Behavioral Health 101: Screening & Assessment

LOU FELIPE, PHD

APRIL 19, 2021

CARE Process Model (CPM)

1

Report if required

2

Respond to suicide risk

3

Stratify treatment approach

Who

Children ages 6-18

- Child welfare referrals
- Well-child visits
- Mental health-related visits

How

Waiting room screening tool

- Parent vs. adolescent report
- English or Spanish
- Paper or Electronic

PEDIATRIC TRAUMATIC STRESS SCREENING TOOL (Child-Report English for Child ≥11 years)

*Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.*

Has something like this happened RECENTLY? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened IN THE PAST? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Select how often you had the problem below in the past month. Use the calendar on the right to help you decide how often.

Frequency Rating Calendar

HOW MUCH OF THE TIME DURING THE PAST MONTH…		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened, I have strong feelings in my body, like my heart beats fast, my head aches, or my stomach aches.	0	1	2	3	4
5	When something reminds me of what happened, I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I am around other people.	0	1	2	3	4

		Not at all	Several days	More than half the days	Nearly every day
13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?				

*Adapted from Patient Health Questionnaire

For Provider Use Only----------

1) Does the trauma require a report?
   Yes Previously Reported No
2) Is the Columbia indicated? (item 13 several days or more)
   Yes No
   If Yes, you recommended:
   Communication Safety Plan MH Tx ED/Crisis
3) Total Trauma Symptom Score (add shaded items): _____/44
   Sleep Score (add items 1-2): _____/8
   Intrusive/Hyperarousal (add items 2-7): _____/24
   Avoidance/Negative Mood (add items 8-12): _____/20
4) Overall, is the child doing well in home/school/peers?
   Yes No
5) Type of treatment referral: (Moderate 11-19, Severe ≥ 20)
   Primary Care MHI/Community Trauma EBT
   Program: _____
6) Intervention:
   Sleep Education Belly Breathing Mindfulness
   Guided Imagery Communication PTSD Coach
   Behavioral Activation Other:_____

Patient Name: _____

Patient DOB: _____

Date of Service: _____

Pediatric Traumatic Stress Screening Tool

11 years and older

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*Adapted from Patient Health Questionnaire (PHQ-A)

Reporting Abuse

1. Report if Required

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11 years and older

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Respond to Suicide Risk

"Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?"

2. Respond to Suicide Risk

Respond to Suicide Risk

If the parent or youth endorses **any** number of days of suicidal thinking, use the **Columbia Suicide Severity Rating Scale (C-SSRS)** to assess patient safety and determine response protocols

The C-SSRS

Ask items 1-2, 6

- If yes to 1 or 2, ask items 3-5

TABLE1: Patient safety measures and response protocols based on C-SSRS Quick Screen responses. Taken from the Suicide Prevention CPM

C-SSRS Quick Screen questions *(in the last month)*			Action if patient response *"Yes"*
Question	*"Yes"* indicates	Level of risk	Outpatient clinic (non BH)
1. Have you wished you were dead or wished you could go to sleep and not wake up?	Wish to be dead	LOW	• Consider referral to MHI or BH provider • Consider patient education
2. Have you actually had any thoughts of killing yourself?	Nonspecific thoughts		
3. Have you been thinking about how you might kill yourself?	Thoughts with method (without specific plan or intent to act)	MODERATE	• Assess risk factors and either facilitate evaluation for inpatient admission or complete ***Safety Plan*** with follow-up with 24–48 hours • Educate patient
4. Have you had these thoughts and had some intention of acting on them?	Intent (without plan)	HIGH	• Facilitate immediate evaluation • Educate the patient
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Intent with plan		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Behavior	>1 year ago: LOW	• Consider referral to MHI or BH provider • Consider patient education
		1–12 months ago: MODERATE	• Assess risk factors and refer to MHI or BH provider • Educate patient
		Past 4 weeks, during current inpatient stay, since last assessment: HIGH	• Facilitate immediate evaluation for inpatient care • Educate patient

Higher risk for suicide

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Based on suicide risk, providers may:

- Encourage ongoing family communication
- Develop a safety plan
- Refer to MH treatment
- Refer to ER/crisis team

Pediatric Traumatic Stress Screening Tool

11 years and older

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*Adapted from Patient Health Questionnaire (PHQ-A)

Stratify Treatment Response

3. Stratify Treatment Response

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SLEEP

AROUSAL/ INTRUSION

AVOIDANCE/ NEGATIVE MOOD

Identify Symptom Types

Pediatric Traumatic Stress Screening Tool

11 years and older

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MILD MODERATE HIGH

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Identify Symptom Severity

Assess Child Functioning

1. Development
2. Emotions
3. Behaviors
4. Relationships

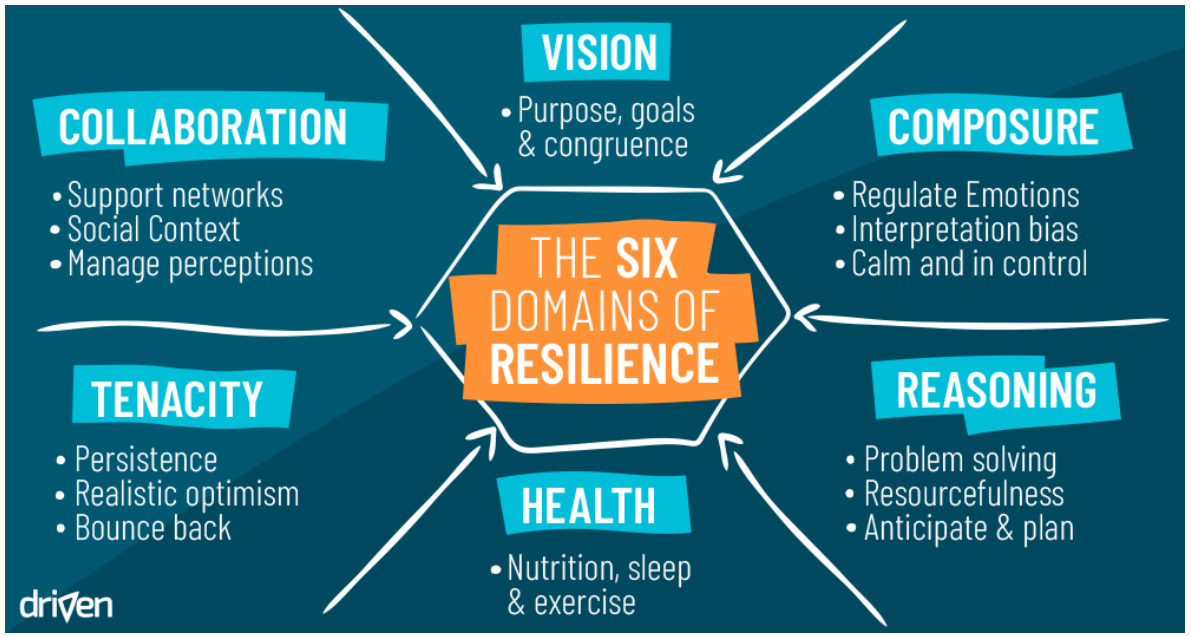
HOME

SCHOOL

PLAY

Consider

- Adding some resiliency questions to your screener:
  - Who is someone that you can trust and go to for support?
  - What is something you're really good at?
  - What is your hope for yourself in the future?
  - How do you know if you're stressed or upset?



Stratify treatment approach

- Identify:
  - Child functional impairment
  - Trauma symptom severity

- Provide appropriate treatment approach:
  - **Protective approach (mild, 10+)** = strengths-based guidance
  - **Resilient approach (moderate, 11-20)**= brief, targeted intervention
  - **Restorative approach (severe, 20+)** = referral & anticipatory guidance

Pediatric Traumatic Stress Screening Tool

11 years and older

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PRIMARY CARE

COMMUNITY MH/MHI

TRAUMA EBT

Provide a referral to appropriate treatment based on:

- Screening tool responses,
- Child functional impairment, &
- Shared decision-making

Provide appropriate treatment approach

TABLE 2. Treatment Stratification

Symptoms	Poor functioning?	Clinical decision
Severe symptoms: Score ≥ 21**	YES or NO	**Restorative Approach** Refer to EBT Treatment
Moderate symptoms: Score 11–20**	YES / NO	**Resilient Approach** Refer to MHI or Community MHI.
Mild symptoms: Score ≤ 10**	YES / NO	**Protective Approach** Provide strengths-based guidance and continue monitoring.

**Scores from *Pediatric Traumatic Stress Screening Tool* (see page 9 for more information)

Pediatric Traumatic Stress Screening Tool

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SLEEP

AROUSAL/ INTRUSION

AVOIDANCE/ NEGATIVE MOOD

Provide a brief, targeted intervention

Brief targeted intervention –behavior symptoms

Developmental Level	Brief Interventions
Younger Child	Parenting strategies for: • Recognizing positive behaviors • Ignoring negative behaviors • Enforcing a discipline technique for aggressive/destructive behaviors
Older Child/Adolescent	Parenting strategies for: • Validating feelings • Increasing positive communication and activities • Shared development of rules and consequences

Brief, targeted intervention –traumatic stress

Target Symptom(s)	Brief Interventions
Sleep Difficulties, Affective Arousal or Intrusive Thoughts	• Sleep hygiene • Belly breathing or focused breathing • Mindfulness • Guided meditation
Negative Thoughts/Mood and Withdrawal	• Behavioral activation • Routinized caregiver support/communication

Recognizing Positive Behaviors

=

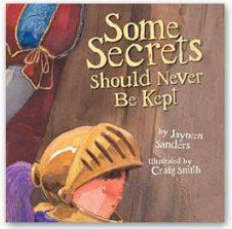
Using words (not hitting) to express feelings

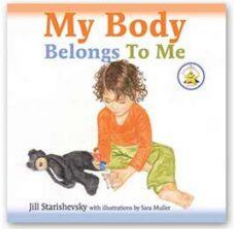
10

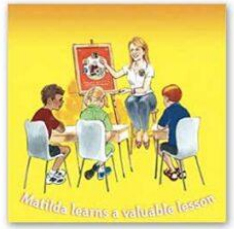
=

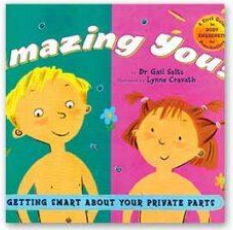
- ✓ Only positive behaviors recognized
- ✓ No stars ever taken away
- ✓ No time limit – eventually the child earns the reward
- ✓ Books encourage bonding between parent and child
- ✓ You can offer the book!

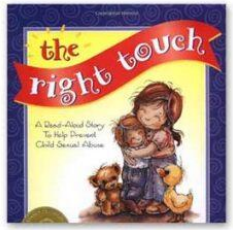
books for kids about INAPPROPRIATE TOUCH

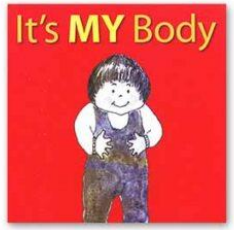


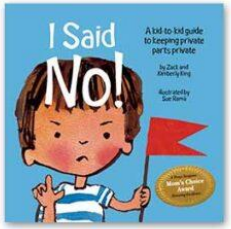


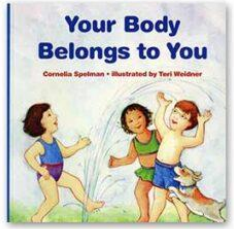


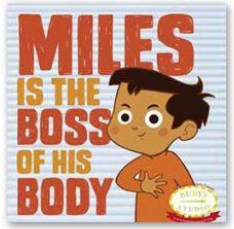












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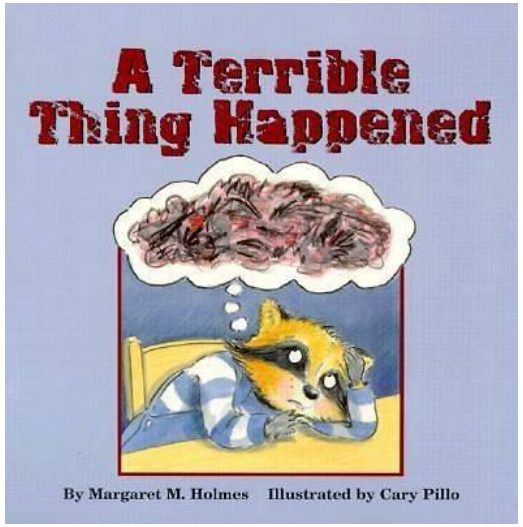
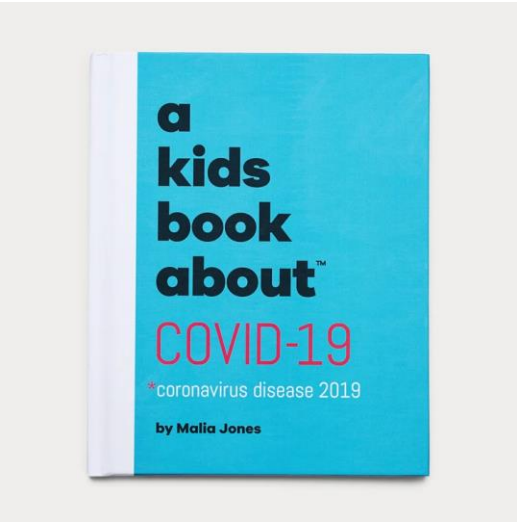
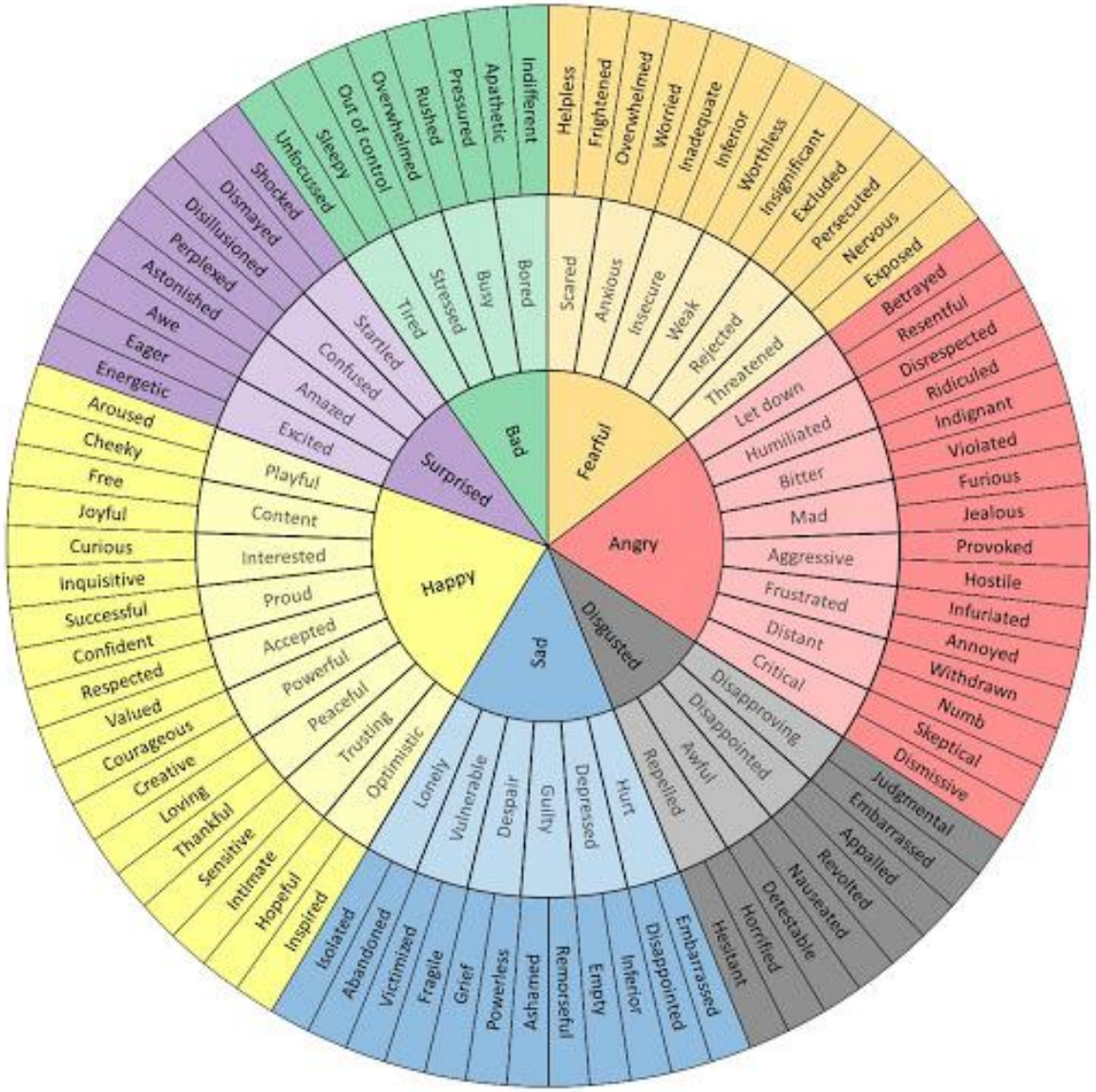






Feelings Wheel

Sleep Hygiene

Job Cards for Teens

Rather than grounding, create jobs for teens. Privileges can be restricted until the tasks are done. For example:

Clean the refrigerator

- Remove all the leftovers. Empty and wash the containers.
- Remove any spoiled or expired food.
- Wipe out all drawers and shelves.
- Wipe down the walls inside and outside the refrigerator.

Follow-up

- Shorter-term (2-4 weeks) & longer-term (4-6 months)
  - Re-administer screening tool
  - Monitor symptom change
  - Assess/adjust decision-making
  - Provide on-going support

Assessment Considerations: Children under 6

Trauma Challenges Attunement

Children who have experienced trauma often lack capacity to communicate needs or to identify and cope with difficult emotions

They often communicate via behaviors instead of words

- Need to learn how to interpret the function of the behavior

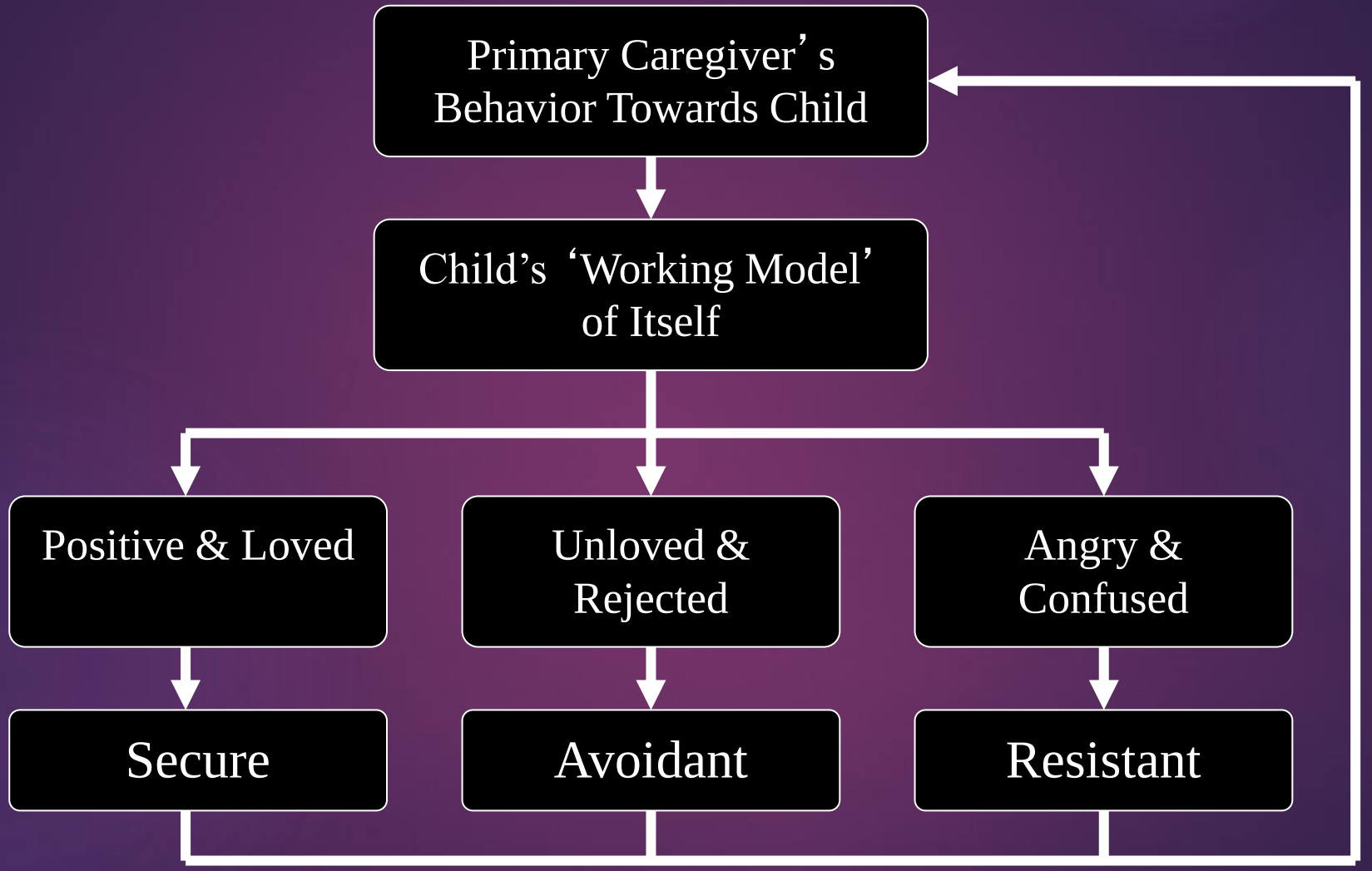
Triggers may elicit intense emotions and/or numbing responses

Temperament

- **Activity level**: Slow-moving, energetic and restless?
- **Approach/withdrawal**: slow-to-warm or outgoing?
- **Adaptability:** to changes in routine; response to transitions
- **Emotional Sensitivity**: to self and others
- **Regularity**: How regular are the child's biological functions (hunger, sleep, elimination)?

Temperament

- **Intensity:** What kind of energy is behind the child's emotions?
- **Sensory Sensitivity:** strong reactions to pain? Sensitive to certain fabrics or how clothes/shoes fit? How about odors or brightness?
- **Distractibility:** Ability to maintain focus
- **Persistence:** motivation to continue an effort, even when difficult
- **Quality of mood:** pleasant or unfriendly?


Primary Caregiver's Behavior Towards Child
Child's 'Working Model' of Itself
Positive & Loved
Unloved & Rejected
Angry & Confused
Secure
Avoidant
Resistant

Assessing Relational Issues

- How do parents describe their child?
- Parents' ability to bond with child
  - Substance use
  - Mood disorders or other psychiatric disorders that impede connection
  - Financial stressors
  - Other high-needs children
  - Physical separation due to divorce, incarceration, immigration
- Are there other attachment figures in home?
- Attachment behaviors
  - How does the child react to separation?
  - How does the child seek when distressed?

Increased focus on survival ⇒ Activates limbic portion of brain and brainstem

- Results in deficits in emotional regulation, attachment, empathy, problem-solving, & executive functioning
- MANIFESTS as developmental issues in young children
- Developmental screening is key!
- Caregivers will report behavioral and regulation issues, not classic "mood disturbances"

Impacts on Development

- Language delays
- Memory and learning problems
- Screaming and crying or verbally abusive
- Poor appetite, low weight, digestive issues
- Sleeping difficulties

Impacts on Development

- Difficulties concentrating
- Somatic complaints (stomach aches, headaches)
- Regressive behaviors (potty training, sleep regressions)
- Repetitive themes in play
- Compulsive behaviors (hair tugging, masturbation, head banging)

Building Safety to Address Dysregulation

- Promote safety through structure, routine, consistency, responsiveness
  - Schedule for feeding, activities, bonding, sleep
  - Bedtime routines and attending to sleep hygiene
  - Attend carefully to transitions and disruptions
  - Presence of consistent adults and attachment figures
  - Predictable and age-appropriate rules and consequences
  - Praising positive and prosocial behaviors
  - Providing examples for positive, prosocial behaviors

Brief in-office interventions work in this age group too!

Validate stressors for parents

- Witness/name parental stressors
- Recognize strengths and efforts

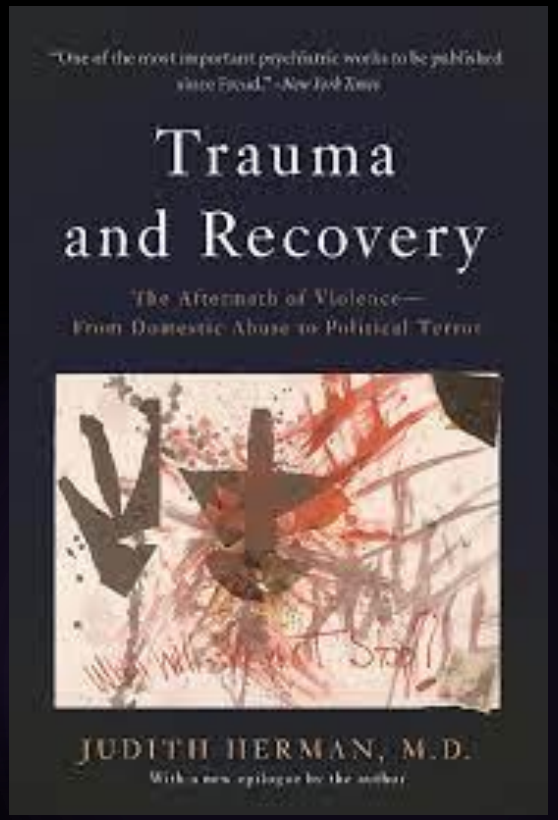
Psychoeducation

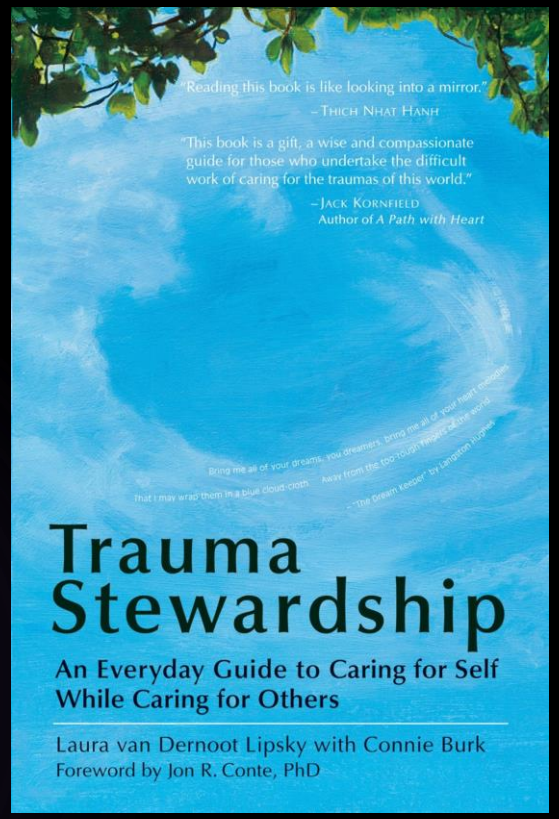
- Anticipatory guidance about normal development
- About the impact of trauma on the developing brain
- Guidance about developmentally appropriate discipline and growth

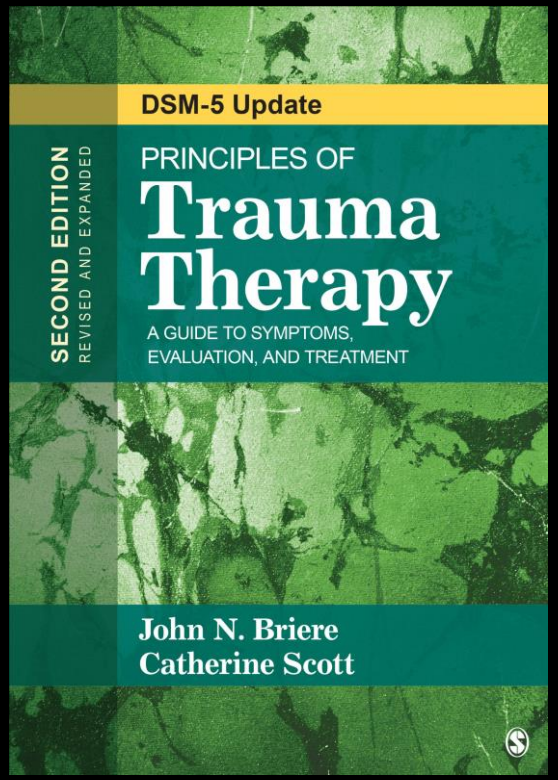
Offer practical suggestions

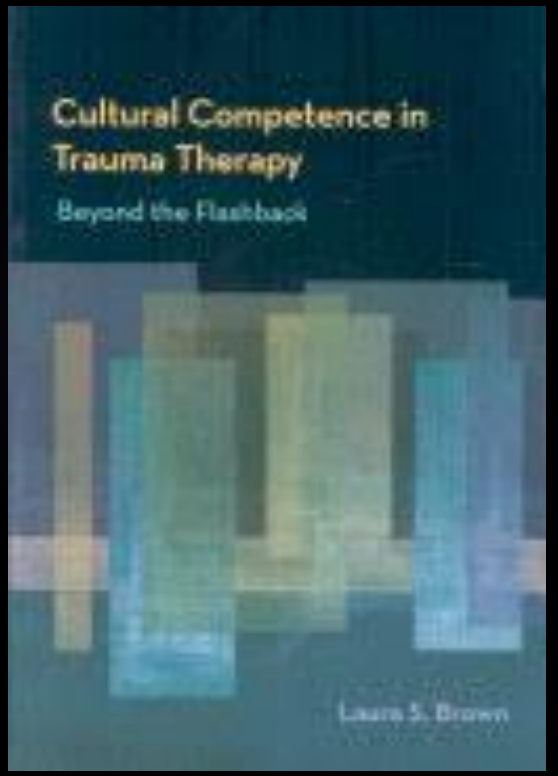
- Belly breathing
- Guided meditation
- Prescriptions for physical activity, movement, music
- Recommendations about the importance positive interactions – play, eye contact, reading

Books for Practitioners









Questions?
Thoughts?

Lou Felipe, PhD
Lou.felipe@cuanschutz.edu