 Glascoe
Detection Rates with screening tests

• 70% to 80% of children with developmental disabilities correctly identified

• 80% to 90% of children with mental health problems correctly identified
Who should complete it?

• Caregivers who have 15-20 hours a week contact with the child
• Parents
• Other family members who have close contact, may live in the home
ASQ-SE Seven Behavioral Areas

- Self Regulation
- Compliance
- Communication
- Adaptive Functioning
- Autonomy
- Affect
- Interaction with People
Questions on the ASQ

Focus of ASQ-SE:

Social Competence:
An array of behaviors that permits one to develop and engage in positive interactions with peers, siblings, parents and other adults.

Emotional Competence:
Effectively regulate emotions to accomplish one’s goals.
Description of ASQ-SE

8 Questionnaires
- 6, 12, 18, 24, 30, 36, 48, 60 months
- 19 to 33 scored questions per ASQ-SE
- High score is indicative of issues
- Additional set of general non scored questions...
  - Eating, sleeping and toileting concerns
  - Overall worries about the child
  - What parents enjoy about their child
Description of ASQ-SE

ASQ-SE Interval Completion Guidelines*
If child is between: Use this ASQ-SE

3 mos, 0 days, and 8 mos, 29days 6 month
9 mos, 0 days, and 14 mos, 29 days 12 month
15 mos, 0 days, and 20 mos, 29 days 18 month
21 mos, 0 days, and 26 mos, 29 days 24 month
27 mos, 0 days, and 32 mos, 29 days 30 month
33 mos, 0 days, and 41 mos, 29 days 36 month___________
42 mos, 0 days, and 53 mos, 29 days 48 month
54 mos, 0 days, and 65 mos, 29 days 60 month

* Users Manual page 32
Scoring

Each Question followed by four columns

**Most of the time**
- Indicating that the child is doing the behavior most of the time, too much, or too often

**Sometimes**
- Indicating the child is doing the behavior occasionally, but not consistently

**Never or rarely**
- Indicating the child rarely performs the behavior or has never performed the behavior
  
  **Behavior concern to the parents?**
  - Parents are to check one of the scoring options and then indicate if the behavior is of concern
Scoring

- Unlike ASQ, ASQ-SE does not adjust for prematurity
- Larger time frame covered by each ASQ-SE interval
  - Less significant relationship between SE and prematurity
  - ASQ – **Low score** indicative of need for further assessment
  - SE- **High Score** Indicative of need for further assessment.
Scoring Interpretation

• Score is **above** cut off or **near** cutoff
• Review variables: settings, developmental factors, health factors, family/culture.
• Provide parent with information/support and monitor with ASQ-SE
• Refer
Point Value

- $Z = 0$ Points
- $V = 5$ Points
- $X = 10$ points
- Behavior that is a concern to the parents = 5 points
Omitted Question Example

1. Total Points (30)
   Number of items answered (28) = Average score (1.07)

2. (Average score (1.07) x # of unanswered items (3)) = (3.21)

(3.21) + total points (30) = Final total score (33.21)
Questionnaire Content

18 months and older – Perseverative behaviors

- Does your child do things over and over and can’t seem to stop? Examples are rocking, hand flapping, spinning or ________?
- Families may answer with a favored activity
- Attachment to non toys – example vacuum cleaner
- Questions that may identify a true perseverative behavior
  - How difficult is it for your child to stop the behavior? What happens when you try to stop your child from doing this behavior?
Creating a system

Working collaboratively

No one system is able to address all issues

Quality of Parent-Child Interactions
Drug and Alcohol Abuse
Maternal Depression
Poverty
Domestic Violence
Child Abuse