



**Developmental Screening in
Pennsylvania Child Welfare Services:
Child Screening Results and Caregiver Experiences**

Child Welfare Education and Research Programs
University of Pittsburgh, School of Social Work

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Revised

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Executive Summary

In 2008, Pennsylvania's Office of Children, Youth and Families implemented developmental and social-emotional screening for very young children who are referred for child welfare services in response to federal policies through the Child Abuse Prevention and Treatment Act (U.S. DHHS, 2003) and the Individuals with Disabilities in Education Act (IDEA, 2004). Using a standardized series of age-appropriate questionnaires, screening is required for all children ages 0 to 3 who are substantiated for maltreatment. The state-issued policy strongly encouraged expanding the screening to all children up to age 5 who are receiving child welfare services. In the previous report of Pennsylvania's developmental screening initiative (Child Welfare Education and Research Programs, 2010), it was noted that research has consistently shown that substantiation status does not predict whether a child has developmental or mental health concerns (Casanueva, Cross, & Ringeisen, 2008; Leslie, Gordon, Ganger, & Gist, 2002; Rosenberg & Smith, 2008). Pennsylvania's model of expanded screening seeks to identify the need for further developmental and social-emotional assessment and the potential eligibility for early intervention services among all young children involved in the child welfare system as a best practice.

The Child Welfare Education and Research Programs of the University of Pittsburgh, School of Social Work began a three-phase study of the screening initiative in June 2009. The objectives of this process and outcome study are to examine the screening implementation practices across the state, describe the demographic characteristics, living situations and screening results of children statewide, view the

extent to which the screening process engages caregivers, and examine access to early intervention services among eligible children and families. Results from the Phase I Implementation Study (Child Welfare Education and Research Programs, 2010) showed that about one-half of counties (43%) screen children that fall under the CAPTA and state-required policy and another 40% are implementing expanded screening. Services rated as most available were developmental and included services to address speech and language, sensory integration and autism spectrum disorders. Services focusing on parent-child attachment and trauma were reported as least available, pointing to an unmet need in Pennsylvania for preventive, social-behavioral, parent-children interventions.

A related study noted that detection rates of developmental problems were significantly higher when the screening was conducted by early intervention workers compared to child welfare workers (McCrae, Cahalane, & Fusco, 2011). Given that child welfare workers complete the screenings in 67% of the counties it is necessary to strengthen the infrastructure to conduct screenings through targeted education, training, supervision, and mentoring. Regional child welfare screening centers staffed by workers specifically trained to conduct screening, assessment, and collaborative early intervention planning is a service model that may help to improve the quality of screening and service planning for children and families in Pennsylvania.

The Phase II Screening Results Study focuses on the demographic characteristics and screening results of the children and the engagement of caregivers in the screening process. Preliminary results for 1,957 children from 79% (n=53) of Pennsylvania

counties show that the average age of children screened is 24 months. These children are primarily White and female, and the majority lived in their biological homes at the time of the screening. The primary reasons for referral to child welfare services were parenting concerns and caregiver substance abuse. Almost one-half (45%) of the children screened positive for a developmental or social-emotional concern. To place the current findings in a broader context, a national study of infants and toddlers in the child welfare system found that only 39% screened positive for developmental concerns (Casanueva, Cross, & Ringeisen, 2008). However, compared to the current study, other studies have found higher rates of positive screens among child-welfare involved children in out-of-home care (Bruhn, Duval, & Louderman, 2008; Jee et al, 2010). No significant difference was found between rates of positive screens for both developmental and social-emotional concerns comparing children who had substantiated maltreatment and children who had unsubstantiated maltreatment.

Results from a sample of 104 caregivers show that children in the child welfare system are experiencing many other risks in addition to child maltreatment. Caregivers are also facing numerous stressors such as mental health concerns, substance abuse, intimate partner violence and low income. These preliminary findings include caregivers from 24 randomly selected counties who were interviewed regarding multiple areas of risk, their experiences with child welfare services, and their impressions of the screening process. The sample of caregivers was predominantly mothers, although 18% were fathers providing the primary care. The majority (89%) of the caregivers were living with the identified child in a household with an average of two and as many as six

children. The number of adults in these households also averaged two, but included up to eight adults living in the home. The majority of the caregivers were White (72%) and over one-half were involved with the child welfare system as a child. A smaller percentage reported being in foster care.

The majority of the children in the caregiver sample were under the age of three and nearly one-quarter (24%) had special medical needs. These include conditions such as hydrocephalus, heart anomalies and chronic lung disease that are associated with low birth weight and prematurity, as well as less serious but problematic conditions such as chronic ear infections, eczema, asthma, and allergies. Externalizing behavior such as hyperactivity was identified for 18% of the children.

Caregivers identified a number of interpersonal stressors in addition to financial strain and limited resources. Nearly one-third reported taking medication for anxiety and depression. While medication is not the only form of treatment for these disorders, the findings suggest that a fair amount of caregivers are experiencing disturbing psychiatric symptoms that are likely to impact parenting. Intimate partner violence was present within the past year for 30% of the caregivers and almost one-quarter had received help for drug and alcohol use in the past. A smaller percentage reported using drugs for sleep problems, weight loss or recreation in the last 12 months.

Previous research has identified a reciprocal influence between maternal and child problems, showing that behavioral health concerns among mothers and social-emotional disorders in children tend to co-exist (Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004). Living with a depressed parent adds to the risk for social, psychological,

and developmental concerns in children (Downey & Coyne, 1990; Kurstjens & Wolke, 2001), as does exposure to intimate partner violence (Buckner, Beardslee & Bassuk, 2004). Children and caregivers receiving child welfare services are experiencing multiple stressors that are mutually influenced and interconnected.

Recommendations

Prior studies have found that child-welfare involved children who are not removed from their families are at risk of being underserved for developmental and mental health problems (Burns, et al, 2004; Rosenberg, Zhang, & Robinson, 2008). Results from the developmental screening database show that the majority of children being screened are living in their biological homes and that slightly less than a quarter (23%) are living with foster families or with relatives. This indicates that routine screening is identifying developmental and social-emotional concerns among young children in child welfare with multiple risks and early-onset problems that may have gone undetected.

Results from the Phase I Implementation Study (Child Welfare Education and Research Programs, 2010) showed that 40% of counties in Pennsylvania had adopted the expanded screening practice of including all children up to the age of 5 receiving child welfare services. In the past 18 months expanded screening has been adopted by 52% of counties which suggests that diffusion of best practice for identifying the need for early intervention among young children is occurring. Expansion of screening to all children open to child welfare services, regardless of substantiation, will increase the

likelihood that more children will benefit from early developmental care and intervention.

Children and their caregivers are encountering multiple risks that include special health needs, behavioral health concerns, financial strain, and exposure to intimate partner violence. Income among the families is low, with the majority of households receiving needs-based benefits such as food stamps, WIC , and Medicaid. Most caregivers were not working for pay and full-time employment among either married or cohabitating partners was less than 50%. For over one-half of the caregivers, involvement in the child welfare system was intergenerational.

In summary, the following recommendations are made:

- (1) Expand screening to include all children age 5 and under with open child welfare cases, regardless of substantiation;
- (2) Enhance collaboration between child welfare and other developmentally-focused programs such as Early Intervention and Early Head Start that provide services to children and families in order to optimize both child and family functioning;
- (3) Increase efforts to ensure that all children who remain at home and whose maltreatment is unsubstantiated have equal opportunity to receive early care and intervention (McCrae, Cahalane, & Fusco, 2011);
- (4) Target the needs of caregivers so that the family system is supported in providing the most optimal environment for all children in the household;

- (5) Enhance the protective capacities within the family context of young children by addressing socioeconomic needs, increasing social network support for families, providing focused interventions to target parent-child interaction, and promoting access to behavioral health care services for caregivers.

Introduction

Screening for developmental and social-emotional concerns among all children ages 0 to 3 with substantiated child maltreatment was implemented by the Pennsylvania Office of Children, Youth, and Families (OCYF) in 2008. The screenings are conducted using the Ages & Stages Questionnaires® (ASQ)¹ and the Ages & Stages Questionnaires: Social-Emotional® (ASQ:SE)². The ASQ is a series of age-appropriate questionnaires designed to assess developmental skills among children ages 4 to 60 months. Five areas are assessed: communication, gross motor, fine motor, problem-solving, and personal-social skills. The ASQ:SE complements the ASQ to identify children ages 3 to 66 months who may need further evaluation for behavioral difficulties or concerns about social-emotional development or competence. This may include how the child interacts with others, demonstrates feelings and empathy, and regulates and adjusts their behavior.

OCYF has strongly encouraged county child welfare agencies to expand screening to include all children under the age of 5 who are receiving agency services. Counties have chosen to implement different policies around which children are screened, and which agency— child welfare or Early Intervention (EI) services—conducts screening. Interviews from a previous

¹ Ages & Stages Questionnaires® (ASQ™): A Parent-Completed, Child-Monitoring System, Second Edition, Bricker and Squires. Copyright © 1999 by Paul H. Brookes Publishing Co., Inc. Ages & Stages Questionnaires is a registered trademark and ASQ and the ASQ logo are trademarks of Paul H. Brookes Publishing Co., Inc.

² Ages & Stages Questionnaires®, Social-Emotional (ASQ:SE™): A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors, Squires, Bricker, & Twombly. Copyright © 2002 by Paul H. Brookes Publishing Co., Inc. Ages & Stages Questionnaires is a registered trademark and the ASQ:SE logo is a trademark of Paul H. Brookes Publishing Co., Inc.

portion of this study with child welfare representatives from all 67 counties showed that 43% of counties screen children ages 0 to 3, substantiated for maltreatment only (the required policy), 34% screen all children up to age 5 receiving agency services (the encouraged policy), and the remaining 23% screen some other group, such as children under age 1 receiving agency services, along with children mandated by the policy (Child Welfare Education and Research Programs, 2010). Results also showed that in 67% of counties, child welfare agencies conduct the screening, and 33% contract with EI providers to conduct screenings.

Methods

Training to use the ASQ instruments was provided to child welfare agencies by the Pennsylvania OCYF when the policy was introduced, and is offered on an on-going basis by the Child Welfare Training Program (CWTP). The one-day training is provided by developmental specialists with experience in early intervention and education. Training includes background information about the screening policy, instruments, and EI services, and experiential activities around children's developmental milestones and completing ASQ instruments using case scenarios. More recent curriculum includes completing and scoring the ASQ and ASQ:SE while watching a videotaped screening of a 3-year-old child. Some counties have received additional training from their local EI provider. Training emphasizes that workers should work collaboratively with the family to complete the screen, rather than having caregivers complete it without the aid of a professional (McCrae, Cahalane, & Fusco, 2011).

Screening data were entered by county child welfare workers or EI providers and include children's demographic characteristics, child welfare referral reasons and substantiation status, living situation, and the results of ASQ screenings. Counties are expected to have the

data for each month entered by the last business day. To date, fifty-nine counties (88%) are actively using the database and 64 (93%) use the database designed by the CWTP. Philadelphia County has opted to use its own data collection methods. The database allows counties to run reports of children’s schedule for follow-up screenings. Some counties were already conducting ASQ screenings on select children prior to the 2008 policy, but the exact number is unknown.

Results

Child characteristics, living situation, and maltreatment type

The database currently contains records for 1,957 children screened between September 1, 2008 and February 28, 2011. The child characteristics, living situation and maltreatment type do not include Philadelphia County³. The average age of children screened is 24 months. The children are primarily White (81%), 11% are African American, and 5% are biracial. Almost 8% of the children identified as Hispanic. Females made up 51% of the screened children. Five percent of the children were of low birth weight, and 7% spent time in the NICU.

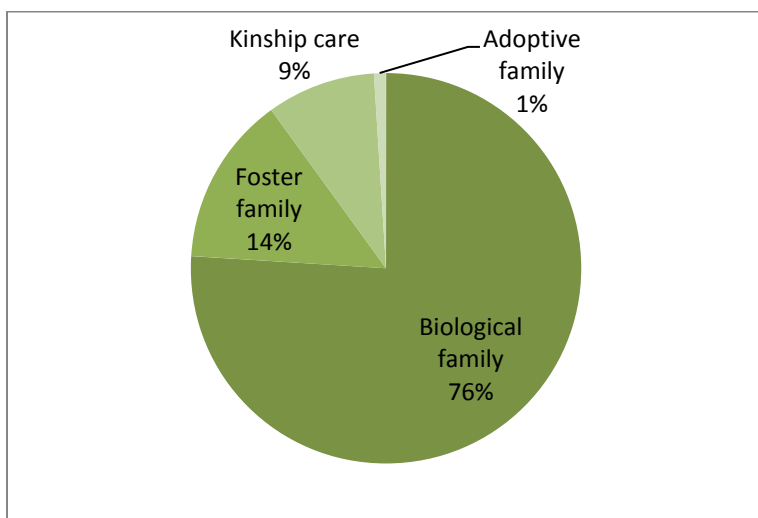
Table 1. Child demographic characteristics

Child demographics	Percent
Child race:	
White	81
African American	11
Biracial	5
Asian	<1
Native American	<1
Hispanic	8
Female	51
Low birth weight	5
NICU	7
Age of screening in months (mean)	24

³ Data from Philadelphia County is not received in a similar format to the other counties and must be transformed to be consistent with the required data format.

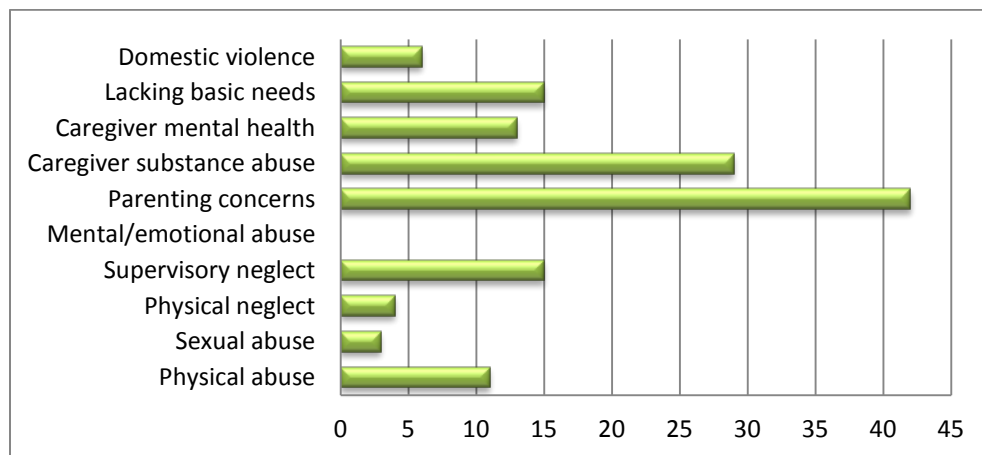
At the time of the screening, the majority of children were living in their biological homes (76%). Fourteen percent were in foster care and 9% were in relative care. A small number (1%) lived with adoptive families.

Figure 1. Child living situation at the time of screening



Information on the primary reason for referral to child welfare is collected in the screening database. The two largest referral categories for the children were parenting concerns and caregiver substance abuse. The primary maltreatment type was physical abuse in 11% of cases.

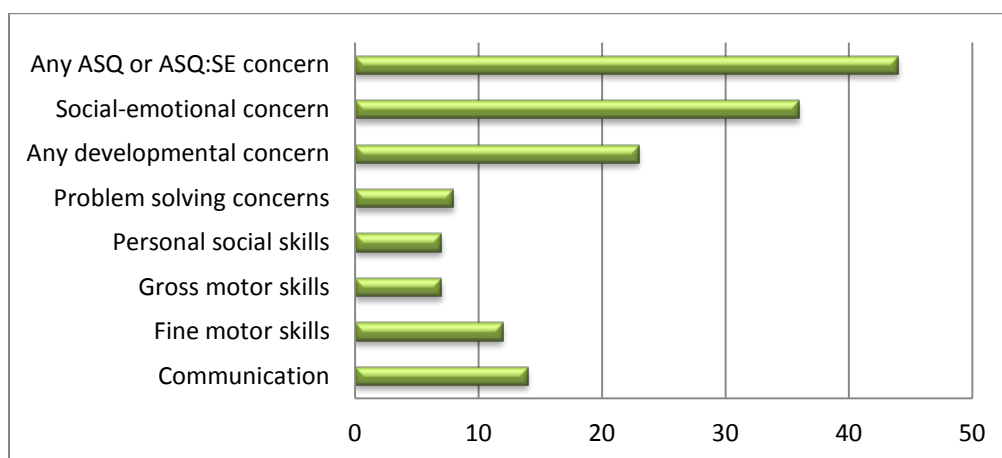
Figure 2. Primary maltreatment type at referral



Screening results

Almost half (45%) of the children screened positive for a developmental or social-emotional concern. Roughly one-quarter (23%) of children screened positive on the ASQ, and the largest concern areas were communication and fine motor problems. More than a third of children screened showed social-emotional concerns on the ASQ:SE.

Figure 3. Children with problem-range scores on the ASQ or ASQ:SE



About half (52%) of the counties have expanded screening to include all children referred to child welfare services. Results show that there are no differences in rates of positive screenings on the ASQ or the ASQ:SE by substantiation status. Equal percentages (23%) of children with substantiated maltreatment and children with unsubstantiated maltreatment screened positive on the ASQ. On the ASQ:SE 34% of children with substantiated maltreatment and 34% of children with unsubstantiated maltreatment screened positive.

Table 2. Positive screening results by substantiation status

Screen	Percent	
	Substantiated	Non-substantiated
ASQ concern	23	23
ASQ:SE concern	34	34
ASQ or ASQ:SE concern	45	44

Preliminary Findings from Caregiver Interviews

Methods for caregiver interviews

Caregivers are chosen from the state-wide developmental screening database that was initiated July 1, 2009. Counties were asked to enter demographic information and screening results for children who received the ASQ screening after the launch of the database. A weekly sample is drawn for the twenty-nine counties that have been randomly selected to participate in the caregiver interview portion of the study. Since Philadelphia has their own database, they are not included in this procedure. The county point person is sent a spreadsheet via e-mail that lists the selected children's county case number and demographic information. The point person notifies the study team if any of the cases on the list have been closed, or if they feel the family dynamic is too dangerous for the interviewer to go into the house. The point person contacts the caseworkers for the families on the list and asks them to review the study with the caregiver who was present for the screening and have them complete an agreement form. The agreement form asks the caregivers' permission to be contacted by the researchers, and includes spaces for their contact information. Once this agreement form is completed, it is faxed to the study team. The caregivers are contacted, explained the study, and scheduled for an interview. Interviews are conducted either in the caregiver's house or in the CYS agency, wherever the caregiver feels most comfortable.

The interview includes questions on multiple measures of risk, including caregiver depression, substance abuse, family support, community support, experiences with Children and Youth Services and experiences with the screening process. Extensive demographic information is also included on the household factors such as household income, co-habitation,

and family stress. Table 3 displays the counties where the caregivers live and the number needed for the sample.

Table 3. Counties represented in caregiver interviews

County	Interview Quota	Total Interviewed
Allegheny	7	1
Bedford	2	1
Butler	2	1
Centre	5	1
Chester	5	2
Clinton	2	1
Cumberland	18	5
Erie	7	1
Franklin	9	7
Huntingdon	8	1
Lackawanna	5	4
Luzerne	10	4
Lycoming	2	1
McKean	10	1
Mercer	26	3
Monroe	32	2
Montgomery	37	4
Northampton	3	2
Northumberland	30	30
Somerset	24	4
Tioga	24	17
Warren	17	6
Westmoreland	4	2
York	35	2

Child, family and household findings

The preliminary findings from the caregiver interviews ($n=104$) are summarized in tables of variables found to be related to child maltreatment as well as poorer well-being outcomes for children and families. These preliminary findings include caregivers from 24 counties.

Since early screening is mandated for children with substantiated maltreatment ages 36 months and younger, the children in the sample are young; 75% are under the age of 36 months. Caregivers in the sample report that 24% have special medical needs. Some of the needs are conditions associated with low birth weight and prematurity (hydrocephalus, heart anomalies, and chronic lung disease) as well as less serious but problematic conditions such as chronic ear infections, eczema, asthma and allergies. A lesser percentage is reported to have behavioral problems (18%), primarily hyperactivity, and externalizing behaviors. Racially, this group is primarily white but 18% are biracial and 8% of the children are identified as being of Hispanic ethnicity.

Table 4. Child risk characteristics

Child Characteristics	Percent
Child Race	
White	71.8
African American	8.7
Biracial	18.4
Other	1.0
Hispanic Ethnicity	7.8
Child Age	
Birth to 12 months	33.0
13 to 24 months	26.2
25 to 36 months	16.4
37 and greater	24.4
Special medical needs	24.3
Behavioral problems	17.5

Most of the caregivers interviewed were biological mothers, although some primary care-giving fathers were interviewed (12%). Eighty-nine percent of caregivers were living with the identified child/children screened. Similar to child ethnicity, the majority of the caregivers are white, 9% are African American and 7% are biracial. This group is not working for pay and

slightly over half (51%) are single, separated (13%) or divorced (10%). A quarter is married and 45% are unmarried but living with a partner.

Table 5. Primary caregiver risk characteristics

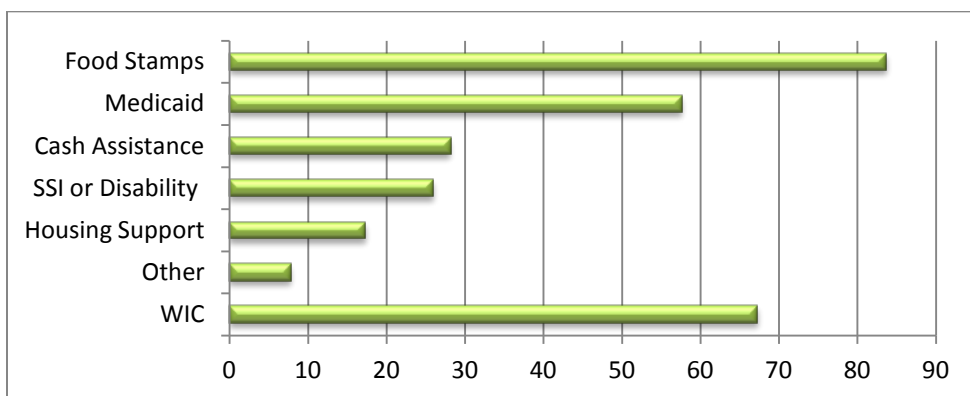
Caregiver Demographics	Percent
Gender	
Female	88.5
Male	11.5
Race	
White	83.7
African American	8.7
Biracial	6.7
Native American	1.0
Hispanic Ethnicity	1.0
Marital Status	
Single	51.0
Married	25.0
Separated	12.5
Divorced	9.6
Education	
Less than a high school education	33.7
GED	14.4
High school diploma	44.2

In terms of education, a third (34%) did not complete high school or obtain their GED; 14% have a GED and 44% have a high school diploma. This is consistent with the age at which they first gave birth, in that 33% report that they had their first child before the age of 18. Over half (54%) report that they were involved with child welfare when they were children and a smaller percentage spent time in foster care. In the last year, 30% report experiencing interpersonal violence and approximately 32% are taking medication for anxiety and depression. The fact that nearly one-third of the caregivers endorse the presence of anxiety and depression is consistent with previous empirical studies which show that women

experience lifetime prevalence rates of 30%, and that depression is particularly common among low-income, single mothers (Anderson, et al., 2006; Brown & Harris, 1978; Kendler & Prescott, 1999; Kringlen, Torgersen, & Cramer, 2001). Although 24% of the caregivers report receiving help for drug and alcohol use in the past, only 18% report using drugs to get high, lose weight or sleep in the last 12 months.

Household conditions were also measured for this group of caregivers. Although the average number of children in the home was two, there could be as many as six or as few as one. Similarly, although two adults in the home was the average, the range was from 1 to 8 adults in the home. Unfortunately, the caregivers have difficulty accurately reporting their weekly, monthly or yearly income and so the income data is problematic. As a proxy for income, we asked about the receipt of means-tested benefits. As Figure 4 displays, almost 84% of the households were receiving food stamps and 58% receiving Medicaid, suggesting that the households would fall into the low income category. Even when the partner was working (married or cohabitating), less than half (45%) were working full-time.

Figure 4. Use of needs-based benefits



Key Findings and Implications

Child welfare agencies in Pennsylvania have successfully implemented standardized, routine screening among young children at high risk for developmental and social-emotional concerns.

Several key findings inform our policy and practice recommendations:

1. The majority of children are screened while living with their biological families;
2. Almost half of children have positive screens on the ASQ or the ASQ:SE;
3. Children with unsubstantiated maltreatment are screening positive at a rate similar to children with substantiated maltreatment;
4. The majority of caregivers were involved in the child welfare system when they were children;
5. Children and their caregivers are experiencing multiple stressors.

Children involved in the child welfare system are less likely to have developmental and socio-emotional problems addressed when they remain in their homes (Burns et al., 2004; Rosenberg, Zhang, & Robinson, 2008). Results from the developmental screening database show that the majority of children being screened are living in their biological homes, indicating that the implementation of routine screening is detecting concerns that may have remained hidden. When children remain in their home it provides an opportunity to work with the entire family to support optimal child development. Child welfare agencies have the opportunity to work collaboratively with EI, Early Head Start, and other developmentally-focused programs that provide services to children and families in order to optimize both child and family functioning.

Nearly one-half (45%) of children screened using the ASQ and ASQ:SE had concerns. A national study of infants and toddlers in the child welfare system found that only 39% screened positive for developmental concerns (Casanueva, Cross, & Ringeisen, 2008). However, compared to the current study, other studies have found higher rates of positive screens among child-welfare involved children in out-of-home care (Bruhn, Duval, & Louderman, 2008; Jee et al, 2010). Bruhn and colleagues (2008) found that 52% of 0 to 3-year-olds entering out-of-home care screened with possible developmental delays, and Jee and colleagues (2010) found that among 0 to 5-year-olds entering foster care, 58% screened with potential developmental delays using the ASQ. In Pennsylvania, 23% of children in out-of-home care showed developmental concerns, and 36% showed social-emotional concerns.

Rates of positive screens for both developmental and social-emotional concerns were similar between children who had unsubstantiated maltreatment compared with children who had substantiated maltreatment. There is a body of research showing that substantiation status is not significantly related to child outcomes, and the factors that lead to a family entering the child welfare system are what contribute to child risk (Hussey et al, 2005; Kohl, Jonson-Reid, & Drake, 2009) However, children with substantiated cases of maltreatment are more likely to receive services compared to those with unsubstantiated maltreatment (Burns et al., 2004; Casanueva et al., 2008; McCrae & Barth, 2008; Rosenberg & Smith, 2008; Stahmer et al., 2006). The previous findings, and the results of the current study, highlight the importance of screening all children who enter the child welfare system to ensure that more children will receive the benefits of early services to address developmental and mental health concerns.

The caregiver interviews show that children in the child welfare system are experiencing many other risks in addition to child maltreatment. In reflecting on the impact of multiple risks, the timing of risks should be considered. Early childhood risks have been found to affect adolescent behavior outcomes even after holding middle childhood risks constant (Appleyard, Egeland, van Dulmen, & Sroufe, 2005), suggesting that early experiences have a strong impact upon a child's developmental trajectory. These findings converge with evidence linking adverse childhood experiences to changes in brain structure and functioning (Anda, et al., 2006; Andersen et al., 2008; Perry & Pollard, 1997) and the impact of stress upon later emotional, psychological and behavioral difficulties (Glaser, 2000; Marsh, Gerber & Peterson, 2008). Childhood maltreatment and family stress has been found to have a relationship to factors that are leading causes of death in adulthood, such as heart disease, stroke, cancer, diabetes (Felitti et al., 1998). Although these are young children, and future risks can be reduced, it is more likely that the risks will continue and become cumulative without intervention. Early detection and services that address both developmental and social-emotional needs are protective measures for young children in child welfare. Interventions should also be targeted to the needs of caregivers so that the family system is supported in providing the most optimal environment for all children in the household.

References

- Appleyard, K., Egeland, B., van Dulmen, M.H., & Sroufe, L.A. (2005). When more is not better: the role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry, 46, 3*, 235–245
- Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D., Dube, S.R., & Giles, W.H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256(3)*, 174-186.
- Andersen, S. L., Tomada, A., Vinchow, E.S., Valente, E., Polcari, A., & Teicher, M.H. (2008). Preliminary evidence for sensitive periods in the effect of childhood sexual abuse on regional brain development. *Journal of Neuropsychiatry and Clinical Neurosciences, 20(3)*, 292-301.
- Anderson, C.M., Robins, E., Greeno, C.G., Cahalane, H., Carr Copeland, V., & Andrews, M.R. (2006). Why low-income mothers do not engage with the formal mental health care system: Perceived barriers to care. *Qualitative Health Research, 16(7)*, 926-943.
- Brown, G.W., & Harris, T. (1978). Social origins of depression. New York: Free Press.
- Bruhn, C.M., Duval, D., & Louderman, R. (2008). Centralized assessment of early developmental delays in children in foster care. *Children and Youth Services Review, 30*, 536-545.
- Buckner, J.C., Beardslee, W.R., & Bassuk, E.L.(2004). Exposure to violence and low-income children's mental health: Direct, moderated, and mediated relations. *American Journal of Orthopsychiatry, 74(4)*, 413-423.

- Burns, B.J., Phillips, S.D., Wagner, H.R., Barth, R.P., Kolko, D.J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*, 960-969.
- Casanueva, C.E., Cross, T.P., & Ringeisen, H. (2008). Developmental needs and individualized family service plans among infants and toddlers in the child welfare system. *Child Maltreatment, 13*, 245-258.
- Child Welfare Education and Research Programs. (2010). *Policies to Implement Developmental Screening in Child Welfare: Reports from Agency Perspectives*. University of Pittsburgh, Pennsylvania Child Welfare Training Program.
- Downey, G., & Coyne, J.C. (1990). Children of depressed parents: An integrative view. *Psychological Bulletin, 108*, 50-76.
- Elgar, F.J., McGrath, P.J., Waschbusch, D.A., Stewart, S.H., & Curtis, L.J. (2004). Mutual influences on maternal depression and child adjustment problems. *Clinical Psychology Review, 24*, 441-459.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14* (4), 245-258.
- Glaser, D. (2000). Child abuse and neglect and the brain: A review. *Journal of Child Psychology and Psychiatry, 41*(1), 97-116.

- Hussey, J.M., Marshall, J.M., English, D., et al. (2005). Defining maltreatment according to substantiation: Distinction without a difference? *Child Abuse and Neglect*, 29(5), 279-292.
- Individuals with Disabilities Education Act (IDEA). (2004). Individuals with Disabilities in Education Act (IDEA), 20 U.S.C. 1400. Retrieved February 5, 2010, from [http://www.congress.gov/cgi-bin/cpquery/R?cp108:FLD010:@1\(hr779\)](http://www.congress.gov/cgi-bin/cpquery/R?cp108:FLD010:@1(hr779))
- Jee, S.H., Szilagyi, M., Ovenshire, C., Norton, A., Conn, A.M., Blumkin, A., & Szilagyi, P. (2010). Improved detection of developmental delays among young children in foster care. *Pediatrics*, 125, 282-289.
- Kendler, K.S., & Prescott, C.A. (1999). A population-based twin study of lifetime major depression in men and women. *Archives of General Psychiatry*, 50, 789-796.
- Kohl, P.L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind: Findings from a national probability study. *Child Maltreatment*, 14, 17-26.
- Kringlen, E., Torgersen, S., & Cramer, V. (2001). A Norwegian psychiatric epidemiological study. *American Journal of Psychiatry*, 158, 1091-1098.
- Kustjens, S., & Wolke, D. (2001). Effects of maternal depression on cognitive development of children over the first 7 years of life. *Journal of Child Psychology and Psychiatry*, 42, 623-636.
- Leslie, L.K., Gordon, J.N., Ganger, W., & Gist, K. (2002). Developmental delay in young children in child welfare by initial placement type. *Infant Mental Health Journal*, 23(5), 496-516.
- Marsh, R., Gerber, A.J., & Peterson, B.S. (2008). Neuroimaging studies of normal brain development and their relevance for understanding childhood neuropsychiatric

disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(11), 1233-1251.

McCrae, J.S., & Barth, R.P. (2008). Using cumulative risk to screen for mental health problems in child welfare. *Research on Social Work Practice*, 18, 144-159.

McCrae, J.S., Cahalane, H., & Fusco, R.A. (2011). Directions for developmental screening in child welfare based on the Ages and Stages Questionnaires. *Children and Youth Services Review*, 33(8), 1412-1418.

Perry, B.D., & Pollard, R. (1997). *Altered brain development following global neglect in early childhood*. Society for Neuroscience: Proceedings from Annual Meeting, New Orleans.

Rosenberg, S.A., & Smith, E.G. (2008). Rates of Part C eligibility for young children investigated by child welfare. *Topics in Early Childhood Special Education*, 28, 68-74.

Rosenberg, S.A., Zhang, D., & Robinson, C.C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121, e1503-e1509.

Stahmer, A.C., Leslie, L.K., Landsverk, J.A., Zhang, J., & Rolls, J.A. (2006). Developmental services for young children in foster care: Assessment and service delivery. *Journal of Social Service Research*, 33, 27-38.

U.S. Department of Health and Human Services, Administration for Children and Families (2003). *The Child Abuse Prevention and Treatment Act as Amended by the Keeping Children and Families Safe Act of 2003*. Washington, DC: U.S. Government Printing Office.

Appendix A

Caregiver Interview

Subject ID: _____ Date of Interview: _____ Interviewer Initials: _____

ASQ # _____

Introduction

This is a study about developmental screening for children ages 0 to 5 who have been referred to the Pennsylvania child welfare system. You and your child were selected for the study because (Child name) received a developmental screening called the Ages and Stages Questionnaire (The Ages and Stages Questionnaire screens for developmental concerns among young children). Here is what the screen looks like (Show screen).

This was given to you by either your child welfare (Children and Youth) caseworker, someone from early intervention, or from another agency in your community. We randomly chose you and your child from a state-wide database used by child welfare (Children and Youth) to store your child's screening results. This database is a tool that the child welfare agency uses to track children's screenings. We did not have access to any of your personal information in this database, you were chosen by the order in which your child's case was entered into the system.

We would like to know about your experiences with the Ages and Stages screening and Children and Youth and other services. The interview will take about 1½ hours to complete. Remember, your answers are confidential. You can choose not to participate in this interview, but your responses are very important because you represent many other families with young children in the system in PA.

As explained in the consent form you signed, we will hold your responses in the strictest confidence, as Federal law requires. You may decline to answer any question you wish. If you have any questions, please let me know. Let's begin.

First, we want to know about you and other members of your household.

Section 1: Caregiver Demographic Information

1. What is your date of birth: ____/____/____
2. How old are you? _____
3. Do you consider yourself Spanish, Hispanic, or Latino? 1 YES 2 NO
4. **Please look at Response Card 1.** What race do you consider yourself?
 - 1 Black/African American
 - 2 White/Caucasian
 - 3 American Indian/Native Alaskan
 - 5 Hawaiian/Pacific Islander
 - 6 Biracial Specify: _____
 - 7 Other _____

4 Asian

5. What is the highest educational degree you've received?

- | | | | |
|---|-------------------------------------|----|--------------------------|
| 1 | None | 6 | RN Diploma |
| 2 | High School Equivalency (GED) | 7 | Bachelor's Degree |
| 3 | High School Diploma | 8 | Master's Degree |
| 4 | Vocational Tech Diploma/Certificate | 9 | M.D., Ph.D., Law, Dental |
| 5 | Associates Degree | 10 | Other _____ |

6. What is your current marital status?

- | | | | |
|---|-----------------------------------|---|-----------|
| 1 | Single/Never Married (SKIP to Q8) | 4 | Divorced |
| 2 | Married | 5 | Widowed |
| 3 | Separated | 6 | Partnered |

7. IF MARRIED OR PARTNERED: Is your spouse/partner currently living with you?

- | | | | | | |
|---|-----|---|----|----|----------------|
| 1 | YES | 2 | NO | -8 | Not Applicable |
|---|-----|---|----|----|----------------|

8. IF NOT MARRIED: Are you currently living with a partner, such as a boyfriend, girlfriend, or fiancé?

- | | | | | | |
|---|-----|---|----|----|----------------|
| 1 | YES | 2 | NO | -8 | Not Applicable |
|---|-----|---|----|----|----------------|

9. How many adults (18 years and older) live in your household? _____

The next few questions are about your work status and your family income. Please know that we ask this because we want to describe your needs and the needs of other families like yours across the state. We will not share this information with anyone or report anything linked with your name.

10. Please look at **Response Card 2**. What is your current occupational status?

- | | | | |
|---|---|----|--|
| 1 | Work Full-Time (35 hours a week or more) | 6 | Don't work because retired |
| 2 | Work Part-Time (Less than 35 hours a week) | 7 | Don't work because of an illness or disability |
| 3 | Work when work is available | 8 | Don't work because don't want to work |
| 4 | Unemployed, looking for work | 9 | Don't work because currently a student |
| 5 | Don't work because of family responsibilities | 10 | Other _____ |

11. (SKIP IF CURRENTLY EMPLOYED)

- | | | | | |
|--|---|-----|---|----|
| Have you worked for pay any time in the last six months? | 1 | YES | 2 | NO |
|--|---|-----|---|----|

12. Please look at **Response Card 3**. What is your current occupation?

- | | | | |
|----|------------------------|----|---------------------|
| 1 | Office Worker | 10 | Protective Service |
| 2 | Full-Time Homemaker | 11 | Farmer, Farm Manger |
| 3 | Manager | 12 | Laborer |
| 4 | Professional 1 | 13 | Military |
| 5 | Professional 2 | 14 | Operator |
| 6 | Service Worker | 15 | Tradesperson |
| 7 | Retail | 16 | Sales |
| 8 | Food Service | 17 | School Teacher |
| 9 | Owner | 18 | Technical |
| -8 | Not currently employed | | |

13. What is the **total combined income of your family** from all sources in the **past 12 months**. Would it be easier for you to tell me total weekly, monthly, or yearly income?

- | | |
|-------------|-----------------|
| 1 = WEEKLY | -8 = DON'T KNOW |
| 2 = MONTHLY | -9 = REFUSED |
| 3 = YEARLY | |

Income: _____

If subject can't report an actual figure, go to number 14.

14. Which category comes closest to the **total combined income of your family** from all source in the **past 12 months**?

- | PER WEEK | PER MONTH | PER YEAR |
|--------------------|-----------------|-------------------|
| 1 = LESS THAN \$97 | LESS THAN \$418 | LESS THAN \$5,000 |
| 2 = \$97-\$192 | \$418-\$833 | \$5,000-\$9,999 |
| 3 = \$193-\$288 | \$834-\$1250 | \$10,000-\$14,999 |

4 = \$289-\$384	\$1251-\$1666	\$15,000-\$19,999
5 = \$385-\$480	\$1667-\$2083	\$20,000-\$24,999
6 = \$481-\$576	\$2084-\$2500	\$25,000-\$29,999
7 = \$577-\$673	\$2501-\$2916	\$30,000-\$34,999
8 = \$674-\$769	\$2917-\$3,333	\$35,000-\$39,999
9 = \$770-\$865	\$3334-\$3750	\$40,000-\$44,999
10 = \$866-\$961	\$3751-\$4166	\$45,000-\$49,999
11 = MORE THAN \$961	MORE THAN \$4166	\$50,000 OR MORE

-7 DON'T KNOW/NOT SURE

-8 NOT APPLICABLE, ANSWERED NUMBER 9

-9 REFUSED

15. How many people, including yourself, depend on this income? _____

16. At the **present** time, does anyone in this household receive child support for (Child's Name)?

1 = YES

2 = NO

3 = SPORADIC

17. Please look at **Response Card 4**. At the **present** time or at any time in the past 6 months, has anyone in this household received ...

Circle ALL THAT APPLY.

1 = WIC (Women, Infants, and Children)

2 = Food Stamps

3 = Cash Assistance, or other public assistance including welfare programs

4 = Housing Support (like public housing or Section 8)

5 = A disability check (SSI)

6= Medicaid

7= Other assistance _____

Section 2: Partner or spouse Demographic Information

(IF NO SPOUSE OR PARTNER, SKIP TO SECTION 3)

The next questions are about your partner, live-in boy/girlfriend.

18. Is your partner male or female? 1 Male 2 Female

19. Does your spouse (or partner) consider him/herself Spanish, Hispanic, or Latino?

1 YES 2 NO

20. **Please look at Response Card 1.** What race would your partner consider him/herself?

1	Black/African American	5	Hawaiian/Pacific Islander
2	White/Caucasian	6	Biracial Specify: _____
3	American Indian/Native Alaskan	7	Other _____
4	Asian		

21. What is the highest educational degree that your partner received?

1	None	6	RN Diploma
2	High School Equivalency (GED)	7	Bachelor's Degree
3	High School Diploma	8	Master's Degree
4	Vocational Tech Diploma/Certificate	9	M.D., Ph.D., Law, Dental
5	Associates Degree	10	Other _____

22. **Please use Response Card 2.** What is your partner's current occupational status?

1	Work Full-Time (35 hours a week or more)	6	Don't work because retired
2	Work Part-Time (Less than 35 hours a week)	7	Don't work because of an illness or disability
3	Work when work is available	8	Don't work because don't want to work
4	Unemployed, looking for work	9	Don't work because currently a student
5	Don't work because of family responsibilities	10	Other _____

23. Has your partner worked for pay any time in the last six months? 1 YES 2 NO

24. What is your partner's current occupation? **Please use Response Card 3.**

1	Office Worker	10	Protective Service
2	Full-Time Homemaker	11	Farmer, Farm Manger

- 3 Manager
- 4 Professional 1
- 5 Professional 2
- 6 Service Worker
- 7 Retail
- 8 Food Service
- 9 Owner
- 8 Not currently employed
- 12 Laborer
- 13 Military
- 14 Operator
- 15 Tradesperson
- 16 Sales
- 17 School Teacher
- 18 Technical

Section 3: Child Information

The next questions are about (Child name) and any other children in your family.

- 25. How many biological children do you have? _____
- 26. How many of your biological children do you currently have in your care (live with you)? Only include children under age 18. _____
- 27. How old were you when you had your first biological child? _____
- 28. Do you have any non-biological children, such as foster children?

- 1 YES 2 NO (**SKIP to Q 30**)

IF YES: how many non-biological children do you have? _____

- 29. How many non-biological children do you currently have in your care? _____
- 30. List the ages of all the children living in the household (in months):

- Child 1 _____ Child 6 _____
- Child 2 _____ Child 7 _____
- Child 3 _____ Child 8 _____
- Child 4 _____ Child 9 _____
- Child 5 _____ Child 10 _____

31. Not counting changes in custody due to separation or divorce, have you ever had a child or children removed from your care?

1 YES 2 NO

32. (IF YES): How many times have you had a child or children removed from your care? _____

33. How many children have been removed from your care at least once? _____

34. What were the reasons for this child (children) being removed from your care?

Section 4: Target Child Information

35. **IF NOT ALREADY KNOWN:** Is (Child’s Name) currently living with you? 1 YES 2 NO

36. How old is (Child’s Name)? _____ (months)

37. What is (Child’s) date of birth ____/____/_____

38. Is (Child’s Name) Spanish, Hispanic, or Latino? 1 YES 2 NO

39. **Please look at Response Card 1.** What race would you classify (Child’s Name)?

- 1 Black/African American 5 Hawaiian/Pacific Islander
- 2 White/Caucasian 6 Biracial Specify: _____
- 3 American Indian/Native Alaskan 7 Other _____
- 4 Asian

40. **IF RESPONDENT IS A FOSTER PARENT OR RELATIVE,** (otherwise skip to #43): How long has (Child’s Name) been in your care?

(use calendar).

Date living situation began ____/____/_____

41. **IF CHILD IS NOT LIVING WITH RESPONDENT:** You said that (Child’s Name) was not currently living with you. Where is (he/she) currently living?

- 1 With birth parent(s) 2 In a foster home 3 With a relative (specify: _____)
- 4 Other _____

42. How long has (Child’s name) lived there?

(use calendar) Date child began living situation ____/____/____

43. Does your child have any medical issues? YES NO

43a. If yes, how much additional stress do you experience on a monthly basis due to your child’s medical issue(s)?

1 Mild 2 Moderate 3 Severe 4 Very Severe -8 Not Applicable

43b. Please explain the medical _____

44. Does your child have a behavior problem? YES NO

44a. If yes, how much additional stress do you experience on a monthly basis due to your child’s behavioral problem(s)?

1 Mild 2 Moderate 3 Severe 4 Very Severe -8 Not Applicable

44b. If yes, please explain: _____

Check if child is age 3 or over and complete the TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN (TSCYC), subscales using the **TSCYC form** and **Response Card 5**. Otherwise, continue to Section 5.

Section 5. Family Composition & Risk Factors

These next questions are going to talk about your family’s relationships and ability to deal with common life stressors.

45. **Please use Response Card 6.** What is your relationship to (Child’s Name)?

- | | | | |
|---|-------------------|----|----------------------------|
| 1 | Biological Mother | 13 | Foster Sister or Brother |
| 2 | Biological Father | 14 | Adoptive Sister or Brother |
| 3 | Step-Mother | 15 | Aunt |
| 4 | Step-Father | 16 | Uncle |
| 5 | Adoptive Mother | 17 | Grandmother |
| 6 | Adoptive Father | 18 | Grandfather |

- 7 Foster Mother 19 Other Blood Relative
- 8 Foster Father 20 Other non-relative
- 9 Full Sister
- 10 Full Brother
- 11 Half Sister or Brother
- 12 Step Sister or Brother

46. **Please use Response Card 6.** (IF MARRIED OR PARTNERED) What is your partner’s relationship to (Child’s Name)?

- 1 Biological Mother 13 Foster Sister or Brother
- 2 Biological Father 14 Adoptive Sister or Brother
- 3 Step-Mother 15 Aunt
- 4 Step-Father 16 Uncle
- 5 Adoptive Mother 17 Grandmother
- 6 Adoptive Father 18 Grandfather
- 7 Foster Mother 19 Other Blood Relative
- 8 Foster Father 20 Other non-relative
- 9 Full Sister 21 No Relationship
- 10 Full Brother
- 11 Half Sister or Brother
- 12 Step Sister or Brother

These next few questions have to do with (Child’s Name)’s biological father (mother).

47. Does (Child’s Name)’s father (mother) consider himself (herself) Spanish, Hispanic, or Latino?

- 1 YES 2 NO

48. **(IF CHILD IS IN FOSTER CARE OR ADOPTED, SKIP TO QUESTION 58. IF CHILD IS IN KINSHIP, CARE RATE ITEMS FOR BIO MOM & DAD, IF KNOWN.) Please use Response Card 1.** What race would your (Child’s Name)’s father (mother) consider himself (herself)?

- 1 Black/African American 5 Hawaiian/Pacific Islander

- | | | | |
|---|--------------------------------|---|-------------------------|
| 2 | White/Caucasian | 6 | Biracial Specify: _____ |
| 3 | American Indian/Native Alaskan | 7 | Other _____ |
| 4 | Asian | | |

49. What is the highest educational degree that your (Child’s Name)’s father (mother) received?

- | | | | |
|---|-------------------------------------|----|--------------------------|
| 1 | None | 6 | RN Diploma |
| 2 | High School Equivalency (GED) | 7 | Bachelor’s Degree |
| 3 | High School Diploma | 8 | Master’s Degree |
| 4 | Vocational Tech Diploma/Certificate | 9 | M.D., Ph.D., Law, Dental |
| 5 | Associates Degree | 10 | Other _____ |

50. **Please use Response Card 2.** What is (Child’s Name)’s father (mother) current occupational status?

- | | | | |
|---|---|----|--|
| 1 | Work Full-Time (35 hours a week or more) | 6 | Don’t work because retired |
| 2 | Work Part-Time (Less than 35 hours a week) | 7 | Don’t work because of an illness or disability |
| 3 | Work when work is available | 8 | Don’t work because don’t want to work |
| 4 | Unemployed, looking for work | 9 | Don’t work because currently a student |
| 5 | Don’t work because of family responsibilities | 10 | Other _____ |

51. Has (Child’s Name)’s father (mother) worked for pay any time in the last six months?

- 1 YES 2 NO

52. What is (Child’s Name)’s father’s (mother’s) current occupation? **Please use Response Card 3.**

- | | | | |
|---|---------------------|----|---------------------|
| 1 | Office Worker | 10 | Protective Service |
| 2 | Full-Time Homemaker | 11 | Farmer, Farm Manger |
| 3 | Manager | 12 | Laborer |
| 4 | Professional 1 | 13 | Military |
| 5 | Professional 2 | 14 | Operator |
| 6 | Service Worker | 15 | Tradesperson |
| 7 | Retail | 16 | Sales |

- 8 Food Service 17 School Teacher
- 9 Owner 18 Technical
- 8 Not currently employed

53. How is your relationship with (Child’s Name)’s father (mother)?

54. **IF NOT ALREADY KNOWN:** Where is (Child’s Name)’s father (mother) currently living?

55. **IF BIOLOGICAL FATHER DOES NOT LIVE WITH THE CHILD:** How often does (Child’s Name)’s father (mother) see him/her? _____

56. **IF BIOLOGICAL FATHER (MOTHER) DOES NOT LIVE WITH THE CHILD:** Was this visitation schedule court-ordered?

- 1 YES 2 NO -8 Father does not see child

57. How involved would say (Child’s Name)’s father (mother) is in his/her life?

- 1 Not Involved At All 2 Somewhat Involved 3 Moderately Involved 4 Very Involved

These next questions are about relationships you have with your family and other people in your life. Using **Response Card 7** please tell me how often the following statements are true for you or your family. (*Please think of family such as you and your children and your spouse or partner. You may also include your parents, grandparents, and other relatives but please do not include friends or church family.*)

	Never	Very Rarely	Rarely	About half the time	Frequently	Very Frequently	Always
58. In my family, we talk about problems.	1	2	3	4	5	6	7
59. When we argue, my family listens to “both sides of the story”.	1	2	3	4	5	6	7
60. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
61. My family pulls together when things are stressful.	1	2	3	4	5	6	7
62. My family is able to solve our problems.	1	2	3	4	5	6	7

Now please use Response Card 8. Please indicate the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
63. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
64. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
65. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
66. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
67. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
68. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7
Please think about (target child). Please indicate how much you agree or disagree with the statement.							
69. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
70. I know how to help my child learn.	1	2	3	4	5	6	7
71. My child misbehaves just to upset me.	1	2	3	4	5	6	7
72. My child and I are very close to each other.	1	2	3	4	5	6	7

Using Response Card 9, please tell me how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About half the time	Frequently	Very Frequently	Always
73. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
74. When I discipline my child, I lose control.	1	2	3	4	5	6	7
75. I am happy being with my child.	1	2	3	4	5	6	7
76. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
77. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

Section 6. Experiences with Screening

This next section is about your experiences receiving the Ages and Stages developmental screening. Please think about the screening that occurred on _____ (date) with (Child’s Name).

78. Do you remember completing this screening? 1 YES 2 NO

IF THE SUBJECT DOES NOT REMEMBER THE SCREENING OR IS NOT SURE IF THEY REMEMBER THE SCREENING SKIP TO SECTION 7

79. What is the first name of the Children and Youth worker, or the worker from another agency who completed the screening with you?

Name _____ How long had you known (fill name)? _____

(Work with respondent to recall the screening. Show respondent the calendar and point out the week that it occurred.)

(IF CAREGIVER CANNOT RECALL SCREENING, SKIP TO QUESTION 91).

80. **Please look at Response Card 10** and tell me who was present during the screening.

a. CYS/ Foster care caseworker 1 YES 2 NO -7 DON’T KNOW

b. Early intervention 1 YES 2 NO -7 DON’T KNOW

c. No one 1 YES 2 NO -7 DON’T KNOW

d. Family member(s) 1 YES 2 NO -7 DON’T KNOW

d.1. Specify: _____

e. Anyone else 1 YES 2 NO -7 DON’T KNOW

e1. Specify: _____

81. Where were you when you completed the screening?

1 Home 2 Child welfare agency 3 Early intervention agency 4 Somewhere else _____

82. Please describe your overall experiences with the screening.

83. How did you first find out about the screening?

84. Were you given written materials about the screening *before* the day that it happened?

1 YES 2 NO Describe: _____

85. Were you given written materials about the screening *on* the day that it happened, but before the screening occurred?

1 YES 2 NO Describe: _____

86. What were you told were the reasons (Child's Name) was being screened?

87. Did you receive written materials about the results of the screening? 1 YES 2 NO

(IF YES): Describe _____

88. Were you hesitant to complete the screening? That is, did you miss appointments, avoid your caseworker, or express a lot of concern to someone about completing the screen?

1 YES 2 NO

89. (IF YES) What happened that led you to finish the screening?

90. **Please use Response Card 11.** How worried were you that the results of the screening would affect your (or your family member's) case with Children and Youth?

1 NOT AT ALL WORRIED 2 A LITTLE BIT WORRIED 3 MODERATELY WORRIED 4 QUITE A BIT WORRIED 5 VERY WORRIED

91. Please tell me what worried you about the screening.

92. What helped, or would have helped with your worry?

93. There are parts to the screening that involve having the child do things such as holding their head up, holding a rattle, banging toys on the table, drawing lines on a piece of paper, or pulling a zipper. During the screening with (Child Name), who would you say completed these activities? Would you say:

- a. you (or a family member) completed the activities
- b. a worker completed the activities
- c. both you (or a family member) and a worker completed the activities
- d. neither you nor a worker completed the activities (there were no activities)

94. What were the results of (Child's Name) screening? Did his/her score show any concerns/problems?

- 1 YES
- 2 NO

95. (IF YES): What kind of concern(s)?

96. (IF YES): What were you told about what the results meant?

97. What was your reaction to this information?

98. **Please use Response Card 12.** How much would you say you learned about (Child's Name) during the screening?

- 1 Not very much
- 2 A little bit
- 3 Some
- 4 Quite a bit

99. What stands out to you about what you learned?

100. Would you say that you learned anything about parenting because of the screening? 1 YES 2 NO

101. During the screening, did you and your worker talk about things that (Child's Name) is doing well?

- 1 YES
- 2 NO

101a. Tell me some of the things that your worker told you (Child's Name) was doing well:

102. During the screening, did your worker talk about things that are normal for a child (Child’s Name) age?

- 1 YES 2 NO

103. **Please use Response Card 13.** How would you describe the way that the screening took place?

- 1 Not positive at all 2 Not very positive 3 Somewhat positive 4 Very positive

Just a few more questions about the screening.

104. **(FOR BIOLOGICAL PARENTS):** Prior to the screening, were you ever told by a professional such as a teacher or doctor that (Child’s Name) has a special need, such as a developmental disability or delay such as not being able to do certain things that are normal for his or her age?

- 1 YES 2 NO

105. **(FOR BIOLOGICAL PARENTS):** Since the screening on (fill date), was (Child’s Name) ever placed in out-of-home care, such as foster care? 1 YES 2 NO

106. **(FOR BIOLOGICAL PARENTS):** Since the screening on (fill date), have you been referred (reported) to Children and Youth? 1 YES 2 NO

107. **(FOR BIOLOGICAL PARENTS):** Has (Child’s Name) ever been placed in foster care? 1 YES 2 NO

Section 7. Services Barriers and Facilitators

The next section is about services that you and (Child’s Name) may have received.

108. **Using Response Card 14,** Please indicate how much you agree or disagree with the following statements:

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
a. I would like more information about child development.	1	2	3	4	5	6	7
b. I can adequately encourage my child’s emotional, social, cognitive, and physical development.	1	2	3	4	5	6	7
c. I would like more information on how to recognize a developmental delay.	1	2	3	4	5	6	7
d. If I have a concern regarding my child’s development, I know where to go to find help.	1	2	3	4	5	6	7
e. My community has sufficient resources to help children with developmental delays.	1	2	3	4	5	6	7
f. I would feel comfortable accessing and utilizing community services.	1	2	3	4	5	6	7

109. **FOR FOSTER/KINSHIP CAREGIVERS (otherwise skip to number 110):** Do you have access to services to prevent or reduce the stress of being a foster parent/kinship caregiver? Specifically, do you have any of the following:

- a. Childcare 1 YES 2 NO
- b. Respite Care 1 YES 2 NO
- c. Counseling 1 YES 2 NO
- d. Peer Support 1 YES 2 NO
- e. Recreational Activities 1 YES 2 NO

f. Are there any other services you are receiving that we have not mentioned? If so, please describe:

110. **IF TARGET CHILD IS OVER THE AGE OF 3, SKIP TO QUESTION 111.** Is (Child’s Name) currently enrolled in the Early Head Start program? 1 YES 2 NO

111. **IF TARGET CHILD IS UNDER THE AGE OF 3, SKIP TO QUESTION 112.** Is (Child’s Name) currently enrolled in the Head Start program?

- 1 YES 2 NO

112. Is (Child’s Name) currently attending a day care program? 1 YES 2 NO

Please do not include family daycare or babysitting or nanny service provided at your home.

_____ CHECK HERE IF CHILD’S SCREEN REVEALED A CONCERN AND PROCEED. OTHERWISE, SKIP TO Q 118.

Earlier, you said that (Child’s Name) screening showed that there was a concern. We would like to know what happened after that.

113. Did you (or someone else) take (Child’s Name) somewhere or did anyone come to you for (him/her) to be evaluated (tested) further? This may have been done by an early intervention worker, a doctor or nurse, or someone from a local intermediate unit (IEU).

- 1 YES 2 NO 3 Appointment scheduled but has not occurred yet

a. (IF YES): What were the results? Did (Child’s Name) need services?

- 1 YES 2 NO 3 Other(Explain:_____)

b. (IF YES) Has (Child’s Name) received any services? 1 YES 2 NO 3 Appointment(s) scheduled

c. (IF YES): What kinds of services did your child receive?

114. Is (Child’s Name) currently receiving early intervention services? 1 YES 2 NO

115. (IF CHILD HAS DEVELOPMENTAL NEEDS) **Using Response Card 15**, Please indicate the number that best describes how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a. I received educational information regarding my child’s specific delay.	1	2	3	4	5
b. I received training to help me meet my child’s special needs.	1	2	3	4	5

116. What additional services/trainings/supports would you find helpful?

117. (IF EVALUATION OR SERVICES NEEDED BUT NOT RECEIVED, PROCEED; OTHERWISE, SKIP to Q 118).

There are many reasons why someone may not get services that they need. Please look at this list of reasons why it is difficult for people to receive services. (**Response Card 16**. Please tell me which of these reasons has been an issue in (Child’s Name) not getting (a further evaluation) or (services). (Circle all that apply).

1. Health insurance does not cover treatment.
2. No insurance.
3. Cost too much.
4. Health plan problem.
5. Not available in the area.
6. Transportation problems.
7. No convenient times for appointment.
8. Could not get an appointment.
9. Could not arrange childcare for other children in my care.
10. (Target child) moved or has changed homes.

- 11. I thought the problem would get better by itself.
- 12. I want to handle the problem on my own.
- 13. I don't think treatment would work.
- 14. (Target child) received treatment before and it didn't work.
- 15. I was concerned about how much money it would cost.
- 16. I was concerned about what people would think if they found out (target child) was in treatment.
- 17. I thought it would take too much time.
- 18. I was unsure about where to go or who to see.
- 19. I was scared.
- 20. Other _____

118. **FOR KINSHIP CAREGIVERS:** There are some problems that are common to those who provide kinship care, using **Response Card 17**, please rate how bothered you have been by the following:

	Not Bothered	Bothered A Little	Bothered A lot
a. Lack of financial assistance	1	2	3
b. Lack of legal assistance	1	2	3
c. Lack of mental health services	1	2	3
d. Lack of affordable housing	1	2	3
e. Difficulties enrolling children in school	1	2	3
f. Difficulties obtaining educational and support services	1	2	3
g. Difficulties obtaining medical services	1	2	3

- i. Are there any other problems that you are facing that we have not mentioned? If so, please describe:

Section 8. Experience with Children and Youth

This next section asks about your experience with Children and Youth.

119. Since the screening on (date), have you received services from Children and Youth? This would include services such as having a CYS caseworker come to your home or you going to the CYS agency to talk about your family's needs, concerns, and/or problems. This could have included getting your family's thoughts about a plan of action to meet goals around your family's needs and concerns.

1 YES 2 NO

120. Are you currently receiving services from Children and Youth? 1 YES 2 NO

121. How long ago did you last talk with a caseworker? _____NUMBER

(Is that the number of days, weeks, or months?)

1 = DAYS 2 = WEEKS 3 = MONTHS

122. (IF BIOLOGICAL PARENT AND CHILD IS IN FOSTER CARE). When was the last time you saw (Child’s name)?

_____/_____/_____ (date)

123. (IF FOSTER OR RELATIVE CAREGIVER, SKIP). As an adult, when was the first time you became involved with Children and Youth? How old were you? _____

124. Thinking about yourself as a child, was your family ever referred to Children and Youth? 1 YES 2 NO

125. Did you ever spend time in foster care? 1 YES 2 NO

126. Did any of your siblings ever spend time in foster care? 1 YES 2 NO

Think about your current experiences with Children and Youth services. Remember your answers are confidential and will not be shared with anyone outside the research staff. Please tell me the extent to which you agree or disagree with the following statements. Please use **Response Card 18**.

	Disagree Strongly	Disagree	Not Sure	Agree	Strongly Agree
127. I believe my family will get help we really need from [CYS].	1	2	3	4	5
128. I realize I need some help to make sure my kids have what they need.	1	2	3	4	5
129. I was fine before CYS got involved. The problem is theirs, not mine.	1	2	3	4	5
130. I really want to make use of the services (help) [CYS] is providing me.	1	2	3	4	5
131. It’s hard for me to work with the caseworker I’ve been assigned.	1	2	3	4	5
132. Anything I say they’re going to turn it around to make me look bad.	1	2	3	4	5
133. There’s a good reason why [CYS] is involved in my family.	1	2	3	4	5
134. Working with [CYS] has given me more hope about how my life is going to go in the future.	1	2	3	4	5
135. I think my caseworker and I respect each other.	1	2	3	4	5
136. I’m not just going through the motions. I’m really involved in working with [CYS].	1	2	3	4	5
137. My worker and I agree about what’s best for my child.	1	2	3	4	5
138. I feel like I can trust CYS to be fair and to see my side of things.	1	2	3	4	5
139. I think things will get better for my child(ren) because [CYS] is involved.	1	2	3	4	5
140. What CYS wants me to do is the same as what I want.	1	2	3	4	5
141. There were definitely some problems in my family that CYS saw.	1	2	3	4	5

142. My worker doesn't understand where I'm coming from at all.	1	2	3	4	5
143. CYS is helping me take care of some problems in our lives.	1	2	3	4	5
144. I believe CYS is helping my family get stronger.	1	2	3	4	5
145. [CYS] is not out to get me.	1	2	3	4	5

Now please use Response Card 19. Please tell me how much you agree or disagree with the following statements.

	Strongly Disagree	Mostly Disagree	Disagree A Little	Neither Agree or Disagree	Agree A Little	Mostly Agree	Strongly Agree
146. The child welfare staff help me to see strengths in myself I didn't know I had.	1	2	3	4	5	6	7
147. The child welfare staff provide opportunities for me to get to know other parents in the community.	1	2	3	4	5	6	7
148. The child welfare staff work together with me to meet my needs.	1	2	3	4	5	6	7
149. The child welfare staff know about other programs I can use if I need them.	1	2	3	4	5	6	7
150. The child welfare staff encourage me to think about my own personal goals or dreams.	1	2	3	4	5	6	7
151. The child welfare staff understand when something is difficult for me.	1	2	3	4	5	6	7
152. The child welfare staff respect my family's cultural and/or religious beliefs.	1	2	3	4	5	6	7
153. The child welfare staff encourage me to go to friends and family when I need help or support.	1	2	3	4	5	6	7
154. The child welfare staff help me to see that I am a good parent.	1	2	3	4	5	6	7
155. The child welfare staff give me good information about where to go to services I need.	1	2	3	4	5	6	7

	Strongly Disagree	Mostly Disagree	Disagree A Little	Neither Agree or Disagree	Agree A Little	Mostly Agree	Strongly Agree
156. The child welfare staff have materials for my child that positively reflect our cultural background.	1	2	3	4	5	6	7
157. The child welfare staff encourage me to share my knowledge with other parents.	1	2	3	4	5	6	7
158. The child welfare staff encourage me to learn about my culture and history.	1	2	3	4	5	6	7
159. The child welfare staff help me to use my own skills and resources to solve problems.	1	2	3	4	5	6	7
160. The child welfare staff encourage me to	1	2	3	4	5	6	7

get involved to help improve my community.							
161. The child welfare staff support me in the decisions I make about myself and my family.	1	2	3	4	5	6	7

Please think about how satisfied you have been with your relationship with your current CYS caseworker.

162. How well has your caseworker explained problems, treatments, and/or services to you? Would you say...

1 = not well 2 = somewhat well 3 = very well

Please use Response Card 20.

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Not Applicable
163. How satisfied have you been with the extent to which the caseworker maintained contact with you?	1	2	3	4	-8
164. How satisfied have you been with the extent to which the caseworker invited you to relevant meetings about (target child)?	1	2	3	4	-8
165. How satisfied have you been with the extent to which the caseworker involved you in decision-making regarding the care of [target child]?	1	2	3	4	-8

Now please use Response Card 21. To what extent do you agree or disagree with the following statements...

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
166. I was offered the help I needed.	1	2	3	4	5
167. (FOSTER AND KINSHIP CAREGIVERS, SKIP) I should have been given more time to make the changes expected of me.	1	2	3	4	5
168. The services I was told to use should have been made available to me sooner.	1	2	3	4	5
169. The services I was told to use should have been more helpful.	1	2	3	4	5
170. I should have been offered more services.	1	2	3	4	5

171. How would you describe your overall experiences with Children and Youth?

4=Very positive 3= Somewhat positive 2=Not very positive 1=Not positive at all

Section 9. Caregiver Health History

Now we would like to know more about your own personal needs and well-being. We are going to shift to talking about whether you have been bothered by feeling blue or anxious. Remember your answers are confidential and will not be shared with anyone outside the research staff. Please use Response Card 22.

172. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	1	2	3	4
b. Feeling down, depressed, or hopeless	1	2	3	4
c. Trouble falling or staying asleep or sleeping too much	1	2	3	4
d. Feeling tired or having little energy	1	2	3	4
e. Poor appetite or overeating	1	2	3	4
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	1	2	3	4
g. Trouble concentrating on things, such as reading the newspaper or watching television	1	2	3	4
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	1	2	3	4
i. Thoughts that you would be better off dead, or of hurting yourself in some way	1	2	3	4

173. Are you currently receiving any services for a mental health problem? 1 YES 2 NO

174. **IF NO:** Have you ever received mental health services as an adult? 1 YES 2 NO

175. For this next set of questions, I am going to be asking if you have any problems with anxiety.

a. In the last 4 weeks, have you had an anxiety attack—suddenly feeling fear or panic?	Yes	No
IF NO, GO TO QUESTION 176.		
b. Has this ever happened before?	1	2
c. Do some of these attacks come suddenly out of the blue—that is, in situations where you don't expect to be nervous or uncomfortable?	1	2
d. Do these attacks bother you a lot or are you worried about having another attack?	1	2
e. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?	1	2

176. **(If any problems have been checked so far on this questionnaire so far)**, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Would you say:

- 1 Not difficult at all 2 Somewhat difficult 3 Very difficult 4 Extremely difficult

177. Please use **Response Card 23**. In the last 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered	Bothered a little	Bothered a lot
a. Worrying about your health	1	2	3
b. Your weight or how you look	1	2	3
c. Little or no sexual desire or pleasure during sex	1	2	3
d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend If no current partner mark as -8 and skip to letter e.	1	2	3
e. The stress of taking care of children, parents, or other family members	1	2	3
f. Stress at work outside of the home or at school	1	2	3
g. Financial problems or worries	1	2	3
h. Having no one to turn to when you have a problem	1	2	3
i. Something bad that happened recently	1	2	3
j. Thinking or dreaming about something terrible that happened to you in the past—like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	1	2	3

178. In the past year, have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act? 1 YES 2 NO

179. Have you ever taken out a PFA (Protection from Abuse) or thought you needed a PFA on someone?
1 YES 2 NO

180. What is the most stressful thing in your life right now?

181. Are you taking any medication for anxiety, depression, or stress? 1 YES 2 NO

Finally, this last set of questions asks about your use of alcohol and drugs. Remember your answers are confidential (secret).

182. Have you drunk any alcohol in the past 12 months? 1 Yes 2 No

IF THE SUBJECT REPORTS DRINKING ALCOHOL IN THE PAST 12 MONTHS, ASK QUESTIONS 183 a-j.

183. These questions refer to the past 12 months.

	Yes	No
a. Do you feel you are a normal drinker?	1	2
b. Do friends or relatives think you are a normal drinker?	1	2
c. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	1	2
d. Have you ever lost friends or girlfriends/boyfriends because of your drinking?	1	2
e. Have you ever gotten in trouble at work because of drinking?	1	2
f. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	1	2
g. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?	1	2

h. Have you ever gone to anyone for help about your drinking?	1	2
i. Have you ever been in a hospital because of drinking?	1	2
j. Have you ever been arrested for drunk driving or driving after drinking?	1	2

184. In the past 12 months have you used any drugs to get high, improve your mood, lose weight or increase sleep?

1 Yes 2 No

185. If any of these drugs were over the counter or prescription, did you take the recommended dose?

1 Yes 2 No -8 Not Applicable

IF THE SUBJECT REPORTS USING DRUGS IN THE PAST 12 MONTHS, ASK QUESTION 186 a-j.

186. These questions refer to the past 12 months.

	Yes	No
a. Have you used drugs other than those required for medical reasons?	1	2
b. Do you abuse more than one drug at a time?	1	2
c. Are you always able to stop using drugs when you want to?	1	2
d. Have you had "blackouts" or "flashbacks" as a result of drug use?	1	2
e. Do you ever feel bad or guilty about your drug use?	1	2
f. Does your spouse (or parents) ever complain about your involvement with drugs?	1	2
g. Have you neglected your family because of your use of drugs?	1	2
h. Have you engaged in illegal activities in order to obtain drugs?	1	2
i. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	2
j. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	1	2

187. Have you ever received any services for a drug or alcohol problem? 1 YES 2 NO

A few final questions about your hopes for the future.

188. What would you say are your greatest needs around parenting (Child's Name) right now?

189. What parts of your life are going particularly well right now?

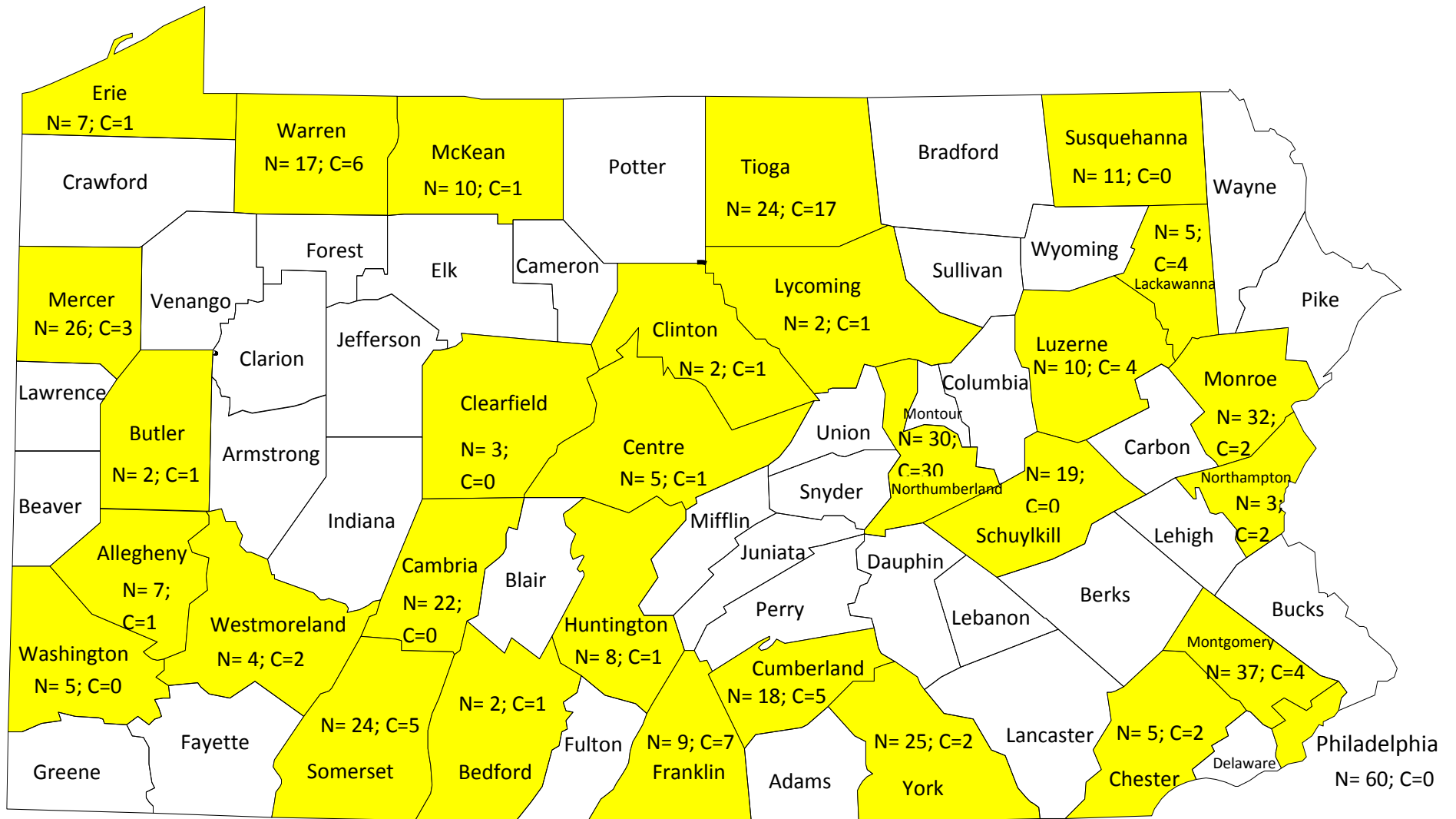
190. What changes would you like to see in your life?

191. What do you wish for most for (target child)?

Interview end.

Appendix B

ASQ Caregiver Interview: Numbers of Interviews Completed in Each County from June 16, 2010 to February 28, 2011



Legend: N= number of interviews needed from each county; C= number of interviews completed in each county