

Identification of Young Children with Developmental Delays

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Ninety-seven percent of pediatricians consider themselves to be committed to developmental screenings, however, only 10-15% actually use standardized tests. Rather, many rely solely on informal, often unreliable, clinical observations (Sturner & Heller, 1993). Reliance on clinical impressions alone generally produces inaccurate estimates of children's behavioral and developmental status. Several studies have shown that such "eyeballing" practices lead to significant underidentification of children with behavioral and emotional problems (Glascoe & Dworkin, 1995; Lavigne, et al, 1993; Meisels & Atkins-Burnett, 2000). Almost half of all children with developmental disabilities are not diagnosed by their primary care providers (Glascoe & Dworkin, 1995).

Meisels (1991) discusses the dimensions of early identification and the research basis for improving identification accuracy through the use of multiple data sources. A single source of information, such as clinical impression, is problematic because it lacks attention to context. Information from families can alleviate this problem, and guidelines for identifying young children with disabilities call for the integral involvement of families in the screening process (Meisels & Provence, 1989). Meisels (1992) reports a two- to three- fold increase in accuracy in identification when information from parents is added to the results of the screen. Parent concerns are as accurate as quality screening

tests in identifying children with delays (Diamond, 1993; Diamond & Squires, 1993; Glascoe, 1999). Furthermore, research indicates that accuracy is not affected by differences in parents' education or child-raising experience nor by the child's race, age, sex, or social class (Glascoe & Dworkin, 1995).

This is important, as it is becoming increasingly apparent that physicians are not performing screening tests due to lack of time (Glascoe, 1999). One study found that only 39% of pediatricians and 29% of family practitioners performed such developmental assessments of high-risk infants during regular office visits (Nelson, 1996).

If information from parents were systematically included in the identification of children at developmental risk it would improve the reliability and increase the validity of developmental screening, as well as reduce the costs. Frances Glascoe (1998) studied parental concerns about the development of 408 children across the U.S. Of the 352 parents of typically developing children, 259 (74%) had no concerns or nonsignificant concerns (were accurately not concerned), while 93 (26%) had significant, inaccurate concerns. Of the 56 parents of children with delays, 79% were accurately concerned and were almost three times as likely to have raised more than one significant concern.

Diamond and Squires (1993) concluded that parents' current concerns about their child's development were as effective as formal standardized measures in identifying young children with speech, language, or other developmental delays.

The authors reported that of 36 children who did not pass a screening test, 23 had parents with concerns, translating into a sensitivity of 61% for parental concern. Of the 48 children who passed the screen, 38 had parents without concerns, translating into 72% specificity. Together, these results are reflective of several others (Crnic, et al 1983; Crnic, et al 1986; Diamond, 1987; Diamond, 1993; Schafer, et al 1987), which demonstrate that parents' concerns about their young child's development are indeed reflective of possible delays.

Glascoe (1999) suggested that pediatricians and other health professionals make optimal use of clinical information provided by parents to improve child-find efforts. Many screening tests rely on direct measurement of children's skills. It is often difficult to get an accurate and appropriate measure of such skills in the artificial environment of a doctor's office and with such time constraints. Parent reports eliminate the necessity of the child's cooperation in demonstrating his/her abilities. Furthermore, parents and other primary care givers possess valuable information about their children that is not easily accessible to physicians and other professionals. Parents can give a more complete picture of their child's behavior across various settings and situations (Squires, 1996).

Using parents in the screening process is cost-effective, as accurate parental assessments of children can reduce the need for paid professionals to administer a screening tool. For almost two decades now, parent-completed questionnaires have been used to assist with the screening and identification of young children with delays (Squires, 1996). Also, the flexible methods of gathering parent

reports such as interviews in person or over the phone, or questionnaires completed by parents at home or in the waiting room, make parent reports easy to collect (Glascoe, 1999).

If parents are involved from the beginning of the process of assessment, the screening stage, it may enhance parental involvement throughout the process, leading to more accurate assessments and increased parent acceptance of services. Parent completed questionnaires can assist early intervention professionals by helping to identify parent concerns and use these concerns to engage parents in a collaborative plan for services (Squires, 1996).

If early intervention prevents and ameliorates developmental delays, and gives support to families of children with delays, then it is imperative that early identification and referral become a regular part of all medical practices. Physicians are the one professional in a child's life with the most resources and ability to help a child with possible developmental delays. It is therefore the responsibility of the physician who sees very young children to not only be knowledgeable of early intervention services, but to also be a prompt and active referrer to such services.

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