COLORING INSIDE THE LINES: ESSENTIAL ELEMENTS OF EARLY CHILDHOOD ASSESSMENT

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GOOD ASSESSMENTS

* Provide a roadmap for treatment
* Take time
* Give clear rationale for treatment
* Involve partnering with other
* Give a consensus for treatment
* Involve curiosity and thought
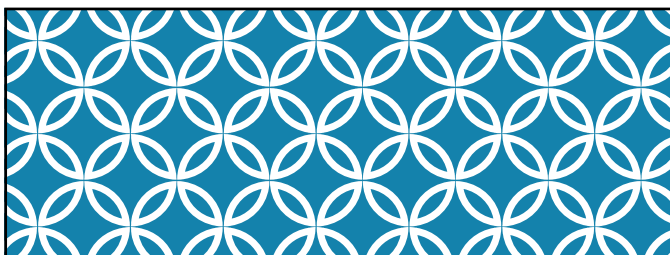

SYMPTOMS POLL

A. People may experience:

Pain areas: in the muscles

Cough: can be with phlegm

Nasal: congestion, runny nose, sneezing, loss of smell, redness, or post-nasal drip

Whole body: chills, fatigue, fever, malaise, or body ache

Eyes: watery eyes, itchiness, or redness

Head: congestion or sinus pressure

Also common: chest pressure, headache, swollen lymph nodes, or throat irritation

Consult a doctor for medical advice

Sources: Mayo Clinic and others. Learn more

B. People may experience:

Cough: can be dry or with phlegm

Respiratory: frequent respiratory infections, shortness of breath, or wheezing

Whole body: fatigue or inability to exercise

Also common: chest pressure

Consult a doctor for medical advice

Sources: Mayo Clinic and others. Learn more
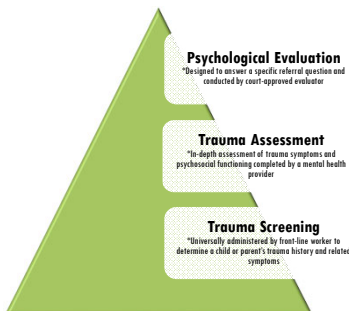
EARLY CHILDHOOD MENTAL HEALTH

Infant and Early Childhood Mental Health refers to a child's capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn. All in the context of the family, culture, and community.

Cohen (2009) Zero to Three Policy Brief

SCREENING AND ASSESSMENT

SCREENING AND ASSESSMENT

Psychological Evaluation
*Designed to answer a specific referral question and conducted by court-approved evaluator

Trauma Assessment
*In-depth assessment of trauma symptoms and psychosocial functioning completed by a mental health provider

Trauma Screening
*Universally administered by front-line worker to determine a child or parent's trauma history and related symptoms

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TRAUMA SCREENING

Has 2 main purposes:

- Identify children and youth who require an *immediate* response – medication, suicide watch, etc.

- Sift through total number of children/youth to identify those with *higher likelihood* of having problem requiring special attention.

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EXAMPLES OF TRAUMA SCREENING TOOLS

- ACES tool
- Child & Adolescent Needs & Strengths (CANS)
- CRAFFT
- Diagnostic Predictive Scale
- eCPR
- Global Appraisal of Individual Needs (GAIN)
- International Child Abuse Screening Tool (ICAST)
- Juvenile Inventory for Functioning (JIFF)

- Massachusetts Youth Screening Inventory (MAYSI-2)
- Mental Health First Aid
- Polyvictimization/Trauma Symptom Checklist
- Strengths & Difficulties Questionnaire
- Substance Abuse Structured Assessment and Brief Intervention Services (SBIRT)
- Traumatic Events Screening Inventory for Children
- Trauma Symptom Checklist for Children (TSCC)

CHILD WELFARE TRAUMA REFERRAL TOOL

- Covers ages 0-19
- Is simple to administer and interpret
- Screens for both mental health needs and trauma exposure
- Provides a decision tree leading to appropriate treatment referrals
- Is relatively brief
- Does not require extensive training
- Can be administered by front-line workers and case reviewers
- Is evidence-based and recommended by SAMHSA and NCTSN

CHILD WELFARE TRAUMA REFERRAL TOOL

- Designed to help make trauma-informed decisions about referral to mental health services

- Completed through record review and interviews with key informants (e.g., parents, caregivers, older children)

- Documents history of exposure to a wide variety of traumatic events and indicates age(s) at which exposure occurred

- Also collects information about severity of child's traumatic stress and other emotional and behavioral reactions

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TRAUMA SCREENING FOR PARENTS

Awareness of parental trauma history helps workers better understand parents and link them to appropriate services.

Examples of screening tools for parents:

- **Life Events Checklist**: http://www.ptsd.va.gov/PTSD/professional/pages/assessments/assessment-pdf/life-event-checklist-lec.pdf

- **Trauma Recovery Scale**: http://www.psychink.com/rfiles/CFScalesMeasures.pdf

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TRAUMA ASSESSMENT

- More in-depth exploration of nature and severity of traumatic events, impact of those events, current trauma-related symptoms, and functional impairment

- Usually done by a mental health provider

- Occurs over at least 2-3 sessions

- Includes clinical interview, use of objective measures, behavioral observations of the child, and collateral contacts with family, caseworkers, etc.

THE PATH
to Trauma Therapy

A Guide for Getting
Traumatized Children
the Help They Need

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TRAUMA ASSESSMENT

❖Domains covered include:

• Basic demographics
• Family history
• Trauma history (including events experienced or witnessed)
• Developmental history
• Overview of child's problems/symptoms

❖Includes trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing

❖May include assessment of caregiver stress and/or trauma and parent-child relationship

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BEGIN AT THE BEGINNING

Demographics and Referral Info

❖Basic information about the identified client

❖Sources of your information in your report

❖Dates that were scheduled and dates that were attended

❖Who referred them for what?

❖Why do they think they are here?

Family History

❖Detailed family history that includes collateral

❖Cultural History

❖Medical History for caregiver, parents, and child

❖Mental Health and Substance abuse history for caregiver, parents and child

CULTURAL CONSIDERATIONS

❖ Development happens for young children in a relationship with a caregiver

❖Almost every aspect of caregiving is shaped by our cultural expectations

❖Must elicit the parents' perceptions and inform ourselves about the cultural background

Where did you learn to parent?

TRAUMA HISTORY

❖ Collateral Information

❖ Account from the caregiver, parent(s) of the child's trauma history

❖ Account from the caregiver, parent(s) of their own trauma

❖ If you don't ask…. they won't tell you.

❖ What message does it send when we don't ask people – What has happened in your life that was difficult, painful or traumatic?

❖ Use interview and a measure

EXAMPLES OF MEASURES IN TRAUMA ASSESSMENTS

- Clinical Interview (sometimes called IDI)
- Child PTSD Symptom Scale (CPSS)
- Child Behavior Checklist (CBCL)
- Child Sexual Behavior Inventory (CSBI)
- UCLA PTSD Reaction Index
- Violence Exposure Scale for Children-Revised
- Parenting Stress Index
- Traumatic Events Screening Instrument (TESI)
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)

DEVELOPMENTAL HISTORY

❖ Important to understand that development happens in the context of relationships

❖ DC 0-5 includes "developmental features" – what is a typical trajectory

❖ Developmental Competency Ratings in DC 0-5

❖ Even with standardized tools for development there may be variance by reporter

❖ ASQ, ASQ SE, SWYC

MEDICAL AND EDUCATIONAL HISTORY

- Parent medical history
- Child medical history
- Prenatal history
- Ability to refer to appropriate services when necessary

- Education history of parents and caregivers
- Educational experience of the child
- How does the parent learn best?

MENTAL STATUS AND BEHAVIOR

- Use of standardized measures like Child Behavior Checklist
- Observations about the child's appearance, functioning, emotional states
- Parent perception of the child's behavior, functioning, and emotional state
- Includes the observation of the child within the caregiving relationship (e.g. Crowell)

SYSTEM AND SOCIAL CONTEXT

- Psychosocial stressors that are present
- Development occurs within the context of the caregiving relationship
- Multiple caregiving relationships
- Often multiple systems involved in the caregivers' lives

DC 0-5

Helpful in organizing the symptoms and behaviors presented while using a relational context

Includes a specific axis related to the relationship

Helps provide a framework for common understanding of the rationale for treatment and treatment goals

AXIS I: Clinical Disorders

AXIS II: Relational Context

AXIS III: Physical Health Conditions and Considerations

AXIS IV: Psychosocial Stressors

AXIS V: Developmental Competence

CLINICAL FORMULATION

Integration of all the information contained in the report and what it means

Observations about how the traumatic events if present have impacted development thus far and how they may in the future

Linking the history of traumatic events if present to traumatic reminders or symptoms

Supports and Strengths already present

RECOMMENDATIONS

Who is your client?

Who are you reporting to?

Young children have their own needs but these needs are met in the context of the caregiving relationship

Have to make recommendations that address this unique dynamic

Child Needs

Parent Child Dyad needs

Need for the parent to provide for the Dyadic needs – stable housing, mental health treatment as recommended by own provider, medical needs identified but not met

Child Developmental Needs – Head Start

Other needs to support the Dyad

REFERENCES

Zero to Six Collaborative Group, National Child Traumatic Stress Network. (2010). *Early Childhood trauma*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

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www.nctsn.org

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