



*Understanding Young Children's  
Mental Health: A Framework for  
Assessment and Support of Social-  
Emotional-Behavioral Health*

Nebraska

Pyramid Model



Promoting Social Emotional Competence in Nebraska's Young Children

Nebraska Early Childhood Mental Health  
Work Group

Assessment Subgroup

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# Foreword



The Early Childhood Mental Health Assessment subgroup of Nebraska’s Early Childhood Mental Health Work Group was assigned the task of identifying resources which address assessment of young children’s mental health, including the social, emotional, and behavioral development of infants, toddlers, and preschoolers. Three goals were identified to accomplish this task.

1. Provide early childhood and mental health practitioners recent information regarding assessing early childhood mental health.
2. Provide early childhood practitioners information about resources to assist in early identification of potential young children’s mental health concerns.
3. Provide mental health practitioners current information on early childhood mental health assessment resources.

These tasks were accomplished by completing a comprehensive search of current resources (books or journals) regarding Early Childhood mental health assessment, as well as searching for appropriate measurement tools designed specifically for evaluating social, emotional, and behavioral strengths and needs of young children. Resources found in the search were reviewed, and assessments were recommended in two categories: screening (brief effort to determine if future assessment is needed) and diagnostic/assessment (detailed assessment that can be used for diagnostic purposes). The result of this subgroup committee’s work is a document of identified resources entitled “A Framework for Assessment and Support of the Social-Emotional-Behavioral Health of Young Children.” This information will be distributed to interested groups and will be amended as new resources become available.

Visit the website at [www.education.ne.gov/OEC/pubs/mentalhealthresource.pdf](http://www.education.ne.gov/OEC/pubs/mentalhealthresource.pdf) to view this document online along with other information about activity in Nebraska related to addressing the mental health of young children. Some of these materials are available for review through the free loan services at the Media Center at the Early Childhood Training Center (402) 557-6885.

# Framework



## **Assessment of Early Childhood Social-Emotional-Behavioral Health**

Assessing the social, emotional, and behavioral health of infants, toddlers, and preschoolers presents distinct challenges to early childhood teachers and clinicians. Effective assessment presupposes an understanding that is only now beginning to emerge of the characteristics of healthy development and of mechanisms of risk and protection. Most experts agree that best practice early childhood mental health assessment involves sensitivity not only to nuances of a baby’s or young child’s behavior, but also to parent-child interaction patterns, family dynamics, environmental supports, and cultural expectations. At the same time, the rapidly changing nature of early development demands that expectations be anchored with age-appropriate markers that change on a monthly, or more frequent, basis.

Nearly all authorities emphasize the importance of comprehensive, multimodal, and multidisciplinary assessment. Early intervention practitioners are urged to rely on careful observation of child behavior and child-caregiver interaction, sensitive interviewing of caregivers (and those young children who have verbal communication skills), and use of standardized assessment instruments to identify social, emotional, and behavioral strengths, risks, and needs. In addition, they are encouraged to heed the expertise of education, psychology, social work, nursing, medicine, and occupational and physical therapy in designing an assessment plan and in making treatment decisions.

Despite trends toward strengths-based assessment and the importance of building on a foundation of child and family strengths, a primary purpose for screening and assessment is to “ensure that young children experiencing atypical emotional development and their families have access to needed supports” (Knitzer, 2001). Thus, the screening and assessment process must help professionals and family members recognize indications that a young child’s developmental trajectory is prematurely narrowing or is off-course.

This *Framework* was developed by the Early Childhood Mental Health Assessment subgroup of the Nebraska Early Childhood Mental Health Work Group as a resource for early childhood professionals. The *Framework* is intended to give practitioners tools to help them improve their understanding of early childhood mental health and to increase their knowledge of available social-emotional-behavioral screening and assessment instruments. The Framework was updated by staff from Munroe-Meyer Institute.

### ***Early Social-Emotional-Behavioral Health***

Some of our most valuable understanding of the importance and characteristics of early childhood social-emotional-behavioral health come from researchers and clinicians who have focused their attention on infant mental health. Thus, this Framework relies on definitions of infant mental health to describe early childhood social-emotional-behavioral health.

The ZERO TO THREE Task Force on Infant Mental Health has defined infant mental health and the definition has been applied to infants, toddlers, and preschoolers.

We believe early childhood social-emotional-behavioral health is:

**the developing capacity of the child from birth to age 5 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn, all in the context of family, community, and cultural expectations for young children. [Early Childhood] mental health is synonymous with healthy social and emotional development (see infant mental health definition for birth to three, *Zero to Three*, 2002).**

Implicit in these definitions is the idea that child characteristics, parent-child interaction patterns, family structure and routines, and social and cultural environment are interwoven components of early childhood mental health. It is the child's developing social, emotional, and behavioral competence; however, that is the focus of mental health screening and assessment. Effective early childhood mental health assessment targets the infant's, toddler's, or preschooler's skill at expressing and regulating emotions, engaging in positive relationships with primary caregivers

(and, eventually, peers), and cooperating with developmentally appropriate behavior management. At the same time, effective screening and assessment identifies risk and protective factors in the environment, as well as in the child's personal and biological characteristics, that may signal concern or uncover strengths before such factors are apparent in the young child's behavior.

Although the focus of assessment is on the child's emerging skills, healthy social-emotional-behavioral development for young children must be viewed in the context of the child's family and culture. Family and culture provide the environment that nurtures healthy development, protecting the child from the adverse effects of temperamental difficulties, traumatic events, poverty, illness, or other stressors. Responsive caregiving (see below) is recognized as a critical contributor to infant, toddler, and preschooler mental health. In addition to warmth and sensitivity, responsive caregiving includes providing young children with routine, structure, adequate nutrition, good well-child health care, and appropriate opportunities for exploration and play (see Creating Quality Environments below).

### **Risks to Healthy Social-Emotional-Behavioral Development**

Risks for healthy social-emotional-behavioral development are best understood by taking into account the family and culture with which the child is constantly interacting and by recognizing the profound effects of those interactions on both the child and the environment (Hinrichs, Davies, & Flood, unpublished description of mental health services at Lincoln Action Program Early Head Start/Head Start). Dante Cicchetti and his colleagues; (Cicchetti & Lynch, 1993; Cicchetti & Rizley, 1981; Cicchetti & Toth, 2000) have described this approach as an ecological/transactional theory of development. In the ecological/transactional model both risk ("potentiating" or "vulnerability producing") and protective ("compensatory") factors within a child's environment shape developmental outcomes. However, the theory emphasizes that there is no "one-way" influence or causation. Risk and protective factors affect the child, but the child also influences her or his environment in many ways. When considering parent-child interaction, for example, parental behavior is understood to affect the child's emotions and behavior, and child behavior is seen as influencing the parent's responses, creating a complex, interactional foundation for parent-child relationships and child mental health.

Risks that ought to be identified in effective screening and assessment may be seen primarily in the young child's characteristics and behavior, or they may be recognized in parent-child interaction patterns, family needs, or in the social and cultural situation. According to the American Academy of Child and Adolescent Psychiatry, mental health concerns commonly identified for infants are dysregulation of physiological function (e.g., fussiness), feeding and sleeping problems, and failure to thrive (Thomas, 1998). For toddlers, most frequently identified concerns are behavioral disturbances, including aggression, defiance, impulsivity, and over activity. For preschoolers, "struggles for independence and autonomy" make aggressive, overactive, or defiant behavior primary concerns as well (Schroeder & Gordon, 2000, p. 264). In addition, delayed development of reciprocal interaction and communication in children with symptoms of autism or related concerns is an important concern in the early years. However, when child characteristics are considered in isolation, most of these risks or problems are not very good predictors of future mental health (Zeanah & Zeanah, 2001). It is only when the child's characteristics are combined with stresses in parent-child interaction, family relationships, or the larger environment (e.g., poverty, unemployment) that most risk factors actually provide a strong indication that there may be future problems for the child. For infants and very young children, the parent-child relationship is central to healthy development. Responsive caregiving protects children, and problematic relationships appear to increase the child's vulnerability. In fact, young children appear to be affected by serious environmental risks primarily through the effect those risk factors have on the child's interactions and relationship with a primary caregiver (Zeanah & Zeanah, 2001). It appears that risks such as adolescent parenthood (Wakschlag & Hans, 2000), parental psychopathology (Seifer & Dickstein, 2000), maternal substance abuse (Lester, Boukydis, & Twomey, 2000) and exposure to violence (Kaufman & Henrich, 2000) have a substantial effect on many parents' abilities to interact with their young children in the sensitive, consistent, and emotionally available way that is critical for the child's healthy social, emotional, and behavioral development.

When risks to healthy development occur, early identification helps families and professionals to design interventions that can be offered to young children and their families early enough that the child's behavioral flexibility and brain plasticity is optimal, and a potentially negative developmental trajectory is most likely to be altered. The goals of best practice intervention when concerns about young

children's mental health are identified invariably include strengthening parent (or primary caregiver)-child relationships.

### **Social/Emotional/Behavioral Screening and Assessment Instruments**

Standardized assessment instruments are one component of a comprehensive, multimodal, and multidisciplinary assessment. As noted earlier, these instruments are intended to be used in combination with careful observation, preferably in several contexts, and sensitive interviewing to provide a thorough understanding of a young child's social, emotional, and behavioral strengths, risks, and needs. When they are used as part of a collaborative relationship with a child's family, standardized instruments facilitate comparison between one particular child and other children who have similar characteristics, such as age, gender, or ethnicity.

Screening and assessment differ in scope, length, and cost. Screening is usually briefer and less expensive than assessment or diagnostic evaluation. It can be defined as the "process of measuring infants and children (usually in large numbers) to identify those needing further assessment to determine whether they exhibit a condition or are at risk to do so in the future" (Wolery, 1989, pp. 122-123). Rather than providing a full picture of a child and her or his family's strengths, risks, and needs, screening is focused on answering a single question: Should this child be referred for diagnostic assessment? (p. 123). The screening instruments recommended in the *Framework* are relatively brief checklists designed to identify temperamental or behavioral signs that an infant, toddler, or preschooler may need to be evaluated to determine if she or he needs intervention to achieve or maintain healthy social, emotional, or behavioral development. Screening should not be used to make a diagnosis.

Assessment, on the other hand, is the "process of gathering information for the purpose of making a decision" (Bailey, p. 2). As described in this *Framework*, it involves evaluating information from observations, interviews, and standardized instruments, often completed by professionals from several different disciplines,

including education, psychology, social work, nursing, medicine, and occupational and physical therapy. The decision to be made is typically more complex than a simple yes or no diagnosis. Assessment decisions generate directions for intervention that help practitioners build on child and family strengths, respond sensitively to cultural issues, and target specific needs. In early childhood mental health assessment, the goal is to describe strengths and needs in a way that leads directly to an intervention plan. Effective early childhood mental health assessment points to interventions that will increase opportunities for the child to regulate and express emotions, experience close and secure relationships with caregivers, begin to demonstrate pro-social skills with peers, and explore and learn within a safe and interesting environment.

The Early and Periodic Screening Diagnosis, and Treatment (EPSDT), a Medicaid child health program, was established to provide a mechanism to identify potential physical, mental, developmental, dental, hearing, and vision problems, and complete diagnostic assessment for follow-up when a risk is identified. A number of services are covered for treatment if problems are identified including: care coordination, child care consultation for individual children, parent-child therapy and therapeutic day treatment, wraparound and community support services and other traditional mental health treatments. Participation in each of these EPSDT components provides a mechanism to promote the well-being of young children in low-income families. All children enrolled in Medicaid are entitled to the EPSDT coverage. It is highly recommended that this program be used as a resource for early childhood mental health assessment.

Early childhood social, emotional, and behavioral instruments vary in quality. Some are in early stages of development and have been used with only a relatively small number of children and families in one location, with little representation of differing income levels, ethnicity, or cultures. Others have been tested with thousands of children in different parts of this country, with a good representation from diverse groups. However, no instrument is perfect. In particular, even the best instruments do not predict future problems with a great deal of accuracy. Especially for young

children, social-emotional-behavioral instruments are much better at giving valuable information about the child's current strengths and needs than they are at predicting how well the child will function in the future. This *Framework* provides limited information about the measurement qualities of the recommended instruments for those readers who are familiar with psychometric issues, such as reliability, validity, normative samples, and generalizability of results.



# Resources on Social-Emotional - Behavioral Assessment



American Academy of Child and Adolescent Psychiatry (1997). **Practice parameters for the psychiatric assessment of infants and toddlers (0 to 36 months)**. Journal of the American Academy of Child and Adolescent Psychiatry, 36. (Supplement October 1997), 21S-36S.

American Academy of Child and Adolescent Psychiatry (1997). Practice parameters for the psychiatric assessment of children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry. 36. (October 1997), 4S-20S.

Center on the Social and Emotional Foundation for Early Learning.  
<http://csefel.vanderbilt.edu/>

Bergman, D. (2004). Screening for Behavioral Developmental Problems: Issues, Obstacles, and Opportunities for Change. The Commonwealth Fund.  
Available from: National Academy for State Health Policy, 50 Monument Square, Suite 502, Portland, ME 04101. (207) 874-6524, [www.nashp.org](http://www.nashp.org).

Printz, P., Borg, A., Demaree, M. A. (2003). A look at social, emotional, and behavioral screening tools for Head Start and Early Head Start. Education Development Center, Inc.

Special Section: Assessment of Infant and Toddler mental health. Journal of American Academy of Child and Adolescent Psychiatry, (40) (1) January 2001.

The DC: 0-3 Casebook, revised: A guide to the use of Zero to Three's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in assessment and treatment planning (2005). Zero to Three, P.O. Box 79768, Baltimore, MD 21279-0768, (800) 899-4301, [www.zerotothree.org](http://www.zerotothree.org).

Task Force on Infant Mental Health (2002). *Definition of infant mental health*. Zero to Three, Arlington, VA, [www.zerotothree.org](http://www.zerotothree.org).

# Summary of Recommended Social-Emotional-Behavioral Health Assessments for Young Children



Key to successful assessment is the adoption of a holistic information gathering approach that includes parent input, observation, and administration of an assessment tool. This section contains a review of measures that may be helpful in your practice. When determining which measure to use to evaluate a child consider the following:

- Does this assessment fit the purpose (e.g., program planning, comprehensive assessment, or screening)?
- Does the assessment answer the questions you want answered about the child's mental health (e.g., temperament, self-control, or emotional regulation)?
- Was the tool developed on a population that was demographically similar to the one you are evaluating (e.g., culture, language spoken in the home)?
- Are the psychometric properties adequate?
- Is it easy to administer and score?

## Screening Measures

- Ages and Stages Social-Emotional Scale (ASQ-SE) (Squires, Bricker & Twombly, 2002) [3-66 months]
- Behavior Assessment System for Children, 2<sup>nd</sup> edition (BASC-2), Behavioral & Emotional Screening System (BESS) (Kamphaus & Reynolds, 2008) [preschool-Grade 12]

- Devereux Early Childhood Assessment Clinical Form (DECA-C) (LeBuffe & Naglieri, 2002) [2-5 years]
- Devereux Early Childhood Assessment for Infants and Toddlers (DECA I/T) (Mackrain & LeBuffe, 2007) [4 weeks-18 months]
- Eyberg Child Behavior Inventory (ECBI) and Stutter-Eyberg Behavior Inventory-revised (SESBI-R) (Eyberg, 1999) [2-16 years]
- Infant Toddler Social Emotional Assessment (ITSEA) (Briggs-Gown & Carter, 2006) [12-36 months]
- Preschool Behavioral and Emotional Rating Scale (PreBERS) (Epstein & Synhorst, 2009) [3-5 years]
- Preschool and Kindergarten Behavior Scales 2<sup>nd</sup>. Edition. (Merrell, 2003) [3-6 years]
- Social-Emotional Assessment Evaluation Measure (SEAM) (Squires, Bricker, Waddell, Funk & Clifford, 2014) [2-66 months]
- Social Skills Improvement System (SSIS) (Graham & Elliot, 2008) [3-18 years]
- Stutter-Eyberg Behavior Inventory-revised (SESBI-R) (Eyberg, 1999)
- Vineland Social Emotional Early Childhood Scales (Vineland SEEC) (Sparrow, Balla, & Cicchetti, 1998) [Birth-5 years]

## **Parent –Child Interaction Assessments**

- Keys to Interactive Parenting (KIPS) (Comfort & Gorden, 2008)
- Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) (Roggman, Cook, Innocenti, Norman & Christiansen, 2013)

## **Curriculum Linked Assessments**

- Devereux Early Childhood Preschool, 2<sup>nd</sup>. Edition (DECA-P2) (LeBuffe & Naglieri, 2012) [*2-5 years*]
- High/Scope Child Observation Record for Infants & Toddlers (COR) (High/Scope Educational Research Foundation, 2002) [*6 weeks - 3 years*]
- High/Scope Preschool Child Observation Record (COR) (High/Scope Educational Research Foundation, 2003) [*2 1/2 years - 6 years*]
- Infant Toddler Developmental Assessment (Erickson & Vater, 1998) [*birth-3 years*]
- The Ounce Scale, (Meisels, Marsden, Dombro, Weston, & Jewkes, 2003) [*Birth-42 months*]
- Teaching Strategies GOLD (Heroman, Burts, Berke, & Bickart, 2010) [*Birth through Kindergarten*]
- The Work Sampling System, (5<sup>th</sup> edition) (Meisels, Jablon, Dichtelmiller, Dorfman & Steele, 2013) [*Preschool - Grade 5*]

# Social-Emotional-Behavioral Health Assessment Tools for Young Children



## ***Adaptive Behavior Assessment System-II (ABAS-II) (Harrison & Oakland, 2003) (Comprehensive Assessment)***

The ABAS-II includes a parent and teacher rating assessment of adaptive skills for individuals from birth to 89 years. This norm-referenced assessment can be used for diagnostic evaluation, identification of strengths and limitations, and monitoring progress. The ABAS-II evaluates a broad range of skills including communication, pre-functional pre-academics, health and safety, leisure, self-care, self-direction, social, and motor. There is a parent/primary caregiver form for children who are ages birth to five years and a teacher/daycare provider form for ages two to five. The 241 item assessment is rated on a four point Likert-scale and also includes a check box if the respondent guessed when responding. This assessment is available in English and Spanish.

Psychometric Properties: This assessment was standardized on 2,100 children (0-5 years old) with 750 teachers and 1,350 parents completing the survey. The sample included an equal number of males and females. The proportions of racial/ethnic groups were based on the racial/ethnic proportions according to census data and the children were also geographically distributed. The test-retest reliability was .90 for the preschool scales and inter-rater reliability was .83.

Recommended for Use By: Individuals trained in basic principles of psychological and educational assessment and test interpretation.

Administration: A qualified examiner.

Cost: \$231 for preschool kit

Time: 30-45 minutes

Available from: The Psychological Corporation, Harcourt Assessment Company, 19500 Bulverde Road | San Antonio, Texas 78259. [harcourtassessment.com](http://harcourtassessment.com), 1-800-872-1726.

## **Ages and Stages Questionnaire: Social Emotional (ASQ: SE): A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors (Squires, Bricker, & Twombly, 2002) (Screening)**

The ASQ: SE provides information related to the social and emotional behavior of children ranging in age from 3 to 60 months. This screening tool is designed for use by a child's parents or other primary caregivers. It identifies young children whose social or emotional development requires further evaluation to determine if referral for intervention services is necessary. The tool is a series of eight questionnaires across 8 age groups. Seven behavioral areas are assessed including: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. Scoring of the instrument is simple and interpretation is straightforward by providing empirically derived cutoff scores.

Psychometric Properties: Validity, reliability, and utility studies were conducted to determine the psychometric properties of the screening instrument. Normative studies included 3,014 children. This tool was based on a normative group that closely paralleled the 2000 United States census data for income, level of education and ethnicity. Concurrent validity ranged from 81% to 95%. Sensitivity of the tool was 78% and specificity was 95%, suggesting that it is useful in discriminating between children with social-emotional delays from typically developing peers.

Administration: Parent questionnaire.

Targeted Professionals: Early Childhood Teachers

Cost: \$225.00

Time: 10-15 minutes

Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, [http:// www.brookespublishing.com](http://www.brookespublishing.com)

## **Behavior Assessment System for Children (BASC-2) Second Edition (Reynolds & Kamphaus, 2004) [2-25 years] (Comprehensive Assessment)**

The BASC is a multi-method, multidimensional approach to evaluating the behavior and self-perceptions of children. The set of rating scales and self-report forms can be used individually or in combination. The three core components are Teacher Rating Scales (TRS), Parent Rating Scale (PRS) and Self-Report of Personality (SRP). The BASC facilitates differential diagnosis and educational classification of a variety of emotional and behavioral disorders and aids in the design of treatment plans for describing the behaviors and emotions of children and adolescents (2:6 through 25:11). The TRS/PRS composites include externalizing problems, internalizing problems, adaptive skills, and a behavioral symptoms index. The SRP composites include clinical maladjustment, school maladjustment, and emotional symptoms index. This standardized assessment provides T scores and percentiles by sex and age for general and clinical populations. All BASC parent and self-report surveys are available in Spanish as well as English, and there are tape recorded instructions that read each item to parents, available in both Spanish and English.

Psychometric Properties: This assessment was standardized across 375 testing sites with 13,000 children. The distribution of children was controlled for age, gender, race geographic region, and social economic status and included special populations. The scales' internal consistency ranges from low .70 to low .90s. Test retest reliability across the 3 scales ranged from high .60 to low .90s. The BASC TRS and PRS scales correlated highly with the corresponding scales on the Achenbach tests (which are parent/ teacher rating scales).

Administration: Parents, teachers or child completes the forms

Recommended for Use By: Clinicians

Cost: Starting at \$220.00

Time: Time varies for each component. TRS/PRS: 10-20 minutes; SDH: 15 minutes

Available from: Pearson, P.O. Box 599700, San Antonio, TX 78259,

<http://psychcorp.pearsonassessments.com>

## **Behavior Assessment System for Children (BASC), 2<sup>nd</sup> edition Behavioral and Emotional Screening System (BESS), (Reynolds & Kamphaus, 2008)**

This screening system is a brief, universal screening system for measuring behavioral and emotional strengths and weaknesses in children and adolescents.

Assessing the behavioral and emotional functioning of children and adolescents can be an effective tool in promoting student success. Academic problems, along with problems associated with developing and maintaining positive relationships with others, can be the result of underlying behavioral and emotional deficits that, when caught early, can be corrected before negatively affecting a child or adolescent.

The BASC-2 Behavioral and Emotional Screening System (BESS) offers a reliable, quick, and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in preschool through high school. This comprehensive screening system consists of brief forms that can be completed by teachers, parents, or students, providing one of the most comprehensive and efficient tools available today.

Psychometric Properties: The BASC-2<sup>nd</sup> edition, Behavioral and Emotional Screening System, was normed on a total sample of 12,350 individuals (3,300 students, 4,450 teachers, and 4,600 parents) from 233 cities in 40 different U.S. states. The authors report that demographics of the standardization sample approximate those of the U.S. general population. It is reported to have split-half reliabilities of 0.90-0.97, test-retest reliabilities of 0.80-0.91, and inter-rater reliabilities of 0.82-0.83 for the parent form and 0.71-0.80 on the teacher form. Further studies have reported internal consistency reliabilities (alphas) of 0.71-0.90.

Administration: A qualified examiner is needed for scoring. Computer scoring is available.

Cost: preschool kit=\$107.00

Time: 5-10 minutes

Available from: Pearson, P.O. Box 599700, San Antonio, TX 78259,

<http://psychcorp.pearsonassessments.com>

## **Brief Infant-Toddler Social and Emotional Assessment (BITSEA) (Carter and Briggs-McGowen, 2006) (Screening)**

The BITSEA is appropriate for children 12 - 36 months of age. The BITSEA is a shortened questionnaire that is based on the Infant-Toddler Social and Emotional Assessment that can be completed by parents or providers. This instrument evaluates both social-emotional problems and competencies. The scale identifies strengths and weaknesses within the following five dimensions of social and emotional development; 1) Externalizing problems (e.g., aggression); 2) Internalizing problems (e.g., depression/withdrawal); 3) Regulatory problems (e.g., sleeping, eating, unusual sensitivities); 4) Maladaptive Behaviors (e.g., head-banging); 5) Seven Scales of Competencies (e.g., attention, pro-social peer interactions, task mastery, empathy, emotional awareness). Completion of the ITSEA is recommended if the child fails the BITSEA.

Psychometric Properties: The BITSEA was standardized using a U.S. sample of 600 children ranging from age 12 months to 35 months 30 days. Four age bands of 150 children each (75 males and 75 females) were represented: 12 to 17 months, 18 to 23 months, 24 to 29 months and 29 to 35 months 30 days. The sample was stratified according to the 2002 U.S. census and included demographic variables such as sex, ethnicity, geographic region, and parents' education level. The sample consisted of 5 race/ethnic backgrounds: Asian (5%), Black (16.2%), Hispanic (20%), Caucasian (57.8%), and Other (1.2%). The manual contains detailed information regarding demographic information of the standardization sample.

Administration: Parent/caregiver completes the forms.

Recommended for Use By: Early Interventionists, Early Childhood Teachers

Cost: Kit= \$113.75

Time: 30 minute

Available from: Pearson, P.O. Box 599700, San Antonio, TX 78259,  
<http://psychcorp.pearsonassessments.com>

## **Child Behavior Checklist for Ages 1 1/2-5 (CBCL) (Parent Report) & Caregiver-Teacher Report Form (C-TRF) (Teacher Report) (Achenbach, 2000) (Comprehensive Assessment)**

The CBCL is a parent rating scale that examines the behavioral problems of young children using a 100-item scale. The C-TRF is a companion teacher/caregiver rating scale using a 99-item scale. The two profiles examine six areas, which are identified as internalizing or externalizing behaviors, and provide a problem score in each of these areas as well as a total problem score. The assessment can be hand or computer scored. It also comes in a Spanish version.

Psychometric Properties: This assessment tool was standardized on a group of 398 children who were referred, not referred, or at-risk. Norms are based on those children in the non-referred category. The inter-interviewer reliability ranged from .927 to .959. Test-retest reliability ranged from .952 to .996. The inter-parent report ranged from .74 to .76.

Administration: Parent/caregiver completes the survey.

Recommended for Use By: Clinicians. Early Interventionists (with specialized training)

Cost: Forms: Parent forms (pkg. 50) = \$25, Caregivers forms (pkg. 50) = \$25, Manual-\$40

Time: 20 minutes.

Available from: T. M. Achenbach, Center for Children, Youth & Families, University of Vermont, 1 South Prospect St., Room 6433, Burlington, Vermont, 05401-3456 (802) 656-8313, <http://www.aseba.org/>

## **Devereux Early Childhood Assessment for Preschoolers - 2<sup>nd</sup> edition, (DECA-P2) (LeBuffe and Naglieri, 2012). (Curriculum-Linked)**

The DECA is a standardized norm referenced behavior rating scale that measures 27 positive behaviors and an 11 item behavioral screener in preschool children 2 to 5. The DECA includes three scales measuring attachment/relationships, self-regulation & initiative, and a behavioral concerns scale. Questionnaires can be completed by parents and teachers. Scoring and interpretation needs to be completed by professionals trained in assessment and familiar with child development.

Psychometric Properties: The assessment was standardized on a sample of 3,553 preschoolers. Of the sample, 1,416 of the children were rated by parents and 2,137 were rated by preschool teachers or childcare providers. The sample consisted of 51% boys and 49% girls. The sample included 80% Caucasian, 13% African-American, 5% Asian, 1% Native American, and 4% two or more. The test-retest reliability for protective factors ranged from .88 for parents and .95 for teachers. The inter-rater reliability was .59 to .68 for protective factors. The construct validity was a .65 correlation between protective factors and problem behavior.

Administration: Rating scale based on previous observations

Recommended for Use By: Early Interventionists, Early Childhood Teachers

Cost: \$209.95

Time: 10 minutes

Available from: Kaplan, P.O. Box 609, 1310 Lewisville-Clemmons Rd., Lewisville, NC 27023-0609, Phone: 800-334-2014, <http://www.kaplanco.com>

## **Devereux Early Childhood Assessment - Clinical (DECA-C) (LeBuffe and Naglieri, 2003). (Comprehensive Assessment)**

The Devereux Early Childhood Assessment - Clinical (DECA-C) is a standardized norm referenced behavior rating scale that assesses behaviors related to both social and emotional resilience and social and emotional concerns in preschool ages two through five. The primary purpose of the DECA-C may also be used to guide interventions, help identify children needing special services, assess outcomes, and help programs meet Head Start, IDEA and similar standards. The DECA-C is a 62-item scale that can be completed by either parents or teachers.

Psychometric Properties: The standardization sample for the Behavioral Concerns Scale consisted of 1,108 preschool children, aged 2 years 0 months through 5 years 11 months 30 days, who were rated on the DECA-C. These children were rated by parents (n = 541) or teachers (n = 567). The sample approximated the population of preschoolers in the United States with respect to race, ethnicity, region of residence, and family income. Studies indicate that the DECA-C is a reliable instrument for assessing preschool children's behavioral concerns. The internal reliability estimates for each scale were calculated separately for each rater. For parents, the alpha coefficients range from a low of .66 on Withdrawal/Depression to a high of .78 on Emotional Control Problems, with a median of .76. For teachers, the alpha coefficients range from a low of .80 on Withdrawal/Depression to a high of .90 on Attention Problems, with a median of .88. The authors report results of criterion-related validity studies that demonstrated that the DECA-C was useful in making decisions about children's social and emotional health.

Administration: Rating scale based on previous observations

Recommended for Use By: A professional license or a degree from a four year college or university and graduate level training in assessment

Cost: Kit= \$129.95

Time: 15 minutes

Available from: Kaplan, P.O. Box 609, 1310 Lewisville-Clemmons Rd., Lewisville, NC 27023-0609, Phone: 800-334-2014, [www.kaplanco.com](http://www.kaplanco.com)

## **Devereux Early Childhood Assessment for Infants and**

## **Toddlers (DECA I/T) (Powell, Mackrain, & LeBuffe, 2007) (Comprehensive Assessment)**

The Devereux Early Childhood Assessment for Infants and Toddlers (DECA I/T) is a standardized, norm-referenced, strength based assessment that assesses protective factors and screens for social and emotional risks in very young children. The DECA Infant has 33 items that reflect positive behaviors (strengths) typically seen in resilient infants. These positive behaviors comprise two protective factor scales: initiative (18 items) and attachment/relationships (15 items). A total protective factors scale is yielded from the two scales. The DECA Toddler has 36 items that reflect positive behaviors. The positive behaviors comprise three protective factor scales: initiative (11 items), attachment/relationships (18 items), and self-regulation (7 items). A total protective factor scale is a composite of the three scales.

Psychometric Properties: The DECA I/T standardization sample consisted of 2,186 infant and toddlers between 4 weeks and 3 years of age. 45% of the sample were infants and 55% were toddlers. Children between 4 weeks and 18 months were considered as infants, and children ages 18 months to 3 years were classified as toddlers. The sample approximated the population of preschoolers in the United States with respect to race, ethnicity, region of residence, and family income. Studies indicate that the DECA I/T is a reliable instrument for assessing young children. The internal reliability estimates for each scale were calculated separately for each rater. For the infant form (DECA-I) the Total Protective Factors Scale alpha coefficients were: Parent Raters (.90 to .94) and Teacher Raters (.93 to .94), and the toddler form (DECA-T) alpha coefficients were Parent Raters .94 and Teacher Raters .95. The scales were found to have very good test-retest reliability.

Administration: Rating scale based on observations

Recommended for Use By: Early Interventionists, Early Childhood Teachers

Cost: Kit= \$199.95

Time: 15 minutes

Available from: Kaplan, P.O. Box 609, 1310 Lewisville-Clemmons Rd., Lewisville, NC 27023-0609, Phone: 800-334-2014, <http://www.kaplanco.com>

## **Eyberg Child Behavior Inventory (ECBI) and Stutter-Eyberg Behavior Inventory-revised (SESBI-R)**

## **(Eyberg, 1999) (Comprehensive Assessment)**

The Eyberg Child Behavior Inventory (ECBI) and the Sutter-Eyberg Student Behavior Inventory-revised (SESBI-R) are comprehensive, behaviorally specific rating scales that measure conduct problems in children ages two through sixteen years. The ECBI is designed for completion by parents and assesses the frequency of disruptive behavior occurrences in the home. The 36-item ECBI indicates how often each of the behaviors occurs (7 point intensity scale) and whether or not the behavior is a problem (yes/no problem scale). The SESBI-R is a teacher completed measure of disruptive classroom behaviors. The 38-item SESBI-R yields a Total Intensity Score and a Total Problem Score. Both tools provide clinicians with information that is useful for the identification and treatment of conduct disorder behavior in children and adolescents.

Psychometric Properties: The ECBI was re-standardized on parents in 1999 in six outpatient pediatric settings in the southwest. This new standardized population was demographically representative of general child/adolescent population in the southwest U.S. It consisted of 798 children between the ages of two and sixteen with all age groups represented equally. There were equal numbers of boys and girls. The sample included 74% Caucasian, 19% African American, 3% Hispanic, 1% Asian, and 1% Native American, and 2% or other or mixed ethnicity. The ECBI consisted of two scales of intensity and problems with test-retest reliability at .86 and .88 respectively. Inter-rater reliability coefficients were .86 (intensity) and .79 (problem skills). The ECBI scales were found to correlate significantly with the Parenting Stress Index. The SESBI-R was standardized with a sample size of 1,116 children in grade Kindergarten through. According to the publisher, the intensity and problem scales demonstrated high internal consistency, significant test-retest reliability, and acceptable criterion validity.

Administration: Parent/caregiver or teacher completes this survey

Time: 5-10 minutes

Cost: ECBI/SESBI-R kit= 208.00

Available from: PAR (Psychological Assessment Resources, Inc., 16204 North Florida Avenue, Lutz, FL 33549, 1-800-331-8378. <http://www.parinc.com>

## **Infant-Toddler Social and Emotional Assessment (ITSEA) (Carter and Briggs-McGowen, 2006) (Comprehensive Assessment)**

The Eyberg Child Behavior Inventory (ECBI) and the Sutter-Eyberg Student Behavior Inventory-revised is appropriate for children 12 - 36 months of age. Questionnaire can be completed by parents or providers. ITSEA evaluates both social-emotional problems and competencies, including strengths and weaknesses within the following five dimensions of social and emotional development; 1) Externalizing problems (e.g., aggression); 2) Internalizing problems (e.g., depression/withdrawal); 3) Regulatory problems (e.g., sleeping, eating, unusual sensitivities); 4) Maladaptive Behaviors (e.g., head-banging); and 5) Seven Scales of Competencies (e.g., attention, pro-social peer interactions, task mastery, empathy, emotional awareness). This tool has been normed based on typical young children, an at-risk population and infant/toddlers in the early intervention system in Connecticut.

Psychometric Properties: The ITSEA has a good to excellent fit indices across scales. The comparative fit indices range from .921 to .999. The mean r-square is .50, and the mean residual for individual items is .21.

Administration: Parent/caregiver completes the forms.

Recommended for Use By: Clinicians, Early Interventionists

Cost: \$237.50

Time: 30 minutes to complete

Available from: <http://pearsonassessments.com>

## **Keys to Interactive Parenting (KIPS) (Comfort and Gordon, 2008) (Parent-Child Interaction Assessment)**

KIPS is a brief tool used to assess parenting behavior in order to guide intervention services, monitor family progress, and evaluate program outcomes. KIPS identifies specific parenting strengths and areas for growth. KIPS is a structured observational tool that requires training, certification, and annual recertification to ensure reliable scoring. KIPS is scored from a brief (10 to 20 minute) observation of parent and child interaction during free play. The 12 item scale assesses the quality of parenting behavior using a 5 point quality scale. KIPS items include:

- Sensitivity of responses
- Response to emotions
- Physical interaction
- Involvement in child's activities
- Open to child's agenda
- Engagement in language experiences
- Reasonable expectations
- Adapts strategies to child
- Limits and consequences
- Supportive directions
- Encouragement
- Promotes exploration/curiosity

Psychometric Properties: A series of four studies were supported by NICHD from 2004-2009 to investigate the reliability and construct, criterion, and predictive validity of KIPS. The scales showed internal consistency ranging from .89 to .96 and inter-rater reliability ranging from 93% to 96%. KIPS scores were significantly correlated with caregiver age, education, employment, and marital status.

Administration: KIPS training, certification, and recertification required

Cost: On-line training is \$135 per year/person

Time: 10 minutes to observe, 10 minutes to score

Available from: <http://www.comfortconsults.com/kips>

## **Modified Checklist for Autism in Toddlers-Revised with Follow-Up<sub>TM</sub> (M-CHAT-R/F)<sub>TM</sub> (Robins, Gein, and Barton, 2009)**

The M-CHAT-R/F<sub>TM</sub> is a two-stage parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD). The M-CHAT-R is a 20 question checklist and the M-CHAT-R/F is completed in an interview format. The M-CHAT-R/F<sub>TM</sub> interview questions are asked only for those items that were originally failed on the M-CHAT-R. The follow-up interview questions are organized according to item and follow a flowchart format.

Psychometric Properties: The parents of 16,071 toddlers ages 18 to 24 completed the screener at their child's well child visit. The reliability and validity of the M-CHAT-R/F<sub>TM</sub> were demonstrated, and optimal scoring was determined by using receiver operating characteristic curves. Children whose total score was  $\geq 3$  initially and  $\geq 2$  after follow-up had a 47.5% risk of being diagnosed with autism spectrum disorder (ASD; confidence interval [95% CI]: 0.41–0.54) and a 94.6% risk of any developmental delay or concern (95% CI: 0.92–0.98).

Administration: Parent/caregiver completes the forms.

Recommended use by: medical professionals, specialists

Cost: Free

Time: 5-10 minutes M-CHAT-R, varying for M-CHAT-R/F<sub>TM</sub>

Available from:

[http://www2.gsu.edu/~psydlr/M-CHAT/Official\\_M-CHAT\\_Website.html](http://www2.gsu.edu/~psydlr/M-CHAT/Official_M-CHAT_Website.html)

## **Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) (Roggman, Cook, Innocenti, Norman, & Christiansen, 2013) (Parent-Child Interaction Assessment)**

PICCOLO is an observational tool designed to assess and monitor the quality of parent–child interactions. Developed for use with parents of children ages 10-47 months, PICCOLO measures 29 developmentally supportive parenting behaviors in 4 critical domains—Affection, Responsiveness, Encouragement, and Teaching. It can be used to assess which parenting behaviors are working, develop individualized interventions that help parents improve, and track the positive outcomes of your parent support program.

Psychometric Properties: The research sample included more than 4,500 video observations of more than 2,000 families with diverse socio-economic and ethnic backgrounds. Inter-rater reliability: .077, scale reliability: .078. Content validity: Parenting behaviors rated 2.58 on importance scale of 0-3. Construct validity:  $r=0.62$ . Predictive validity:  $r= 0.19$  at age 3;  $r=0.23$  at age 5 (overall child development)

Administration: Clinicians & practitioners

Recommended for Use By: Clinicians, Early Interventionists, Early Elementary teachers, Home Visitors

Cost: \$55.00

Time: 10 minutes for observation

Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, [http:// www.brookespublishing.com](http://www.brookespublishing.com)

## **Parents' Observation of Social Interaction (POSI) (Perrin & Sheldrick, 2013) (Screening)**

The Parent's Observations of Social Interactions (POSI), is a 7-item screening instrument for Autism Spectrum Disorders (ASD). The POSI was created as one part of a comprehensive screening instrument designed for pediatric primary care. Items for the POSI were chosen by a team of experts who reviewed existing assessment instruments and relevant research literature. Initial validation was conducted in two sub-studies, 1) in a sub-specialty setting and 2) in separate mixed sub-specialty/primary care settings.

Psychometric Properties: According The Survey on the Wellbeing of Young Children website, in the first sample, parents of 213 children aged 18-48 months who presented to a developmental clinic for diagnostic evaluation completed a clinical intake questionnaire that included the POSI and the Modified Checklist for Autism in Toddlers (M-CHAT) checklist. POSI and M-CHAT scores were compared to results of the full clinical evaluation to derive scoring thresholds and assess reliability and validity. In the second sample, 235 parents of children aged 16-36 months were enrolled from a combination of primary care and subspecialty settings. They completed the POSI, M-CHAT, and a report of their child's diagnoses. POSI and M-CHAT scores were compared to reported diagnoses to assess validity. In the first study, the POSI demonstrated adequate internal reliability (Cronbach alpha 0.83). Sensitivity (89%) was higher than that of the MCHAT (71%) ( $p < 0.05$ ) and specificity (54%) was not significantly different from that of the MCHAT (62%). In the second study, the POSI demonstrated adequate internal reliability ( $\alpha = 0.86$ ). Sensitivity (83%) compared favorably to the MCHAT (50%), although specificity was lower (75% v 84%).

Administration: Parent/Caregiver completed

Recommended for Use By: Clinicians, Early Interventionists, Physicians

Cost: No Cost

Time: 5 minutes

Available from: The Survey of Well Being of Young Children,  
<http://www.theswyc.org>

## **Preschool Behavioral and Emotional Rating Scale (PreBERS) (Epstein & Synhorst, 2009) (Comprehensive Assessment)**

The Preschool Behavioral and Emotional Rating Scale (PreBERS) is a standardized, norm-referenced, 42 item rating scale that assesses the behavioral and emotional strengths of preschool children ages 3-5 years. The 42 items are rated on a Likert-type scale from 0 to 3. There are four subscales: Emotional Regulation, School Readiness, Social Confidence, and Family Involvement. The subscales are summed, and a composite score called the Strength Index is derived.

Psychometric Properties: The PreBERS was normed on a sample of 1,471 children, including a national sample of Head Start children and early childhood special education children. Separate norms for each sample are reported. According to the publisher, the internal consistency reliability exceeded .84 for each subtest and .97 for the Strength Index.

Administration: An adult who is most knowledgeable about the child

Recommended for Use By: Teachers, parents, psychologist, counselor, or other professionals

Cost: \$106.00

Time: 10 minutes

Available from: ProEd: <http://www.proedinc.com/>

## **Preschool and Kindergarten Behavior Scales-second edition (PKBS) (Merrell, 2003) (Comprehensive Assessment)**

The Preschool and Kindergarten Behavior Scale - 2nd Edition (PKBS-2) is a 76 item ratings scale designed to measure both problem behaviors and social skills of children ages 3-6. The PKBS-2 contains two major scales: social skills and social behavior. The social skills scale measures positive social skill characteristics of well-adjusted children. The problem behavior scale measures problem behaviors with young children who are experiencing adjustment problems. This instrument can be used as a screening tool for identifying at-risk children and can be used to develop appropriate interventions. The PKBS-2 is designed for completion by parents or teachers, but may also be completed by other individuals who know the child well enough to make an informed rating. A Spanish language form is available.

Psychometric Properties: Separate norms exist for the home-rater version and the school-rater version of the PKBS-2. Samples included children from a broad array of data collection settings, including public school kindergartens and preschools, private preschools, Head Start programs, and pediatric clinics in 17 states representing each U.S. geographic region. The sample size was 3313. The range of Test-Retest Value: 0.62 to 0.87. The range of Inter-rater reliability: 0.36 to 0.63. The range of Internal consistency: 0.84 to 0.97. Criterion validity was assessed and found to be acceptable.

Administration: Completion of scales by parent and teacher.

Recommended for Use By: Clinicians, Early Interventionists, Early Elementary teachers

Cost: 133.00

Time: 8-12 minutes to complete

Available from: [www.proedinc.com](http://www.proedinc.com)

## **Social-Emotional Assessment Evaluation Measure (SEAM), (Squires, Bricker, Waddell, Funk, & Clifford, 2014)**

The SEAM (Social-Emotional Assessment Evaluation Measure) is a two part assessment which consists of the SEAM tool and the SEAM Family Profile. The main SEAM includes three intervals with different developmental ranges: Infant (2–18 months), Toddler (18–36 months), and Preschool (36–66 months). Each interval assesses 10 child benchmarks critical to social-emotional competence, including empathy, adaptive skills, self-image, emotional responses, and healthy interactions with others. The SEAM Family Profile assesses parent and caregiver strengths and helps identify areas in which they need more supports and resources to foster their child's social-emotional skills. Like the main SEAM, the Family Profile assessment includes three intervals—Infant, Toddler, and Preschool. Each interval measures four benchmarks key to a nurturing home environment: responding to needs, providing activities and play, providing predictable routines and an appropriate environment, and ensuring home safety.

Psychometric Properties: Unavailable at this time

Administration: Early interventionists, early childhood teachers, Head Start and Early Head Start professionals, home visitors, parent educators

Recommended for Use By: Early interventionists, Early Childhood Teachers, Head Start and Early Head Start professionals, Home Visitors, Parent Educators

Cost: \$49.95

Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, <http://www.brookespublishing.com>

## **Social Skills Improvement System (SSIS) Rating Scales, (Graham & Elliot, 2008) (Comprehensive Assessment)**

The SSIS (Social Skills Improvement System) Rating Scales enables targeted assessment of individuals and small groups to help evaluate social skills, problem behaviors, and academic competence. Teacher, parent, and student forms help provide a comprehensive picture across school, home, and community settings. The SSIS is appropriate for individuals 3-18 years of age.

The multi-rater SSIS Rating Scales helps measure:

- **Social Skills:** Communication, Cooperation, Assertion, Responsibility, Empathy, Engagement, Self-Control
- **Competing Problem Behaviors:** Externalizing, Bullying, Hyperactivity/Inattention, Internalizing, Autism Spectrum
- **Academic Competence:** Reading Achievement, Math Achievement, Motivation to Learn

Psychometric Properties: The SSIS-RS was standardized with 4700 children across 36 states and were representative of the United States demographics based on the US Census. Internal, test-retest and inter-rater reliabilities for each age group were considered in the high range (coefficient alpha in the upper .90s). The SSIS-RS has moderate correlations with related measures including the Vineland Adaptive Behavior Scales, 2<sup>nd</sup> Edition and the Behavior Assessment System for Children, 2<sup>nd</sup> Edition.

Administration: Completion of scales by parent and teacher.

Recommended for Use By: Teacher, Parent, Student

Cost: \$261.00

Time: 10-25 minutes to complete

Available from: <http://www.pearsonassessments.com>

## **The Survey of Wellbeing of Young Children (SWYC) (Perrin & Sheldrick, 2013) (Screening)**

The SWYC is a screening instrument designed to screen cognitive, language, motor and social-emotional development as well as family risk factors. The SWYC can be used to screen children ages 2 months to 60 months. There is a section for autism-specific screening included in the screenings for children ages 18-60 months. The SWYC also is unique because it combines all critical aspects of child development in one survey: cognitive, motor, and language development, social and emotional development, Autism Spectrum Disorder (ASD) and family risk factors (i.e. depression, alcohol and drug abuse and parental conflicts).

Psychometric Properties: According to the Survey of Well Being of Young Children website, as of 2013, three of the SWYC's four components have been compared statistically to a well-respected screening instrument (ASQ-3 and ASQ-SE), and to parents' reports of developmental-behavioral diagnoses. One has also been compared to the CBCL, a frequently used parent report of symptoms of behavioral/emotional disorders. The items that comprise the fourth component of the SWYC, called "Family Risk Factors", were assembled from previously-validated tests and have not been evaluated in their current form.

Administration: Parent/Caregiver completed

Recommended for Use By: Clinicians, Early Interventionists, Physicians

Cost: No Cost

Time: 10-15 minutes to complete

Available from: The Survey of Well Being of Young Children,

[http:// www.theswyc.org](http://www.theswyc.org)

## **Temperament and Atypical Behavior Scale (TABS), (Bagnato, Neisworth, Salvia, and Hunt, 1999) (Comprehensive Assessment)**

The Temperament and Atypical Behavior Scale (TABS) is a screening and assessment tool that assesses temperament, attention & activity, attachment & social behavior, neurobehavioral state, sleeping, play, vocal & oral behavior, senses & movement, and self-stimulatory behavior in infants, toddlers, and preschoolers. The areas are grouped into four categories of atypical temperament: detached, hyper-sensitive/active, underactive, and dysregulated. The TABS screener has 15 items and the TABS assessment is comprised of 55 items.

Psychometric Properties: TABS is reported to have strong inter-rater and rating-rerating reliability indices of 81% to 94%; internal consistency indices of 88% to 95% and high treatment and social validity.

Administration: Completion of scales by an interviewer with graduate education degree in Early Childhood.

Recommended for Use By: Completed by parents or caregivers

Cost: \$105.00

Time: 5 minutes to complete

Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, <http://www.brookespublishing.com>

## **Vineland Social Emotional Early Childhood Scales (Vineland SEEC), (Sparrow, Balla, & Cicchetti, 1998) (Comprehensive Assessment)**

The Vineland SEEC Scales assess the social-emotional functioning of children from birth through 5 years, 11 months. Three scales, which combine into a Social-Emotional Composite, are used to evaluate a child's ability to pay attention, understand emotional expression, cooperate with others, construct and observe relationships, and develop self-regulation behaviors. The three scales are: Interpersonal Relationships (44 items), Play and Leisure Time (44 items), and Coping Skills (34 Items). This assessment is administered as a semi-structured interview with the child's parent or caregiver, in which the interviewer asks general open-ended questions relating to the child's activities and behavior (these questions are designed by the interviewer) to ascertain key developmental milestones. Since this requires that the interviewer design his or her own open-ended questions, it is critical that the interviewer has a thorough understanding of the test items and experience in conducting this type of interview.

Psychometric Properties: The reliability statistics for children between 6 and 36 months indicate (1) Internal consistency (Spearman-Brown correlations): Interpersonal Relationships: .82 to .92; Play and Leisure Time: .72 to .96; Coping Skills: .87; and Composite: .89 to .97 (2) Test-retest reliability (interval ranged from 2 to 4 weeks and averaged 17 days): Interpersonal Relationships: .73; Play and Leisure Time: .74; Coping Skills: .54; and Composite: .77. (3) Inter-rater reliability (intervals ranged from 1 to 14 days and averaged 8 days): .47 to .60. No validity studies are included in the manual for the Vineland SEEC.

Administration: Completion of scales by an interviewer with graduate education in Early Childhood.

Recommended for Use By: Clinicians, Early Interventionists

Cost: \$101.00

Time: 25 minutes to complete

Available from: <http://www.pearsonassessments.com>

# *Resources on Responsive Caregiving: Assessing Adult-Child Interaction*



## **Responsive Caregiving: Supporting Adult-Child Interaction**

The Assessment Committee believes that responsive caregiving is such a critical element of social-emotional-behavioral health for young children that it must be addressed in a review of resources for early childhood mental health. The nurturing, protective, and stable relationships infants, toddlers and preschoolers need with adults are constructed through daily interactions between young children and their parents and other caregivers. Responsive caregiving builds trust and, ultimately, fosters self-worth and good peer relationships. Responsive caregiving encompasses both: 1) the creation of safe, structured environments with predictable routines and interesting materials to explore (discussed in *Creating Quality Environments*), and 2) sensitive, caring, and dependable interactions with stable adult caregivers. Positive interactions with stable adults help young children organize their emotional responses and behavior, develop secure attachments, and resolve interpersonal conflict in healthy ways.

Young children first learn what to expect from other people and what is expected of them through their relationships with parents and other caregivers (*Zero to Three*, 2002). Caregivers whose interactions with babies and young children include matching a child's emotional tone, suggesting words that seem to name a child's emotions accurately, and helping a child recognize emotional cues, such as smiles, angry faces, or tears help the child build emotional competence. Such sensitive interactions help infants and young children learn to regulate their emotions and to use their emotional experience to enrich their lives. As partners in many, repeated exchanges of loving touches, looks, verbalizations, smiling, and laughter with their caregivers, young children develop the skills they need to form positive relationships with peers and other adults (see Thompson, 2001).

Attachment security is one foundation block of such healthy early parent-child relationships. Secure attachments grow out of dependable, responsive, and sensitive interactions with primary caregivers. When caregivers are sensitive to a baby's signals,

whether of hunger, tiredness, interest, fear, or joy, and respond to the signals quickly and dependably, the child learns to trust the adult to provide for her or his needs. Of course, early attachments do not determine a child's later mental health. Secure attachments do not guarantee later social-emotional-behavioral health, and insecure attachments do not ensure later problems (Thompson, 2001). However, healthy attachments with dependable caregivers buffer many stressors for young children, help them venture into their environments to explore and learn, and add important skills to help them enjoy subsequent positive social relationships.

Caregiver-child interactions include conflict as well as warmth and affection (Thompson, 2001). A second foundation block of responsive caregiving is setting consistent rules and limits, enforcing developmentally-appropriate expectations, and responding to a child's varying levels of compliance with adult instructions. Especially as children become toddlers and preschoolers, the means of conflict resolution and behavior management that is part of their relationship with their parents and other caregivers becomes increasingly important. Ross Thompson noted, "Nothing focuses a young child's attention on what other people are thinking or feeling more than the realization that a conflict must be resolved" (Thompson, p. 26). Dr. Thompson goes on to explain that conflict-related adult-child interactions create a "laboratory" for young children to recognize that other people have feelings and desires different from those of the child and to explore the consequences of those differences. Learning to follow rules and social conventions helps the child develop the pro-social behaviors that are another hallmark of mental health.

## **Resources on Responsive Caregiving**

The following resource list provides a sampling of resources that provide a framework to support families in positive interactions with their children.

**Brazelton Touchpoints Center.** <http://www.brazeltontouchpoints.org>

**Center for Evidence-Based Practice: Young Children with Challenging Behavior.**  
<http://challengingbehavior.org>

**Clinical practices: Redefining the standards of care for infants, children and families with special needs.** Interdisciplinary Council on Developmental and Learning Disorders (ICDL) (2000).

Available from: ICDL, 4938 Hamden Lane, Suite 800, Bethesda, MD 20814,  
<http://www.icdl.com>

**Extending the Dance in Infant & Toddler Caregiving.** C. Pope-Edwards, L. Gandini, & H. Raikes (2010) Brookes Publishing Company,

Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, <http://www.brookespublishing.com>

**Floor Time: Techniques and the DIR Model for Children and Families with Special Needs.** (Videotape series). S.I. Greenspan & S. Wieder (2001).

Available from: Interdisciplinary Council on Developmental and Learning Disorders, Bethesda, MD, 4938 Hampden Lane, Suite 800, 301-656-2667, <http://www.icdl.com>

**Foundations of Responsive Caregiving: Infants, Toddlers, and Twos.** Barbe, J. (2012). Redleaf Press, 10 Yorkton Court, St. Paul, MN 55117, [www.redleafpress.com](http://www.redleafpress.com)

**Growing Up Again: Parenting Ourselves, Parenting Our Children.** J. Illsley Clarke & C. Dawson (1998)

Available from: Hazelden Educational Materials, 1-800-328-9000, Pleasant Valley Road, P.O Box 176, Center City, MN 55012-0176, <http://www.hazelden.org>

**Developmental parenting: A guide for early childhood practitioners.** Roggman, L. A., & Boyce, L. K., & Innocenti, M. S. (2008).  
Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, <http://www.brookespublishing.com>

**Handbook of Infant Mental Health (3rd Ed.)** C. H. Zeanah (2009)  
Available from: The Guilford Press, 72 Spring Street, New York, NY 10012, <http://www.guilford.com>.

**Parenting That Works.** E. Christophersen & S. Mortweet (2003)  
Available from: American Psychological Association.

**Parenting The Strong-Willed Child, Revised & Updated Edition: The Clinically Proven Five-Week Program for Parents of Two-to-Six-Year- Olds-third edition.** R. Forehand & N. Long (2010)  
Available from: <http://www.abebooks.com/>

**Parenting with Purpose: Progressive Discipline from Birth to Four.** L. Madison (1997)  
Available from: <http://www.alibris.com/>

**Right from Birth: Building Your Child's Foundation for Life: Birth to 18 months.** (C. T. Ramey & S. L. Ramey, 1999)  
Available from: Goddard Press, 380 Madison Avenue, NY, NY 10017

**Sleeping Through the Night.** (J. Mindell, 2005)  
Available from: Harper Collins Publishers.

**Supporting Adult-Child Interaction. In Tender Care and Early Learning: Supporting Infants and Toddlers in Child Care Settings.** (Post & Hohmann, 2000).  
Available from: High/Scope Press, 600 North River Street, Ypsilanti, Michigan 48198-0704. [Press@highscope.org](mailto:Press@highscope.org)

# *Resources on Creating Quality Environment for Young Children*



## **Creating Quality Environment for Young Children**

Home and childcare environments provide the safety, structure, predictable routines, and interesting materials young children need to develop social, emotional, and behavioral health. Quality environments for young children are dependent on the planning and active involvement of sensitive caregivers who create structures, routines, and interactions through which children come to know themselves as competent and likable. Quality environments support young children's active participation in their own learning (Zero to Three, 2002), provide opportunities for challenge, foster the growth of coping strategies, and support children's communication and cooperative play. Resources for assessing childcare environments are briefly reviewed in this document. However, the characteristics of childcare environments most specific to social-emotional-behavioral health are those that foster security, stability, and positive adult-child interactions. A written document, such as this, can describe environmental safety and structure in a separate section from that addressing the adult-child interactions that are integral to the shape of environment for the young child. The child's reality, however, is that relationships, physical surroundings, and schedule are an interwoven whole. Thus, quality environments for young children are those that take seriously the need for children to have "continuity of care", a term that emphasizes the importance of day care policies that support the development and maintenance of positive adult-child relationships. According to Post and Homann (2000), such policies assure that each child's day is anchored around a primary caregiver, that groups are small and share stable caregiver teams, and that children stay together with each other and caregivers from year to year (p. 92). Post and Homann recommend scheduling procedures focused on children's needs, including mechanisms to prepare children and parents for absences and returns of primary caregivers, and they advocate for caregivers to observe children, record behaviors, and share observations with parents daily.

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# Summary of Recommended Environment Rating Scales



## Environment Assessment Instruments

- Classroom Assessment Scoring System (CLASS) (Pianta, LaPara, and Hamre [Birth – Secondary])
- Early Childhood Environment Rating Scale (Harms, Clifford, 2004) [3-5 years]
- Family Child Care Environment Rating Scale (Harms, 2007) [Birth-5 years]
- Infant-Toddler Environment Rating Scale (Harms, 2006) [Birth-2 years]
- High/Scope Program Quality Assessment (PQA) - 2nd edition. (High/Scope Educational Research Foundation, 2003)
- Preschool-wide Evaluation Tool (PreSET) (Steed & Pomerleau, 2012)
- Teaching Pyramid Observation Tool for Preschool Classrooms (TPOT) (Fox, Hemmeter, & Snyder, 2013)
- The Pyramid Infant Toddler Observation Scale (TPITOS) (Hemmeter, Carta, hunter, Strain, & Baggett, 2009)

## ENVIRONMENT RATING SCALES

**Classroom Assessment Scoring System (CLASS) (Pianta, LaPara, and Hamre [Birth – Secondary], 2011.**

These observational instruments were developed to assess teacher-child interactions in toddler, preschool, early elementary and secondary education classrooms and settings. The dimensions assessed are based on interactions between teachers and children and does not evaluate the presence of materials or the physical environment, or issues related to health and safety. These dimensions focus on how teachers engage and relate to children as well as how they provide learning opportunities within activities and routines. Data from the tool are used to support teachers' teaching strategies.

Psychometric Properties: Several research studies have been completed on reliability and validity of the tools. Results suggest that the CLASS scores are reliable and valid.

Administration: Observation and completion of rating scale.

Recommended for Use By: Certified trained observers.

Cost: Manuals- \$49.95. Score Sheets-\$30.00. Class Dimension Guides-\$19.95.

Time: Four – 30 minute cycles.

Available from: Teachers College Press, Columbia University, 1234 Amsterdam Avenue, NY, NY 10027

**Early Childhood Environment Rating Scale-R (ECERS) (Harms, Clifford, & Cryer 2004); Family Child Care Rating Scale (FCCRS) (Harms & Clifford, 2007); Infant-Toddler Environment Rating Scale (ITERS) (Harms, Clifford, & Cryer, 2006)**

These Environment rating scales were developed to assess the quality of young children's childcare environments. Items assess such areas as space and furnishings, personal care routines, listening and talking, learning activities, interaction, program structure, language and reasoning, and adult needs. Each item is based on a 7-point rating. The ECERS is designed to use in preschool, kindergarten, and childcare classrooms serving children 2 through 5 years of age. The FCCRS is designed to use in family day care homes. The ITERS is designed to be used in infant/toddler care rooms for children up to 30 months of age.

Psychometric Properties: Several studies of psychometric properties were completed for each of the scales based on observations completed in early childhood environments in North Carolina. Content validity studies were completed for all scales. ECERS: Inter-rater reliability was 86%. Total scale internal consistency was .92. ITERS: Inter-rater reliability was .79. Total scale internal consistency was .83. FCCRS: Inter-rater reliability was 90%. Total scale internal consistency was .85.

Administration: Observation and completion of rating scale.

Recommended for Use By: Early Interventionists, Early Childhood Teachers

Cost: \$21.95

Time: 3-4 hours.

Available from: Teachers College Press, Columbia University, 1234 Amsterdam Avenue, NY, NY 10027

**High/Scope Program Quality Assessment (PQA) - 2nd edition. (High/Scope Educational Research Foundation, 2003)**

The PQA is a comprehensive rating instrument for evaluating early childhood program quality and for identifying staff training needs. Seven areas are assessed including: learning environment, daily routine, adult-child interaction, curriculum planning and assessment, parent involvement and family services, staff qualifications, and staff development and program management.

**Psychometric Properties:** This tool was developed based on national data from 800 classrooms diverse early childhood settings. Score distributions demonstrated variance. Inter-rater reliability computed as percentage of agreement averaged 90% or better. Pearson product-moment correlations between scores ranged from .57 to .75. The internal consistency average was .89, .94, and .95.

Administration: Observation and completion of rating scale.

Recommended for Use By: Early Interventionists, Early Childhood Teachers

Cost: \$27.95

Time: 3-4 hours.

Available from: High/Scope Press, 800-40-PRESS, Fax: 800-442-4FAX or email [press@highscope.org](mailto:press@highscope.org)

**Preschool-Wide Evaluation Tool, Research Edition Teaching, (PreSET) (Steed & Pomerleau, 2012)**

The PreSET assesses program-wide positive behavior and support implementation (PW-PBIS) universal features; expectations defined, behavioral expectations taught, respond to appropriate & challenging behavior, organized & predictable environment, monitoring & decision making, family involvement, management, and program support. The PreSET is a combination of classroom observations, review of program documents, and interviews with administrator, teachers, and sample of children in the classroom. There are 38 items organized into eight categories/universal features.

Psychometric Properties: The PreSET was standardized with 138 early childhood classrooms. Inter-rater reliability is .95 and internal consistency is reported to be .91 overall, across the 8 subscales.

Administration: Unbiased observer

Cost: \$50.00

Time: 1-2 hours

Available from: Brookes Publishing Company Co., PO Box 10624, Baltimore, MD 21285, (800)-638-3775, [http:// www.brookespublishing.com](http://www.brookespublishing.com)

**Pyramid Observation Tool for Preschool Classrooms, Research Edition (TPOT) (Fox, Hemmeter & Snyder. 2013); The Pyramid Infant Toddler Observation Scale (TPITOS) (Hemmeter, Carta, Hunter, Strain & Baggett, 2009)**

The TPOT and TPITOS are classroom observation tools measure the use of Teaching Pyramid Model practices in early childhood classrooms. This model is a framework for positive behavioral supports that promote the social and emotional development of young children. The tools measure the promotion of positive, responsive relationships; high quality supportive classroom environments; the use of teaching strategies that support social-emotional development; and the implementation of individualized interventions to support children who struggle who exhibit challenging behaviors. Both tools are scored based on a two hour observation. The TPOT, for classrooms serving children ages 3 to 5, includes a teacher interview of approximately 15 minutes. It is comprised of three scales: Key Practices, based on 14 items, Red Flags, based on 17 items, and a rating for responding to challenging behavior. The TPITOS, for classrooms serving infants and toddlers, measures the teachers' responsiveness, promotion of emotional expression, response to children's distress, and response to children's challenging behaviors across four classroom routines and activities. Red Flags are also measured, based on 16 items.

Administration: A trained reliable administrator.

Cost: \$50.00

Time: 2 hours classroom observation, 15 minutes teacher interview

Available from: Center of Early Childhood Mental Health Consultation,  
<http://www.ecmhc.org>

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