

Social-Emotional Screening (0-5 years)

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Social emotional *surveillance* is a required component of every C&TC visit. A history of a child's social-emotional and current functioning must be obtained. This should include, but is not limited to:

- Identification of mental health needs/risks, including history of trauma
- Family mental health history
- Attention and behavioral concerns
- Social and relationship skills

Social-emotional *screening* is strongly recommended for C&TC visits beginning at 6 months of age using [screening instruments \(www.health.state.mn.us\)](http://www.health.state.mn.us) recommended by the Minnesota Interagency Developmental Screening Task Force. Currently, developmental screening tools do not adequately screen for social-emotional development, so separate screening is recommended.

For information about mental health screening for 6-21 years and maternal depression screening, refer to [C&TC Fact Sheets \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Personnel

Social-emotional *surveillance* must be completed by a licensed primary care clinician (MD, NP, PA) or a Registered or Public Health Nurse (RN, PHN) who has completed C&TC Comprehensive training through MDH.

Qualifications for social-emotional *screening* are instrument-specific; refer to the instrument's manual for more information.

Documentation

Surveillance should be documented in the C&TC visit record. Document *screening* with the name of the instrument, the score, and anticipatory guidance with the parent/caregiver based on

the results. For positive results, document referral and follow-up plan.

- For documentation examples refer to the [C&TC Documentation Forms for Providers and Clinics \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Screening Procedure

Instruments

Currently available, recommended instruments:

- Ages and Stages Questionnaires: Social-Emotional, 2nd ed. (ASQ:SE-2), 1 to 72 months.
- Brief Infant Toddler Social Emotional Assessment (BITSEA), 12 to 36 months.
- Pediatric Symptom Checklist (PSC), 4 to 18 years.

Referral

Referrals should be made when concerns about social-emotional development arise from surveillance, screening or from a parent, caregiver, or provider. Referrals may include:

- Referral to the school district or through [Help Me Grow \(www.HelpMeGrowMN.org\)](http://www.HelpMeGrowMN.org) for an educational evaluation to determine eligibility for early intervention or early childhood special education, as required by federal regulation IDEA §303.303.
- Referral for medical specialist evaluation, audiology, or ophthalmology if appropriate.
- Referral to a mental health professional with a specialization in infancy and early childhood. Local referral resources include agencies receiving [Early Childhood Mental Health grants \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

For children with milder concerns or for whom parents decline referral, other supports may include local public health services such as Family Home Visiting or Follow Along Program; educational programs such as Early Childhood Screening, Early Childhood Family Education, Head Start or Early Head Start; or local parenting support programs.

Follow up

After making a referral ensure the family obtained services without encountering barriers. With parental permission, follow up to determine if services were effective (Weitzman & Wegner, 2015).

Importance of Screening

Social-emotional health for children ages birth to 5 years involves the child's capacity to regulate and express emotions, form secure relationships, explore the environment and learn (Cohen, Oser, & Quigly, 2012).

In the United States, 37-39% of children will have a behavioral or social-emotional disorder diagnosed by 16 years of age (Weitzman & Wegner, 2015). Children who are Medicaid-eligible are more likely to have positive screening results (Brown, Copeland, Heidi, & Robert, 2012). Primary care providers are often the first people to identify social-emotional concerns in young children (Shah, Muzik, & Rosenblum, 2011).

When social-emotional health problems emerge, they must be treated within the context of the child's family, culture and community (National Scientific Council on the Developing Child, 2012). Early intervention for young children will lower rates of behavioral problems, substance abuse and other high risk behaviors later in life (Bethell, Reuland, Schor, Abrahms, & Halfon, 2011).

Professional Recommendations

American Academy of Pediatrics (AAP)

Social-emotional screening should begin in infancy and continue through adolescence (Weitzman & Wegner, 2015).

Resources

Minnesota Department of Human Services

- [Division of Children's Mental Health \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- [MHCP Provider Manual, Child and Teen Checkups \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

Minnesota Department of Health

- [Developmental and Social-Emotional Screening of Young Children \(0-5 years of age\) in Minnesota \(www.health.state.mn.us\)](http://www.health.state.mn.us)

Minnesota Department of Education:

- [Help Me Grow \(www.helpmegrwmn.org\)](http://www.helpmegrwmn.org)

American Academy of Pediatrics

- [AAP Section on Developmental and Behavioral Pediatrics \(www.aap.org\)](http://www.aap.org)

Other resources

- [Zero to Three \(www.zerotothree.org\)](http://www.zerotothree.org)

References

- Bethell, C., Reuland, C., Schor, E., Abrahms, M., & Halfon, N. (2011). Rates of Parent-Centered Developmental Screening: Disparities and Links to Services Access. *Pediatrics*, 128(1), 0031-4005.
- Brown, C., Copeland, K., Heidi, S., & Robert, K. (2012). Social-Emotional Problems in Preschool-Aged Children. *JAMA*, 166(10), 926-932.
- Cohen, J., Oser, C., & Quigly, K. (2012). Making It Happen Overcoming Barriers to Providing Infant-Early Childhood Mental Health. *Zero to Three*, 1-20.
- National Scientific Council on the Developing Child. (2012). *Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood*. Cambridge, MA.
- Shah, P., Muzik, M., & Rosenblum, K. (2011). Optimizing the Early Parent-Child Relationship: Windows of Opportunity for Parents and Pediatricians. *Current Problems in Pediatric and Adolescent Health Care*, 41(7), 183-187.
- Weitzman, C., & Wegner, L. (2015). Promoting Optimal Development: Screening for Behavioral and Emotional Problems. *Pediatrics*, 135(2), 384-395.

For More Information

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To obtain this information in a different format, call: 651-201-3760.