Background/Relevance
• Roughly 1/3 of children 0-3 referred for maltreatment have developmental concerns that qualify for EI services
• Studies show routine developmental screening among children in foster care improves detection of problems
• IDEA and CAPTA were amended to require referral of all children 0-3 substantiated for maltreatment to EI when developmental problems are detected

Developmental & Social-Emotional Screenings
• State mandate-Who is being screened?
  - Every child under the age of 3 with substantiated abuse screened within 30 days of acceptance for services
  - Any child under 3 placed by child welfare into a residential facility specializing in developmental delays, disabilities, or other serious health conditions
  - Any child under 3 who is homeless and accepted for child welfare services
Developmental & Social-Emotional Screenings

State highly recommends the best practice approach of every child with an open child welfare case under the age of 5 receive the screening!

Screening Goals

- Child age 0-3
  - Referred to child welfare
  - Screen using the ASQ
  - Early intervention services
  - Improved identification, decreasing bias
  - Increased access to services among underserved groups
  - Families receive help, support, services
  - Fewer children need special education services
  - Fewer children placed out of home?

Who is Referred to Child Welfare?

- Top Three Reasons
  - Parenting Concerns: 28%
  - Neglect: 23.5%
  - Caregiver Substance Abuse: 20.9%
  - For Child Welfare Referral
**Child Welfare Populations**

<table>
<thead>
<tr>
<th>Counties with most children receiving in-home services</th>
<th>Counties with most children receiving foster care services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County</strong></td>
<td><strong># Children Served 2011-2012</strong></td>
</tr>
<tr>
<td>Philadelphia</td>
<td>28,939</td>
</tr>
<tr>
<td>Allegheny</td>
<td>17,695</td>
</tr>
<tr>
<td>Lehigh</td>
<td>8,584</td>
</tr>
<tr>
<td>Erie</td>
<td>5,566</td>
</tr>
<tr>
<td>Lancaster</td>
<td>4,867</td>
</tr>
</tbody>
</table>

**Study Design**

3-phase study funded by the PA Department of Public Welfare, Office of Children, Youth & Families

<table>
<thead>
<tr>
<th>Focus</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>What policies and procedures do agencies put in place to implement screening?</td>
</tr>
<tr>
<td>Phase II</td>
<td>What are children’s needs?</td>
</tr>
<tr>
<td>Phase III</td>
<td>How do caregivers experience screening and do children in need receive services?</td>
</tr>
</tbody>
</table>

*Child Welfare (CW); Early Intervention (EI)

**Research Questions**

1. How many child welfare-involved young children show clinical levels of trauma symptomology?

2. Is there a relationship between maternal childhood history of child welfare involvement and child trauma symptoms?

3. Among children receiving child welfare services, which child, maternal, and maltreatment-related characteristics predict trauma symptomology?
Measures

- Caseworker reports of key characteristics entered into Screening Database
- Caregiver Interview
  - Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2002)
  - Brief Michigan Alcoholism Screening Test (Brief MAST; Selzer, 1971)
  - Drug Abuse Screening Test (DAST; Skinner, 1982)
  - Brief Patient Health Questionnaire (Brief PHQ; Kroenke, et al., 2001)
  - Project-developed questions

Measures

- ASQ (Squires, et al., 1999)
  - Assesses developmental skills among children 4-60 months
  - Five areas assessed (communication, gross motor, fine motor, problem-solving, personal-social skills)
- ASQ:SE (Squires, et al. 2003)
  - Complements ASQ among children 3-66 months to assess behavioral difficulties or socio-emotional concerns
  - Three areas assessed (interaction, empathy, emotional regulation)

What is trauma?

APA’s definition:

Terrible Event  Emotional Response

Shock  Denial

Long Term Effects:
- Unpredictable
- Emotions
- Flashbacks
- Strained Relationships
- Physical Symptoms
ACE Study
ACE stands for:

ACE

ACE Study

ACE’s Defined:

• Abuse (Emotional, Physical, Sexual)
• Neglect (Emotional, Physical)
• Interpersonal Violence
• Substance Abuse
• Mental Illness
• Parental Separation/Divorce
• Incarcerated Household Member

Check Your ACE’s
The ACE Pyramid

Number of ACES

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5</td>
<td>38.0</td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
<td>24.5</td>
<td>27.9</td>
<td>26.0</td>
</tr>
<tr>
<td>2</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
</tr>
<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>

Health Risks Based on ACES
Health Risks Based on ACES

4 or more ACE's

Prevalence/Risk

- Suicide Attempts
- Injected Drugs
- Alcoholic
- Used Illicit Drugs
- Depressed Mood

Health Risks Based on ACES

- Suicide Attempts
- Injected Drugs
- Alcoholic
- Used Illicit Drugs
- Depressed Mood

Stress Continuum

Positive
- is a normal and essential part of healthy development.

Tolerable
- activates the body's alert systems to a greater degree

Toxic
- can occur when a child experiences strong, frequent, and/or prolonged

Definitions and graphics provided by: http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/
Trauma in the Child Welfare Population

What is the prevalence of PTSD symptoms in a child welfare population??

11.7%

Contributors to heightened posttraumatic stress symptoms:
- Younger age
- Non-biological parent perpetrator
- Violence victimization in home
- Child depression

Complex Trauma

Two or more of the following:
- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Domestic Violence

ACE STUDY

Effects:
- Internalizing Behavior Problems
- Posttraumatic Stress
- Having at least 1 clinical diagnosis

What groups should interventions target?
Early trauma is associated with a range of negative outcomes including:

- Delinquency
- Substance Abuse
- Re-victimization

Childhood Symptoms of Trauma

Current Study

- 337 Caregivers Interviewed
- Majority Female, White, Under 35
- Interviews conducted by 11 trained interviewers
- Caregivers compensated
Caregiver Risk Factors

- IPV in last year: 24%
- Received help for OAA problems in lifetime: 33%
- Received help for a MH health issue in lifetime: 32%
- Currently taking psychotropic medication: 34%
- Received help for a MH health issue in last year: 37%

Caregiver Child Welfare Experience

- 40% of the sample was involved in child welfare as children
- 22% had spent time in foster care
- 19% reported that their siblings had spent time in foster care
**Evidence of Trauma in Child Welfare Population**

Caregiver Trauma as Reported on the Brief PHQ:

- 44% of caregivers acknowledged being bothered by something bad that happened recently (19.9% bothered a little, 24.4% bothered a lot).
- 38.7% of caregivers said they were thinking or dreaming of something bad that happened to them in the past (22% bothered a little, 16.7% bothered a lot).

**Evidence of Trauma in Child Welfare Population**

- 10% of caregivers report that the child's other biological parent is incarcerated.
- 1% of caregivers report that the child's biological parent is deceased.
- 1% of caregivers report that the child's other biological parent is in rehab, a halfway house or an institution.
- Over 20% of children showed trauma symptomology on TSCYC.

**Examining Trauma**

- TSCYC normed with children 3-12.
- 100 children from caregiver sample selected, based on age
- Four of nine clinical scales used in study
- Caregivers asked to rate how often child has shown behaviors in past month
Trauma Symptomology of Children Over the age of 3 Involved in Child Welfare Services

<table>
<thead>
<tr>
<th>Child demographics</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child age (mean, in months)</td>
<td>41.8 (1.0)</td>
</tr>
<tr>
<td>Male</td>
<td>53.6</td>
</tr>
<tr>
<td>African American</td>
<td>16.2</td>
</tr>
<tr>
<td>White</td>
<td>77.5</td>
</tr>
<tr>
<td>Biracial</td>
<td>6.3**</td>
</tr>
<tr>
<td>Living situation: In-home</td>
<td>89.2</td>
</tr>
<tr>
<td>Foster care</td>
<td>7.8*</td>
</tr>
<tr>
<td>Kinship care</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Significant Findings Regarding Trauma Symptomology

Mothers with childhood CPS involvement were **33% less likely** to have children with TSCYC scores that fell within the clinically significant range.
Implications of Trauma Research

- Biracial children and their families may need more support in their communities
- Children with a history of neglect may be at greater risk for mental health problems
- Exposure to IPV poses significant risks to healthy child development

Implications of Trauma Research - Maternal Finding

Share your thoughts...

Our analysis:
- Maternal finding was unexpected
- Mothers' childhood involvement in CWS may function as a protective factor for their children
- These mothers may also underreport trauma symptomology

Treating Trauma

- Alternatives for Families: A Cognitive Behavioral Therapy for Preschoolers (AF-CBT)
- Attachment, Self-Regulation and Competency (ARC)
- Child-Parent Psychotherapy (CPP)
- Parent-Child Interaction Therapy (PCIT)
- Preschool PTSD Intervention
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Trauma and Developmental/Social-Emotional Concerns

Reports in Service Gaps

Service Utilization
Points of Intervention

- Children whose ASQ/ASQ:SE showed concerns: 1310
- Children referred to EI for further evaluation: 906
- Children who received a diagnostic evaluation: 790
- Children found eligible for services: 609
- Children who received services: 581

Making that referral

Step 1: Empathy
Step 2: Make the referral
Step 3: Continued engagement to promote buy-in

IDEAS???
Parting Thoughts from our Interviewers

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Website: http://www.pacwrc.pitt.edu/ASQ.htm

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