

1 Welcome to the New Hampshire Family Voices podcast series. Today I'm
2 speaking with Dr. Nina Sand-Loud, Developmental Behavioral Pediatrician at
3 Children's Hospital at Dartmouth Hitchcock. Today we're going to talk about
4 developmental screening.

5 HOST: Thank you Dr. Sand-Loud for joining us today. Can you
6 tell me what developmental screening is?

7 DR. SAND-LOUD: I'm happy to come and talk about developmental
8 screening, because this is something that's really important to me, and I think
9 sometimes families don't always know exactly when their child should be screened, and
10 what exactly is being screening about.

11 So the idea of developmental screening is to use a standardized instrument to
12 look at a children's overall development, and it's done at certain periods of time over a
13 child's life in a very kind of structured way. There are lots of different types of
14 instruments. So some are questionnaires that you, as a parent, may fill out, other ones
15 are things that the doctor may fill out when looking at the child, and sometimes there
16 are even some that are more detailed where the doctor will, or nurse practitioner, or
17 teacher, might do some specific activities with kids to be able to get a sense of some of
18 their skills.

19 HOST: Who can do developmental screening?

20 DR. SAND-LOUD: So they can be done by a variety of different people.
21 Typically people are trained a little bit in terms of being able to know what to look for
22 and how to score them, but they can be done often by your child's primary care
23 provider, they can be done by teachers in the community, they can be done by early

1 intervention workers, or early childhood specialists. So they can be done by a variety of
2 people who work with young children.

3 HOST: How are they trained to do those screenings?

4 DR. SAND-LOUD: So it depends a little bit on what type of screening is
5 done. So some screenings are pretty simple in terms of the parent answering some
6 questions, and then just being able to look at the answers, and add them up, and score
7 them, and then look at a standardized form that tells you at what point the children
8 should be at that age. So the training for that is pretty minimal. Some require much
9 more training if it requires a little bit of hands-on playing with children in terms of
10 certain toys. So physicians may go to trainings about that, Early Childhood Specialists
11 may also go to trainings where either people who created the tests might do the training,
12 or people who are experienced in using it might do the trainings.

13 So I've done a lot of training with physicians around the State of New
14 Hampshire to help them feel comfortable with the different tools, because it's not just
15 being able to use the tool, but it's being able to understand the results that's actually the
16 harder part.

17 HOST: What are the different developmental screening tools that
18 are used?

19 DR. SAND-LOUD: So one of the most common ones that lots of people will
20 be familiar with is something called the Ages and Stages Questionnaire, which is a
21 questionnaire that's available for almost every age at which a child would go to their
22 primary care provider, so two-months, four-months, six-months, and nine months, and it
23 asks the parents a variety of questions about things that their children can do, like how

1 many words are they using, or if they're using a certain number of words, whether they
2 can kick a ball, whether they can go up stairs. So it should be things that parents
3 typically are able to observe in their children in regular day-to-day life. So that is one of
4 the most common ones.

5 There's another one called the PEDS, which just asks parents questions about if
6 they have any concerns about different parts of the their childrens development, and
7 that's a very quick and simple one.

8 There's a new one that is being used in more and more offices called the SWYC.
9 It looks at not just development, but also other parts of childrens and families lives, like
10 if they have any stressful events occurring, if there have been traumatic experiences, if
11 they're having trouble affording food or housing, and so it looks at the whole story of
12 what's going on in the child's life. So more and more providers are starting to use that,
13 because it does give us some additional information.

14 Then there are some that are more hands-on that people may have seen primary
15 care providers or early childhood specialists doing with their children. There's one
16 called the Bayley Screener, and that uses very specific blocks and pictures to look at
17 childrens development. There's a screening version and then there's a longer version,
18 which would be something that I might do in my practice.

19 HOST: Typically how long does it take to do a developmental
20 screening?

21 DR. SAND-LOUD: So there are some that are really fast, like that PEDS,
22 which just asks five questions, and takes no time at all, probably five to ten minutes.
23 The Ages and Stages might take a little longer. It takes parents about ten to fifteen

1 minutes to complete, and then it takes about five minutes to score it. So the whole thing
2 may take twenty to twenty-five minutes. The one that I mentioned, the Bayley, that one
3 could take about twenty to twenty-five minutes because you're sitting and doing some
4 specific activities with the child, and then a little longer to score it.

5 HOST: What are the benefits of doing a developmental
6 screening?

7 DR. SAND-LOUD: So even though as parents we're experts on our children,
8 sometimes it's hard to know exactly what children should be doing at each stage, and
9 we know that all children develop in their own way, and at their own pace, but we do
10 have certain expectations within a certain range of what children should be doing
11 developmentally. Sometimes it's hard to know exactly where your child is given that
12 there is such a big range, and so there are two-year-olds that say two hundred words,
13 and there are two-year-olds that say sixty words, and that can both be fine, but we worry
14 a little bit if it's a two-year-old that says only twenty-five words, for example. So
15 sometimes it's hard to sort of pick those things out because the range of development is
16 so wide.

17 So by doing these standardized assessments we're able to really identify
18 children who have some milder or more significant delays earlier, and then the goal of
19 identifying that is to provide some supports, because what we know is that kids learn a
20 lot in their first three to five years, and it's the best time to provide those extra supports
21 with the goal of getting help early so that more help won't be needed later on. So we
22 know especially things like speech and language delays, which are very common, are
23 also very easy, maybe not easy, but very amenable to treatments, and the goal is to

1 provide the parents with some ideas of ways they can help their children with their
2 development and then help them be ready for school once they get to be five or six. And
3 if we miss those times it just gets harder as kids get a little older.

4 So it's not that we can't help a child who isn't identified early, but we certainly
5 know that there's a lot more we can do if we're able to identify a child who is 18-
6 months, 20-months, or 24-months, and really get them started so that we hope that
7 they'll catch up.

8 HOST: Are all children screened?

9 DR. SAND-LOUD: All children should be screened. And the way we know
10 screening works the best is by really making sure that we're checking everyone. If we
11 only check kids where we already have concerns then we're missing those we wouldn't
12 realized that there's something wrong. And the truth is that if we have significant
13 concerns about a child's development when they come in, they don't even really need to
14 be screened because we already should be responding to that concern. And so if a parent
15 comes in to their primary care provider's office and says "I'm really worried, my child
16 isn't talking and all his friends are talking," then we probably don't need to do a
17 screener, we need to actually start to take that seriously and do more of an evaluation,
18 because most of the time when parents have concerns about their children they're right.
19 So we need to take those concerns seriously and really look a little more in depth at the
20 child's development.

21 HOST: Is that why we keep doing screenings kind of over and
22 over as a child grows?

1 DR. SAND-LOUD: So there's a couple of reasons: One is we're sometimes
2 looking at slightly different things at different stages, and so the recommendations that
3 the American Academy of Pediatrics makes is to screen initially at nine-months, and at
4 that point we're looking for early signs of any motor problems, because they should be
5 starting to crawl, and pulling themselves to stand, and we want to identify early things
6 that may be motor-base disorders.

7 And we recommend screening again at 18-months, and at that point it's because
8 kids are starting to use some words. And by 18-months old most kids should have about
9 ten words, and they should be finding other ways to communicate wants and needs, and
10 they should be starting to follow directions. So that's an early time to be able to pick up
11 early language delays.

12 And then we recommend looking again at around two and a half, or somewhere
13 between two and three, and then it's to look a little bit more at social skills, and at play
14 skills, and a little more at language. So we're looking a little more for things like autism
15 spectrum disorders at that point where we would be expecting children to be starting to
16 use their imagination and talking.

17 So we're looking at different things at different ages to make sure we're looking
18 at all parts of development, and also we know if we screen over and over again we may
19 miss subtler problems early on that we're able to pick up later.

20 HOST: I know my child really well, so what's the benefit of me
21 having her screened?

22 DR. SAND-LOUD: Even if you know your child well there may be little parts
23 about development that you're not as aware of. Even parents who have a good

1 knowledge of development, like myself, it's reasonable to have your kids screened. So
2 my kids had developmental screening, even through I'm a Developmental Behavioral
3 Pediatrician, because we sometimes are blind to certain things in our children, it's easier
4 to miss things, and we're not expecting every parent to be an expert in development.
5 We're expecting them to be an expert in loving their child and supporting their child,
6 but that doesn't mean you know every little thing about how they should be holding a
7 pencil at a certain age, or how many blocks they should be able to stack, or how many
8 words they should be able to say.

9 HOST: What is my role as a mom or dad in developmental
10 screening?

11 DR. SAND-LOUD: So I think parents have a really central role. One is to
12 make sure that it's getting done, and even though primary care providers and early
13 childhood specialists know this is really important, unfortunately it doesn't get done as
14 regularly as we hope it should. And so it's reasonable for you to say "Hey, I've just had
15 my nine-month check-up, I thought there was a developmental screening at this age.
16 Can you please do that," if it doesn't get done.

17 Another is to make sure that when the screening is done that the person who did
18 it goes over the results with you and tells you what it means. And so the results can end
19 up kind of in three ways:

20 1. It can be your child looks like they're developing right on track.
21 Just keep doing what you're doing in terms of talking, and singing, and reading
22 to your child.

1 2. It can be you know what, it's a little bit in the borderline. Let's
2 try and do a little bit more of those activities to make sure that we're providing
3 enough developmental stimulation at home, and we want to see you back a little
4 sooner and check again.

5 3. And the third is, you know we have some more concerns.

6 And so what a developmental screener doesn't do is give you a diagnosis of a
7 problem. It says hmm, there's some concerns, I think we should look at this a little bit more.
8 And so if it does come out in that range then you want to say "okay, what's my next step? What
9 should I be doing to make sure that we're addressing these concerns?"

10 And so making sure that the results are reviewed with you, and then making sure
11 they're acted upon is the important role for parents.

12 HOST: What if a parent doesn't agree with the results of a
13 developmental screening?

14 DR. SAND-LOUD: And it's important to remember that screenings are just
15 screenings. They're not in-depth evaluations of what the child is doing at that stage, and
16 they're designed to pick up very subtle things, and because of that sometimes they are
17 going to suggest that there might be a problem where there isn't a problem. And that's
18 because we don't want to miss kids who do have problems. So then the idea is to do a
19 little bit more digging into what are the areas that look like they're concerning, and then
20 do a screening again and see if the results look the same.

21 It's not a suggestion that you're a bad parent, or you're not doing the right things
22 for your child, it's just that we want to make sure that all of the supports are put into

1 place. The worst thing that can happen is that you might get some extra supports that
2 you don't need, and most kids love that kind of attention.

3 HOST: What is the difference between a developmental screening
4 and an evaluation?

5 DR. SAND-LOUD: So what a screening does is really tries to catch every
6 child that may have any type of concerns. What an evaluation does is takes the results
7 of the screening and then looks much more in-depth. And so they may use tools that are
8 much more lengthy and detailed. So for example, I mentioned that I do a test called the
9 Bayley Scales of Infant and Toddler Development, and that's a test that takes about an
10 hour to give to the child, and we really sit down and do a number of different activities,
11 and watch them do it in a standardized way to get more information.

12 Early intervention or early supports and services programs will also do
13 evaluations where they will have sometimes a speech and language therapist, sometimes
14 a developmental educator, sometimes an occupational therapist, be there and do that
15 same kind of thing, look at the child's development in much more detail than the
16 screener would. And that can give us more information and decide whether the child
17 may benefit from some additional supports, or when we did a more in-depth evaluation
18 it looked like things are just fine, and then they'll just give you some recommendations
19 on how to keep providing nice developmental stimulation.

20 HOST: Is there anything else you would like to add about
21 developmental screening?

22 DR. SAND-LOUD: I think it's really important for parents to advocate for
23 those screenings to be done for their children and to make sure we're looking at all parts

1 of development. So we obviously, as a group, are concerned about things like autism
2 spectrum disorders, or more severe neurodevelopmental disorders, but it's really
3 important to be advocating, even if you don't have concerns about big problem, but
4 little concerns for your child, because we know that there are great things that we can
5 do to help a child with development is we really act early.

6 The whole goal of doing this is to act early, and then to not feel bad if it looks
7 like there are some concerns, because it doesn't mean that they're going to be really
8 long-term problems. It just means there are things to work on right now and we have
9 ways to support you in doing that.

10 HOST: Thank you so much for joining us today to talk about
11 developmental screening.

12 DR. SAND-LOUD: My pleasure.