Social Services and Behavioral Emergencies

Trauma-Informed Evaluation, Diagnosis, and Disposition

Patrick J. Heppell, PsyD[a,b,*], Suchet Rao, MD[c,d]

KEYWORDS

• Child welfare • Child and adolescent trauma • Psychiatric emergency
• Pediatric mental health

KEY POINTS

- Children and adolescents involved in the child welfare system are more likely to have experienced abuse and neglect.
- Mental health professionals evaluating children and adolescents involved in the child welfare system should be familiar with the relevant legal and confidentiality-related issues.
- Historical information from a wide variety of sources, a child's current presentation in the emergency room (ER) and factors that led both to their involvement with the child welfare system and to their current ER visit should all be taken into consideration when making diagnostic and disposition decisions.
- A trauma-informed approach increases the likelihood of arriving at an accurate diagnosis, and thus results in more appropriate and useful pharmacologic and psychosocial treatments.

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[a] Department of Child and Adolescent Psychiatry, Hassenfeld Children's Hospital, NYU Langone, Child Study Center, One Park Avenue, 7th Floor, New York, NY 10016, USA; [b] Mental Health Team, Nicholas Scoppetta Children's Center, New York, NY, USA; [c] Department of Child and Adolescent Psychiatry, Hassenfeld Children's Hospital, NYU Langone, New York, NY, USA; [d] Psychiatry and Behavioral Health, NYC Administration for Children's Services, 150 William Street, 11th Floor, New York, NY 10038, USA
* Corresponding author. Department of Child and Adolescent Psychiatry, Hassenfeld Children's Hospital, NYU Langone, Child Study Center, One Park Avenue, 7th Floor, New York, NY 10016.
E-mail address: Patrick.heppell@nyumc.org

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A caseworker accompanies a quiet girl to the psychiatric ER and reports: "Jessica is a 9-year-old girl who got herself kicked out of 3 foster homes in the past 4 months. At first, we thought she was just sabotaging her placements on purpose by breaking and destroying things; she was always hyperactive and angry. But this last time it was different. It really scared the foster mother. She is one of our good foster parents, she really tried to bond with this child, but Jessica destroyed things, threatened the foster mother, then packed her stuff and left the house! Then she said that a voice in her head told her to do it. She probably has schizophrenia like her bio mother. Are you going to keep her?"

INTRODUCTION

Emergency departments (EDs) are expected to evaluate patients rapidly and efficiently to assess their safety, diagnosis, and treatment needs.[1] However, there are many barriers to assessment, including individual and familial matters resulting in complex presentations, and systemic issues inherent within the ED, such as lack of information, lack of training of ED staff with regard to identifying and managing psychiatric illnesses, and scarce effective resources for inpatient or outpatient domains.[2] The high prevalence of traumatic events experienced by children and adolescents in the welfare system further muddies the clinical picture, leading to difficult diagnostic and disposition decisions (**Box 1**). This article endeavors to increase clinicians' understanding of child welfare–related issues and provides some insight toward tackling the challenges mentioned previously.

CHILDREN AND ADOLESCENTS IN CHILD WELFARE SYSTEMS

One in 25 children and adolescents interacts with the child welfare system each year,[3] either as a result of having their family investigated by child protective services, by receiving support services from a child welfare agency to prevent them from being removed from their home, or by being placed into foster care. One in 184 youth in the United States is living in foster care,[4] and 5.9% of youth will spend time in foster care at some point in their childhood (**Fig. 1**).[5]

Similar risk factors exist for those presenting to psychiatric ERs. Moreover, youth in foster care are more likely to have a mental disorder or substance use disorder than those who were never in foster care, and are 2.5 times more likely to seriously consider suicide and 4 times more likely to attempt suicide.[9–11] They are also 4 times more likely to be prescribed psychotropic medications, with 41.3% of those being prescribed medications receiving 3 or more classes of medication within the same month.[12]

Box 1
Key obstacles in the evaluation and management of welfare-involved children in the emergency department

Assessment stage:
- A lack of historical information
- A lack of collateral information (parents may be unavailable or uncooperative, caseworkers and others may not have complete information)

Diagnostic stage:
- A history of trauma complicates the diagnosis

Disposition stage:
- The instability of the situation complicates the decision: Where will the child go? What type of supervision will the child have? Who will follow-up with treatment?