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**Title:** Developmental Screening for Children Involved in the Child Welfare System

**Background:** Children with a history of child maltreatment, such as those involved in the Child Welfare System (CWS), are at increased risk for developmental delays (DD). The estimated prevalence of DD among maltreated children varies widely, from 20-60%. American Academy of Pediatrics (AAP) guidelines recommend a comprehensive examination within 30 days of entry into foster care to assess for any physical, mental or developmental problems. However, there is limited data regarding the ideal developmental screening method in this high-risk population. A recent study using the Ages and Stages Questionnaire (ASQ) conducted in a non-foster care general pediatric population compared three groups: The ASQ completed by the parent; the ASQ completed with office staff assistance; and developmental surveillance only. Children who received the ASQ were more likely to be identified with DD than using surveillance alone. There were no statistical differences in outcomes between children who received screening with and without office staff support, suggesting that caregiver report alone is a reliable means of screening in this population. However, because children in the CWS may not have the same caregiving consistency, it would be important to determine if this is also the case in that population.

**Objective:** To assess if caregiver ASQ results differ from the ASQ results with the assistance of a trained facilitator in children involved in the CWS

**Methods:** We will conduct a prospective study in an academic tertiary care clinic setting for children involved in the CWS. Children between the ages of 1-66 months old whose caregivers are proficient in English or Spanish will complete the ASQ independently in the waiting room. A trained facilitator will then also complete the ASQ with ASQ-specific testing materials, performing the questionnaire tasks with the child and assistance from the caregiver. The trained facilitator will be blinded to the caregiver's independent responses. Patient and caregiver demographic information will also be obtained. Inter-rater reliability (ASQ caregiver vs. ASQ facilitator) will be determined using Cohen's kappa. If inter-rater reliability is low, demographic risk factors contributing to this difference will be explored using multiple regression.

**Implications:** A difference in the inter-rater reliability in this high-risk population may imply the need for a different approach when performing developmental screening on children involved in the CWS. Demographic characteristics may further define high-risk subpopulations at greater risk of discrepancies in inter-rater reliability. Further research will be required to assess the accuracy of the ASQ in this population.

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