

# HEALTHY KIDS CHECK DEVELOPMENTAL SCREENING

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## LOOKING OUT FOR OUR KIDS.



## DEVELOPMENTAL SCREENING

- + Development is a dynamic, complex process that is not linear; it is characterised by developmental spurts, plateaus and regressions.
- + Screening is the process of detecting presymptomatic disorders in order to intervene and change their natural history.
- + Screening involves using tests of known accuracy in healthy or at risk populations to uncover those with target problems before symptoms arise.
- + Some examples of developmental screening tests include Parent Evaluation of Developmental Status (PEDS) and the Denver II (DDST).

- + Screening tests are NOT diagnostic. They are intended to identify subjects who are more likely to have a developmental concern.
- + There are widely accepted scientific criteria for what constitutes a good screening test:
  - Simple, quick and easy to interpret; acceptable to the public; accurate; repeatable; sensitive and specific.
- + A good screening test will be highly sensitive (able to detect most children who have the condition) and highly specific (will not pick up children who do not have the condition).
- + But, developmental screening fails to take into account the dynamic nature of childhood development.

- + The child's performance during a screening, at one point in time, is influenced by a myriad of factors.
- + Therefore a single snapshot does not necessarily reflect whether the child's developmental trajectory is normal or abnormal.
- + It is essential that the Health Professional have a working knowledge of normal development in all of its forms and be able to detect variations which may be indicative of significant disorders.
- + For all these reasons developmental screening has gradually been replaced by the concept of developmental surveillance.

## DEVELOPMENTAL SURVEILLANCE


- + Is a routine part of all paediatric interactions.
- + Is much broader in scope, involves parents, takes note of context, and is a flexible, ongoing and continuous process.
- + It encompasses all activities not only designed to detect health and developmental problems at an early stage, but also to promote health and prevent illness.
- + The process of determining a child's developmental progress is no different from any other system and starts with a good history.

- + In developmental surveillance health care professionals:
  - Elicit any concerns parents may have
  - Perform skilled observations on children each time they are seen
  - Measure and record physical growth
  - Ensure immunisation is up to date
  - Offer parents information and guidance on a range of age appropriate health and developmental concerns
  
- + A simple structured questionnaire such as the Parents Evaluation of Development Status (PEDS) can prove to be a useful tool in assisting professionals to assess Developmental Status through surveillance.

### INVOLVING PARENTS

- + Parents are often reluctant to bring up concerns they may have about their child's development or behaviour because they feel that the health care provider is not interested or is too busy.
- + Probing and asking open ended questions can lead to developmental discussions, increasing the likelihood of early diagnosis and appropriate intervention.
- + The use of an assessment questionnaire such as the PEDS is highly recommended as the first-line screen, but not an exclusive form of assessment.

### PARENT EVALUATION OF DEVELOPMENTAL STATUS



### WHAT IS PEDS?

- + Is the methodology for detecting developmental and behavioural problems in children from birth to eight years of age.
- + It involves asking parents to complete a ten-item questionnaire, which takes only a few minutes.
- + It can be used in two ways:
  - As a developmental screening test
  - As an informal means to elicit and respond to parental concerns.

### HOW WAS IT DEVELOPED?

- + It was developed in the USA by Frances Page Glascoe PhD, a respected researcher who has published widely in the area of developmental screening and early detection of developmental and behavioural problems
- + The questions were selected following extensive research and language was selected carefully.
- + It is currently used across a wide variety of both clinical and non clinical settings.

### WHY?

- + Not involving the parent actively in the screening process greatly diminishes their accuracy.
- + Recommendations will be less likely followed up if the parents are not directly involved.
- + Research has suggested that parents are good observers of their child's development and behaviour
- + A screening test is only a snap shot of a child's development and/or behaviour.
- + Parents know their children best!

### WHO CAN USE PEDS?

- + Can be used in virtually any setting, it is not confined to Health Professionals such as Doctors and Nurses.
- + In Australia, PEDS has been used in Preschools, Childcare Centres and Kindergardens, Maternal and Child Health Centres, General Practices, Paediatrician offices, and schools.

### HOW RELIABLE IS THE PEDS?

- + PEDS has been validated on thousands of families in North America.
- + It has psychometric properties in keeping with standards for the developmental screening tests (sensitivity and specificity between 70-80%)
- + It is brief, simple to use , and actively involves parents.

### HOW TO DETERMINE IF DEVELOPMENT IS PROCEEDING NORMALLY.

- + Check lists, PEDS, parental recall of meeting milestones and developmental history, and clinical judgment through observation should all be used in the assessment/surveillance of development.
- + Clinical Judgment alone often fails to detect developmental issues in young children.
- + There is no correlation between the accuracy of clinical judgment and the training or experience of the practitioner.
- + Using a combination of the above methods increases the likelihood of accurate assessment and therefore early intervention.

### WHEN TO REFER.

- + Children with significant DD and or concern are often easy to detect.
- + It is those with a borderline area that are most difficult.
- + It is suggested that a GP or Health Professional err on the side of early referral rather than waiting.
- + Even when development is shown NOT to be delayed, the child may still benefit from some form of intervention
- + Parents can rest assured that concerns are unfounded.

- + Parents can rest assured that concerns are unfounded.
- + A referral to a Paediatrician is often the first and most appropriate step.
- + The Paediatrician can then determine whether a more comprehensive assessment is necessary.

### WHAT DO WE WANT?

- + As Health Professionals we strive to provide optimum care with optimum outcomes.
- + It is important to remember that all children develop at different rates.
- + We need the ability to screen effectively and identify problem areas of development using all of the mentioned methods.
- + Ultimately it is HEALTH that we are aiming for. Ensuring that the information we give to our clients is up to date and well consumed..



**HEALTHY KIDS!**

## **REFERENCES.**

- + Practical Paediatrics, Fifth edition. 2006  
Edited by: MJ Robinson & PM Robertson.
- + Introduction to Parents' Evaluation of Developmental Status.  
Centre for Community Child Health, The Royal Children's Hospital. Victoria, Australia.
- + E: peds.ccch@rch.org.au
- + Developmental Screening. Australian Doctor, 8 August 2003.

## **USEFUL RESOURCES.**

- + [www.cys.com](http://www.cys.com)
- + [www.australiandoctor.com.au](http://www.australiandoctor.com.au)
- + [www.pedstest.com](http://www.pedstest.com)
- + [www.botanydoctors.com](http://www.botanydoctors.com)