



The Need for High-Quality Developmental Screenings

By Margaret Dunkle, Senior Fellow, George Washington University and Louis Vismara, M.D., Commissioner, California Children & Families Commission, Board of Director, MIND Institute

Identifying problems in children at the earliest possible moment and then intervening effectively makes common sense. Study after study shows that intervention prior to kindergarten has huge academic, social and economic benefits. A “stitch in time” for an infant, toddler or preschooler with problems can improve that child’s health, learning, social and emotional development in ways that might be impossible to change just a few years later. An influential 2000 report from the National Academy of Sciences said: “Compensating for missed opportunities, such as the failure to detect early difficulties or the lack of environments rich in language, often requires extensive intervention, if not heroic efforts, late in life.”

Our country’s track record for finding and helping young children with physical conditions, such as leukemia, juvenile diabetes and asthma, is improving. Unfortunately, the same isn’t true when it comes to mental health, learning or behavioral problems, which all too often go unattended, missing the critical “womb-to-five” window of opportunity when a child’s brain, body and behavior change at the most astonishing rate.

Consider these facts: At least 5 to 8 percent of children under the age of 5 have some sort of disability or chronic condition, such as autism, cerebral palsy, diabetes, epilepsy, mental retardation or orthopedic problems. The American Academy of Pediatrics cites much higher figures, stating that 12 to 16 percent of children have developmental or behavioral disorders. Nationwide, more than 5 percent of children ages 3 to 5 are enrolled in special education programs. The number of children with autism, where early intervention is essential, is soaring. A January, 2003, editorial in the *Journal of the American Medical Association* estimates that nationwide, one in every 170 children is affected by an Autism Spectrum Disorder. The number of people with autism in California’s Developmental Services System doubled between 1998 and 2002.

Given that we know early intervention works and saves lives as well as money over the long haul, why do so many developmental delays and problems go unaddressed? The most obvious explanation is that we don’t know how to spot developmental or behavioral problems in very young children. But this is not the case. Good screening instruments exist. The American Academy of Pediatrics identified three parent-report tools that take only a few minutes to administer and accurately identify children with problems and developmental delays: the 10-question Parents’ Evaluation of Developmental Status (PEDS), the Ages and Stages Questionnaires and the Child Development Inventories. These tools effectively capture what parents know so that doctors, educators, administrators and specialists can follow up with effective interventions. In fact, these simple instruments identify 70 to 80 percent of children with problems. And repeated or periodic screenings increase these percentages. Unfortunately, it is estimated that only about 15 percent of pediatricians always use a screening tool. Many physicians who simply “eyeball” their youngest patients miss half of the problems that a two-minute screening tool would catch immediately.

If every child had a reliable developmental check-up and communities followed up with services, thousands of children would have better lives. In our home state of California, at least 124,000 children under age 5 have or will develop a disability, mental or behavioral disorder. If every child was screened using a reliable screening tool, at least 75 percent or 93,000 children could get needed help early, when it could do the most good. With repeat screenings, this number would go up even more. As things stand, however, fewer than half will be identified as needing help.

Here are five practical steps that would make a big difference:

1. Insist that pediatricians check every child with a good screening instrument — not just once, but regularly throughout the preschool years.
2. Train parents, child-care workers and others to use the parent-based screening tools, rather than depending entirely on doctors and other professionals to flag problems.
3. Provide parents with copies of the completed screening instrument to take to their child's pediatrician or doctor.
4. Identify and fund services for very young children with delays and disabilities.
5. Integrate early identification and treatment of mental-health, learning and behavior problems into core educational standards.

Early identification is the essential first step to ensuring that infants and preschools with problems get the help they need to grow and learn. Some problems, like some disabilities, cannot be fixed, at least not yet. But our country's poor record of identifying infants and preschools with problems can be fixed. We just need to do it.

Adapted with the authors' permission from the articles "High-Quality Developmental Screenings" published in *Children and Families Magazine*; 3/20/04 and "A Different Kind of Test" published in *Education Week*; 9/24/03)

This article is reprinted from the Fall 2004 issue of The Help Group's HelpLetter.