



WEBINAR SERIES: QUALITATIVE DETERMINATION OF DELAY – PERSONAL-SOCIAL CONCERNS

June 13, 2013



Agenda:

- When to move on to a qualitative determination
- Completing the Eligibility Statement
- A closer look at the HELP Strands
 - Strand 5.1 (Attachment/Separation/Autonomy)
 - Strand 5.3 (Expression of Emotions and Feelings)
 - Strand 5.5 (Social Interaction and Play)

Other Resources

- Help with the HELP module on the Extranet
- Making It Work: Eligibility Determination, Parts 1 and 2
- Qualitative Determination of Delay: Overview and Background

Qualitative Determination of Delay (QDD) – What is It?

[TAC §108.903\(c\)](#) When the results of the designated test protocol do not accurately represent the child's development and do not indicate a qualifying developmental delay; the interdisciplinary team must document corroborating evidence of a qualitative developmental delay from a supplemental protocol designated by DARS ECI.

The HELP Strands

- What are we looking for on the HELP Strands that may not be seen on the BDI-2?
- Delays in:
 - Attachment/autonomy behaviors
 - Social engagement skills
 - Ability to regulate emotions



Should We Move to QDD?

- Consider BDI-2 scores
 - “Almost qualifying” score in Personal-Social domain AND concerns not addressed on the BDI-2
 - Pattern of milder delays consistent with Autism AND presence of red flags
 - Significant delay in the Adult Interaction subdomain AND presence of red flags for children under 24 months
 - Look at which BDI-2 items were scored a 0 or 1

Should We Move to QDD?

- Consider referral information or things you learned in talking to the family and others
 - Concerns about aggression
 - Concerns about extreme tantrums
 - CPS involvement
- Be sure to ask about:
 - Functioning outside the home and daily routines
 - Peer interactions for children under 24 months

Should We Move to QDD?

- Consider risk factors (in both the parent and child):
 - Extended separations or hospitalizations
 - Disability or significant illness
 - Mental health concerns
 - Abuse or neglect
 - Trauma
 - Failed MCHAT
 - Siblings or other close family members with Autism
 - Adoption after early infancy



Case Study #1: Jesse

- 21 months old at time of evaluation
- Referred due to concerns about language development



BDI-2 scores:

Adaptive No delay
 Personal-Social 19% delay
 Communication 19% delay
 Gross Motor No delay
 Fine Motor No delay
 Cognitive 14% delay

Case Study # 1: Jesse

- Items scoring a 0 or 1:
 - AI 9 Plays peekaboo. (0)
 - AI 11 Shows appropriate separation anxiety. (1)
 - AI 12 Continues to vocalize when imitated. (1)
 - AI 14 Responds positively to praise or rewards. (1)
 - AI 15 Greets familiar adults spontaneously. (1)
 - AI 16 Enjoys having someone read simple stories. (0)
 - AI 18 Responds positively when adults initiate social contact. (0)
 - AI 19 Allows others to participate in his activities. (0)
 - AI 20 Initiates social contact with adults. (0)

Case Study #2: Reese

- 19 months old at time of referral
- Referred by pediatrician following failed M-CHAT
- BDI-2 scores:
 - Adaptive 21% delay
 - Personal-Social No delay
 - Adult Interaction 26% delay (5 months)
 - Self-Concept and Social Role No delay
 - Communication No delay
 - Receptive 26% delay (5 months)
 - Expressive No delay
 - Gross Motor No delay
 - Fine Motor No delay
 - Cognitive 21% delay



Case Study #2: Reese

- Some of the items scoring a 0 or 1:
 - SC 12 Asks for food or liquid with words or gestures. (1)
 - RC 11 Responds to simultaneous verbal/gestural commands. (1)
 - RC 12 Looks at or points to an object...when it is named. (1)
 - RC 13 Follows 3 or more familiar verbal commands. (1)
 - AM 10 Attends to a game of peekaboo. (0)
 - AM 14 Looks at, points to, or touches pictures in a book. (0)
 - PC 6 Imitates simple facial gestures. (0)

Documenting the Team's Decision

- Proceeding to QDD:
 - Page 2 of the Eligibility Statement
 - Based on observation or caregiver report
 - Not simply that child had an “almost qualifying” delay
- Not proceeding to QDD (in cases where there could be some questions):
 - Evaluation report or note
 - Based on both BDI-2 scores and clinical impressions
 - Not simply that the child didn't qualify

Rationale for QDD:

- Jamie has been expelled from 2 daycares due to biting, hitting and kicking other children and teachers. His mother reports that he sometimes bangs his head on the floor during tantrums to the point where he has bruises. He was easily frustrated by structured tasks on the BDI-2 and went from calm to screaming quickly. Once he started screaming, calming and re-engaging Jamie took a while.



Rationale for QDD:

- Keeley has a 23% delay in Personal-Social on the BDI-2, with a 26% delay in the Adult Interaction subdomain. She also failed the M-CHAT at her pediatrician's office. She was difficult for the evaluators to engage and looked at them out of the corner of her eyes. She paced aimlessly around the room. Her parents report that she seems uninterested in the other children in the child care room when they go to synagogue.

Evaluation Report or Note (No QDD):



- Although Carlos showed a 23% delay in the Personal-Social domain and failed the M-CHAT at his pediatrician's office, he engaged socially with the examiners. He demonstrated joint attention by looking at pictures when they were pointed to, and by taking unfamiliar toys to his mother. The team believes the BDI-2 accurately reflects his development.

Evaluation Report or Note (No QDD):

- Emma was referred by his CPS worker due to concerns about global delays, as well as aggression and tantrums. She shows delays of 17% to 20% in several domains on the BDI-2. The team believes these are an accurate portrayal of her development at this time. Emma became frustrated during the testing, and when this happened, her foster mother was able to calm her within a couple of minutes. She reports that over the past few weeks, Emma has become used to the routine and structure in the home and her aggression and tantrums are decreasing.

Which LPHA?

- “Must be knowledgeable in the area of concern and be acting within the scope of their professional license.”
- LPHA must determine if the evaluation is within scope of license
 - LPC
 - LCSW
 - Another LPHA with knowledge and expertise in early social-emotional development

BDI-2 vs. HELP Strands

BDI-2

- Starting points
- Usually looks at the prevalence of a skill or behavior (how often it occurs)
- Does not always take into account atypical performance

HELP Strands

- Some items for all ages
- Looks at the quality of a skill or behavior (what does it look like)
- Atypical = a failed item

Examples

BDI-2

- AI 1 Looks at an adult's face
 - Not administered for children under 12 months unless a basal is not established
- AI 5 Explores adult features
 - Score based on how often

HELP Strands

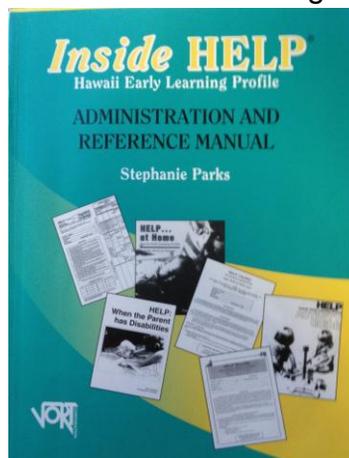
- 5.04 Establishes eye contact
 - Administered to all ages in strand 5.5
- 5.22 Explores adult features
 - Atypical if prolonged staring or touching without social intent

Designated HELP Strands

- 5.1 Attachment/Separation/Autonomy
The core of social-emotional development
- 5.3 Expression of Emotions and Feelings
The ability to express and cope with a range of feelings
- 5.5 Social Interactions and Play
Focuses on relatedness to other people

Inside HELP

- Always refer to *Inside HELP* when administering the HELP Strands
- Information on:
 - Talking to families
 - Administration
 - Procedures
 - Definition of skills
 - Scoring criteria



an adult smiles or nods; is more cautious or inhibited if the adult ignores or displays a worried expression; becomes sad or somber if child sees an adult look worried, sad, or cry.

Credit: (see also Credit Notes in this strand's preface)

- + displays several different emotional expressions that mirror or are appropriate to the facial expression of another; is able to "recover" when mildly distressed by watching interesting or empathetic facial expressions of person who is soothing him.

5.29 **May show fear and insecurity with previously accepted situations 6-18**

Definition: The child may cry, scream, and reach for his parent when he is afraid or presented with something he perceives as dangerous. He is developing feelings of fear and insecurity because he is beginning to realize that he is a separate person who is dependent and vulnerable in his environment. Common fears that may extend into toddlerhood include: animals, bath tub, hair-washing, vacuum cleaners, dark places, things that break. Fears are generally short-lived but new fears may arise as old ones are resolved. The child usually recovers fairly quickly when frightened if he is consoled and reassured by his primary caregiver.

Parent Questions: Do certain things such as animals or the dark seem to frighten your child? Do you have any thoughts about why he is afraid of these things? Are these new fears? Does anything seem to help?

Credit: (see also Credit Notes in this strand's preface)

- + reportedly has one or a few typical childhood fears that have not lasted more than a few months.
- A displays extreme and prolonged fearful reactions; cannot be consoled, distracted or reassured by caregiver; fears interfere with daily activities.
- O may circle to target for anticipatory guidance if caregivers interpret their child's fears as being bad, or are interested in ways to deal with their child's.

N/A does not, by report or observation, have any noticeable fears; this item is for anticipatory guidance; not an item to teach.

5.42 **Displays frequent tantrum behaviors 12-18**

Definition: Tantrums may typically emerge during this age range. The type, degree, frequency, and intensity of tantrums varies between and within each child, dependent upon the child's personality, health, stage of development, precipitating cause, and adult response. Tantrum behaviors typically

Inside HELP

- Key points for the Social-Emotional Strands
 - Always include someone with expertise in evaluating and planning
 - Gather information from multiple sources (if possible)
 - Look at abilities in a variety of settings



Scoring Individual Items: Strand 5.1

A = The child displays the behavior, but in extreme ways most of the time.



Scoring Individual Items: Strand 5.1

- 5.01 Enjoys and needs a great deal of physical contact and tactile stimulation
 - + only if the child is beginning to signal that she wants contact
 - A if she needs to be held constantly
- 5.04 Establishes eye contact
 - A if older toddler is hypervigilant

Scoring Individual Items: Strand 5.1

- 5.06 Draws attention to self when in distress
 - A if child “always cries” or demands to be held constantly
- 5.21 Lifts arms to parent
 - A if he wants to be held all the time or cries easily when not held



Scoring Individual Items: Strand 5.1

- 5.30 Explores environment enthusiastically
 - A if
 - the child prefers self-stimulatory activities,
 - is pre-occupied with a specific object without including her parents, or
 - runs off and explores a new environment without concern for the whereabouts of her caregivers.
- 5.37 Likes to be in constant sight and hearing of adult
 - A if:
 - she is afraid to leave her parent's lap;
 - she is over 18 months and needs physical contact with her parents every few minutes; or
 - she never attempts to engage her parent in a joint activity or interesting event

Scoring Individual Items: Strand 5.3

- Administer items at and **below** the child's age
- Consider:
 - Context
 - Level of stimulation
 - Intensity, range and duration
 - Amount of support needed



Scoring Individual Items: Strand 5.3

- A = displays emotional response, but it is usually:
 - extreme,
 - labile,
 - or prolonged

AND

- it interferes with her participation in activities and relationships

Scoring Individual Items: Strand 5.3

- 5.42 Displays frequent tantrum behaviors
- 5.74 Frustration tantrums peak
 - A if:
 - Primary means of emotional expression,
 - > 5 times a day and last > 10 minutes, or
 - Takes > 10 minutes to recover

Scoring Individual Items: Strand 5.3

- 5.53 Displays affection
 - + only if the child displays a **range** of affectionate responses



Scoring Individual Items: Strand 5.3

- 5.57 Feels easily frustrated



- A if
 - frustrated by most routine activities,
 - falls apart before trying other means of meeting needs, or
 - takes > 10 minutes to recover

Scoring Individual Items: Strand 5.3

- 5.87 Demonstrates extreme emotional shifts and paradoxical responses
 - + if some extreme emotions and shifts from one day or time period to another, but child has some control and recovers easily; emotional shifts do not predominate
 - A if emotional shifts predominate behavior and interfere with family functioning, child has no ability to modulate emotional expression, or always need help from others to get control

Scoring Individual Items: Strand 5.5

- Regardless of age, administer:
 - 5.04 Establishes eye contact
 - 5.07 Responds with smile when socially approached



Scoring Individual Items: Strand 5.5

- When evaluating child's interactions, consider:
 - how much support the child needs to begin and maintain engagement
 - who initiates interactions
 - how many "turns" can he take before ending interactions
 - the people, toys and settings that promote engagement
 - the impact of culture on interactions and play

Scoring Individual Items: Strand 5.5

- 5.38 Gives toy to a familiar adult spontaneously and upon request
 - - if gives toy, but doesn't continue the interaction



Scoring Individual Items: Strand 5.5

- 5.66 Displays shyness with strangers and in outside situations
 - A if:
 - always overly frightened or anxious, even in safe places with parents, or
 - takes more than 20 minutes to recover



Scoring Individual Items: Strand 5.5

- 5.72 Tends to be physically aggressive
 - A if:
 - aggression dominates her interactions,
 - frequently breaks things,
 - frequently hurts others, or
 - engages in self-injury



Eligibility Statement

- Determine age equivalent (AE) for each strand
- Average the three strand AEs and apply clinical expertise to determine domain AE
- Calculate months of delay and % of delay
- Transfer % to page 1



Circled Items

- Credit criteria includes circling scores with problematic caregiver response
- Score +, - or A based on child behavior
- Parent behavior not considered for eligibility determination
- Provide excellent information for planning/intervention



QUESTIONS?

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