

TRAUMA-INFORMED MENTAL HEALTH ASSESSMENT

**A Comprehensive Trauma-Informed Mental Health Assessment Process for
Children Involved in the Child Welfare System**

OVERVIEW

- Introduction / Background
- Clinical interview process
- Measurement tools
- Conceptualization
- Evidence based treatment
- Client and family engagement

Out of 10 Young People in Child Welfare...



Maltreatment

≈ 100%



Significant Mental Health Need

48%



Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43, 960-970.

[*based on children and youth investigated by CW, not open cases]

Out of 10 Young People in Child Welfare with Mental Health Needs....

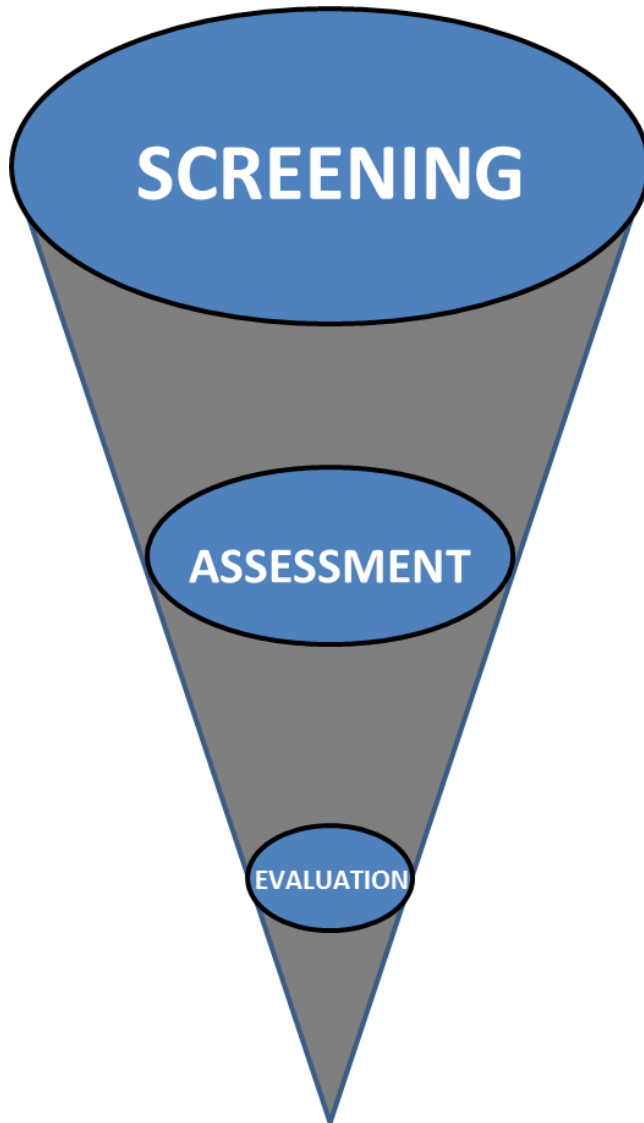


Mental Health Services

33%



Horwitz, S. M., Hurlburt, M. S., Goldhaber-Fiebert, J. D., Heneghan, A. M., Zhang, J., Rolls-Reutz, J., ... & Stein, R. E. (2012). Mental health services use by children investigated by child welfare agencies. *Pediatrics*, 130, 861-869.



Screening

- Administered to Everyone in Group
- Brief
- Easy to Complete
- Gives 'Yes' or 'No' Information
- Focused on a Specific Topic

Assessment

- Administered to Targeted People
- In-Depth
- Requires Training
- Gives Unique Client Picture
- Informs Treatment
- Completed Over 1-3 Visits

Psychological Evaluation

- Even More In-Depth
- Completed by Psychologists (typically)
- Gives Very Specific Information



ADMINISTRATION FOR
CHILDREN & FAMILIES





Standardwerkzeug

CASAT

California Screening, Assessment, and Treatment



TI-MAP Model

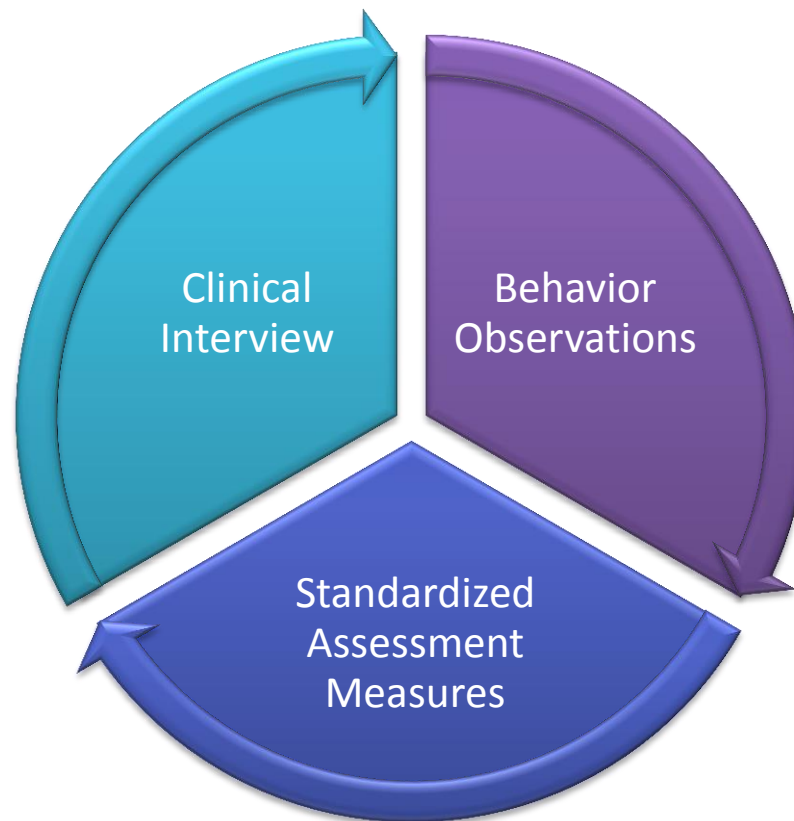


TI-MHAP ASSESSMENT PRINCIPLES

- Consistency across providers
 - Core set of domains
- Use of measurement tools
- Assist in engagement
 - Feedback
- Clear link to treatment plan
- Adequate training
- Monitor change over time



Key Elements



A TRAUMA-INFORMED CLINICAL INTERVIEW





ASSESSMENT

- A clinical assessment delves into a client's past and current experiences, psychosocial and cultural history, and strengths and resources

ASSESSMENT

- Assessment may indicate symptoms that meet diagnostic criteria for a diagnostic disorder or a milder form of symptomatology that doesn't reach a diagnostic level- or it may reveal that the client is currently functioning with little to no impairments and no further action is necessary

CASE VIGNETTE

The Child Welfare Department screened a case of a 6 year old boy named Rodrigo who recently came to the United States from Mexico. His mother reports that Rodrigo told her that the school bus driver has been touching him under his clothes for the past few weeks.

ASSUMPTIONS



Summary: Trauma-Informed Mental Health Assessment Protocol (TI-MHAP) Domains for the Unique Client Picture

Symptom Presentation

- Current Symptoms (Mental Health, Substance-Related, or Both)
- Past Symptoms (Mental Health, Substance-Related, or Both)
- Past Treatment (Mental Health, Substance-Related, or Both)
- Potential for Harm/Risk Assessment
- Mental Status Exam

Developmental and Medical History

- Developmental History
- Transition to Adulthood
- Medical History

Trauma History

- Potentially Traumatizing Events
- Child Experience of these Events
- Effects of the Event on the Child
- Trauma-Related Resilience
- Developmental Impact of Trauma
- Complexity of Trauma Experiences
- Current Environment and Trauma

Involvement with Social Services

- Education Involvement
- Child Welfare Involvement
- Juvenile Justice Involvement

Family Functioning

- Living Arrangements
- Parenting
- Family Mental Health/Substance Use History
- Family Abuse and Family Trauma History
- Family Needs

Contextual/Environment History

- Social History
- Cultural History
- Spirituality
- Employment History
- Sexual Health

Child and Family Strengths

- Child's Strengths
- Family's Strengths
- Child and Family Engagement in Therapy

Available on flash drive

KEY DOMAINS

- Demographic/Referral Info
- Custody/Visitation/Legal Issues
- Medical/Mental Health History
- Developmental History/Social Factors
- Cultural Factors
- Sexual Health
- Strengths
- Trauma History

FOUNDATIONAL ELEMENTS FOR A TRAUMA-SENSITIVE INTERVIEW



Control

Give as much control to the client as possible (“you can think about a question or choose not to answer it”)

Predictability

Predictability

Foundational Elements For a Trauma Sensitive Interview

Predictability

Predictability

Explain the assessment
process prior to
beginning

FOUNDATIONAL ELEMENTS FOR A TRAUMA-SENSITIVE INTERVIEW



Consistency

Pace the process to
avoid overwhelming
the client

OTHER FACTORS



- Don't avoid questions related to trauma but be aware of pacing and emotions
- Initial questions about trauma should move from the general to the specific
- But only as specific as necessary
- Give feedback when the interview is complete

USING STANDARDIZED MEASURES



WHY USE STANDARDIZED MEASURES?

- Multiple sources of information for complex clinical problems
 - Complement to clinical interview and observation
- Gather information not disclosed during interview
- Gather information from multiple individuals

WHY USE STANDARDIZED MEASURES?

- Assist with collecting relevant clinical information
 - Comprehensive picture
- Help guide treatment goals and select appropriate interventions
- Assess changes in symptoms over time/monitor treatment progress

**ACCURATE CASE FORMULATION &
MONITORING OF TREATMENT
PROGRESS →
BETTER TREATMENT OUTCOMES**

HOW CLIENTS CAN BENEFIT FROM USE OF STANDARDIZED MEASURES

- Sometimes easier to disclose information on measures
- Help clients see areas where they are experiencing difficulties
- Help them identify strengths
- Help identify treatment goals
- Help them see how their treatment is progressing

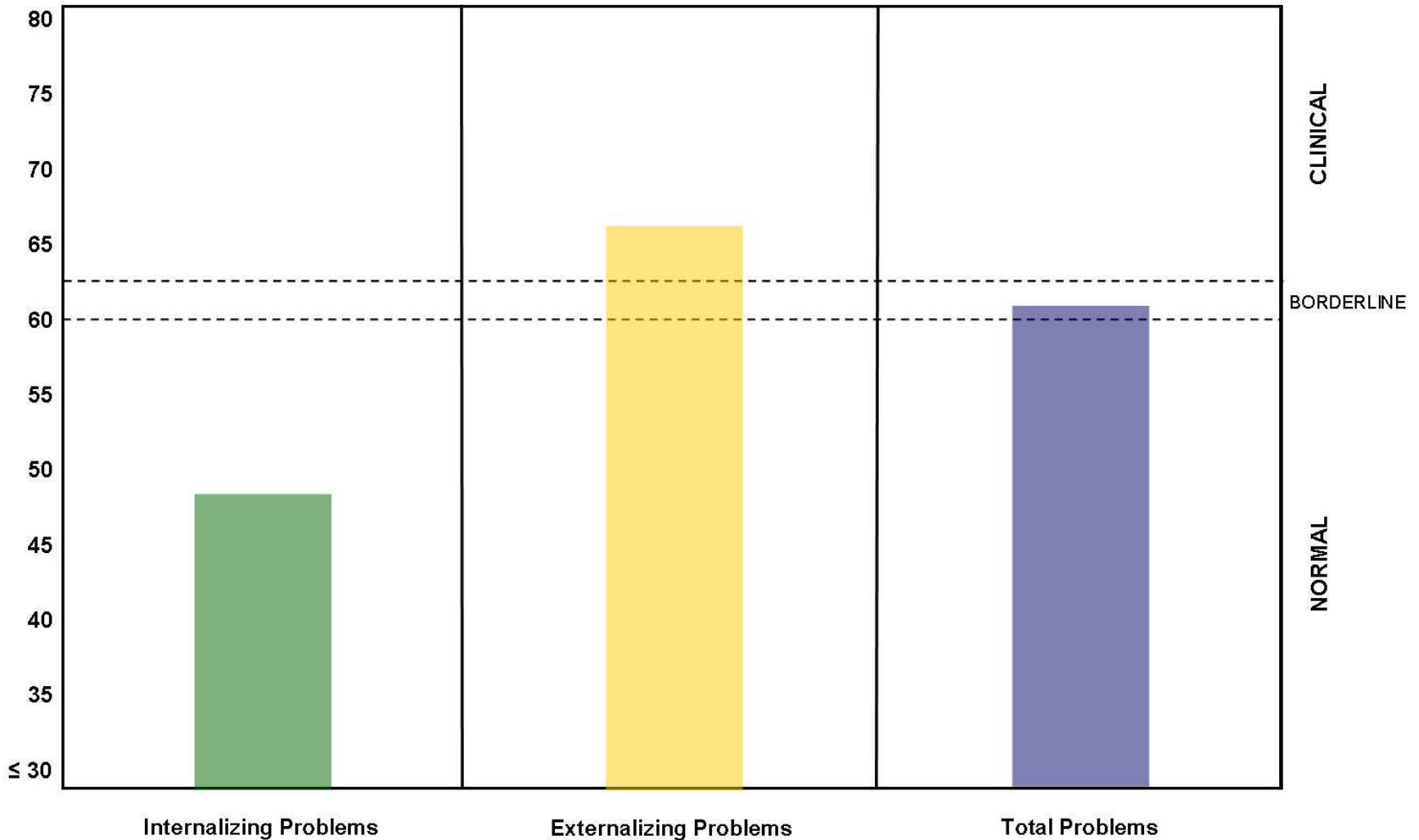
GOALS IN USING STANDARDIZED MEASURES?

- What are the goals for using measures?
 - e.g., Help identify client difficulties and strengths at intake and monitor treatment progress
- What are the areas of concern for clients?
 - e.g., Anxiety, depression, behavioral problems, trauma symptoms
- Are there specific Evidence-Based Practices (EBPs) provided in your program?
 - Measures associated with the evaluation of particular EBPs

CONSIDERATIONS IN SELECTING STANDARDIZED MEASURES



EXAMPLE – TYPES OF SCALES AND SCORES



CONSIDERATIONS IN SELECTING STANDARDIZED MEASURES

- Features of the measures (*continued*)
 - Research support
 - Reliability
 - Validity
 - Appropriate normative populations
 - Ability to track progress over time
 - Use of technical assistance to examine research support



CONSIDERATIONS IN SELECTING STANDARDIZED MEASURES



- Administration of measures
- Scoring of measures
 - Quick scoring and timely feedback to clinicians and families
- Tracking progress over time
 - How often to readminister
 - Systems to provide client level and aggregate level information
- Capacity of Electronic Health Record to support these functions vs. use of external system(s)

AN APPROACH TO USING STANDARDIZED MEASURES

- Core general mental health measure
 - Multi-informant versions (caregiver, youth)
 - Wide age range
 - Examples – Child Behavior Checklist/Youth Self-Report, Pediatric Symptom Checklist, Strengths and Difficulties Questionnaire

AN APPROACH TO USING STANDARDIZED MEASURES

- Supplemental measures
 - Assess other areas of concern
 - Clinicians select from these as needed
 - How many additional measures to use
 - Examples:
 - Depression – Children’s Depression Inventory
 - Trauma – Trauma Symptom Checklist for Young Children; Trauma Symptom Checklist for Children
 - Behavioral Problems – Eyberg Child Behavior Inventory

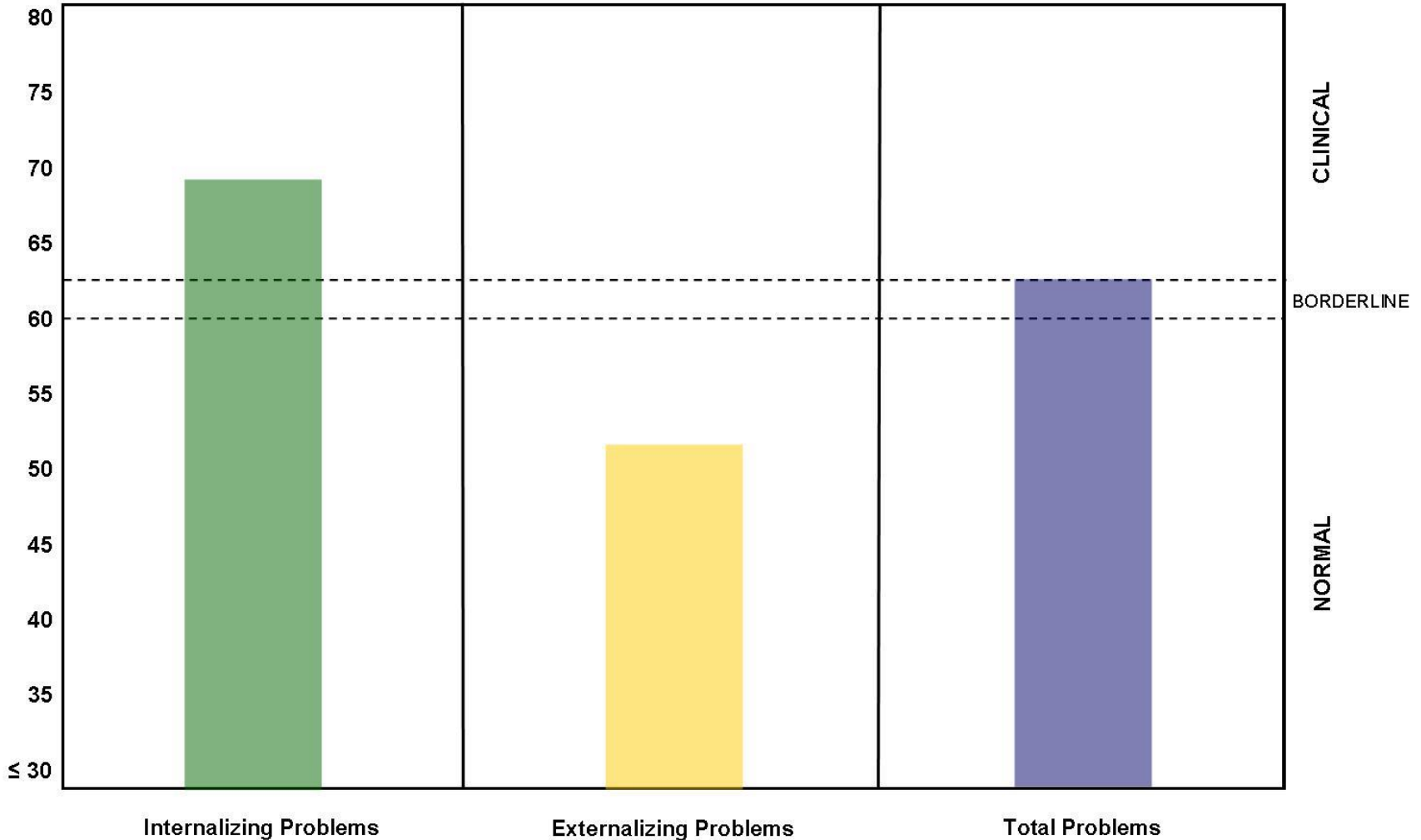
USE OF SUPPLEMENTAL MEASURES

<p>8. Developmentally inappropriate sexualized behaviors (saying or doing things about sex that children his/her age don't usually do or know):</p>	<input type="checkbox"/> ₁ Not a problem <input type="checkbox"/> ₂ Somewhat/sometimes a problem <input type="checkbox"/> ₃ Very much/often a problem	<p>Therapist: If YES- Administer CSBI</p>
<p>9. Alcohol or substance abuse (any use of alcohol or other drugs):</p> <p>Alcohol Used by Child? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Drugs Used by Child? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<input type="checkbox"/> ₁ Not a problem <input type="checkbox"/> ₂ Somewhat/sometimes a problem <input type="checkbox"/> ₃ Very much/often a problem	<p>Therapist: If YES- Administer AUDIT or DAST</p>
<p>10. Attachment problems, Relationship Concerns, or Boundary Concerns (difficulty forming or maintaining trusting relationships with other people):</p>	<input type="checkbox"/> ₁ Not a problem <input type="checkbox"/> ₂ Somewhat/sometimes a problem <input type="checkbox"/> ₃ Very much/often a problem	<p>Therapist: If YES- Administer PSI</p>
<p>11. Criminal activity (activities that have resulted in being stopped by the police or arrested):</p>	<input type="checkbox"/> ₁ Not a problem <input type="checkbox"/> ₂ Somewhat/sometimes a problem <hr/> <input type="checkbox"/> ₃ Very much/often a problem	
<p>12. Running away from home (staying away for at least one night):</p>	<input type="checkbox"/> ₁ Not a problem <input type="checkbox"/> ₂ Somewhat/sometimes a problem <input type="checkbox"/> ₃ Very much/often a problem	

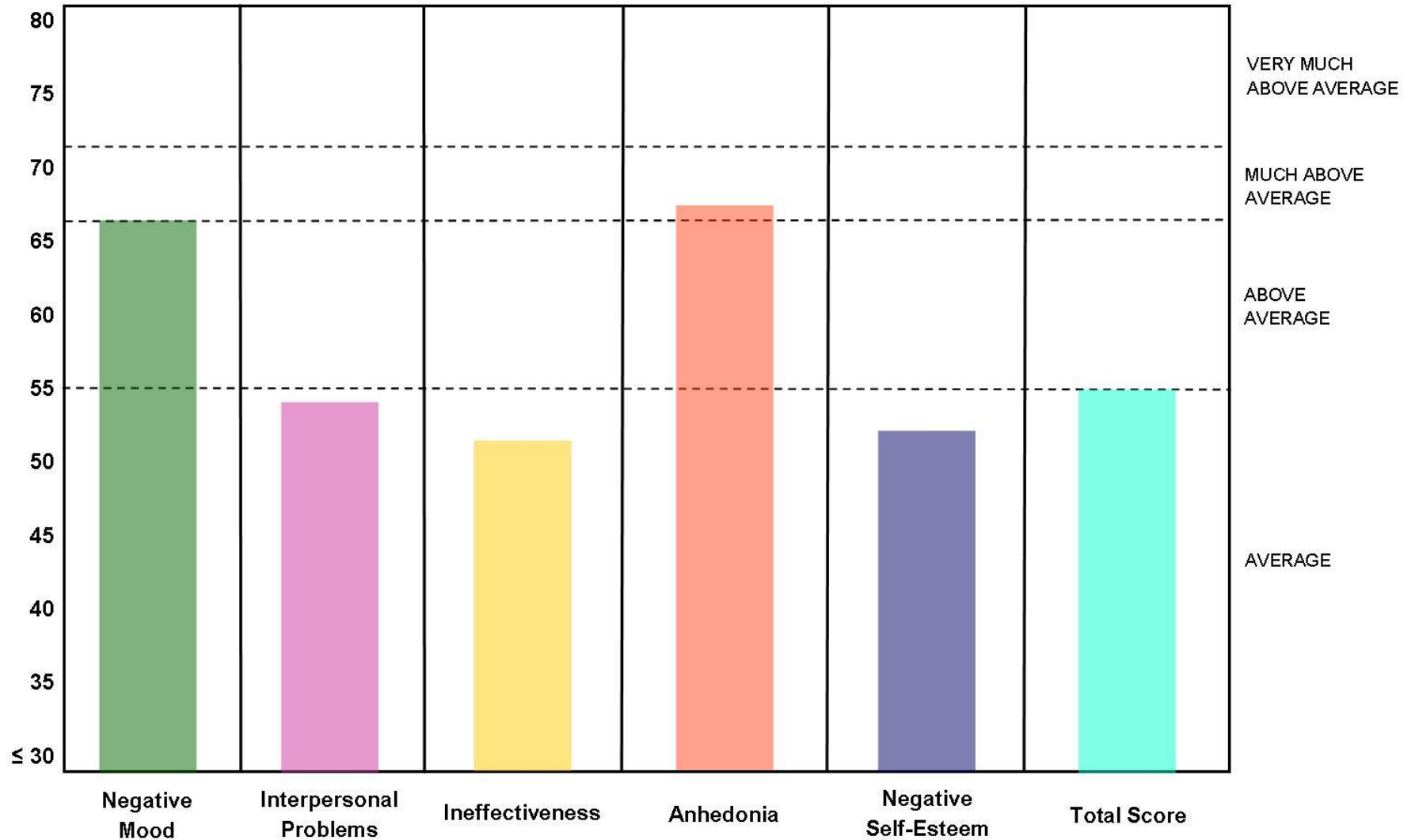


Prompts regarding supplemental measures

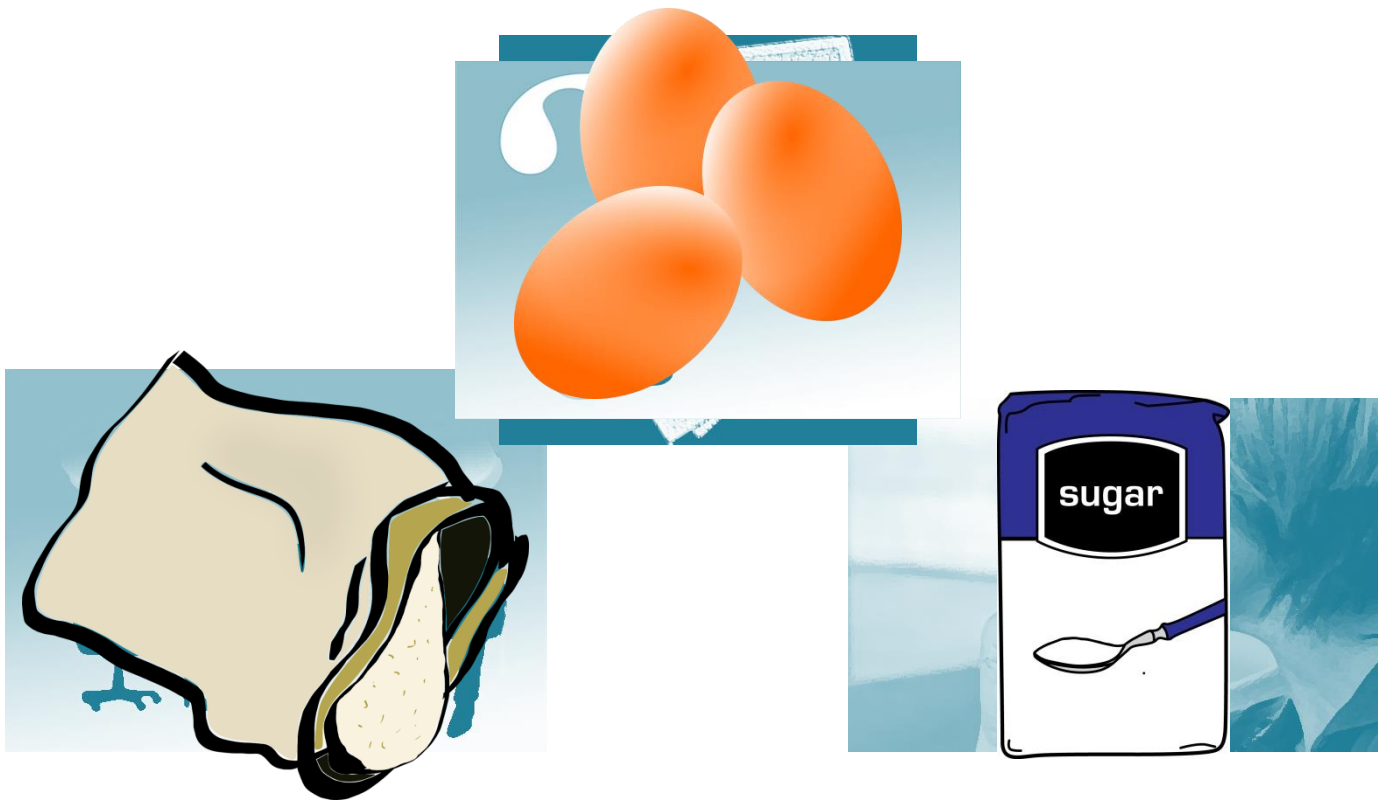
RODRIGO – CHILD BEHAVIOR CHECKLIST (CBCL) RESULTS



RODRIGO – CHILDREN'S DEPRESSION INVENTORY (CDI) RESULTS









Individual

Symptom Presentation and Mental Status

Developmental and Medical History

Trauma History

Coping, Resilience, Strengths



Family

Involvement with Social Services

Family Functioning

Trauma History

Coping, Resilience, Strengths



Social Context

Social History

Peer Interactions

Family Social Context

Educational Context

Learning Factors

Behaviors at School

School Environment



Community Context

Spirituality

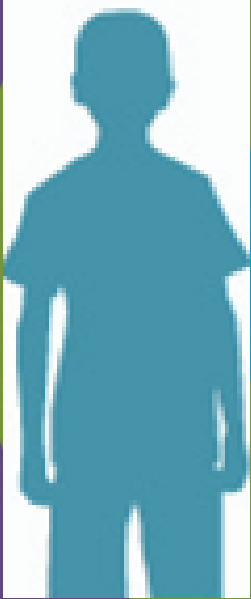
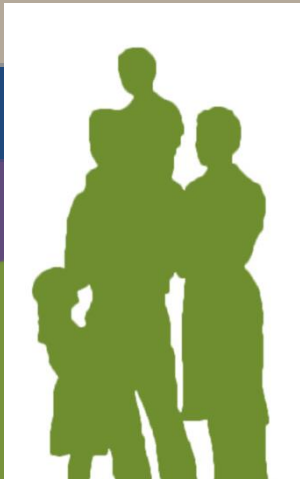
Employment

Cultural History

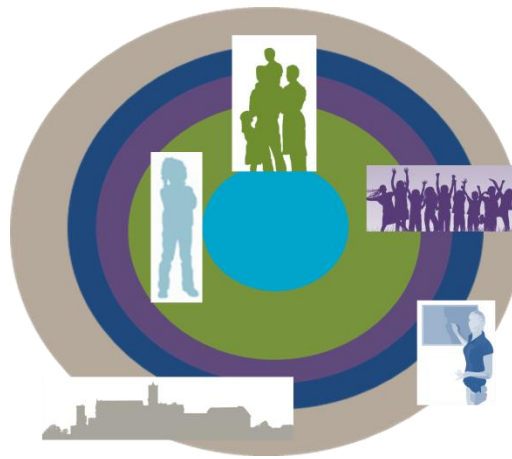
Resources and Support

Neighborhood Environment











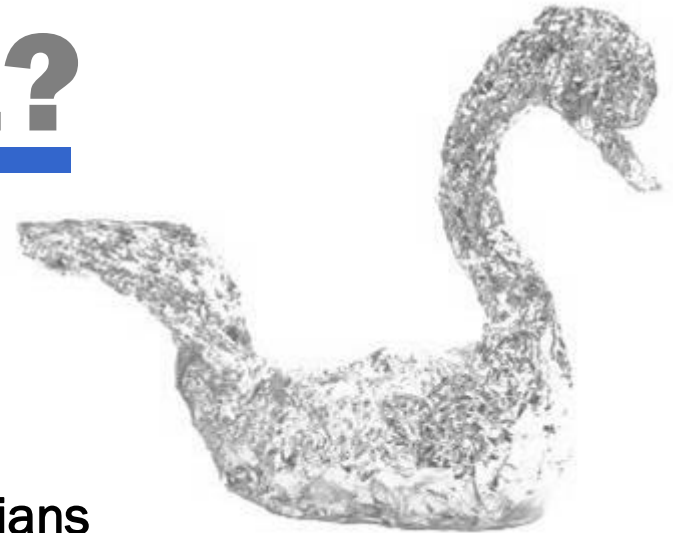
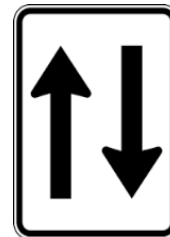
WHAT CAN I TAKE HOME?

Considering the Unique Client Picture

Commitment to Quality
Supervision } Clinicians

Policies
Quality Assurance } Administrators

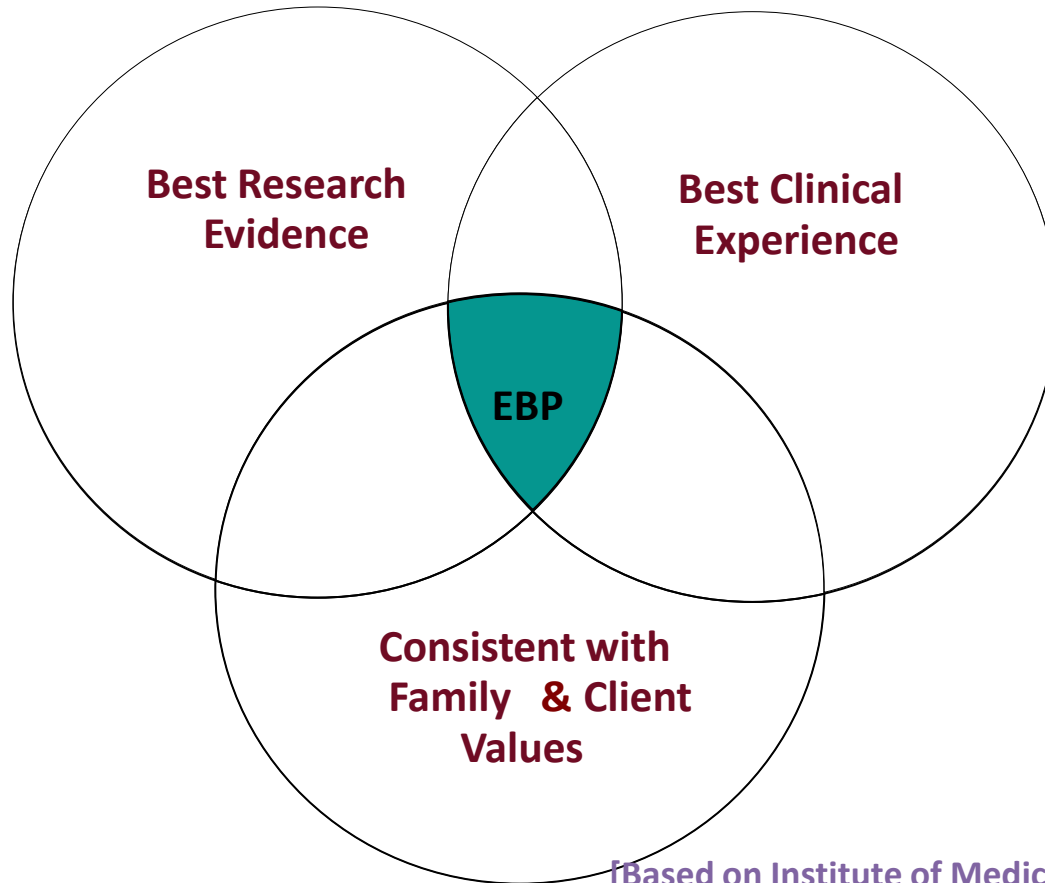
Timing
Training
Client & Family Involvement
Organizational Characteristics



Treatment



CEBC'S DEFINITION OF EBP FOR CHILD WELFARE



TI-MHAP PROCESS: TREATMENT

- Trauma-Focused CBT
- Parent-Child Interaction Therapy (PCIT)
- Incredible Years (IY)
- Multidimensional Treatment Foster Care (MTFC)
- Families OverComing Under Stress (FOCUS; military families)





The California Evidence-Based Clearinghouse for Child Welfare

C E B C

- User-friendly Information on Evidence-Based Practices
 - Scientific Ratings and Relevance to Child Welfare Ratings
- Implementation support

www.cebc4cw.org



Programs in this topic area

Here are your search results for programs in the area of *Trauma Treatment (Child & Adolescent)*:

The programs listed below have been reviewed by the CEBC and, if appropriate, been rated using the Scientific Rating Scale.

Programs with a Scientific Rating of 1 - Well-Supported by Research Evidence:

[Hide search result descriptions](#)

[compare \(?\)](#)

[Eye Movement Desensitization and Reprocessing for Children and Adolescents \(EMDR\)](#)

– [detailed view](#)

Topics: Trauma Treatment (Child & Adolescent)

Children and adults who have experienced trauma. Research has been conducted on Post-Traumatic Stress Disorder (PTSD), post-traumatic stress, phobias, and ...

[Trauma-Focused Cognitive-Behavioral Therapy \(TF-CBT\) – detailed view](#)

Topics: Anxiety Treatment (Child & Adolescent), Trauma Treatment (Child & Adolescent)

Children with a known trauma history who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet ...

Programs with a Scientific Rating of 2 - Supported by Research Evidence:

[Hide search result descriptions](#)

[compare \(?\)](#)

[Child-Parent Psychotherapy \(CPP\) – detailed view](#)

Topics: Domestic/Intimate Partner Violence: Services for Women and their Children, Infant and Toddler Mental Health (Birth to 3), Trauma Treatment (Child & Adolescent)
Children age 0-5, who have experienced a trauma, and their caregivers.

[Prolonged Exposure Therapy for Adolescents \(PE-A\) – detailed view](#)

Topics: Anxiety Treatment (Child & Adolescent), Trauma Treatment (Child & Adolescent)
Adolescents who have experienced a trauma (e.g., sexual assault, car accident, violent crimes, etc). The program has also been ...

Programs with a Scientific Rating of 3 - Promising Research Evidence:

[Hide search result descriptions](#)

[compare \(?\)](#)

[Alternatives for Families: A Cognitive-Behavioral Therapy \(AF-CBT\) – detailed view](#)

[Abuse-Focused Cognitive Behavioral Therapy]

Topics: Trauma Treatment (Child & Adolescent)

Caregivers who are aggressive and physically, emotionally, or verbally abuse their



HOME

SEARCH

TOPIC AREAS

RATING SCALES

ASSESSMENT TOOLS

IMPLEMENTATION

ONLINE TRAINING

RESOURCES

FAQS

ABOUT US

CONTACT CEBC

EMAIL ALERTS

[Sitemap](#) | [Limitations & Disclosures](#)



[Home](#) [Program](#) [Trauma Focused Cognitive Behavioral Therapy](#)

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) compare (?)

Scientific Rating:

1

Well-Supported by Research Evidence
[See scale of 1-5](#)

Child Welfare System Relevance Level:

High

[See descriptions of 3 levels](#)

Jump to...

- [About This Program](#)
- [Brief Description](#)
- [Essential Components](#)
- [Child/Adolescent Services](#)
- [Parent/Caregiver Services](#)
- [Group Format](#)
- [Recommended Parameters](#)
- [Delivery Settings](#)
- [Homework](#)
- [Languages](#)
- [Resources Needed to Run Program](#)
- [Minimum Provider Qualifications](#)
- [Education and Training Resources](#)
- [Implementation Information](#)
- [Relevant Published, Peer-Reviewed Research](#)
- [References](#)
- [Contact Information](#)

About This Program

[▲ top of page](#)

The information in this program outline is provided by the program representative and edited by the CEBC staff. *Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)* has been rated by the CEBC in the areas of: [Anxiety Treatment \(Child & Adolescent\)](#) and [Trauma Treatment \(Child & Adolescent\)](#).

Target Population: Children with a known trauma history who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing Childhood Traumatic Grief can also benefit from the treatment.

For children/adolescents ages: 3 – 18

For parents/caregivers of children ages: 3 – 18

Brief Description

[▲ top of page](#)

TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

This program is rated a "**1 - Well-Supported by Research Evidence**" on the Scientific Rating Scale based on the published, peer-reviewed research available. The program must have at least two rigorous randomized controlled trials with one showing a sustained effect of at least 1 year. The article(s) below that reports outcomes from an RCT showing a sustained effect of at least 1 year has an asterisk (*) at the beginning of its entry. Please see the [Scientific Rating Scale](#) for more information.

Child Welfare Outcome: [Child/Family Well-Being](#)

▼ Show relevant research...

Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings. *Child Maltreatment, 1*(4), 310-321.

Type of Study: Randomized controlled trial

Number of Participants: 90

Population:

- **Age range** — 7-13
- **Race/Ethnicity** — 70% Caucasian, 21% African American, 7% Hispanic, and 2% Other
- **Gender** — 83% Female, 17% Male
- **Status** — Participants were children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD) who were referred by the Department for Youth and Family Services, prosecutor's office, or other community agency.

Location / Institution: New Jersey

Summary: (To include comparison groups, outcomes, measures, notable limitations)

The study evaluated the use of **Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)** in a sample of children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD). Participants were randomly assigned to child only, mother only, or mother and child treatment conditions, or to a standard community care control condition. Children were assessed for PTSD symptoms using the *Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS-E)*, *State Trait Anxiety Inventory for Children (STAIC)*, and the *Child Depression Inventory (CDI)*. Parents completed the *Child Behavior Checklist for Ages 4-18 (CBCL/4-18)* and the *Parenting Practices Questionnaire (PPQ)*. Results indicated that children assigned to either treatment condition showed fewer PTSD symptoms after treatment than those assigned to parent-only treatment or community conditions. Mothers in either treatment condition reported more effective parenting behaviors on the PPQ and reported fewer externalizing behaviors for their children. Study limitations include the large variation in treatment received by the community care control condition and lack of a post-intervention follow-up.

Length of post-intervention follow-up: None.

Jump to...

- [About This Program](#) • [Brief Description](#) • [Essential Components](#) • [Child/Adolescent Services](#)
- [Parent/Caregiver Services](#) • [Group Format](#) • [Recommended Parameters](#) • [Delivery Settings](#)
- [Homework](#) • [Languages](#) • [Resources Needed to Run Program](#) • [Minimum Provider Qualifications](#)
- [Education and Training Resources](#) • [Implementation Information](#)
- [Relevant Published, Peer-Reviewed Research](#) • [References](#) • [Contact Information](#)

+ TRIAGE +



SIGNAL CORPS

Engagement & Assessment



Confront & Teach

Support & Facilitate

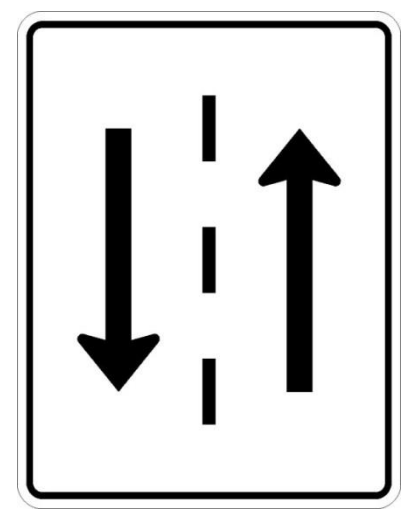


OUTPUT LEVEL



MIN •

• MAX



Organizational
Culture/Climate

Client
Engagement

Communication

Openness

Cohesion

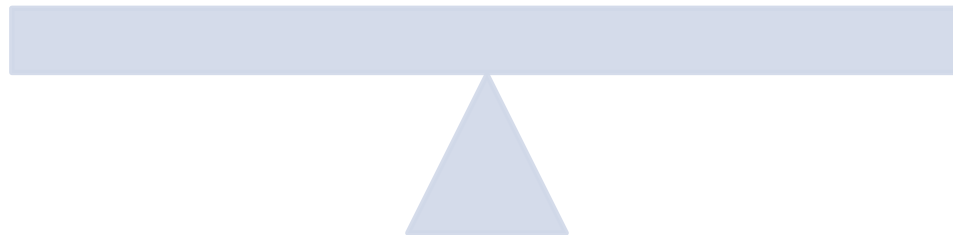
Participation

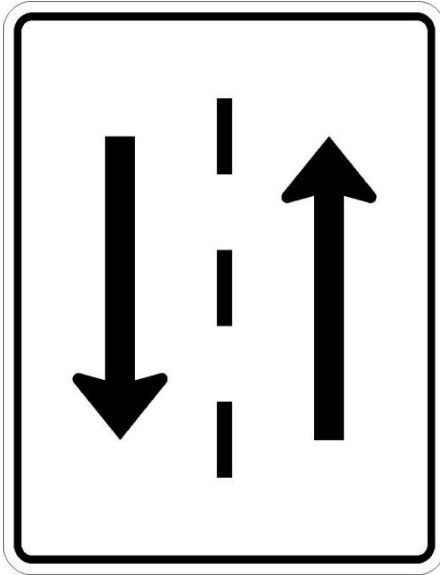
Autonomy

Satisfaction

Satisfaction

Rapport





“Resistance is not a client problem. It is a therapist skill.”

–Bill Miller

...Or staff member skill

...Or an administrator skill

ENGAGEMENT: CLINICAL INTERVIEW

- Get Organized Beforehand
 - Who should be there?
 - Referral source, legal status, who gives consent, who knows the child?
 - Bio family status/involvement
 - What do I already know?
 - Additional information needed? Court, medical, school, juvenile justice, mental health, or substance use documents?
- Build Trust
 - How to discuss trauma?
 - Inform of purpose and what to expect
 - Have a plan - resources
 - Understand common reactions to trauma
 - Empathy and Understanding
 - SUDs check-in
- Understand the CW process

ENGAGEMENT: USING MEASUREMENT TOOLS

- Review Results
 - Why'd we fill this out?
 - What was it like to fill these out?
 - What'd we learn?
 - How do the results align with your views?
 - What'll we do with this information?

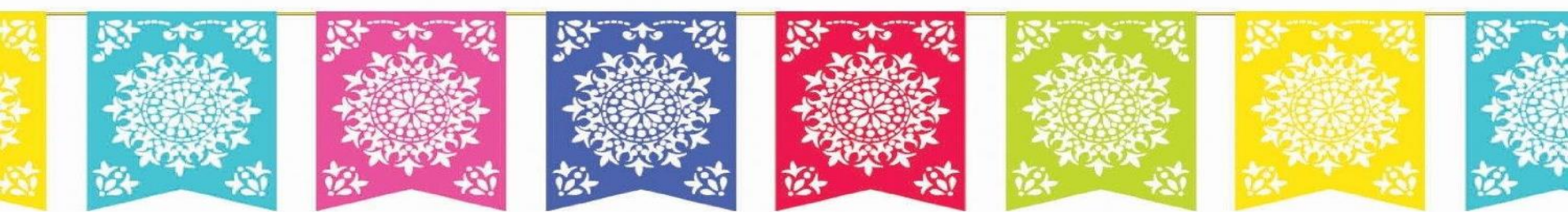
ENGAGEMENT: DEVELOPING THE UNIQUE CLIENT PICTURE



ENGAGEMENT: TREATMENT

- Prepare Families So They Know What to Expect
 - Know what works and why?
 - Know what doesn't work and why?
 - Be informed about psychotropic interventions
 - Describe the process and rationale
- Ongoing Check-In About Progress
 - Changes in measurement scores
 - Open to feedback

RESOLUTION FOR RODRIGO?



30TH ANNUAL SAN DIEGO INTERNATIONAL CONFERENCE ON CHILD & FAMILY MALTREATMENT

Presented by
Chadwick Center for Children & Families, Rady Children's Hospital - San Diego

JANUARY 25-28, 2016
Sheraton San Diego Hotel and Marina, San Diego, CA