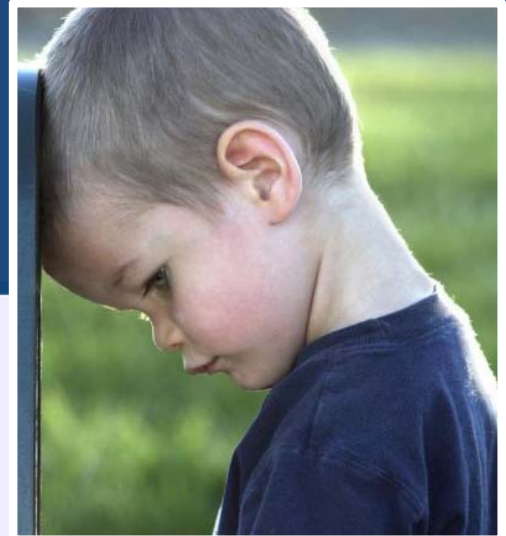


Screening for Mental Health Needs in the CAC



WHY? To identify which children coming through the CAC would benefit from a more comprehensive trauma-informed mental health assessment

WHAT? Screening tools are short, simple measures used to identify trauma or other mental health symptoms of potential concern

WHO? Anyone can be trained to conduct screening. It is recommended that all children over the age of two coming through the CAC be screened.

WHEN? At the time the child is seen for an interview or exam

WHERE? At the CAC

Why is screening important?

Many children served by CACs are affected by trauma or other mental health-related problems and may benefit from behavioral health treatment. In most cases, the CAC will be aware of alleged events, which if true, could lead to posttraumatic mental health symptoms. It is also important to understand, however, that the events that bring the child to the CAC may be just the tip of the iceberg. In many cases, children may be affected by prior traumas (e.g., car accidents, exposure to domestic violence, earlier maltreatment) or preexisting mental health problems unrelated to trauma. Unrecognized trauma or other mental health conditions can lead to a host of problems over the lifespan. On the other hand, some children experience potentially traumatic events but do not have treatment needs, and referring them to treatment would unnecessarily burden the family while placing demands on the limited availability of therapy. It is important for CACs to refer children for treatment who really need it. CAC screening provides an opportunity to determine whether children have symptoms of child traumatic stress or other mental health needs (regardless of whether these symptoms are related to the allegation that brought the child to the CAC) and connect the child to a more thorough assessment.

What is screening and how is it different from assessment?

CAC screening is a “wide-net” process of identifying children with significant mental health needs, including needs related to traumatic experiences that require a referral for a comprehensive trauma-informed assessment by a behavioral health professional. Screenings are brief, simple to administer tools that offer “yes” or “no” information. They do not usually require advanced degrees or even significant training to administer. The result of a screening process leads to either no referral for further assessment at this time (but offering information should the child require behavioral health therapy in the future) or referral to a comprehensive assessment that might lead to treatment. The comprehensive assessment is typically conducted by trained mental health professionals and is used to obtain a complete trauma history, understand the impact of traumatic experiences, establish a diagnosis, and inform treatment planning if therapy is required.

Who can provide screening?

Although the qualifications for conducting trauma screening are fairly minimal, individuals should be properly trained in how to administer the screening tool. It is common for individuals with a high school diploma or bachelor’s degree to conduct screening. The screener simply needs to be able to engage the child, relate to him or her, develop a safe environment, and then ask the proper questions that will elicit a broad range of responses. Anyone at the CAC can be trained to conduct screening.

When should screening be administered?

It is recommended that all children over the age of two coming through the CAC be screened when the child is seen for an interview or an exam. It is important to consider the age and developmental level of the child. With very young children (e.g., three and four years old), screening is typically done with the parent or caregiver. School-age children and adolescents typically complete the trauma screening themselves, as they can answer questions directly about the types of traumatic events they may have experienced. Regardless of age, it is important to ask questions in a way that children understand them and to set up the environment for screening in such a way that they feel safe and comfortable answering the questions.

How should screening tools be selected?

There are innumerable screening tools for both trauma and general mental health, but most are not well suited for the CAC environment. Many of the common tools designed to screen for mental health symptoms (e.g., symptoms of depression, ADHD) do not include specific items related to childhood trauma. Most trauma screening tools focus on measuring posttraumatic stress symptoms and are not effective at picking up other mental health symptoms. Therefore, effective screening for CACs usually requires using two very brief tools (a general mental health screen and a trauma screen). In most health care or even child welfare settings, screening typically does not occur during a period of acute crisis for the child, as short-term symptoms may resolve on their own. This is not the case with CACs, however. It is not typically feasible in a CAC to delay the screening process, so screening in the immediate aftermath of traumatic events is indicated. There are a range of empirically-supported screening tools available for CACs to use (*see the handout under Additional Resources, below*).