STRESS IN CHILDHOOD

Saunders and Remsberg (1984) have attempted to rank the various stresses of childhood. This test shows how stressful events compare in their impact on a child.

Childhood Stress Test

This is a scale to check the amount of stress in your child's life. Add up the points for items that have touched your child's life in the last 12 months. If your child scored below 150, he is carrying an average stress load. If your child's score is between 150 and 300, he has a better-than-average chance of showing some symptoms of stress. If his score is above 300, his stress load is heavy and there is a strong likelihood he will experience a serious change in health or behavior:

☐	Death of a parent	100	☐ Sibling going away to school	29
☐	Divorce of parents	73	☐ Winning school or community	
☐	Separation of parents	65	awards	28
☐	Parent's jail term	63	☐ Mother or father going to work	
☐	Death of a close family		or quitting work	26
	member	63	☐ School beginning or ending	26
☐	Personal injury or illness	53	☐ Family's living standard	
☐	Parent's remarriage	50	changing	25
☐	Suspension/expulsion from		☐ Change in personal habits	
	school	47	(bedtime, homework, etc.)	24
☐	Parents' reconciliation	45	☐ Trouble with parents	23
☐	Long vacation	45	☐ Change in school hours,	
☐	Parent or sibling illness	44	schedule	23
☐	Mother's pregnancy	40	☐ Moving to a new house	20
☐	Anxiety over sex	39	☐ New sports, hobbies,	
☐	Birth or adoption of baby	39	recreation activities	20
☐	New school, classroom, or		☐ Change in church activities	19
	teacher	39	☐ Change in social activities	18
☐	Money problems at home	38	☐ Change in sleeping or nap	
☐	Death or moving away of close		habits	16
	friend	37	☐ Change in number of family	
☐	Change in studies	36	get-togethers	15
☐	More quarrels with parents	35	☐ Change in eating habits	15
☐	Change in school		☐ Vacation	13
	responsibilities	29	☐ Christmas	12
☐	Family quarrels with		☐ Breaking a rule	11
	grandparents	29	TOTAL	

Each questionnaire can be completed by parents in 10–15 minutes, depending on the length of the questionnaire and the time it takes for individual parents to read and mark the appropriate answers. Reading level is approximately fifth- to sixth-grade level. As with any parent-completed assessment tool, not all parents will be able to read, understand, and accurately complete the ASQ:SE. For parents who do not read English or Spanish at a fifth- to sixth-grade level, the questionnaires can be used as an interview tool. For parents with cognitive and emotional disabilities, a professionally administered tool may be more appropriate. Cultural and ethnic variability will also need to be considered when using the ASQ:SE. If an item on the questionnaire is not appropriate for a family, it should be omitted. If an item is omitted, scoring procedures will need to be adjusted, as specified in Chapter 4 of this *User's Guide*.

The questionnaires have a standard format. There is a title page for each interval, followed by a sheet for recording name, date, address, and other identifying information. There is also a summary page at the end of each interval for programs to compile results and referral decisions. Each questionnaire item is followed by a series of three columns that parents can use to indicate whether their child does the behavior *most of the time, sometimes,* or *never or rarely.* A fourth column permits parents to indicate with a check if the behavior is of concern to them. Items on each questionnaire are coded Z, V, or X to permit quick and error-free scoring. Parents' responses are transferred to point values of 0, 5, or 10, respectively. Scores for each item are then combined into a total score. A high total score is indicative of problems, while a low score suggests that the child's social and emotional behavior is considered competent by his or her parent. Children whose total score exceeds the established cutoff

ASSESSING SOCIAL AND EMOTIONAL COMPETENCE

Setting/time, development, health, and family/culture are four variables that should be addressed in assessing social and emotional competence. Setting/time variables can affect the interpretation of children's behavior. Children's behavior is often very different across different environments (e.g., home, school). These differences are due to the child's level of comfort and familiarity with a setting as well as the result of how the environment shapes behavior. For example, a parent who responds to a tantrum by giving the child attention may be reinforcing that behavior and causing tantrums to occur more frequently, and with increasing intensity, in the home setting. The same behavior, ignored at school, may quickly disappear. When a behavior occurs is also telling. For example, laughing
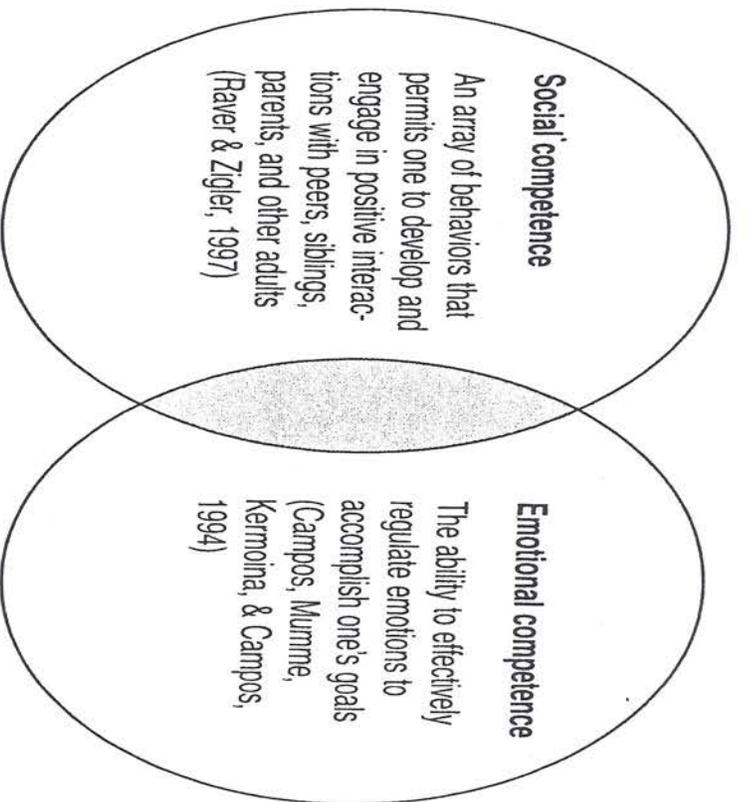
Figure 2. Relationship between the behavioral domains of social and emotional competence.

Social competence

An array of behaviors that permits one to develop and engage in positive interactions with peers, siblings, parents, and other adults (Raver & Zigler, 1997)

Emotional competence

The ability to effectively regulate emotions to accomplish one's goals (Campos, Mumme, Kermoina, & Campos, 1994)

when peers are enjoying an activity is far different from laughing when another child is seriously hurt. Acting shy and not participating in activities in the first week of school is quite different from not participating in the middle of a school year.

Second, the emotional and social competence of children must be viewed through a developmental lens. That is, the developmental level of children has a significant bearing on what other people in their environment find acceptable or unacceptable. For example, a toddler who cries when confronted by a stranger may be seen as normal by most adults who understand that the child is passing through a developmental stage. Most adults do not find it troubling when a 6-month-old pulls hair but will likely object to the same behavior exhibited by a 3-year-old. For most of us, it is unacceptable for an 8-year-old to snatch a toy from a peer, while we may tolerate such behavior from a 2-year-old. A 4-year-old who has a cognitive delay may appear noncompliant because she does not understand what is being asked of her. Ruling out a developmental delay is an important first step when interpreting young children's social-emotional behaviors.

Health variables, a third factor to consider, may also affect the interpretation of a child's social competence or emotional competence. Factors such as chronic illness (e.g., asthma, otitis media) need to be ruled out as well as variables such as whether the child has not had enough sleep, is hungry, or is reacting to a medication. A baby who has been fussy and difficult to soothe and who does not appear to be happy may well be suffering from an illness. A child who comes to school tired and hungry may display behaviors that are alarming but may merely need more sleep and food.

Finally, a child's social and emotional responses are clearly shaped by family values and culture. Some families/cultures place great importance on children being quiet and unobtrusive, while other families/cultures encourage active participation. Consequently, a quiet or verbally outspoken child may not be socially incompetent but may be behaving in ways consistent with family values. The interactions among family members, especially a child's relationship to his or her parents, play an important part in the development of social and emotional competence. For example, the interpretation of Sara's crying when approached by her stepfather would change if one knew that he often threatens to hit Sara. Some examples of family and cultural variables include family dynamics, cultural norms, and the primary language spoken by family members.

The four classes of variables just discussed are summarized in Table 1. Also listed are examples of questions that should be asked when addressing each variable. As indicated in Table 1, it is important to assess the child's social or emotional responses in reference to setting/time variables (e.g., Does the child act the same way at home and in child care? Is the setting unfamiliar?). In addition, the developmental age of the child is fundamental to determining whether the child's responses are acceptable, unacceptable, or fall in the questionable range. To the extent possi-

Table 1.   Classes of variables and associated questions to consider when assessing social and emotional competence in infants, toddlers, and preschool-age children

Variable	Assessment questions
Setting/time	Where, when, and under what environmental conditions does the behavior occur?
Development	What is the child's developmental level?
Health	What is the child's health status?
Family/cultural	What family/cultural factors are potentially associated with the behavior?

ble, the assessment should also address health variables (e.g., past health history, current status, day-to-day well-being). Finally, the assessment should be sensitive to and take account of family/cultural variables (e.g., Does the family/culture value "quiet" children? Does the child speak and understand English and Mandarin? What is the child's relationship to his or her parents?).

Assessments of children's social and emotional behavior require definitions that treat the areas separately but also appreciate the overlapping and interactive nature of these domains, as previously shown in Figure 2. For purposes of assessment, *social competence* can be defined as the child's ability to use a variety of communicative and interactive responses to effectively manage his or her social environment. Children's social competence is developmentally grounded in that both the maturity of the responses and external expectations for the child's responses change over time. *Emotional competence* is defined as the managing or regulating of one's emotional responses to obtain desired goals in ways that are acceptable to others. As with social competence, emotional competence is a developmental phenomenon that is expected to change and mature over time. Also important to note is that emotional development in young children is affected by environmental feedback (e.g., providing verbal feedback, setting expectations) just as with other developmental processes (Thompson, 1994).

The ASQ:SE was created using these definitions of social competence and emotional competence. Because the ASQ:SE is a screening tool, it does not address all of the assessment questions listed in Table 1. The primary purpose of the ASQ:SE is to assist parents and early intervention and early childhood personnel in the timely identification of children with responses or patterns of responses that indicate the possibility of their developing future social or emotional difficulties. In other words, the ASQ:SE is designed to identify children whose social competence or emotional competence differs in some way from expectations. The ASQ:SE is not a diagnostic tool for identifying children with serious social or emotional disorders; rather it should be seen as an aid in identifying young children who may benefit from more in-depth evaluation and/or preventive interventions designed to improve their social competence, emotional competence, or both.