

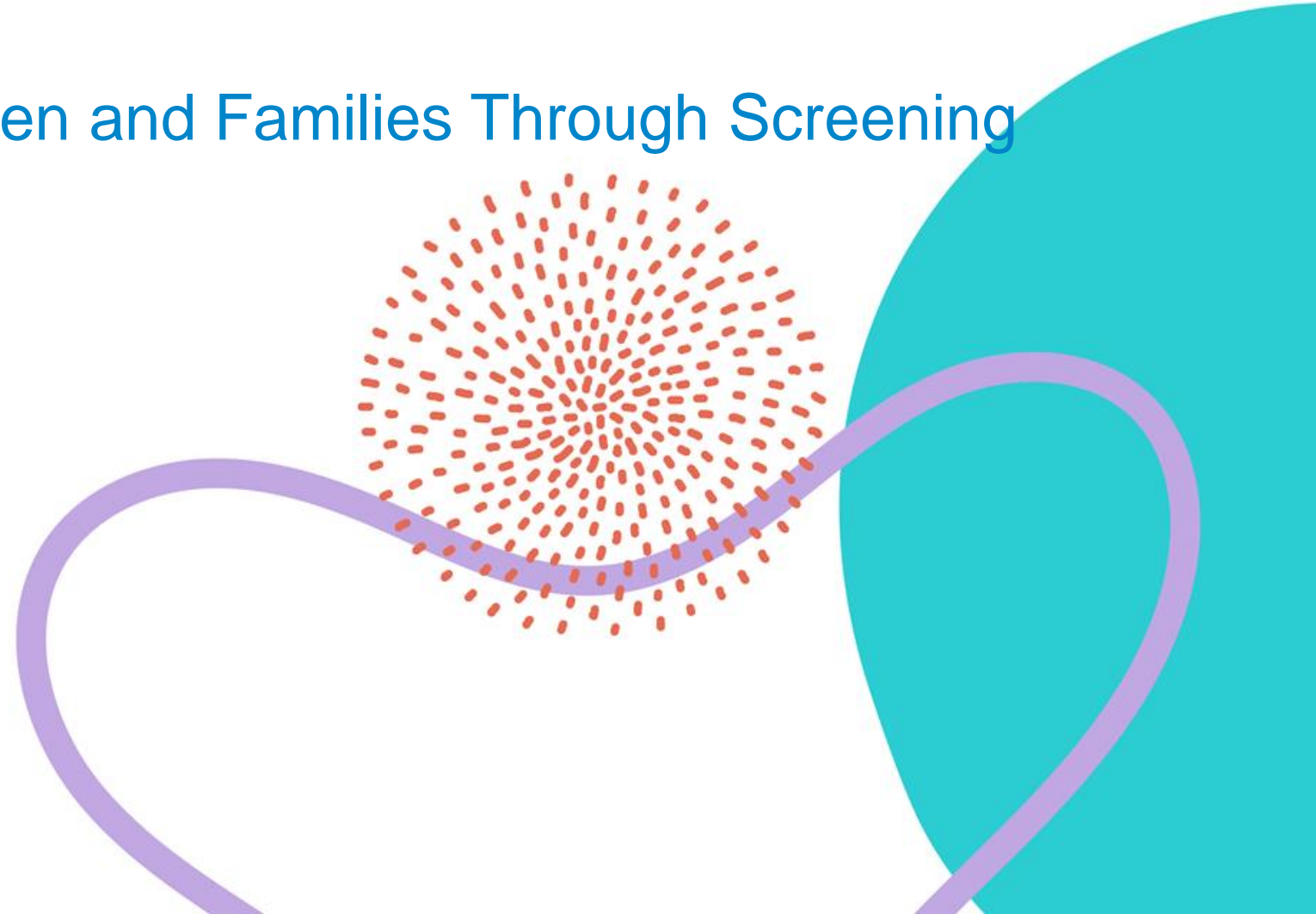
Enhance Early Engagement (E3) in Mental Health Care

Webinar 3: Engaging Children and Families Through Screening



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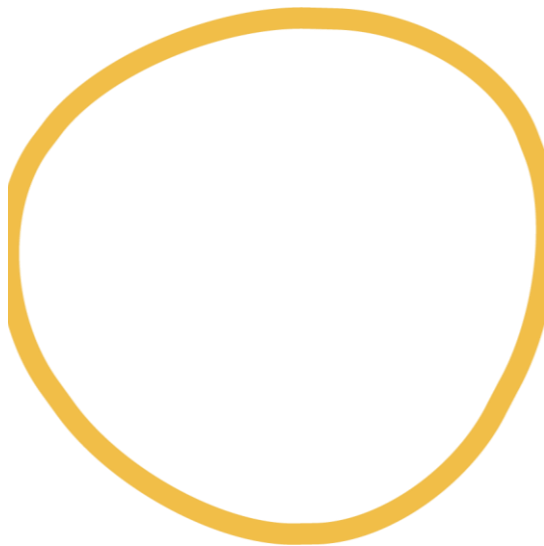


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Learning Objectives

To be able to:

- Implement additional Motivational Interviewing Skills
- Understand the importance of screening for mental health needs
- Administer, interpret and provide feedback to caregivers on the Child Behavioral Health Screener

1: Additional MI Strategies

- **Discord:** In mandated situations, caregivers may be guarded, upset and even angry. It is important to convey acceptance and respect. Be careful not to overwhelm them with too much information at once, and let them know your job is to provide information which they may find helpful and not to convince them of anything.
- If you are arguing for something, the caregiver will argue against it (if it feels like a tug of war, drop the rope).

2: Additional MI Strategies

- **Chunk – Check – Chunk:** 2-3 pieces of information (chunk) then check in with the client before providing another chunk information

EX. VA has results from screening and plans to share information with caregiver.

CHUNK “I’d like to go over the screening that you just completed – would that be o.k.? You indicated that your son is sad, having trouble paying attention and worries a lot? As you hear that information, what does it bring up for you?” CHECK Caregiver says “he has been acting differently which worries me, and I don’t know how to help him.” [This is an opportunity to provide additional information]. CHUNK “Children who have experienced a potentially traumatic event often have similar symptoms. There are evidence-based treatments specifically designed for children who have experienced trauma.....”

3: Additional MI Strategies

- **Elicit- Provide – Elicit:** starts with caregiver and then VA provides information and then elicits additional information from caregiver.
 - ★ EX. **ELICIT** “What concerns do you have about your son?” Caregiver states” he seems irritable all of the time and he isn’t sleeping well. I’m having a hard time getting him to go to school” **PROVIDE:** I understand your concerns. This is not uncommon for children who have had a potentially traumatic event. **ELICIT:** Evidence-Based MH treatments are helpful, what are your thoughts about therapy?
- **Premature Focus:** Going with the 1st thing you hear which may prevent you from seeing the whole picture – stay in exploration

4: Additional MI Strategies

- **Importance/Readiness Ruler:** using a scale of 0-10 (0 not at all and 10 very much so)
 - ★ Are you ready to try mental health services
 - ★ On a scale of 1-10 how likely are you to attend the 1st session
 - ★ What would you need to increase your readiness
- When checking in on the numbers, ask “is there a reason the number wasn’t **LOWER?**”
 - ★ EX. Caregiver reports that her confidence in making a change is a 5 (which essentially equates to a 50%), “tell me why your number wasn’t lower than 5?” “How high does the number need to be for you to feel confident?” “What would help you feel more confident?”

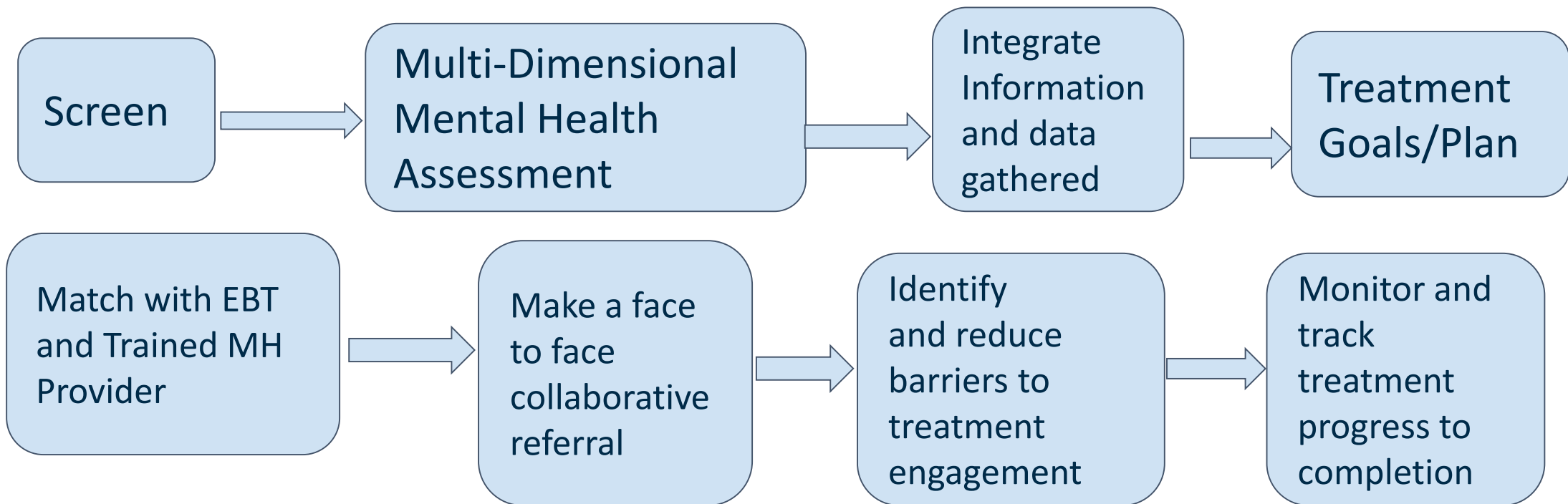
MI Strategies to Use with Different Caregivers

Caregiver presentation:

- Angry
- Guarded (resistant)
- Not open to suggestions
- Hesitant/Unsure
- A bit of change talk present

MH Standard Implementation Roadmap

MH Intervention Process with Engagement Strategies, Barrier Reduction and Collaboration at every step



Roadmap Step 1:

Screen

The MDT response must include a trauma history and screening for abuse related symptoms.

Screening involves gathering a history from the child and caregiver/s regarding exposure to potentially traumatic events resulting symptoms. There are numerous instruments available for this purpose. This information can be gathered during the forensic interview or after the forensic interview.

What is Screening

Brief checklist or questionnaire designed to:

- Provide an opportunity for early identification of mental health symptoms
- Provides a “Snapshot in time”
- **Does not** require that the person administering is a mental health provider
- It is NOT diagnostic
- Does not duplicate the mental health assessment

Why is Screening Important

- Limited therapy resources available to CACs
- Not all children need mental health assessment or treatment
- Some children will be experiencing concerning symptoms that warrant a referral immediately (triaging). Safety is a priority at all times.
- An engagement tool for caregivers and children- allows a child-specific discussion about reason for referral to MH

Timing of Screening

- Caregivers can fill out brief screening measure while the child is in the forensic interview
- If there is a child/youth measure, this should only be administered *AFTER* the forensic interview
- **CAUTION:** if you plan to bring the child and caregiver back on a different day for screening, be aware that a high percentage may not return.

Screeners

- For this project, you will learn how to administer, score and interpret the results of the Child Behavioral Health Screener (CBHS)
- There are other screeners – what if my CAC uses another screener?
- How do I select a screener that will work best for my CAC?
- Using a screener can save time

Characteristics of the Child Behavioral Health Screener

- A brief measure designed to screen for the presence of behavioral and trauma-related symptoms that may be negatively impacting child functioning in youth ages 4-17 years
- What does internalizing, externalizing and trauma symptoms mean?
- Averages **10-20 minutes** to administer and less than **5 minutes** to score
- Has an evidence-base to support use in this project

Child Behavioral Health Screener

- Administered by non-mental health professionals and has been administered and used by child welfare professionals
- Asks self-harm and harm to others questions that are critical to safety
- How to communicate with caregivers about symptoms
- Evidence based trauma focused treatment designed to reduce trauma symptoms offer significant hope to child victims and their families
- If you are using more than one screener, what is the reason?

Incorporating Behavioral Health Screening Using the Child Behavioral Health Screener (CBHS)

The following slides were adapted from those developed by the OK-TASCC program for the use of the Child Behavioral Health Screener (CBHS)

For questions regarding the screener or training, contact Carisa Wilsie, PhD, at carisa-wilsie@oushc.edu.

Acknowledgments to Screener Development Group:

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OK-TASCC Core Team Collaborative



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OUHSC Center on Child Abuse and Neglect

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The OK-TASCC goal was to improve the social and emotional well-being and to assure the developmentally-appropriate functioning of children in care through a trauma-informed systems approach in Oklahoma.

- Implement Screenings for all children ages birth to 17, in kinship, traditional, and TFC placements
- Data-driven case planning and ongoing functional assessment for proper referral
- Support & increase use of evidence-based/evidence-informed services around the state
- Infuse trauma-informed principles & information into current trainings and supervisory practices

Qualified Professionals

Board Certified Psychiatrist (MD) with specialized trauma-informed training in childhood psychiatric disorders

Licensed Psychologist (PhD in clinical, counseling, or school psychology) with specialized training in trauma-informed child assessment

Licensed Mental Health Clinician (LPC, LCSW, LBP, PhD) with specialized training in trauma-informed child assessment

Front Line Worker or Health Care Professional with specialized training in trauma-informed child screening

Types of Child Screening & Assessment

Psychiatric Assessment/Evaluation

Designed to determine the presence of a psychiatric diagnosis and determine the need for psychiatric treatment and/or psychotropic medication treatment.

Psychological Assessment/Evaluation

Designed to determine the presence of a psychiatric diagnosis and determine the need for psychological treatment. Comprehensive, includes the use of psychological tests, and results in an integrated psychological report.

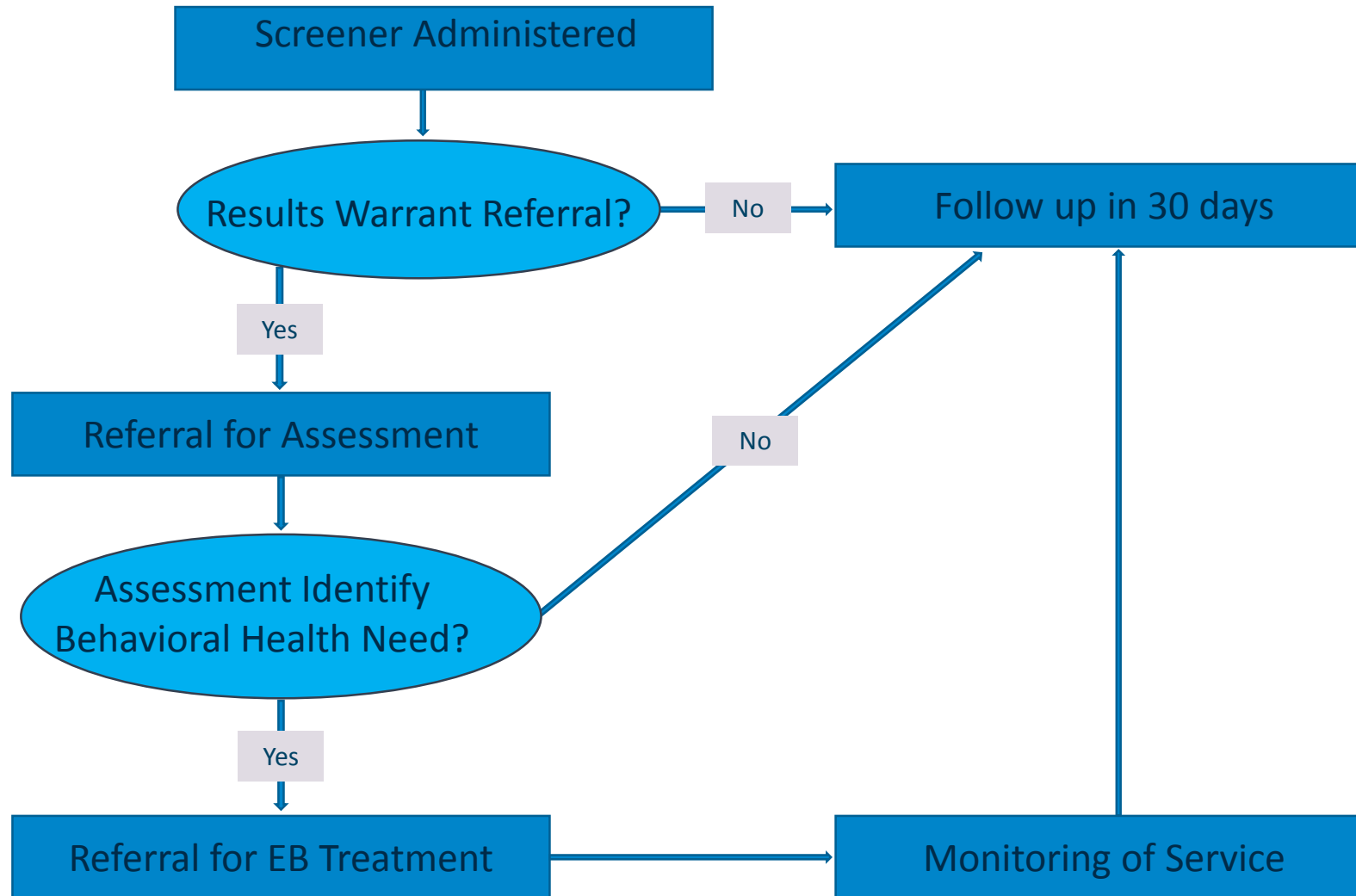
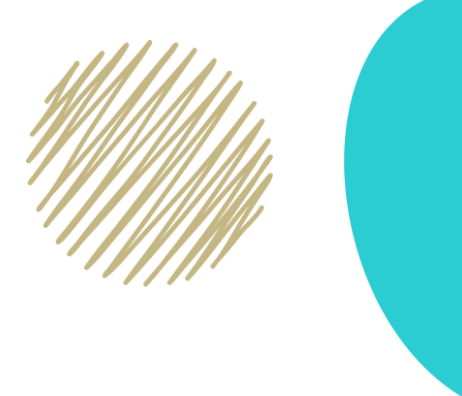
Clinical Assessment

Designed to assess current symptoms and psychosocial functioning. May look at overall functioning or assess a specific area such as trauma exposure and its effects.

Screening

Universally administered to determine a child's service needs related to their current functioning. May be used to assess for trauma exposure and the need for a mental health referral to determine treatment needs.

Screening Process Overview



Child Behavioral Health Screener (CBHS)

- Ages 4 to 17 Years Version:

- ★ Symptom checklist:

- Attention
- Internalizing
- Externalizing
- Trauma Reactions

- ★ Assessment of current functioning

- Are symptoms distressing and do they negatively impact the youth and family?
- Does the youth have a problem with substances or sexual behavior?
- Does the youth have any suicidal talk or behavior?

- Safety concerns

- ★ Substances
- ★ Sexual behavior
- ★ Suicidality/self-harm

Child Behavioral Health Screener (4 - 17 years)

Note: Screening tool adapted from the *Pediatric Symptom Checklist*. See www.massgeneral.org/psychiatry/services/psc_home.aspx.

General Information

Child's name: _____

Child's gender: Male Female

Child's age: _____

Date completed: _____

Person answering questions: _____

Person answering questions' relationship to child:

- Bio parent Stepparent or partner Adoptive parent
 Foster parent Kinship/other family member Other/Unknown

Present Behavior

Please select the option that best describes this child. We want to know how this child is doing now or within the past 2 to 4 weeks, and not about problems from long ago.

Scoring: Never = 0; Sometimes = 1; Often = 2

			0	1	2
1. Fidgety, unable to sit still	0 Never	1 Sometimes	2 Often		
2. Feels sad, unhappy	0 Never	1 Sometimes	2 Often		
3. Daydreams too much	0 Never	1 Sometimes	2 Often		
4. Refuses to share	0 Never	1 Sometimes	2 Often		
5. Does not understand other people's feelings	0 Never	1 Sometimes	2 Often		
6. Feels hopeless	0 Never	1 Sometimes	2 Often		
7. Has trouble paying attention	0 Never	1 Sometimes	2 Often		
8. Fights with other children	0 Never	1 Sometimes	2 Often		
9. Is down on him or herself	0 Never	1 Sometimes	2 Often		
10. Blames others for his or her troubles	0 Never	1 Sometimes	2 Often		
11. Seems to be having less fun	0 Never	1 Sometimes	2 Often		
12. Does not listen to rules	0 Never	1 Sometimes	2 Often		
13. Acts as if driven by a motor	0 Never	1 Sometimes	2 Often		
14. Teases others	0 Never	1 Sometimes	2 Often		
15. Worries a lot	0 Never	1 Sometimes	2 Often		
16. Takes things that do not belong to him or her	0 Never	1 Sometimes	2 Often		
17. Distracted easily	0 Never	1 Sometimes	2 Often		
Column Totals #1-17					

Video Clip

Introducing Screening to a Caregiver

<https://drive.google.com/file/d/1RWQe4DROKQaldA3ydxM0RJhf3qvPV12O/view?usp=sharing>

Trauma

These next three questions are about violent, traumatic or upsetting events that may have happened to this child or that the child witnessed at any time in their past. Please answer if these behaviors have occurred (not the event) within the past 2-4 weeks.

	C-1	C-2	C-3	C-4
18. Gets very upset if reminded of the events 0 Never 1 Sometimes 2 Often				
19. More physical complaints when reminded of the events, such as headaches or stomachaches. 0 Never 1 Sometimes 2 Often				
20. Can't seem to stop thinking about the events, even when she or he tries not to 0 Never 1 Sometimes 2 Often				
Column Totals #18-30				

How much do the problems or difficulties you selected earlier interfere with this child's everyday life?

- Not at all - None;
- Only a little - Once/week or less;
- Some - 2 to 4 times/week;
- Almost always - 5 or more times/week

21. Do the difficulties you selected earlier upset or distress this child?
 Not at all Only a little Some Almost always
22. Do the difficulties you selected earlier place a burden on you and your family?
 Not at all Only a little Some Almost always
23. Do the difficulties you selected earlier interfere with this child's home life?
 Not at all Only a little Some Almost always
24. Do the difficulties you selected earlier interfere with this child's friendships?
 Not at all Only a little Some Almost always
25. Do the difficulties you selected earlier interfere with this child's activities?
 Not at all Only a little Some Almost always
26. Do the difficulties you selected earlier interfere with school or learning?
 Not at all Only a little Some Almost always
27. Do you think this child might have a problem with alcohol or drugs? *
 Not at all Only a little Some Almost always
28. Does this child have a problem with sexual behavior? *
 Not at all Only a little Some Almost always
29. Does this child talk about or attempt suicide? **
 Not at all Only a little Some Almost always

- VIDEO 2 – reviewing trauma items

https://drive.google.com/file/d/18KZK2DQsuh8fI7TmO1cZJETA6_uhwNp4/view?usp=sharing

CAC Use Only

Column 1 (C-1), Total Attention: _____

When total is 7 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Column 2 (C-2), Total Internalizing: _____

When total is 5 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Column 3 (C-3), Total Externalizing: _____

When total is 7 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Total Trauma (C-4):

When total is 1 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

* For questions 27 (*Do you think this child might have a problem with alcohol or drugs?*) and 28 (*Does this child have a problem with sexual behaviors?*), if any are reported, refer for mental health assessment.

** For question 29 (*Does this child talk about or attempt suicide?*), if any reported, contact your supervisor and consult with mental health provider on site or the child's mental health provider (if applicable). If the child is in immediate danger of hurting him/herself, follow your agency's policy for acute psychiatric admission for children.

Instructions

- Complete the screener in-person with the caregiver(s). If the caregiver has brought more than one child for an interview, please complete one screener per child (separately).
- Introduce the screener as a way to collect additional, standardized information that will help you and the family determine what potential services may be most helpful to them.
- Explain the scale for the questions (i.e., what the 0, 1, and 2 mean) and orient them to think about the previous month.
- Read the questions aloud to the caregiver(s), allowing them to time to provide additional information as warranted.
- Score the measure immediately to determine results.
- Ensure you have gone over the results with the caregiver during your face-to-face contact
- If any scores warrant a referral, ensure a referral per guidance above has been made.

*Unless the caregiver asks, please do not have the caregiver complete the form on their own.

Critical Items

* For questions 27 (*Do you think this child might have a problem with alcohol or drugs?*) and 28 (*Does this child have a problem with sexual behaviors?*), if any are reported, refer for mental health assessment.

** For question 29 (*Does this child talk about or attempt suicide?*), if any reported, **contact your supervisor** and consult with mental health provider on site or the child's mental health provider (if applicable). If the child is in immediate danger of hurting him/herself, follow your agency's policy for acute psychiatric admission for children.

- If the caregiver and/or child endorse items related to self-harm, this **MUST** be addressed **BEFORE** they leave the CAC
- Refer to crisis plan
- Discuss with supervisor

Scoring

- Add up column totals for the subscales using scoring rubric.
 - ★ Never = 0
 - ★ Sometimes = 1
 - ★ Often = 2

Present Behavior

Please select the option that best describes this child. We want to know how this child is doing now or within the past 2 to 4 weeks, and not about problems from long ago.

Scoring: Never = 0; Sometimes = 1; Often = 2

				U1	U2	U3	U4
1. Fidgety, unable to sit still	<input type="radio"/> Never	<input checked="" type="radio"/> 1 Sometimes	<input type="radio"/> 2 Often	1			
2. Feels sad, unhappy	<input type="radio"/> Never	<input checked="" type="radio"/> 1 Sometimes	<input type="radio"/> 2 Often		1		
3. Daydreams too much	<input type="radio"/> Never	<input type="radio"/> 1 Sometimes	<input checked="" type="radio"/> 2 Often	2			
4. Refuses to share	<input checked="" type="radio"/> 0 Never	<input type="radio"/> 1 Sometimes	<input type="radio"/> 2 Often			0	
5. Does not understand other people's feelings	<input checked="" type="radio"/> 0 Never	<input type="radio"/> 1 Sometimes	<input type="radio"/> 2 Often			0	
6. Feels hopeless	<input type="radio"/> Never	<input checked="" type="radio"/> 1 Sometimes	<input type="radio"/> 2 Often		1		
7. Has trouble paying attention	<input type="radio"/> Never	<input checked="" type="radio"/> 1 Sometimes	<input type="radio"/> 2 Often	2			
8. Fights with other children							
				5	2	0	

Scoring Child Behavior Health Screener (CBHS)

Column 1 (C-1), Total Attention: _____

When total is 7 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Column 2 (C-2), Total Internalizing: _____

When total is 5 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Column 3 (c-3), Total Externalizing: _____

When total is 7 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Total Trauma (C-4): _____

When total is 1 or greater, scale is elevated.

When scale is elevated, please refer for a trauma-informed mental health assessment.

Video Clips

- Sharing Results with a Caregiver and Making a Mental Health Referral
- Share Results When Not Making a Mental Health Referral

https://drive.google.com/file/d/1-gLn0xWQM8_AxKb_dxpdlbJ7pVC-l-cu/view?usp=sharing

What To Do With the Results CBHS

- Document that you have:
 - ★ Administered the screening
 - ★ Shared results with the caregiver
 - ★ When indicated by the screener, who the child will be referred to for mental health assessment
 - ★ If referral not indicated, document reason not indicated and describe your follow-up plan
- If a mental health referral is made, have the caregiver sign a release and provide the mental health provider with a copy of the release and of the screening results

Road Map - Screening

If screening indicates **a referral is not needed** at the current time:

- ★ Provide support to the family
- ★ Provide education on trauma
- ★ Highlight resiliency and supportive/protective factors
- ★ Ask permission to follow-up to continue to monitor symptoms for possible referral for assessment in the future

Road Map - Screening

If screening indicates **a referral for a mental health assessment is required:**

- Share results with the caregiver

- Identify potential and address any internal and external barriers to follow through
 - ★ Not viewing treatment as needed
 - ★ Fears of discussing/acknowledging the impact of trauma on the family
 - ★ Caregiver mental health and trauma symptoms
 - ★ Previous negative experience with mental health services
 - ★ Stigma related to mental health
 - ★ Financial concerns
 - ★ Others

Homework: Complete Prior To Live Interactive Call 3

Consult with Senior Leader regarding:

- Does your CAC have Policies and Procedures on Screening
- How does your CAC respond to the endorsement of the Screener's Critical Items by a child or caregiver
- View Screening Videos under Training Components tab
<https://learn.nationalchildrensalliance.org/products/enhance-early-engagement-e3-engaging-families-in-mental-health-treatment-to-support-healing-and-thriving>
 - ★ Administering the CBHS to Challenging Caregivers
 - ★ Adapting the CBHS for Phone or Video Administration
- Practice using the Screener by Administering to Colleague and Sharing results

Ongoing Throughout Project:

- Administer Screener to caregivers and children as agree appropriate
- Share Results with Caregivers

What to Look Forward to in Webinar 4

- Using Screening Results to Refer for Mental Health Assessment
- Components of the MH Assessment
- Treatment Goals/Plan
- Matching Treatment Goals with Evidence-Based Treatment and Referral to a MH Provider
- Monitoring and Tracking Treatment Progress
- Engagement Strategies to Overcome Barriers

Preparing for Webinar 4:

- What MH resources are available to your families?
- How are you currently making referrals?
- Strategies for making referrals based on screening results.
- Do you have release of information in place that will allow you to share screening results with MH provider.

Thank you for your participation and for all that you do and will continue to do for the children and families we serve!!

Thank you!



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*The Force Behind
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