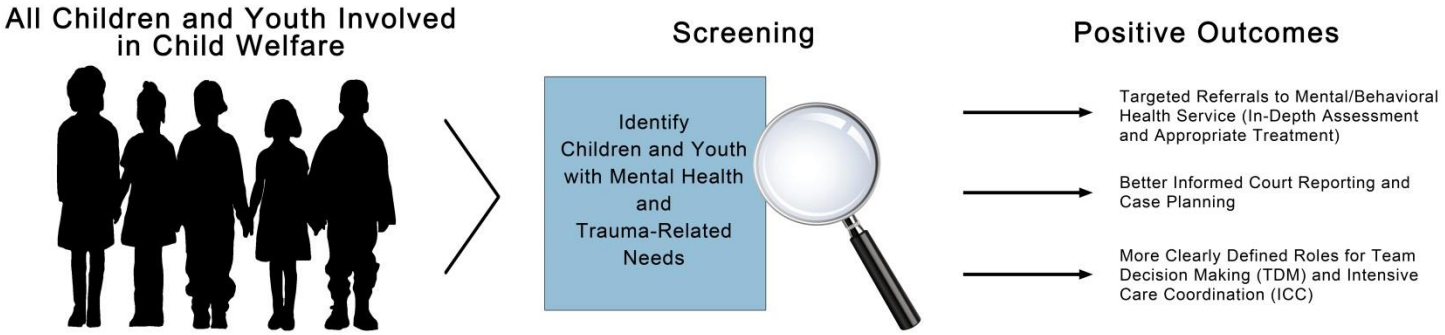
Screening in Child Welfare: Frequently Asked Questions

WHAT IS SCREENING?

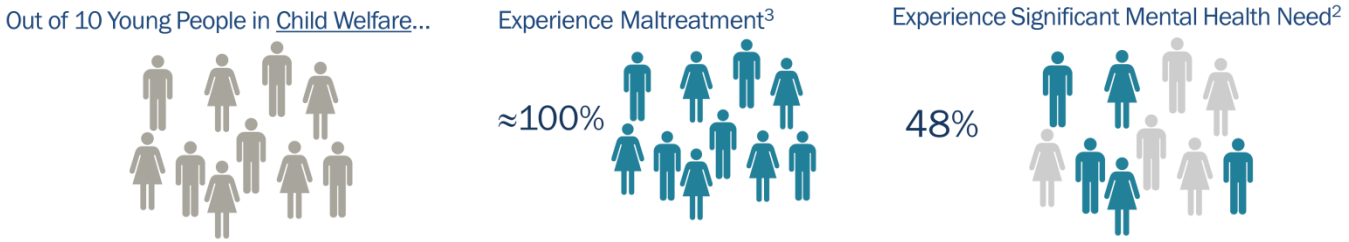


WHY ARE WE SCREENING IN CHILD WELFARE (CW) SYSTEMS?

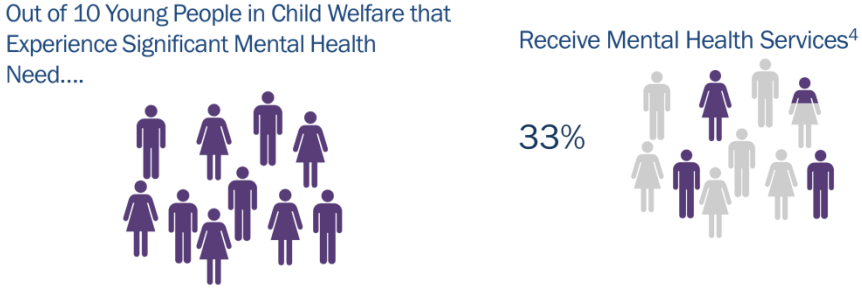
Recently, the role of screening in CW settings to identify children and youth with trauma and mental health (MH) needs has gained attention through state and federal mandates (e.g., the Core Practice Model, Katie A Settlement Agreement, and Child and Family Services Improvement and Innovation Act of 2011)[1]. Beyond these mandates, we have the opportunity to identify trauma and mental health needs more effectively to efficiently get children and youth the services they need, and to promote the well-being of those involved in CW.

ALL CHILDREN AND YOUTH IN CW HAVE EXPERIENCED TRAUMATIC EVENTS, SO WHY SCREEN AT ALL?

All children and youth in CW have experienced some form of maltreatment. Through the National Survey of Child and Adolescent Well-Being, we learned that approximately half of the children and youth involved in CW services had significant trauma or MH needs[2]. An evidence-informed screening approach plays a critical role in identifying children and youth who would benefit from a comprehensive assessment by a MH provider and referral to treatments or interventions that meet their individualized needs. MH services are limited; we need to make sure the children and youth who need the services are using them.

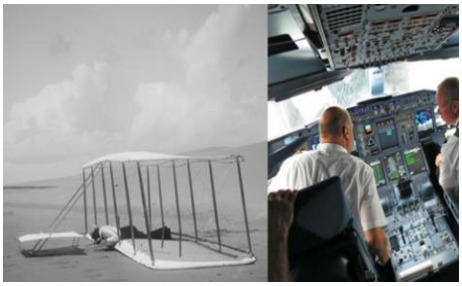


CAN SCREENING RELY SOLELY ON CASE WORKERS, OR IS CHILD, ADOLESCENT, AND FAMILY INPUT NECESSARY?



Through the National Survey of Child and Adolescent Well-Being, we learned that only about one-third of children and youth involved in CW services with significant need were receiving MH treatment[3]. That means we can do better at getting MH support to the remaining 66% of children and youth in CW with significant trauma and MH needs. While case workers often make good decisions about MH service referrals, screening tools help in two ways.

First, evidence-based trauma and MH screening tools help to build a better cockpit for case workers. That is to say, instead of relying on their impressions alone, the screening tools gather information in addition to the typical evaluation. Just as a pilot will better navigate her route with reliable instrumentation, screening information helps case workers have important detailed information before they make decisions, resulting in a process that is better informed, more accurate, more consistent, and more useful for case planning.



Second, evidence-based trauma and MH screening tools are completed by individuals who have firsthand information about the key indicators of trauma or MH need. The children themselves, parents, other caregivers, and in some cases teachers are the experts on the child's life, while case workers are gathering information trying to piece together the complete picture. If you had the choice to fill your canteen at the spring or at the base of a mountain, which would give you clearer water? Rather than asking case workers to report on symptoms they often have not observed, effective screening gathers information from the sources.

WHAT SHOULD YOU SCREEN FOR IN CW SETTINGS?

Current evidence-based MH screening tools do not include specific questions about trauma. However, children and youth in the CW system commonly experience general MH and trauma-related symptoms. Also, general MH and trauma-related symptoms are treatable with MH services. Therefore, it is most likely that two different screening tools will be needed to identify the MH and trauma needs that are *under the umbrella* of what needs to be screened.

ISN'T IT RISKY TO ASK CHILDREN, YOUTH, AND FAMILIES ABOUT TRAUMA?

Through research with thousands of youth, we learned that only 0.05% (half of one percent) was upset by questions about different experiences of victimization[5]. In other words, it's very unlikely to be distressing for children and families to be asked questions about trauma. In fact, asking about trauma can help the individual feel validated and let them know you care about their experiences and all the ways you can help them. The real question is - *How can we discuss trauma in a way that supports children, youth, and families?*

HOW CAN WE DISCUSS TRAUMA IN A WAY THAT SUPPORTS CHILDREN, YOUTH, AND FAMILIES?

A trauma-informed case worker will evaluate trauma with respect, understanding, and empathy. Prior to bringing up the topic, case workers can inform children, youth, and families about the purpose of discussing trauma and what to expect. Case workers should be trained to understand common reactions to trauma and know how to gauge how distressed the individual is as a result of discussing trauma. Finally, case workers need to know what to do if the child, youth, or adult is affected by trauma and which resources (immediate and long-term) are available to offer support.

WHEN SHOULD INITIAL SCREENS HAPPEN?

The timing of screening varies from county to county, however screening information should not be collected at a time of crisis or disruption. Screening information will be more useful to case workers if it is tied to tasks that require information about trauma and MH needs. Some counties tie the screening to the court process so that case workers can use the information when they write their reports and so that judges have access to the screening information. This also generally provides a "built-in" timeline of the first 30 days from a case opening for the initial screen.

WHAT ABOUT RESCREENING?

Rescreening is an important way to identify new (or previously unidentified) trauma and MH needs for children and youth involved in CW. Tying screening practices to the court process and preparation of court reports creates a "built-in" timing for rescreening (every 6 months).

Footnotes

[1]The screening approach described in this document is not intended to replace any safety and risk screening for acute mental health need (such as suicidal ideation), which is typically conducted at the start of a child welfare case.

[2]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.

[3]US Department of Health and Human Services. (2013). *Child maltreatment 2012.* Rockville, MD.

[4]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.

[5]Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., & Shattuck, A. (2014). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child Abuse & Neglect*, *38*, 217-223.

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