

# Social Emotional Assessment



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PSYCHOLOGY





- *Please introduce yourself and:*
- *-tell us something about who you are*
- *-tell us something about the work you are doing*
- *tell us what brings you to the conference and this session.*

# Road Map for Today



- *Review of Screening & Assessment Standards*
- *Discussion of Screening & Assessment Tools we LOVE!!!!*
- *Sharing of Summary Info of Screening & Assessment Tools*
- *Towards a Mental Health Perspective – a glimpse!*
- *View & Discuss Video Clips*
- *Relationship Based Tools to Explore*
- *Aim Early Idaho / Opportunities for Increasing Your Depth of Knowledge*

# Authentic Assessment



Guiding Principles include these components:

- *Parents as partners*
- *Developmental Appropriateness*
- *Utility*
- *Acceptability*
- *Authenticity*
- *Collaboration*
- *Convergence*
- *Equity*
- *Sensitivity*
- *Congruence* *Bagnato, 2007*

# Recommended practices in using authentic assessment

- *Professionals and families collaborate in planning and implementing assessment*
- *Assessment is individualized and appropriate for the child and family*
- *Assessment provides useful information for intervention*
- *Professionals share information in respectful and useful ways*
- *Professionals meet legal and procedural requirements and Recommended Practices guidelines*
- *Bagnato, 2007*

# NAEYC Indicators of Effectiveness



- *Ethical principles guide assessment practices*
- *Assessment instruments are used for their intended purposes*
- *Assessments are appropriate for ages and other characteristics of children being assessed.*
- *Assessment instruments are in compliance with professional criteria for quality*
- *What is assessed is developmentally and educationally significant*

# NAEYC Indicators of Effectiveness continued



- *Assessment evidence is used to understand and improve learning*
- *Assessment evidence is gathered from realistic settings and situations that reflect children's actual performance*
- *Assessments use multiple sources of evidence gathered over time*
- *Screening is always linked to follow up*
- *Use of individually administered, norm referenced tests is limited*
- *Staff and families are knowledgeable about assessment*

National Association for the Education of Young Children, 2003  
(reprinted by Bagnato, 2007)

# Discussion



- *What screening and assessment tools are you using?*
- *Why do you use these tools?*
- *How aligned are your processes to the standards we have mentioned today?*
- *How have you improved your practices in screening & assessment?*
- *What would you need in order to improve your practices in the future?*



*Moving Towards an  
Infant  
Mental Health  
Perspective*

# Infant Mental Health (IMH)



*IMH is the developing capacity of an infant or young child to:*

- experience, express, and regulate a full range of both positive and negative emotions*
- develop close and secure relationships with others*
- actively explore the environment and learn*

*([www.aimearlyidaho.org](http://www.aimearlyidaho.org))*

# The focus of our work in supporting optimal infant and early childhood mental health

- *There is an interplay between the child and their environment.*
- *Studies have shown that contextual factors play a huge role in guiding the course of development.*

*Lieberman & Van Horn, 2008*

# Contextual Factors



- *I define contextual factors as characteristics of the environment that are related to and have an impact on the relationship.*
- *There are contextual factors related to the child.*
- *There are contextual factors related to the parent.*
- *There are contextual factors related to the early intervention provider.*
- *There are many other contextual factors!*



*“Behaviors occur in biological , developmental, and environmental contexts. Learning about these contexts is the first step in deciding whether the child’s functioning is unfolding in expectable or worrisome ways.”*

Lieberman& Van Horn, 2011



- *“We propose that the child’s attachments, defined as the primary emotional relationships with parents, should be the unifying theme and should be given a prominent role across different disciplines in assessing and treating early mental health problems.”*

Lieberman & Van Horn, 2008



- *“This point of view has implications for intervention because it shifts the therapeutic focus of attention from attempts to change the individual child to identifying and addressing the environmental factors that impinge negatively on the child and enhancing the conditions that have a beneficial influence on development.”*

Lieberman and Horn , 2008



*We can use our knowledge of contextual factors to strengthen the likelihood that our supports are effective.*



# *VIDEO & DISCUSSION*



# The Parent-Infant Relationship Global Assessment Scale (PIR-GAS)



- Well Adapted
- Adapted
- Perturbed
- Significantly Perturbed
- Distressed
- Disturbed
- Disordered
- Severely Disordered
- Grossly Impaired
- Documented Maltreatment

*(Zero to Three DC:0-3R)*

*See: PIR-GAS quick view at [www.zerotothree.org/child-development/early...mental.../pirgas.pdf](http://www.zerotothree.org/child-development/early...mental.../pirgas.pdf)*

# DC: 0-3R



- *Clinical Disorders Included:*
- *PTSD*
- *Deprivation/Maltreatment Disorder*
- *Disorders of Affect*
- *Prolonged Bereavement / Grief Reaction*
- *Anxiety Disorders of Infancy And Childhood*
- *Depression of Infancy and Early Childhood*
- *Mixed Disorders of Emotional Expressiveness*
- *Adjustment Disorder*

# DC: 0-3R



- *Regulation Disorders of Sensory Processing*
- *Hypersensitive*
- *Hyposensitive / Under responsive*
- *Sensory Stimulation Seeking / Impulsive*
- *Sleep Behavior Disorder*
- *Sleep-Onset Disorder*
- *Night Waking Disorder*
- *Feeding Behavior disorder*
- *Disorders of Relating and Communicating*
- *MSDD*
- *Other Disorders ( DSM-IV TR or ICD 10)*



- *How can you improve / refine the supports that you offer to families in regards to the infant, toddler, or preschool child's mental health?*
- *What supports do you need to be most effective during the course of your early intervention activities?*



*Infant Mental Health practice includes attending to the relationships between:*

- the parent and child*
- the child and you*
- the parent and you*
- you and your supervisor*

*Parallel processes come into more meaningful focus when you allow yourself the opportunity for reflection and reflective supervision.*

# Aim Early Idaho



- ***The purposes of AimEarlyIdaho are to:***
  - *Provide support to infants, young children, and their families to develop positive relationships (infant and early childhood mental health);*
  - *Promote parent and professional development through education and research related to infant and early childhood mental health;*
  - *Facilitate networking, cooperation, and collaboration among those concerned with the optimal development and relationships of children birth through five years of age;*
  - *Promote scientifically-based programs of care, intervention, and prevention of mental impairment in infancy and early childhood; and*
  - *Support local and state policies that promote family and infant and early childhood mental health.*
- [www.aimearlyidaho.org](http://www.aimearlyidaho.org)



*We hope that attending this conference encourages you to make some positive changes to your practice.*

*You may decide to:*

- Familiarize yourself with new or more effective screening and assessment tools*
- Sharpen your screening and assessment skills*
- Expand the focus of your current screening and assessment practices*



- *Seek out more in depth training that links your screening and assessment to intervention (topics might include the impact of trauma on relationships, the impact of different forms of attachment on relationships, etc).*
- *Become a member of Aim Early Idaho*
- *Seek IMH Endorsement*

*OR.....*



Thank you for your participation and for your dedication to the families we serve.



# References



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