

# ASQ:SE-2 Information for Health Care Providers

The Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2), is a series of nine parent-completed questionnaires for screening children from 1 month to 6 years of age. ASQ:SE-2 assists with monitoring children's social-emotional development and identifying potential social or emotional issues. ASQ:SE-2 is a companion tool to the Ages & Stages Questionnaires, Third Edition (ASQ-3), which is designed to screen children's developmental skills.

## ASQ:SE-2 CUTOFF GUIDANCE

There are three possible ASQ:SE-2 results based on the child's total score in relation to the cutoff. These are indicated as follows in the score interpretation section of the ASQ:SE-2 Information Summary:

- **The child's total score is in the dark area. It is above the cutoff. Further assessment with a professional may be needed.** A total score that is *above the cutoff* indicates a need for further evaluation and/or additional follow-up actions. This "refer" area on the scoring graphic is above the statistically derived cutoff score.
- **The child's score is in the lightly shaded area. It is close to the cutoff. Review behaviors of concern and monitor.** A total score in the lightly shaded area, called the *monitoring zone*, indicates a need for monitoring and may require follow-up actions for items of concern. The "monitor" area on the scoring graphic identifies children whose performance falls close to the cutoff score. *Note:* If the child being screened is a girl, consider a referral for further evaluation if her score is in the monitoring zone. Data collected in the renorming of ASQ:SE-2 indicated that girls' total scores overall were lower than boys.
- **The child's total score is in the white area. It is below the cutoff. Social-emotional development appears to be on schedule.** If there are no concerns about the child's behavior, a total score *below the cutoff* indicates that the child's social-emotional development is on schedule at this time. This is the "low or no risk" area on the scoring graphic.

## ADDITIONAL RECOMMENDATIONS

Please carefully review the following important recommendations and considerations.

- This screening tool should be used in a preventive manner. For children whose ASQ:SE-2 scores are above cutoffs, respond immediately rather than waiting to see if children's social-emotional skills improve over time. Consider saying, "It's best not to wait. Let's play it safe and make a referral now."
- High scores on ASQ:SE-2 do not necessarily indicate a mental health diagnosis or eligibility for early intervention/early childhood special education (EI/ECSE) services. Carefully review with a child's parent or other primary caregiver a score above the cutoff, regardless of diagnoses or eligibility.
- Pay close attention to individual item scores of 10 points (indicated with an X beside the item response box) or 15 points (an X combined with a parent's checked concern for that item).
- When discussing concerns with caregivers, avoid using terms that may provoke anxiety, such as *abnormal* or *atypical*. Use phrases such as *above the cutoff* or *monitoring zone* when discussing results with concerns. The ASQ:SE-2 developers—and many health care providers—suggest a direct conversation with caregivers, ideally face to face, about any behavioral concerns.

(continued)



- Thoughtfully interpret ASQ:SE-2 results in combination with ongoing developmental-behavioral surveillance. It is important to
  - Elicit and address caregivers' concerns (e.g., "Can you tell me more about . . . ?")
  - Review the child's developmental milestones or ASQ-3 results over time
  - Consider pertinent biological factors (e.g., prematurity, low birth weight, in utero drug exposure), environmental risks (e.g., parental depression/anxiety, parental drug abuse, exposure to domestic violence), and protective/resiliency factors
  - Carefully observe parent-child interactions during the physical exam
  - Make observations while promoting healthy development and behavior (e.g., literacy promotion and other anticipatory guidance as recommended by the American Academy of Pediatrics)
- Be sure to interpret and make decisions about ASQ:SE-2 results with consideration to families' cultural contexts. Family expectations about behavior and child development may differ from those of professionals. In general, when parents complete ASQ:SE-2, the item responses should reflect the parents' beliefs, expectations, and concerns about their children. It is important to actively involve caregivers in any decision making to determine what next steps, if any, should be taken.
- The health care provider's ongoing surveillance decisions should *not* override the caregiver's concerns, or results above the cutoff, and thereby negate the need for parent-centered learning activities, a community-based referral, or other interventions.
- Recognize that there are many different actions that can be taken if ASQ:SE-2 scores are high or there are parent concerns. Examples include referrals to the following: the local EI/ECSE agency, an early childhood mental health provider or program, a multispecialty comprehensive evaluation, an evidence-based parenting program, family counseling, and in-office parent education/anticipatory guidance. When concerns arise, ongoing surveillance (or a care coordinator/patient navigator) should be used to work with the parent to determine the most effective next steps.
- Cross-sector collaboration and care coordination between health care providers and community-based agencies and other early childhood disciplines may be necessary to swiftly link children who are at risk and their families to a wide assortment of community resources.

## BACKGROUND INFORMATION ON ASQ:SE-2

Normative data for ASQ:SE-2 were established based on a nationwide sample of more than 14,000 children. Research conducted on the validity of ASQ:SE-2 compared results with other parent-completed diagnostic measures, such as the Child Behavior Checklist, and/or a child's medical or behavior-related diagnoses (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, anxiety disorder, oppositional defiant disorder).

The distribution of scores on this tool was positively skewed. For example, the 48 month questionnaire had a range of scores from 0 to 350—a median of 45. Cutoffs for questionnaires were determined using a statistical procedure (i.e., receiver operating characteristic curves) for nonnormal distributions.

Visit [www.agesandstages.com](http://www.agesandstages.com) for more information about ASQ:SE-2, including the technical report.