

# The Decision Tree

## Child Indicator Seeds for Success

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### Why Culture Matters: Cultural Diversity in Developmental Screening Tools for Young Children

#### Cross-Cultural Considerations for using the ASQ-3/ASQ:SE

The ASQ-3 is one of the most widely used tools for gathering developmental information for eligibility determination in Virginia and has shown excellent validity and reliability within the general population. However recently there has been much attention placed on whether this is true for individuals from diverse cultural backgrounds. Since the ASQ-3 and ASQ:SE were developed in the United States (US), the data used to study their psychometric properties and to set cutoff points came primarily from families and children living in the US. The ASQ-3 is unique from other screening tools in that parents, as opposed to providers, complete the questionnaire. Therefore insights from immigrant and refugee parents are vital in understanding the potential difference in how parents may respond to ASQ questions depending on their cultural lens. The more the assessment team understands the cultural values of the family, the more successful the interactions and assessment will be.

The following presentation highlights the purpose, use and validity of the ASQ-3 and/or ASQ:SE for children from various cultures. It also includes research findings for expected outcomes and scoring for children from various cultures. [Cross-Cultural Differences in Using the ASQ-3 and the ASQ:SE](#).

Equally noteworthy are findings from a study completed out of Canada [Cross-Cultural Lessons: Early Childhood Developmental Screening and Approaches to Research and Practice](#). This study highlights cross-cultural lessons for early childhood service providers to consider. While mainly focused on the ASQ, the lessons that emerged from cultural experts and parents from three cultural backgrounds (Chinese, Sudanese, and South Asian, who reviewed in detail the content of each of the questions included in the ASQ) are suggestive of the relevancy of findings to other immigrant and refugee families whose cultural group was not specifically studied in this particular project. In evaluating the ASQ, the experts and parents identified problematic items and diverse cultural reasons that influence how a parent may respond to certain items. These are explored in detail and include implications for screening:

- Country of Origin and Conditions of Departure
- Context of Arrival
- Language
- Religion
- Oral vs. Written Culture
- Interdependent vs. Independent Cultures
- Adult-Child Interactions
- Parents' Expectations for Child Development
- Objects and activities used in screening tools including:
  - Food and Feeding Practices
  - Books and Writing Tools
  - Toys
  - Questions related to physical activities, sports, or sports equipment (e.g., a ball)

Finally, Brookes Publishing provides guidelines and appropriate steps: [Guidelines for Cultural Adaptation of ASQ-3™ and ASQ:SE](#) that are recommended for adapting and/or translating the ASQ-3/ASQ:SE using with children and families from culturally diverse backgrounds. In addition to these cultural interpreting guidelines, please scroll down to **Appendix A, Recommended Translation and Adaptation** for further information about steps to follow, and see **Appendix B, References Associated with Cultural Adaptation of ASQ-3/ASQ:SE**, for a list of relevant journal article citations.



[Cultural Adaptation](#)  
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## Test Your Inter-rater Reliability

Our state's focus on child indicator ratings has led many to wonder,  
"Are we all rating children similarly?"

As part of our efforts to improve results for children, we are focusing each month on increasing our statewide inter-rater reliability. We are using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided in the narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

**Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.**

### Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. Was there input into the narrative from all members of the assessment team including the family? Was the family's cultural differences considered?
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

**Alzyr's Age: 23 months**

**Adjusted Age: NA**

**Referral Information, Medical History, and Health Status:** Alzyr is the only child of immigrant parents from Bangladesh, a country in South Asia. Alzyr's mother was 14 when her parents arranged child marriage to Alzyr's father. She was 15 when she delivered Alzyr at 37 weeks gestation via c-section. There were no complications. Alzyr passed his newborn hearing screening. Alzyr's pediatrician noticed vision impairment in both eyes when he was two months old. He had an MRI at 5 months of age with normal results. He was referred to the Infant & Toddler Connection by the Department for the Blind & Visually Impaired and was initially evaluated and found eligible September 2013. Alzyr has received developmental services by an educator and teacher of visually impaired students over the past year. Services have focused on supporting mother, the primary caregiver to meet Alzyr's basic needs including responding appropriately to his emotional demands, providing appropriate stimulation and early learning opportunities as well as supporting him in routines that are difficult based on his visual impairment. Alzyr's mother's primary language is Bengali. Over the past year her English has improved slightly and she is able to communicate with providers during sessions without an interpreter.

Alzyr has been a healthy child. He had a well child visit with his pediatrician in August. His growth has remained consistent at the 10<sup>th</sup> percentile. Lately he has not wanted to wear his glasses. Alzyr had a retinogram completed and received a diagnosis of Leber Congenital Amaurus.

**Daily Activities and Routines:** Alzyr is an active little boy. He lives with his parents. He is home with mother during the day, and she goes to work at the convenience store down the block from their apartment at 5:00 after father returns home. Alzyr wakes at 6:30am, takes a nap in the afternoon, and goes to bed at 8:30. He sleeps in his parent's bed. Meals are not at structured times, and Alzyr is good about letting parents know when he is hungry. He still breastfeeds on demand.

Parents have tried to have Alzyr stay with a babysitter (even in their home) but he gets too upset when he is not with either his mother or father.

Alzyr loves being outside, and enjoys going everywhere. He likes walking to the playground. He no longer enjoys the swings, but he will walk up the ladder of the slide and then needs support to slide down. It is a problem when he does not want to go back indoors, and he will run off so that he cannot be picked up.

Alzyr enjoys music and sings and dances along with songs, including ABCs. Parents have noticed marked improvement with his talking. His favorite toy continues to be his yellow ball. He has foam blocks that he tends to toss around.

**Family Concerns:** Parents are not certain about how Alzyr's vision will impact him as he gets older. They would like him to be in a daycare/preschool setting so that he can have fun and learn from the other children. They would appreciate information on resources available to help them. They would like Alzyr to be able to stay with them and not run off when they go places. Father shared that he is not comfortable with Alzyr having toys that may not be safe including puzzles and crayons and would prefer the therapist not bring them on their visits.

**Family Priorities:** Parents would like to feel comfortable with Alzyr being able to attend a childcare setting. For his safety, they also need him to be able to walk next to them and not run away.

**Family Resources:** Paternal grandparents may be able to come to the US in the next several months. If so, they will move in and help care for Alzyr. The family recently moved to a nice apartment area where they can walk to the playground, and sometimes socialize with other families.

They are connected to the Virginia Department for the Blind and Visually Impaired.

**Developmental Levels:** Cognitive- 22 months    Gross Motor- 24 months  
Fine Motor- N/A                                      Receptive Language- 24 months  
Expressive Language- 24 months                      Social/Emotional- 18 months    Adaptive/Self Help: 22 months

**Social/Emotional Skills including Positive Social Relationships:** Alzyr is an adorable happy little boy who enjoys interacting with his parents. Alzyr is not shy and actively reaches out to new people. However, Alzyr is very attached to his parents and had a very difficult time when family tried to send Alzyr to a babysitter. The family was called to take Alzyr back home because he was crying too much. Alzyr is always smiling and makes some eye contact. Due to his low vision, Alzyr is unable to look straight at an object or people. Alzyr seems to see better using his peripheral vision. Alzyr will express his feelings by smiling and giggling, but will cry and physically show anger when he gets upset to his parents.

#### **Child's Development in Relation to Other Children the Same Age:**

**Acquiring and Using Knowledge and Skills, including early language/communication:** Alzyr is learning about his environment by using his sense of touch, hearing, and mouthing objects to gain information. Alzyr will readily reach out to familiar objects and play with them. His favorite toy is a yellow ball. Alzyr likes to dance and sing along to nursery rhymes. Alzyr has a large vocabulary and is putting two to three words together to talk in sentences. Alzyr will imitate new words when introduced by his parents and will use some of those words throughout the day. Alzyr understands and follows simple two step directions, but has difficulty identifying objects and colors due to his low vision. Alzyr is using words to express his wants and needs while physically moving his parents in the direction.

#### **Child's Development in Relation to Other Children the Same Age:**

**Use of Appropriate Behaviors to Meet Needs:** Alzyr will walk, run and walk up and down stairs independently by holding onto the rail or wall. Alzyr will sometimes bump into walls or furniture, but it is only when he is overly excited or upset. Alzyr will reach for things he wants or ask parents verbally using two to three word phrases. If parents say that

he cannot have something or if it is too dangerous, Alzyr will get upset very quickly and will bang on furniture or pull down the chair. Alzyr does not assist in dressing and has not had experience removing small articles of clothing.

Alzyr is a good eater, but likes to hold all food using both hands and stuff all into his mouth. Parents have to give finger foods one at a time and verbally ask him to finish eating one before putting others into the mouth constantly. Parents have not introduced a high chair or booster seat for feeding time. Therefore, Alzyr eats while sitting on the floor. Alzyr only uses his hands to eat and parents will spoon feed him certain foods. Alzyr continues to breastfeed on demand. Father shared that children in Bangladesh typically breastfeed well past 3 years of age.

### **Child's Development in Relation to Other Children the Same Age:**

#### **Assessment Team Ratings:**

**Social/Emotional Skills including Positive Social Relationships:** Rating 5: Alzyr shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.

**Acquiring and Using Knowledge and Skills, including early language/communication:** Rating 5: Alzyr shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.

**Use of Appropriate Behaviors to Meet Needs:** Rating 5: Alzyr shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.



It is important for teams to understand the child and family's cultural expectations about child development. For example, some cultures value a parent spoon-feeding their child well after the age that many norm-referenced tools might suggest more independence. Team discussions should reflect careful and sensitive considerations about the child's developmental abilities within the cultural opportunities and expectations.