

EARLY ID OF SOCIAL AND EMOTIONAL DIFFICULTIES

The Importance of Early Identification of Social and Emotional Difficulties In Preschool Children

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Abstract

Early identification of social and emotional problems in infants and preschool children is necessary for optimal developmental outcomes. Social and emotional difficulties remain stable over time and are highly resistant to change (Walker & Sprague, 1999, Walker, Colvin & Ramsey, 1995; Walker, Zeller, Close, Webber & Gresham, 1999). The importance of identifying social and emotional difficulties in the preschool population is described in this monograph. Second, screening instruments for early identification of social and emotional problems are reviewed including the *Ages and Stages Questionnaires: Social-Emotional* (ASQ:SE), *Devereux Early Childhood Assessment Program* (DECA), *Preschool and Kindergarten Behavior Scale*, *Social Skills Rating System*, and *Temperament and Atypical Behavior Scale: Early Childhood Indicators of Developmental Dysfunction Screener* (TABS Screener). Finally, recommendations are made for effective early identification and intervention systems.

Identification of Social and Emotional Problems in Infants and Preschool Children

Early identification of social and emotional problems in young children is critical for improving developmental outcomes. Early identification and intervention with social and emotional problems can have a lasting impact on the developing child in three major areas. First, in terms of brain development, quality early relationships and experiences can positively affect gene function, neural connections, and the organization of the mind, having life-long positive effects (Shonkoff & Phillips, 2000, Shore, 1997). Positive early experiences lay the necessary foundation for the healthy development of later behaviors and thought processes (Gunnar & Barr, 1998; Shore, 1997; Siegel, 1998; Sroufe, 1996).

Second, once established social /emotional problems remain stable over time and are highly resistant to change (Sprague & Walker, 2000; Walker, Colvin & Ramsey, 1995; Walker, Zeller, Close, Webber & Gresham, 1999). It is not surprising that a strong relationship exists between childhood behavior problems, delinquency, and later criminality (Dishion, French & Patterson, 1995, Walker & Sprague, 1999).

Third, the costs associated with antisocial and criminal behavior are staggering. Early identification and intervention have the potential to improve outcomes and save subsequent social costs such as in prison systems and rehabilitation programs (Heffron).

A developmental perspective on social /emotional behaviors (Cicchetti & Cohen, 1995) supports the importance of early identification and intervention. As

the child faces new developmental challenges that require adaptation, more complex and differentiated systems for responding are necessary. Children who have competent social/emotional systems can respond competently -- and develop further competence. Early incompetence or the inability to respond tends to promote later incompetence because the child arrives at each developmental stage with less than optimal resources to respond to the challenges of that period (Cicchetti & Cohen, 1995). By intervening early, the trajectory of social/emotional development can be altered, that is, significantly improved (Greenspan, 1992; Sprague & Walker, 2000; Yoshikawa, 1994). Violence and antisocial behavior as well as other mental health problems in school-age children can also be reduced (Sprague & Walker, in press; Walker et al., 1999). Intervening *early* with those vulnerable children who may suffer long-ranging social/emotional and behavioral difficulties is of utmost importance.

Definitions of terms and issues involved in early identification of social/emotional competence in young children are summarized in the first section of this manuscript. Screening instruments for identifying social/emotional difficulties in the birth to five-year-old population are reviewed in the second section. Finally, recommendations for effective early identification and intervention systems are presented.

Definition of Terms

Emotion. Emotion can be defined as the attempt by a person to establish or change the relationship between the person and the environment, in matters of significance to the person (Campos, Mumme, Kermoian, & Campos, 1994). Emotion includes regulating behavior within oneself (i.e., intrapersonal) and in

interactions with others (i.e., interpersonal) (Denham, 1998). Emotional competence involves regulating or controlling one's emotions to accomplish one's goals (Raver & Ziegler, 1997; Thompson, 1994). For example, if a toddler can walk past the spider-shaped play structure on the outside playground, she will reach the sandbox and be able to play with her favorite sand toys. The toddler demonstrates emotional competence by regulating her emotions to achieve her goal. If, on the other hand, she cannot walk past the structure and remains close to the classroom door, she will not be rewarded with her favorite toys and sand play activities.

Social competence. Social competence includes a child's ability to engage in positive relationships with parents, peers, siblings, and teachers (Raver & Ziegler, 1997). For infants, social competence primarily involves relationships with primary caregivers and expands to include relationships with siblings and peers in the latter half of the first year. For preschool children social competence includes playing and sharing with peers, shared imaginative play, and showing concern and sympathy for playmates when they are hurt or upset.

Social and emotional competence, while distinct, are often overlapping, as shown in Figure 1. Five types of behavior are included in social and emotional competence for the preschool child. These include: 1) cooperative and prosocial behavior (Bost, Vaughn, Washington, Cielinski, & Bradbard, 1998); 2) initiation and maintenance of peer friendships and adult relationships (Boris, Aoki, & Zeanah, 1999; Boris & Zeanah, 1999); 3) management of aggression and conflict, 4) development of self worth and a sense of mastery; and 5) emotional regulation and reactivity (Denham, 1998; Fox, 1994).

Issues in Assessing Social and Emotional Competence

Assessing social and emotional competence in very young children can be difficult. Appropriateness of child behaviors often depends upon multiple variables including the age of the child, when the behavior occurs, the setting where it occurs, and which adults are present at the time. Developmental and cultural variability, differences in adult and child temperament, and changing behavioral expectations are some factors that make social and emotional assessment particularly challenging. For example, one family may tolerate loud talking and throwing of play toys while another family may tolerate only quiet voices and no throwing of objects indoors. Talking back to a preschool teacher may be accepted in some early childhood centers but not tolerated in others. A two-year-old who throws herself on the floor at the bakery and screams because she can't have a chocolate donut will not be labeled "deviant" while an eight-year-old who does the same may be.

Screening for Social and Emotional Difficulties in Infants and Toddlers

Screening is the first step in identifying infants and young children who may have social and emotional disabilities and need additional community and family supports. Screening is designed to be a quick, low-cost assessment of a child's current behavioral repertoire and yields information on whether a requires a more in-depth evaluation (Squires, Potter & Bricker, 1999). A screening assessment should consider the child in the context of his/her family and

environment and take place in a familiar setting. A diagram illustrating the steps in the screening-assessment-intervention process can be found in Figure 2.

Screening tests in the social and emotional areas should adhere to psychometric standards so that accurate and efficient screening decisions are made (APA, 1985). Guidelines for sound screening tools include the following recommendations (APA, 1985; Glascoe, 1993; Nickel & Squires, in press; Salvia & Ysseldyke, 1998). Screening tests should have adequate validity, including adequate sensitivity at .80 or above. Sensitivity is the ability of the test to identify true positives, or those children who are in need of further social/emotional evaluation. Specificity -- the ability of the test to identify true negatives, or those children who appear to be developing without problems -- should be at .80 or above (APA, 1985). Reliability is the consistency of a test or the ability of multiple examiners (i.e., interobserver reliability) to arrive at the same or similar test results; and of children to achieve a similar score, if they take the test more than one time (i.e., test-retest reliability). These reliability tests should yield results of .80 or above (APA, 1985). For a screening test to be adequate, the standardization sample should contain at least 100 subjects at each age level stratified by economic, gender, geographical, ethnic/cultural dimensions (APA, 1985). Screening tests for young children should also allow for parent input (Squires et al., 1999) and be developmental in nature (Witmer, Doll, & Strain 1996). In addition, as a first step, screening tools should be the first link in forming a partnership with parents, and be sensitive to ethnic, cultural, and individual variables (Diamond & Squires, 1993). Developmental history, family functioning, cultural and community patterns, and caregiver-infant relationship

and interactive patterns should also be considered when assessing social and emotional areas in young children (Zero to Three/National Center for Clinical Infant Programs, 1994).

There have been few valid and reliable screening tools for identifying potential social and emotional difficulties in infants and preschool children. In the past five years, however, several tools have been developed that adhere to psychometric standards and that are developmentally appropriate for young children and their families. Selected screening tools for infants and toddlers in the area of social/emotional competence are summarized in Table 1. The age range, administration time, number of items, administrator, and presence of psychometric data are included. More in-depth descriptions of five tools are included below.

Ages & Stages Questionnaires: Social-Emotional

The *Ages & Stages Questionnaires: Social-Emotional (ASQ:SE): A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors* (Squires, Bricker, & Twombly, 2000) was designed as a complement to the general developmental test, the *Ages & Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System* (Bricker & Squires, 1999). The ASQ:SE provides information specifically addressing the social and emotional behavior of children ranging in age from 6 to 60 months. Seven behavioral areas of self-regulation, compliance, communication, adaptive, autonomy, affective functioning, and interaction with people are addressed. Like the ASQ, the ASQ:SE is composed of a series of simple-to-complete questionnaires designed

for use with a child's parents or other primary caregivers, with separate questionnaires for children at 6, 12, 18, 24, 30, 36, 48, and 60 months of age. The number of questions ranges from 21 on the 6-month questionnaire to 30 questions on the 24-60 month questionnaires. The questionnaires take parents about 10-15 minutes to complete. Sample items from the 36 month ASQ:SE are shown in Figure 3.

The format for each questionnaire is the same. Each item is followed by a series of four columns that parents can use to indicate whether their child does the item "Most of the Time," "Sometimes," or "Never or Rarely." A fourth column permits parents to indicate with a check if the behavior is of concern to them. Items are both positively and negatively worded and are coded to permit easy scoring. A high total score is indicative of problems, while a low score suggests the child's social and emotional behaviors are considered competent by his/her caregiver. Children whose total score exceeds the established cutoff points should be referred for further evaluation.

Research findings on the ASQ:SE collected on over 3000 diverse children indicate adequate reliability and validity. Sensitivity ranged from 71% to 85%, with 78% sensitivity overall. Specificity ranged from 90% to 98% at with an overall specificity of 94%. Caregivers reported they were able to understand and complete the ASQ:SE in a reasonable amount of time (i.e., 10-15 minutes) and that the process of completing the questionnaire was valuable. The ASQ:SE is available in English and Spanish.

Devereux Early Childhood Assessment Program

The *Devereux Early Childhood Assessment Program* (DECA) (Devereux Foundation, 1998) includes a parent/caregiver behavior rating scale of 27 items evaluating protective factors in preschool children aged two to five. DECA's purpose is to identify children who are low on protective factors -- initiative, self control, and attachment -- so that intervention can be implemented to strengthen these abilities. In addition, a 10-item behavioral concerns screener identifies children who may be exhibiting behavior problems so that these can be addressed. DECA was tested with a stratified sample of 2000 preschool children. Test-retest and interrater reliability studies had favorable results. In validity studies, DECA identified 69% of children with established mental health problems (LeBuffe & Naglieri, 1999). DECA is easily used in a preschool classroom setting.

Brief Infant-Toddler Social and Emotional Assessment (BITSEA)

The *Brief Infant-Toddler Social and Emotional Assessment* (BITSEA) (Briggs-Gowan & Carter, 2001) is a parent-report questionnaire concerning social/emotional difficulties in children from 12 to 36 months. Scales include externalizing (activity, aggression), internalizing (inhibition, separation, depression), dysregulation (sleeping, eating), maladaptive habits, fears, and competence (attention, compliance). The BITSEA contains 69 items, including 49 Problem Scale items and 11 Competence Scale items, selected from the more in depth Infant Toddler Social Emotional Assessment (ITSEA) (Carter & Briggs-Gowan, 2000). The content is written at a 4th to 6th grade reading level and takes 10-20 minutes to complete (Carter & Briggs-Gowan, 2000). Promising

preliminary data regarding validity and reliability (Carter & Briggs-Gowan, 2000) have been reported on the BITSEA.

Preschool and Kindergarten Behavior Scales

The *Preschool and Kindergarten Behavior Scales* (PKBS) (Merrell, 1994; Merrell, 2002) is a 76-item behavior rating scale designed to measure typical problem behaviors and social skills of children ages 3 to 6. The PKBS may be completed by teachers, parents, daycare providers or others familiar with the child's behavior. Reliability, validity, sensitivity and specificity studies on the PKBS reflect a solid screening test that is useful as a general problem behavior and social skills assessment tool for preschool and kindergarten age children (Merrell, 2002).

Temperament and Atypical Behavior Scale: Early Childhood Indicators of Developmental Dysfunction Screener (TABS Screener)

The *Temperament and Atypical Behavior Scale: Early Childhood Indicators of Developmental Dysfunction Screener* (TABS Screener) (Bagnato, Neisworth, Salvia, & Hunt, 1999) was designed to accompany the more in-depth TABS Assessment to measure dysfunctional behavior in children ages 11 to 71 months of age (Neisworth et al., 1999). The TABS Screener contains 15 items which address atypical behaviors including detached or difficult to engage; hypersensitive/active; underactive; and dysregulated or difficulty controlling or modulating behavior. A parent or professional who knows the child can complete

the TABS Screener in about 5 minutes or less. Parents answer yes/no to the questions, which are then scored as 0 points (no) or 1 point (yes).

To assess the technical adequacy of the TABS, measures of validity and reliability were conducted with approximately 200 children with disabilities and 600 children without disabilities. In studies conducted by the authors, about 72% of children screened as “at risk” by the TABS Screener were also assessed by the TABS Assessment Tool as “at risk.” Studies comparing the results of the TABS Screener with other criterion measures have not been reported as yet.

Summary and Recommendations

In addition to screening for social-emotional problems, the general developmental behaviors of the child should be screened to identify potential delays in cognitive, motor, communication, and adaptive skills that may affect social/emotional functioning. For example, a communication delay could be the cause of a three-year-old's emotional outbursts, hitting, and pinching. Hearing and vision acuity should also be tested as hearing and vision loss can also contribute to social and emotional delays and difficulties.

Second, screening for social and emotional problems needs to take place within the context of the child and family's life. How the child functions in a variety of settings with different people should be assessed. Input from parents, caregivers, and preschool teachers is important, as the child may not function in the same manner in different settings. Asking both parents and

caregivers/teachers to complete an assessment may yield important information on the behavioral repertoire of the child.

Third, community links need to be established to make early identification and referral systems successful (Knitzer, 2000). Because a variety of agencies and individuals may be involved in mental health services, pooling of knowledge, resources, and strategies is particularly important when dealing with the complex issues that surround young children's mental health. Issues such as improving parent/child interactions, maternal depression, poverty, domestic violence, and child abuse must often be dealt with concurrently for interventions to have any lasting effects.

Fourth, if the child is identified as having a potential social/emotional difficulty, practitioners need to assist the family in finding appropriate referral sources. Early intervention assessment and referral teams, child development clinics, and community mental health clinics may be able to assist the family in receiving further assessment and referral to early intervention/early childhood special education services.

Fifth, if the child appears to be developing typically in social/emotional areas but the family is still concerned about the child's behavior, the program should help the family to locate appropriate community resources. Parenting classes, home visiting programs, behavior management classes, parent support groups, and family mental health services are among the resources that may assist families in coping with difficult behaviors. In addition, as shown in Figure 2, re-screening or periodic screening should take place so that a child can be referred to services as soon as delays or needs are identified.

In conclusion, assisting families to receive appropriate social/emotional and behavioral evaluations and supports for their children is an undertaking of immense importance. While the social/emotional areas can be complex and difficult to assess, the potential benefits to families cannot be understated. As Rob Reiner, founder of I Am Your Child Foundation stated, “the first years last forever.”

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Table 1

Selected Social-Emotional Screening Instruments for Birth-Five Population

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)	J. K. Squires, D. D. Bricker, & E. Twombly (2002)	Brookes Publishing PO Box 10624 Baltimore MD 21285	3-66 months	10-15 minutes	varies from 21-32	parent, caregiver	3014 diverse children in normative sample; sensitivity = .75-.89; specificity = .82-.96; alpha = .67-.91; test-retest reliability = .94	Areas: self-regulation, communication, autonomy, coping, relationships. Interobserver reliability currently being studied.
Brief Infant/Toddler Social Emotional Assessment (BITSEA)	A. Carter & M. Briggs-Gowan, 2001	Available from authors email: ITSEA@yale.edu Phone: 203-764-9093	12-36 months	10-15 minutes	60	parent, child care provider	1280 in ITSEA normative sample; not geographically distributed (all of subjects from Connecticut); internal consistency: Problem = .83-.89 Competence = .66-.75	Available online. Items taken from ITSEA-R. Areas: problem and competence including activity, anxiety, emotionality

Table 1, continued

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Devereux Early Childhood Assessment Program (DECA)	Devereux Foundation, 1998	Kaplan Press PO Box 609 Lewisville NC 27033	2-5 years	10 minutes	37	parent, caregiver	Standardized, norm-referenced, 2000 in normative sample. Internal reliability = .80 parents, .88 teachers; test retest reliability = .55-.80 parents, .68-.91 teachers; significant discriminant validity	Assesses positive ($n = 27$) and problem ($n = 10$) behaviors. Also includes guidelines for supportive interactions and partnerships with families

Eyberg Child Behavior Inventory (ECBI)	S. Eyberg & D. Pincus, 1999	Eyberg & Pincus, Psychological Assessment Resource, Odessa, FL 33556 800-321-0378	2-16 years	10 minutes	36	parent, caregiver	798 in normative sample, representative of 1992 census; test-retest reliability: .87 intensity, .93 problem; internal consistency = .98 intensity, .96 problem; discriminant validity = .80	Focuses on oppositional behaviors. Norms include children to 16 years
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Table 1, continued

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Infant/Toddler Symptom Checklist	G. DeGangi, S. Poisson, R. Sickel, & A. Santman Wiener, 1995	Therapy Skill Builders 38 E. Bellevue Tucson, AZ 85716	7-30 months	10 minutes	21 in general screening version	parent	221 in normative sample (majority white middle class); false positive = .03-.13; false negative = .0-.14	General screen appropriate for clinic use. Five checklists target 7-9, 10-12, 13-18, 19-24, 25-30 months. Areas: self-regulation, self-care, communication, vision, attachment
Preschool and Kindergarten Behavior Scales	K. Merrell, 1994, 2002	Pro-Ed 8700 Shoal Creek Blvd. Austin, TX 8001897-3202 www.proedinc.com	3-6 years	15-20 minutes		parent, teacher, primary caregiver	2855 normative sample. Test-retest reliabilities: 69-78 Internal consistency: 96-97. High concurrent validity	34 items in social skill scale and 42 items in problem behavior scale designed specifically for preschool-kindergarten population

Table 1, continued

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Social Skills Rating System	F. Gresham & S. Elliot 1990	American Guidance Service 4201 Woodland Rd., Circle Pines, MN 55014	3-5 years	10-15 minutes	49 - parent 40 - teacher	parent, teacher	Internal consistency: .73-.95 Test-retest reliability: .85 teacher, .87 parent Preschool norms from separate sample Limited studies specifically on preschool version only 200 in sample	Focus on positive behaviors. Both parent and teacher forms available. More studies on preschool version are needed
Temperament and Atypical Behavior Scale Screener (TABS)	S. J. Bagnato, J. T. Neisworth, J. Salvia, & J. Hunt 1999	Brookes Publishing PO Box 10624 Baltimore, MD 21285	12-71 months	Not reported	15	parent, professional	.72 agreement with full TABS	Used as a pre-screener for TABS. Studied only in relationship to full TABS

Table 2

Indepth Social-Emotional Assessment Instruments for the Birth-Three Population

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Child Behavior Checklist/ 1 1/2-5 (CBCL)	T. Achenbach, L. Rescorla 2000	Child Behavior Checklist 1 So. Prospect St. Burlington, VT 05401	2-3 years	10-15 minutes	100	parent, teacher report form also available	Standardized, norm-referenced. 700 in normative sample; test-retest reliability = .85; significant discriminant validity	Assesses externalizing and internalizing behaviors: reactivity, aggression, withdrawal, attention, sleep. 4-18 year version available. Well respected
Functional Emotional Assessment Scale (FEAS)	G. DeGangi & S. Greenspan, 2000	Appendix B of DeGangi, G. (2000). <u>Pediatric disorders of regulation in affect and behavior</u> . San Diego: Academic Press.	7 months - 4 years	15-20 minutes	6 versions range from 27-61 items	professional	468 in normative sample, not stratified (94% white middle class). Sensitivity = .31-.81; false negative = .05-.28; false positive = .26-.63; interrater reliability = .90 (n = 46)	Assesses caregiver's strengths and areas of need in supporting child's emotional and play skills. Professional observes parent-child interactions

Table 2, continued

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Infant/Toddler Social Emotional Assessment-revised (ITSEA-R)	A. Carter & M. Briggs-Gowan 1999	Available from authors email: ITSEA@yale.edu Phone: 203-764-9093	12-36 months	40 minutes	200	parent	1280 in normative sample (all from Connecticut). Cronbach's alpha .71-.84; test-retest reliability .69-.85; factor analysis = 11 problem and 6 competence scales; significant correlations with CBCL	Available online. Provides indepth social-emotional assessment. No national standardization as yet. Areas: externalizing, internalizing, dysregulation, maladaptive behaviors, social-emotional competence

Table 2, continued

Name	Author(s)/Date	Publisher	Age Range	Admin Time	Number of Items	Admin Agent	Psychometric Data	Comments
Temperament and Atypical Behavior Scale (TABS)	S. J. Bagnato, J. T. Neisworth, J. Salvia, & J. Hunt, 1999	Brookes Publishing PO Box 10624 Baltimore, MD 21285	12-71 months	Not reported	55	parent, professional	833 in normative sample. Test-retest reliability .81-.92; internal consistency .88; factor analysis = 4 factors (detached, hypersensitive/active, under-regulated, dysregulated)	Evaluates regulatory disorders. Asks about dysfunctional behaviors. Areas: temperament, attention, attachment, self-stimulation, self-injury, social play, movement, vocal/oral
Vineland Social-Emotional Early Childhood Scale	S. Sparrow, D. Balla & D. Cicchetti	American Guidance Service 4201 Woodland Road, Circle Pines, MN 55014	Birth - 5 years, 11 months	15-20 minutes	Varies by domain, age	professional (interview)	Standardized, norm-referenced, based on 1984 data. Test-retest reliability = .79; concurrent validity findings vary	Items taken from Vineland. Few items at younger ages. Areas: relationships, play and leisure, coping skills

Figure Caption

Figure 1. Relationship between social and emotional competence

Figure 2. Steps in identification of social/emotional and behavioral problems in young children.

Figure 3. Selected items from 36 month (3 years) ASQ:SE

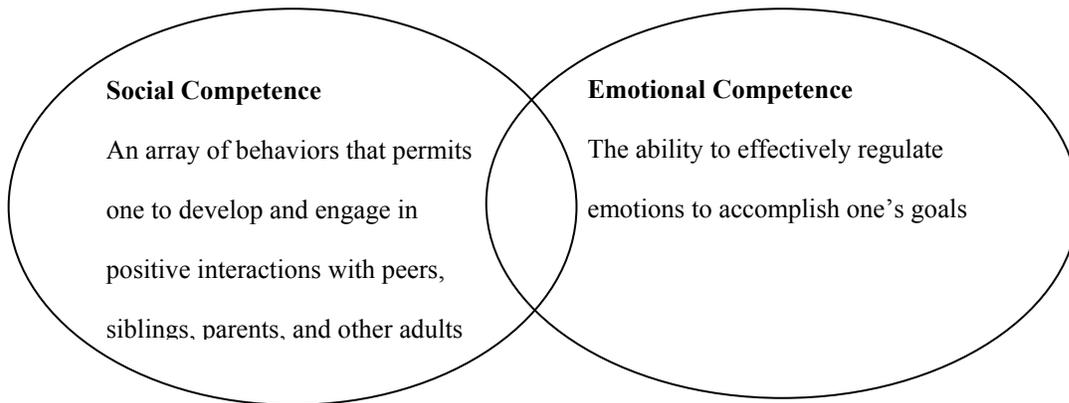


Figure 1. Relationship between social and emotional competence

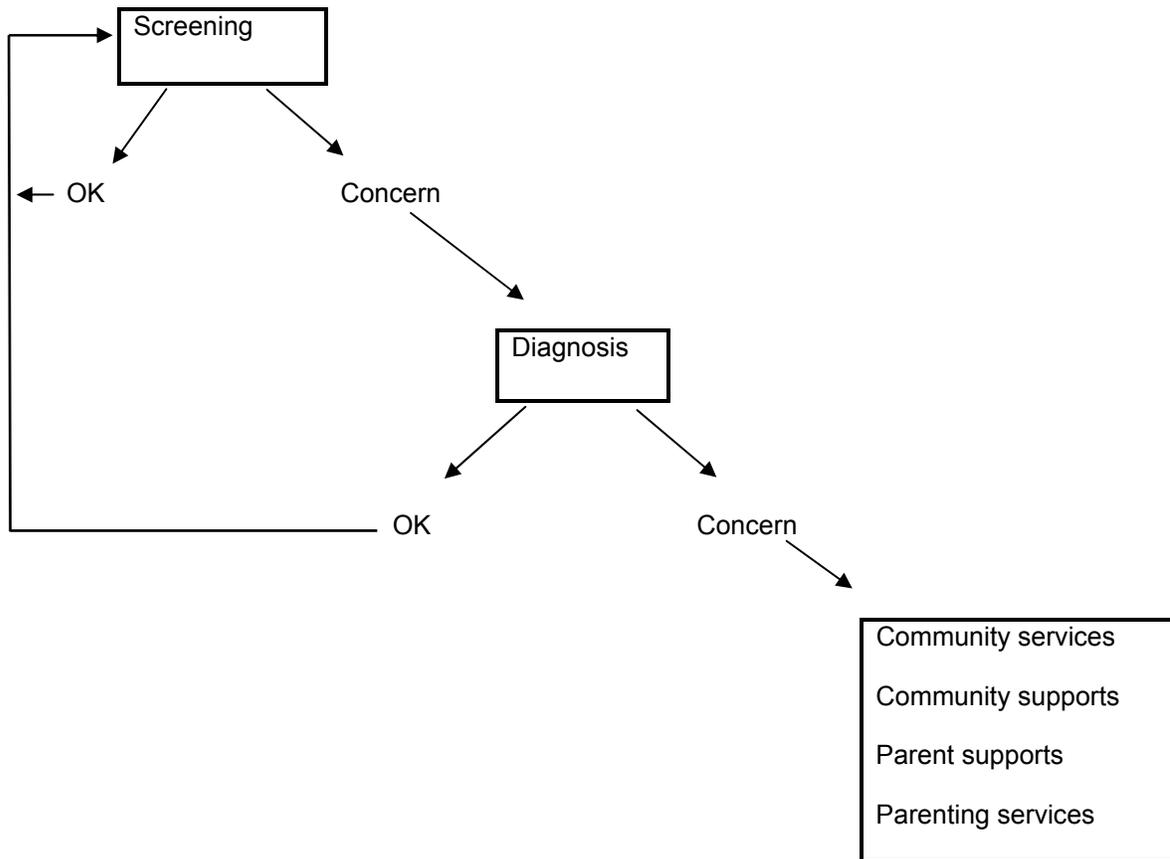


Figure 2. Steps in identification of social/emotional and behavioral problems in young children.

	MOST OF THE TIME	SOMETIME S	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10 Is your child interested in things around him, such as people, toys, and food?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11 Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
12 Does your child seem more active than other children her age?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13 Can your child stay with activities she enjoys for at least 5 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14 Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>

Figure 3. Selected items from 36 month (3 years) ASQ:SE