


Methodological considerations in evaluating early childhood risk, resilience, and trauma: In and out of child welfare.

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The Albert Einstein College of Medicine Early Childhood Center (ECC)

- Outpatient child development and mental health services: evaluation and treatment
- Serving children 0-5 and their families
- Located in Bronx, NY (aka "The Bronx")
- High rates of numerous risk factors:
 - poverty, health problems, crime, and violence
- High levels of Child Welfare involvement
 - Approx. 30% in Foster Care

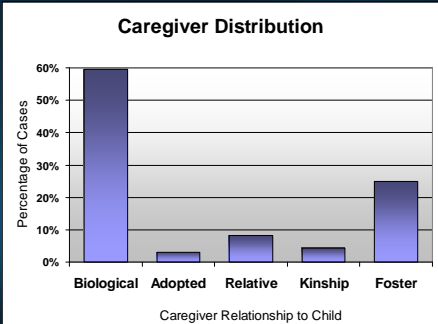


Demographics: Clinical Population

- 95% Medicaid recipients
- Race/Ethnicity
 - 62% Hispanic/Latino
 - 24% African American
 - 5% Caucasian
 - 9% Other
- Most frequent behavioral diagnoses
 - Disruptive behavior disorder
 - Adjustment disorder
 - Attention Deficit disorders
 - Parent-child interaction problems
 - Anxiety
 - Trauma

Categorization: Sample Population

Caregiver Distribution



| Caregiver Relationship to Child | Percentage of Cases |
|---------------------------------|---------------------|
| Biological | 60% |
| Adopted | 5% |
| Relative | 10% |
| Kinship | 5% |
| Foster | 25% |

Evaluation Methods

- Leverage existing resources
- Minimize consumer burden
- Minimize staff burden
- Tools must have clinical utility

Information Management System

- Efforts to Outcomes

Methodological Considerations: Resilience Family Supports

- Are family supports a meaningful construct to evaluate resilience and or strengths in our population and/or sub-populations?
- Can the Family Support Scale be used as a reliable and valid quantitative measure?

The Family Support Scale (FSS) (Dunst, et al, 1996)

- Measures:
 - number of social supports
 - satisfaction with existing support
 - degree of perceived helpfulness.
- Lower risk for depression and psychological distress for those who enjoy greater social support (Stansfeld & Sproton, 2002)

The Family Support Scale: Reliability

- Total Sample
 - Cronbach's Alpha = .785
- Children residing with family of origin
 - Cronbach's Alpha = .760
- Children involved in the Child Welfare System
 - Cronbach's Alpha = .808

Total Number of Supports: In and out of Child Welfare

| Child Placement | n | Mean # of Supports | p-value |
|-------------------|-----|--------------------|---------|
| Out of CWS | 109 | ~24 | |
| In CWS (-Kinship) | 47 | ~27 | p=.047 |
| In CWS (+Kinship) | 57 | ~26 | p=.056 |

Methodological Considerations: Resilience Family Supports

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Methodological Considerations: Trauma PTSD

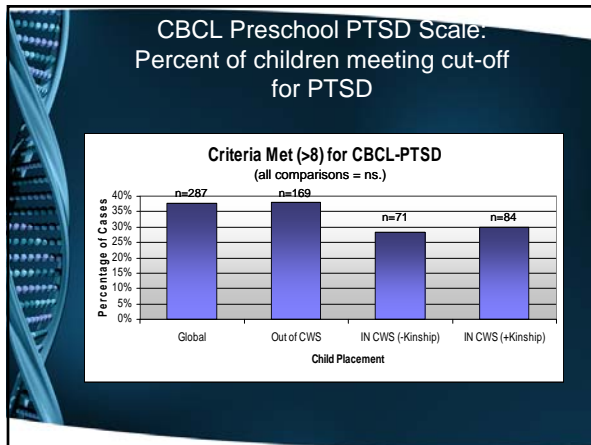
- In evaluating clinical constructs in preschool aged children such as PTSD what is the value of incorporating additional diagnostic criteria, such as DC: 0-3?
- Is the CBCL-PTSD scale a valid and reliable instrument in identifying PSTD in a clinical preschool population?
- Does placement in foster care itself represent a unique form of trauma?

CBCL Preschool PTSD Scale (Dehon & Scheeringa, 2005)

- 15 Items from the Child Behavior Checklist reflecting symptoms associated with Trauma Exposure
- Child Behavior Checklist is an existing part of our intake protocol
- Difficulty with current diagnostic criteria for PTSD in early childhood

CBCL Preschool PTSD Scale: Reliability

- Total Sample
– Cronbach's Alpha = .784
- Children residing with family of origin
– Cronbach's Alpha = .751
- Children involved in the Child Welfare System
– Cronbach's Alpha = .810



Methodological Considerations: Trauma PTSD

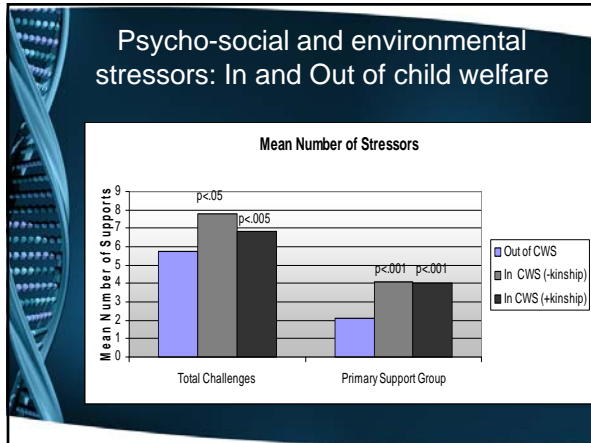
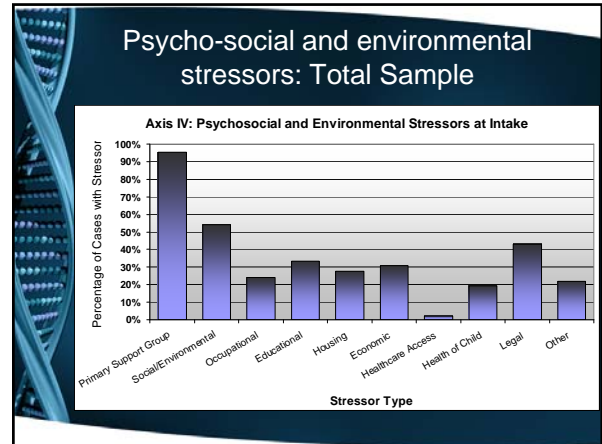
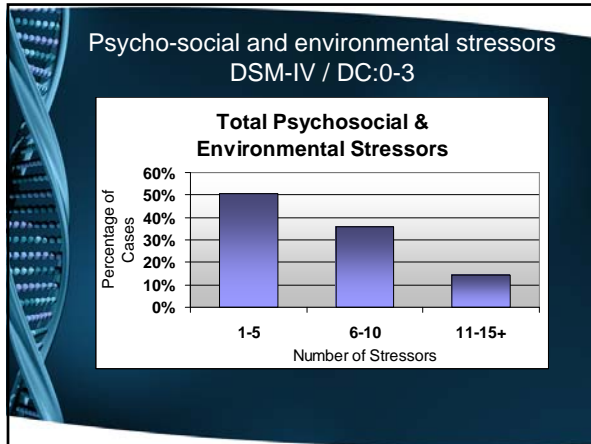
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Methodological Considerations: Risk Psycho-social and Environmental Stressors

- What are the advantages of examining acute vs. cumulative circumstances?
- For children residing in child welfare, what are the most reliable ways to collect acute and historical information.
- What are some ecologically sound methods of improving clinician inter-rater reliability in recording psychosocial and environmental stressors?
- How might risk factors be reliably differentiated from Trauma?

Psycho-social and environmental stressors DMS IV / DC: 0-3


- Comprehensive classification system
- Stakeholders' interests
- Encouraged by Early Childhood community (0-3)
- Staff familiarity
- Least burdensome



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- ### Methodological Considerations: Trauma PTSD
- In evaluating clinical constructs in preschool aged children such as PTSD what is the value of incorporating additional diagnostic criteria, such as DC: 0-3?
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 - Does placement in foster care itself represent a unique form of trauma?



References

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