

An Approach to Screening for Mental Health and Trauma-Related Needs among Children and Youth Involved in Child Welfare Services

California Screening, Assessment, and Treatment (CASAT) Initiative
Chadwick Center for Children, Youth, and Families at Rady Children's Hospital – San Diego
In cooperation with the U.S. Department of Health and Human Services,
Administration for Children and Families

Screening for mental health (MH) and trauma-related needs among children and youth involved in child welfare (CW) services refers to broadly administering a brief measurement instrument and using scores to identify children and youth who demonstrate need for additional MH services. Based on review of the CW and MH literature and consultation with experts in the field, the CASAT team has designed a screening approach that includes evaluation of general MH symptomology and trauma-specific symptomology using empirically supported measurement instruments to support CW worker decision-making.

General Mental Health Screening

Two screening instruments have strong empirical support for providing scores that help to identify general MH symptomology. Either could be appropriately used to identify MH needs:

Pediatric Symptom Checklist (PSC-17)

- Jellinek, Murphy, Robinson, et al. (1988)
- 17 Items; Ages 4-18
- http://www.massgeneral.org/psychiatry/services/psc_home.aspx
 - Widely studied and implemented among physicians in Massachusetts and the Washington CW system as a screen for MH treatment needs
 - Available without cost in more than 20 languages
 - Yields a Total Score and three additional scale scores (Internalizing, Externalizing, and Attention)

Strength and Difficulties Questionnaire (SDQ)

- Goodman (1997)
- 25 Items (Part 1) and 8 Items (Part 2: Impact Supplement); Ages 3-17*
- <http://www.sdqinfo.org/>
 - Widely studied and implemented throughout U.S. and nationally adopted in England as a brief behavioral screening instrument
 - Available without cost in more than 40 languages (however electronic versions may require a licensing fee)

- Yields a Total Difficulties Score and five additional scale scores (Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior)
- Some items focused on family strengths which may support family engagement

Trauma Screening

Although we did not find a trauma-focused screening tool that perfectly aligned with our needs, through literature review, consultation with experts in the fields of screening, assessment, and trauma, and discussions with CW leadership in California, we identified a trauma measurement tool that best met our identified needs for a universal screening approach in California:

Screen for Child Anxiety Related Disorder (SCARED) Brief Assessment of PTS Symptoms

- Muris, Merckelbach, Korver, Meesters (2000)
- 4 Items; Ages 7-18*
- http://www.tandfonline.com/doi/abs/10.1207/S15374424JCCP2903_11#.U7rnikCJMop
 - Good support for the psychometric characteristics (reliability, validity, sensitivity, and specificity) of the scores with a large sample
 - Little training is required to administer, score, and interpret the SCARED
 - The measurement tool was available without additional costs
 - The CASAT team translated items to create a Spanish version

Additional trauma-focused screening tools that might be considered include the:

Children's Revised Impact of Event Scale (CRIES 8)

- Children and War Foundation (1998)
- 8 Items; Ages 8 and above
- <http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/>

Child PTSD Symptom Scale (CPSS)

- Foa, Johnson, Feeny, & Treadwell (2001)
- 17 Items (Part 1) and 7 Items (Part 2); Ages 8-18
- <http://www.istss.org/ChildPTSDSymptomScale.htm>

Implementation Pilot in Tulare County

Tulare County is implementing a screening approach that includes administering the Strengths and Difficulties Questionnaire (SDQ; part 1 only) and the Screen for Child Anxiety Related Disorder (SCARED) Brief Assessment of PTS Symptoms to all children and youth ages 3 and older* who are open to CW services (see Table 1; the Ages and Stages Questionnaire: Social Emotional is administered for children ages 0-3). These tools are available in English and Spanish for caregiver or youth respondents based on age.

There are a number of approaches and considerations for implementing a screening approach among children and youth involved in CW services (Conradi et al., 2011). Tulare Child Welfare Services (CWS) leaders have opted to train CW workers to administer the screening tools. Resource parents, care providers, and mental health specialists have also participated in trainings on the screening approach to promote cooperation and consistency across and within systems. Consistent discussion about the use of screening tools has been embedded in the CWS culture by designated “champions” to discuss this topic at CW team meetings. Screening packets are conspicuously available for staff members in their offices.

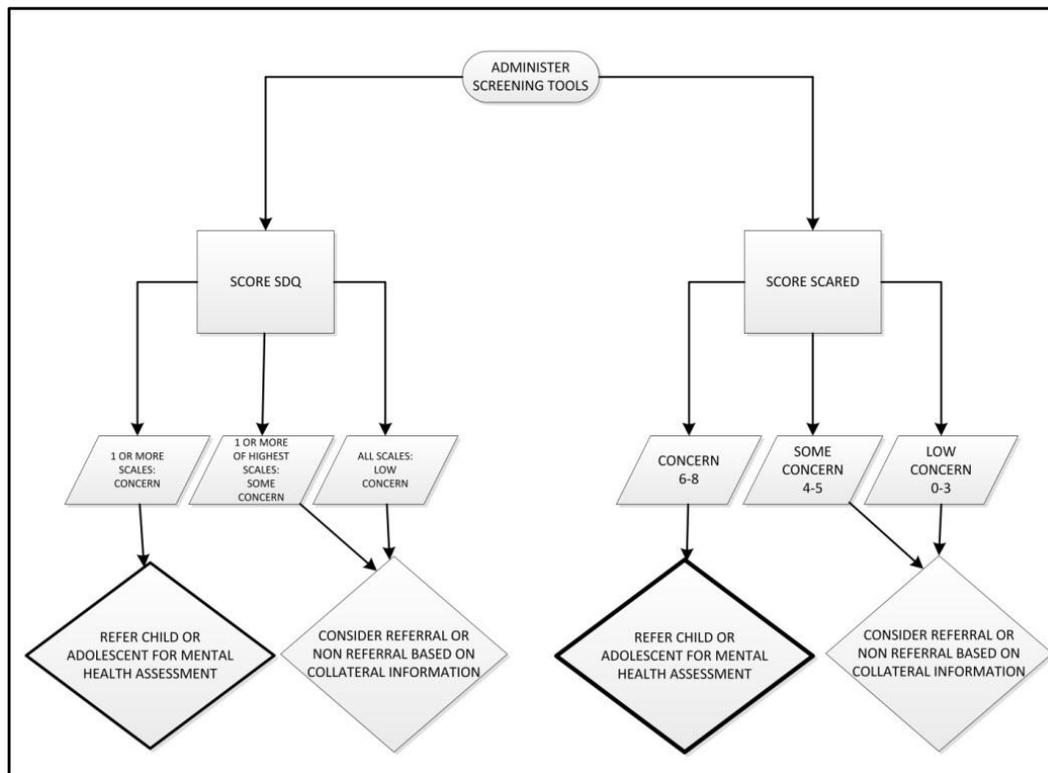
Table 1. Summary of Measurement Tools Included in Tulare Pilot of CASAT Screening Approach

Measurement Instrument	Construct(s) Assessed	No. of Items	Administrati on Time	Psychometric Support	Ages	Respondent
Strength and Difficulties Questionnaire (SDQ)	Total Mental Health; Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior	25 (Part 1)	10-15 minutes	Robust support for reliability and validity of scores in diverse settings	3-17 (18)*	Parent, Child/Youth, Teacher
Screen for Child Anxiety Related Disorder (SCARED) Brief Assessment of PTS Symptoms	Effects of Trauma (post-traumatic symptomology such as feeling scared, intrusive thoughts, nightmares)	4	< 3 minutes	Support for reliability, validity, sensitivity and specificity of scores in large sample of nearly 1,000 children and adolescents	(3-6)* 7-18	Caregiver, Child/Youth, Teacher

In order to eventually share screening results with MH staff, a first step in the Tulare County screening process includes Emergency Response workers obtaining releases of information at Team Decision Meetings or Detention Hearings. The screening tools are administered to youth and caregivers by the CW worker who completes the Jurisdiction/Disposition Hearing report (within 30 days of referral to CWS). Currently the screening tools are scored by the Katie A Coordinator. However, Tulare CWS leaders are evaluating the consistency and accuracy of scores when child welfare workers score the tools themselves with the intention of potentially shifting that task (scoring) to CW workers. The tools are currently completed using paper forms and handwritten scoring.

The results are used to determine the need for a more in-depth MH assessment. Screening results should indicate if the CW worker needs to consider making a referral for an in-depth MH assessment, or if no MH assessment is indicated at this time (see Figure 2). There is a CW worker override based on the assumption that best practice exists at the intersection of evidence-based evaluation, child, youth, and family characteristics, and CW worker judgment (CW workers are asked to describe why a referral has not been made when the screening tools indicate further assessment is warranted). When referrals are made to mental health services and appropriate releases have been completed, the screening results are documented in the Child Welfare Services/Case Management Services (CWS/CMS) database, listed on transfer form, and provided to mental health workers to support transition between systems.

Figure 2. Decision Support for Implementing Screening Tool



Based on the potential for latent symptomology, in particular for children and youth impacted by traumatic stress, routine re-screening is crucial to the screening process. Therefore, Tulare CWS has linked rescreening with following events and staff continues to discuss systematic approaches to incorporating screening information into court reports and integrating previous screening data for progress monitoring:

- Within 30 days of the initial CWS case being opened.
- Thirty days prior to every court hearing.
- At any time during the case when it is determined the child may need mental health services.
- Within 30 days prior to a child/youth transiting from a Group Home.

Tulare CW workers have provided feedback that the screening information is helpful when preparing the Jurisdiction/Disposition Hearing report. Screening data includes basic information about existing resiliency and connection to the community, as well as information about the MH needs of youth and the possible impact of trauma in the child or youth's life. Staff feedback on implementation of this screening approach has also included that the tools help guide conversations with care providers regarding areas of difficulty and strengths for the child or youth. Tulare CWS leadership also has found that after care providers complete the tool, there tends to be increased awareness about the connection between presenting problematic behaviors and prior trauma experiences. This has contributed to gradual shifts from staff conceptualizations of "out of control," "ADHD," or "reactively attached" children and youth to greater awareness of children and youth who have experienced trauma.

Next Steps: Alignment with Existing Systems

Consistent and predictable barriers emerge when CW systems create universal screening systems. CW workers can become overwhelmed with the multiple demands placed on them and there is natural resistance to adding a new process, another form, or new tools. As discovered through previous projects and based on feedback from our partners, leaders and workers in the CW system would feel more strongly engaged with a screening process that is embedded in existing child welfare worker tools. Such an approach becomes simply a better way of meeting requirements to which they are already committed. Fifty-four of California's 58 counties currently use Structured Decision-Making (SDM; Children's Research Center, 2008) as their risk and safety identification system. Although SDM was not developed as a MH or trauma screening instrument, SDM is a widely disseminated tool that is used by CW workers shortly after receiving a referral to the CW system. In addition, SDM has historically provided a framework to standardize much of what CW workers do.

With these key strengths of SDM in mind, the CASAT team will continue to work with the developers of SDM to link a trauma-informed MH needs screening component with existing SDM processes (specifically the Family Strengths and Needs Assessment; FSNA). This undertaking will integrate the screening elements from valid and reliable screening tools and has the potential to enhance implementation of screening across the state. With SDM also in use in 39 other states, the integration of universal screening in SDM in California can spread to other CW jurisdictions seeking to achieve similar goals. Therefore, SDM may offer a vehicle for the CW system to widely disseminate and adopt

an evidence-based screening approach to identify MH needs among children and adolescents referred to the CW system.

In addition, the CASAT team has been working with the Children's Research Center to identify key SDM items that align with MH and trauma screening themes. With data collected from the screenings conducted in Tulare County, the CASAT team will examine the results and compare data from the screening tools and key SDM items to evaluate the existing approach, the added value of each screening element, and ways to create an approach that is both thorough and parsimonious based on empirical evaluation in real-world settings.

For additional information about implementation of this approach in Tulare CWS, please contact:

Natalie Bolin, LCSW
CWS Manager, Tulare County
NBolin@tularehhsa.org

For additional information about this resource, please contact:

Brent Crandal, PhD
Psychologist, CASAT Initiative
bcrandal@rchsd.org

**When recommended age ranges for existing measurement tools did not align with Tulare CWS needs, CASAT team members evaluated item content and appropriateness for use with wider age ranges. With the SDQ, the age range was expanded to include 18-year-olds without modification. For the SCARED Brief Assessment of PTS Symptoms, ages 3-6 were included by adapting the teacher version, rewording the instructions and asking caregiver to respond to the items. In rare circumstances, CW Social Workers may also complete the SCARED Brief Assessment of PTS Symptoms. However, the unusual circumstances for using the CW Social Worker version is documented and reviewed by supervisors, since that version is considered only supplementary to information provided directly by children, youth, or caregivers. A teacher version of the SDQ is also occasionally used in Tulare County as a supplement to the primary screening tools.*