

Assessing the Effects of Trauma in Children and Adolescents in Practice Settings

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KEYWORDS

• Trauma assessment • Measures • Children • Adolescent • Traumatic stress

KEY POINTS

- A comprehensive approach to trauma assessment, including rationale and benefits and key domains to assess, is delineated.
- Trauma-specific assessment measures for use in practice settings, including the use of multiple informants and techniques, are reviewed.
- Factors to consider when selecting and implementing assessment measures in different contexts and settings, including clinics, schools, and disaster response, are discussed.
- Other key considerations in the assessment process, including the role of development, culture, and agency/staff considerations, are described.
- Suggestions for establishing an effective assessment process with youth, caregivers, and families, including strategies for creating a safe environment for assessment and techniques for the translation of trauma assessment information in clinical practice, are provided.

REVIEW OF LITERATURE ON CHILD/ADOLESCENT TRAUMA ASSESSMENT

Assessment is an important part of identifying and effectively addressing the needs of children exposed to trauma. A trauma assessment refers to a comprehensive process conducted by a trained mental health provider/clinician to gain a more thorough understanding of the range of trauma exposures and the areas in which a child or

There are no disclosures to report for any of the authors.

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Child Adolesc Psychiatric Clin N Am 23 (2014) 223–242

<http://dx.doi.org/10.1016/j.chc.2013.12.007>

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adolescent has been impacted by trauma.^{1–5} An assessment is far more comprehensive than a trauma screening. A screening tool refers to a brief measure or tool that is universally administered to children typically by frontline or direct service staff. These tools typically detect exposure to potentially traumatic events and/or endorsement of possible traumatic stress symptoms/reactions. Screening tools are generally used for identification and not for diagnostic purposes; a trauma assessment can determine whether clinical symptoms of traumatic stress are present and characterize the severity of symptoms and their impact on the child's functioning. Although a trauma assessment may use information collected during the trauma screening process (and may include some of the same tools), it typically includes a more in-depth exploration of the nature and severity of the traumatic events, current trauma-related symptoms, and functional impairment. This approach is often used to understand whether a child is on target developmentally (eg, in social/emotional and behavioral domains), to guide treatment planning and monitor progress in treatment or services over time.⁶

Based on recent recommendations, an ideal trauma assessment usually occurs over the course of 2 to 3 sessions and includes a clinical interview; use of objective and psychometrically sound measures; behavioral observations of the child; and collateral contacts with family, other providers (eg, caseworker), and important individuals in the child's life.⁶ It also includes many interpersonal goals and processes, such as helping the client feel safe and comfortable in the treatment setting, engaging the client as an active partner in treatment, fostering the therapeutic alliance and relationship, providing psychoeducation on normal responses to trauma, and validating the child's experience through the sharing of assessment data and feedback both initially and over time. Nevertheless, it is understood that there can be practical constraints within clinical settings where an initial assessment needs to be completed after one session (eg, for insurance/billing purposes, to establish a diagnosis, to create a treatment plan). If this is the case, it is suggested that the most essential information is collected initially with additional information gathered over time as a part of an ongoing assessment process (as described below; see **Box 1** on Practical Tips).

Most clinicians generally conduct assessments with their clients as part of routine clinical practice. Research suggests, however, that some clinicians, particularly those in private practice, use informal means of assessment that rely heavily on clinical judgment and client reports. Results from a recent study suggest that only 37% of respondents used formal clinical outcome measures as part of routine clinical practice.⁷ Moreover, the study found that clinicians who assessed outcomes in practice were more likely to be younger in age, have a cognitive-behavioral orientation, conduct more hours of therapy per week, provide services for children and adolescents, and work in institutional settings. Additional evidence also suggests that the infrequent use of structured assessment tools in regular clinical practice also represents a historical trend.⁷ As the field continues to evolve, however, an even greater emphasis will likely be placed on accountability and use of formal assessment strategies across settings.

Rationale and Benefits of Trauma Assessment

Trauma assessment offers a structured framework for gathering information and identifying and addressing the needs of traumatized children and families (including salient symptoms, risk behaviors, and functional difficulties); identifying the strengths of the child, caregivers, and family that can be used in the treatment process; summarizing assessment information in a meaningful way so that it can be translated and shared with all relevant service providers to inform planning;⁸ and engaging children and families in treatment and sharing feedback through this process.^{4,6} The many benefits associated with the use of standardized assessments include validation of clinical

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