

# Executive Summary

## The Survey of Well-being of Young Children (SWYC)

### User's Manual

by

Ellen C. Perrin, MD

Chris Sheldrick, PhD

Zach Visco, BA

Kathryn Mattern, BA



## **Executive Summary**

Below is a very brief summary of the *SWYC*. Before implementing the *SWYC* in a pediatric or family medicine practice or in a community setting, careful reading of at least chapters 1 and 2 of the *SWYC* Manual is essential.

### **Introduction to the *SWYC***

The *SWYC* is a freely-available, comprehensive, first-level developmental-behavioral screening instrument for children under 5 ½ years of age. It was designed to be completed by parents or other caregivers in the context of children's health supervision visits, but can also be used in child care, home visiting, and preschool settings.

*SWYC* questions were written to be short, easy to read, and simple to answer from memory. The entire instrument takes most parents 10 minutes or less to complete. As a "first-level" screening instrument, the *SWYC* is designed to maximize the amount of information available to a provider before a visit with a patient or client. It is therefore meant to be used as a first step in assessing children's risk of developmental-behavioral issues, with positive screens followed up by further conversation with the child's caregiver.

### **Components**

The *SWYC* assesses multiple domains of children's well-being:

- The *SWYC Milestones* assess the child's cognitive, language, and motor development.
- The *BPSC* and *PPSC* assess behavioral and emotional symptoms for children under 18 months and from 18-66 months, respectively.
- The *POSI* assesses risk for autism spectrum disorder for children from 16-36 months
- The *Family Questions* assess stress present in the child's family environment, including parental depression, discord, substance abuse, food insecurity, and parent's concerns about the child's behavior, learning, or development.

### **Age-Specific Forms**

There are 12 *SWYC* forms—one for each pediatric well-child visit up to 5 years. PDFs of all *SWYC* forms are available to be printed from our website: [www.theSWYC.org](http://www.theSWYC.org).

### **Validity**

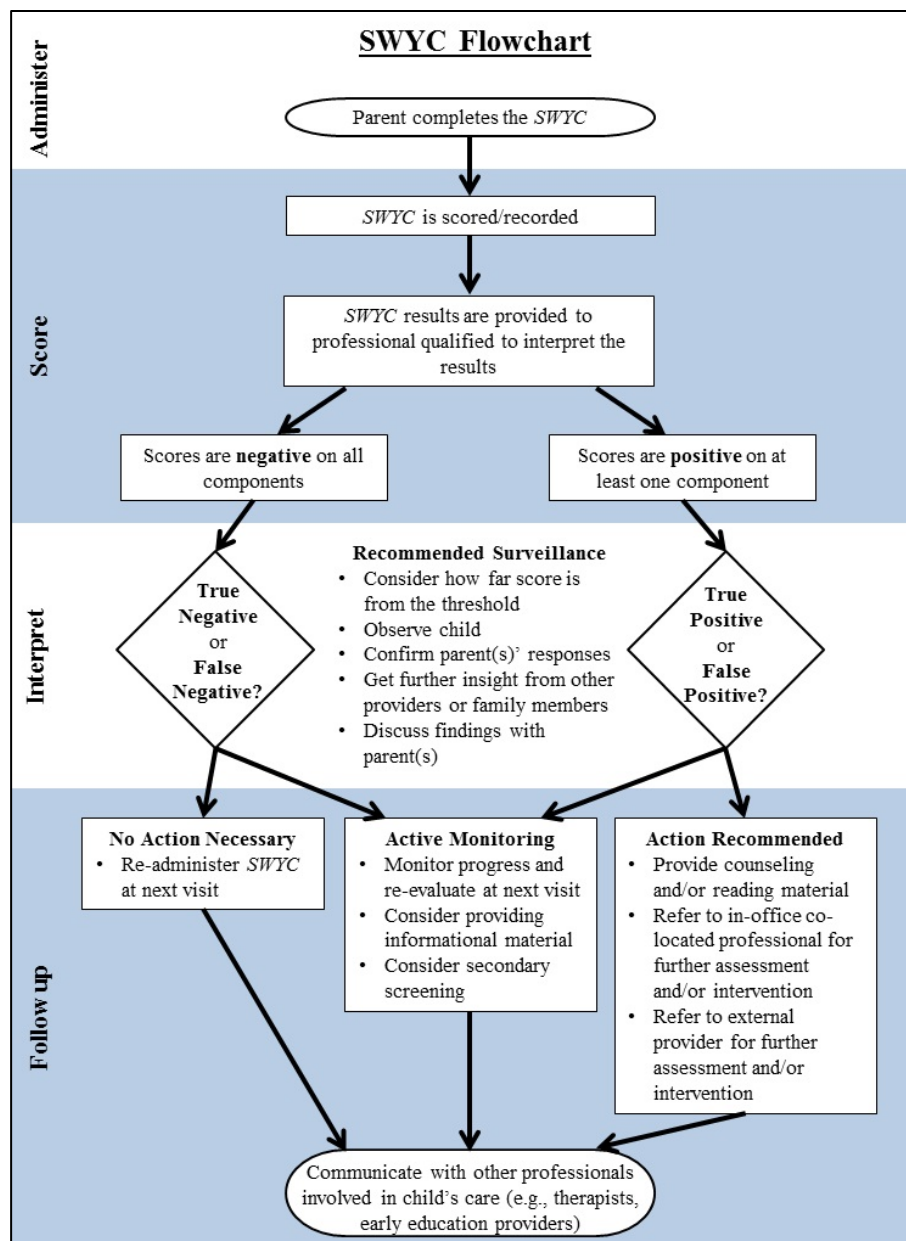
Initial research studies found the reliability and validity of the *SWYC* to be comparable to older and more familiar developmental screening instruments and in concordance with parents' reports of diagnosed developmental-behavioral disabilities in their child (see section 5A of the *SWYC* manual for more detail). Currently, we are evaluating its validity as compared to

standardized developmental and emotional/behavioral assessments. Translations into languages other than English have not yet been independently validated.

**Implementation**

For implementation of the SWYC or any screening instrument, it is important first to clarify the workflow: to whom, by whom, and how the instrument should be administered, how it should be scored, and who will receive and interpret the results. Note that in order to select the appropriate SWYC form, front desk staff must be trained on how to calculate a child's age in months and days and adjust for prematurity when necessary. You can download a customizable training handout (*SWYC 101: Quick-Start Guide for Front Desk Staff*) from our website, [www.theSWYC.org](http://www.theSWYC.org). You can also consult section 2B of the SWYC manual for suggestions on training staff.

The flow chart to the right summarizes subsequent steps in the screening process. Note that the critical professional responsibility is to consider the scores on all SWYC components in combination with observations of the child and discussion with the parent(s) to discern whether further monitoring or action is necessary. The goal of the SWYC is not to make a diagnosis or to dictate need for referral, but to add information to help guide professional judgments.



## Scoring Instructions

Examples and further information are available in section 2D of the SWYC Manual

### *Developmental Milestones*

1. Each form includes 10 items. Score each item using these values: "Not Yet" corresponds to "0"; "Somewhat" to "1"; and "Very Much" to "2." Missing items count as zero.
2. Add up all 10 item scores to calculate the total score.
3. On the SWYC scoring chart on page 8, the child's age in months is indicated in the "age" column. Check to be sure that the parent completed the correct form for the child's age (far left column labeled "form"). If not, the score will be misleading. **Please Note:** Cut scores are not available for the 2- and 60-month forms. The individual questions are valid and reliable and may be useful for surveillance.
4. See the SWYC scoring chart on page 8. Following along the age appropriate row, determine whether the child's total score falls into the "Needs Review" or "Appears to Meet Age Expectations" category.

Scoring for the *Milestones* can also be done in Excel. Please see the "Form Selector and Milestones Calculator" on our website: [www.theSWYC.org](http://www.theSWYC.org).

### *Baby Pediatric Symptom Checklist (BPSC)*

1. The *BPSC* is divided into three subscales, each with 4 items. Determine the *BPSC* subscale scores by assigning a "0" for each "Not at All" response, a "1" for each "Somewhat" response, and a "2" for each "Very Much" response, and then sum the results.
  - a. In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.
  - b. In the event that there is a missing response, that item counts as zero.
2. Any summed score of 3 or more on any of the three subscales indicates that a child is "at risk" and needs further evaluation or investigation.

***Preschool Pediatric Symptom Checklist (PPSC)***

1. Determine the *PPSC total* score by assigning a “0” for each “Not at All” response, a “1” for each “Somewhat” response, and a “2” for each “Very Much” response, and then sum the results.
  - a. In the event that parents have selected multiple responses for a single question and are unavailable for further questioning, then choose the more concerning answer (i.e. "Somewhat" or "Very Much") farthest to the right.
  - b. In the event that there is a missing response, that item counts as zero.
2. A *PPSC* total score of 9 or greater indicates that a child is "at risk" and needs further evaluation or investigation.

***Parent's Observations of Social Interactions (POSI)***

1. Score each of the seven questions. Each question is assigned either a “1” or a “0”. If the parent selects one or more responses that fall in the last three columns, the question is scored as “1”; otherwise, it is scored as “0.”
2. For items where parents have selected multiple responses for a single question (i.e., multiple responses in each row):
  - a. Choose the more concerning answer (i.e., lower-functioning behavior) farthest to the right.
  - a. If the parent has selected multiple answers in the last three columns for one item, assign only one point for the item. Since there are seven *POSI* questions total, there is a maximum of seven potential points.
  - b. Missing items count as zero.
3. A result of three or more points in the last three columns indicates that a child is “at risk” and needs further evaluation or investigation.


## **Family Questions**

Positive endorsement of items on this list indicates that a child should be monitored further. *If after reviewing the Family Questions, a PPCP believes a child or family member may be at immediate risk of harm, appropriate steps should be taken to refer the child and/or family to the appropriate child protection agency for help as soon as possible.*

1. Question 1 Screens for tobacco use.
2. Questions 2, 3, and 4: At least one positive response suggests a substance abuse disorder
3. Question 5 screens for food insecurity.
4. Questions 6 and 7: Parental depression is assessed by the *Patient Health Questionnaire-2 (PHQ-2)*. Answers are scored such that "Not at All" is given a "0", "Several Days" is given a "1", "More than Half the Days" is given a "2", and "Nearly Every Day" is given a "3." A total score of **3 or greater**, suggests further evaluation.
5. Questions 8 and 9 screen for domestic violence. The score is considered positive if the most extreme choice, is endorsed on one or both items.
6. Parent's Concerns: If a parent endorses being "Somewhat" or "Very Much" concerned about his or her child on either of the two *Parent's Concerns* questions, pediatricians should use this as an opportunity for additional conversation.

## **Longitudinal Scoring Sheet**

On the next page, we have included a longitudinal scoring sheet that can be kept in a child's chart to track SWYC results over time. All subscales are included and the same chart can be used at each visit. This form is also available for download at [www.theSWYC.org](http://www.theSWYC.org)

SWYC Longitudinal Hand Scoring		Name:				DOB:				MR#:				Parent Concerns															
FORM	Age (m)	Milestones		Irritability		BIPSC Inflexibility		Routines		Smoke tobacco	More than meant to	Needed to cut back	Had a bad effect	Hunger	Depression (2 Item Total Score)	Tension	Arguments	Dev. Behv.											
		Needs Review	Appears to meet age expectations	Appears ok	Needs Review	Appears ok	Needs Review	Appears ok	Needs Review																				
2m	1-3	No cut scores available	≥14	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
4m	4	≤13	≥16	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
6m	5	≤15	≥17	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
9m	6	≤11	≥12	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
12m	7	≤14	≥15	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
15m	8	≤16	≥17	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
18m	9	≤11	≥12	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
24m	10	≤13	≥14	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
30m	11	≤14	≥15	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
36m	12	≤10	≥11	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
48m	13	≤13	≥14	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
60m	14	≤14	≥15	<3	≥3	<3	≥3	<3	≥3	N	Y	N	Y	<3	≥3	-	+	N	Y										
18m	15	≤8	≥9	<9	≥9	<3	≥3											N	Y										
24m	16	≤11	≥12	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
30m	17	≤12	≥13	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
36m	18	≤13	≥14	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
48m	19	≤10	≥11	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
60m	20	≤11	≥12	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
18m	21	≤13	≥14	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
24m	22	≤14	≥15	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
30m	23	≤10	≥11	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
36m	24	≤11	≥12	<9	≥9	<3	≥3											N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y
48m	25	≤12	≥13	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
60m	26	≤13	≥14	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
18m	27	≤14	≥15	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
24m	28	≤15	≥16	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
30m	29	≤9	≥10	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
36m	30	≤10	≥11	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
48m	31	≤11	≥12	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
60m	32	≤12	≥13	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
18m	33-34	≤13	≥14	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
24m	35	≤10	≥11	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
30m	36	≤11	≥12	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
36m	37	≤12	≥13	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
48m	38-39	≤13	≥14	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
60m	40-41	≤14	≥15	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
18m	42-43	≤15	≥16	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
24m	44-46	≤16	≥17	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
30m	47	≤12	≥13	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
36m	48-50	≤13	≥14	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
48m	51-53	≤15	≥16	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
60m	54-57	≤14	≥15	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
18m	58	≤16	≥17	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										
30m	59-65	No cut scores available	≥17	<9	≥9	<3	≥3	N	Y	N	Y	N	Y	<3	≥3	-	+	N	Y										