

Preschoolers Benefit from Mental Health Screening

FPG researcher develops simple, inexpensive pre-k mental health screening tool

MORE THAN A QUARTER OF ALL AMERICANS have a mental disorder at some point in their lives, according to a 2004 study by the World Health Organization. As anyone who has experienced mental illness knows, it can interfere with work, relationships, and every aspect of daily living. Children are not immune to such disorders or their effects. Research suggests that 11-15 percent of children under the age of 18 have a diagnosable mental disorder. Some studies have estimated that up to a third of high risk children may experience difficulty. In spite of numerous studies demonstrating the mental health needs of children, only 21 percent of children nationally who might benefit from mental health screening and evaluations actually receive them, and only 20 percent of those who needed services were provided them. Because children with behavioral and emotional problems struggle to succeed in school, public preschool programs with a focus on school readiness are recognizing the significance of children's socio-emotional difficulties.

A new study by FPG researcher Oscar Barbarin demonstrates that preschoolers can benefit by a simple and inexpensive mental health screening process designed to flag potential signs of more serious problems. Dr. Barbarin developed ABLE—a screening tool to identify young children with self-regulation problems with attention, behavior, language, and emotions.

The findings are published in Volume 77(3) issue of the *American Journal of Orthopsychiatry*. Data were collected in two studies—the Multi-State Study of Quality of Public Pre-K Programs and the Mental Health Screening Study.



Screening Young Children

As with any issue, recognition of its significance is the first step in remedying its consequences. Identification of mental health difficulties is now viewed as integral to the success of publicly supported early childhood programs. Head Start has promulgated standards mandating mental health assessment and intervention for socio-emotional problems. The challenge programs face is in finding an assessment tool that can easily and quickly be given by early childhood educators; that provides accurate, easily interpreted, and useful results; and that holds up under scientific scrutiny.

What is ABLE?

ABLE is a system for screening pre-kindergarten children for problems of adjustment. It is presented in two levels. The first level asks about concerns parents or teachers have related to attention, behavior, language and emotions commonly reported in early childhood settings. A unique feature of ABLE is that it provides a way to gauge the severity of these concerns that helps programs to decide whether the

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concerns merit additional attention and follow-up. The second level is used only if a serious concern is identified. It provides a scale that helps teaching staff to make the case for intervention.

ABLE is not a diagnostic tool. Instead it identifies children with symptoms that disrupt adjustment to the home or early childhood setting. In other words, it is a screening tool that identifies problems that could be a precursor to a more serious disorder.

Multi-State Study of Quality of Public Pre-K Programs

In one study of ABLE, parents and teachers identified concerns about children's psycho-social adjustment (problems related to attention, behavior, language and emotions). They also indicated the severity of the problem, including:

- Whether it occurred over a long period of time,
- Whether it impaired functioning,
- Whether it occurred in multiple settings,
- Whether the child was worse than peers on that dimension, and
- Whether the problem seemed to require professional help to resolve.

Participants included a representative sample of two boys and two girls selected randomly from children enrolled in 40 randomly selected public sponsored pre-k programs in six states. Information on the ABLE screening was obtained in the fall and spring of pre-K and Kindergarten. For two days in the fall and spring of the preschool year, researchers also observed each child for inattention/overactivity, aggression toward peers, domineering with peers, anxious/fearful, withdrawn/asocial, and excluded by peers.

In addition, preschool and kindergarten teachers completed an end of school questionnaire reporting if a study child had been referred for a disability assessment or an evaluation for behavioral and/or emotional problems.

According to parents, 18.4 percent of children were identified as having a problem. Pre-K teachers identified 10.5 percent of children and kindergarten teachers identified 23.1 percent. Of the issues raised, inattention/overactivity, disobedience, and aggression were the most prevalent. In addition, children who were identified as having a problem were very likely to have more than one. In fact, bad temper, aggression and disobedience were frequently seen together. Children identified as having more problems, had lower academic functioning. ABLE appears to be culturally bias-free in that it did not over-identify children of color as having serious problems.

Pre-K Mental Health Screening

This study evaluated 4,843 children enrolled in a Head Start program in a Midwestern city and 734 children in early childhood programs receiving state financial support in three Southeastern rural counties. After being trained in how to use ABLE, teachers used the tool to evaluate each child and then helped each parent do the same. Children identified as demonstrating two severe behaviors were then assessed using the second level ABLE.

Social workers and behavioral health consultants followed up with teachers and parents who reported serious concerns. They observed the child and agreed with the ABLE assessment more than 99 percent of the time.

Head Start teachers identified 8.8 percent of children screened as having a serious problem and parents identified 15.3 percent. Teachers and parents agreed 77 percent of the time about children who did not have problems. In all, 18.8 percent were referred for mental health services.

Rural teachers identified 34 percent of children as having a serious problem and parents identified 29 percent. Teachers and parents agreed 70 percent of the time.

Conclusions

Pre-school programs can improve their effectiveness in serving at-risk children by using a simple mental health screening process such as ABLE to identify and provide early intervention services. ABLE detected problems at a frequency rate consistent with those reported in other studies. No relationship was found between teacher characteristics and report of child problems.

ABLE was found to be a valid and reliable instrument for use in preschool screening of children who are at risk of problems of attention behavior, language and emotions that might interfere with their adjustment at school. In addition to facilitating decision making about individual children, it can be used as a universal screening instrument to help allocate limited mental health resources. ■

To Learn More

Barbarin, Oscar A. (2007) Mental health screening of preschool children: Validity and reliability of ABLE. *American Journal of Orthopsychiatry*, 77(3), 402-418.