

Intake Assessment & Treatment Planning

Nancy Zebell, Ph.D.

Susan Timmer, Ph.D

CAARE Diagnostic and Treatment Center
Department of Pediatrics
UC Davis Children's Hospital
Sacramento, CA
916 734-7833
www.pcit.tv

Copyright 2010. UC Regents. All rights reserved.



Learning Objectives

- To understand the components of intake assessment.
 - standard clinical interview,
 - observational assessment,
 - administering standardized measures,
 - treatment planning.



Clinical Interview

- **Who should attend the Intake Assessment session?**
- **Parents/caregivers**
 - One or more parents?
 - Other types of caregivers
- **Identified child/client**
 - More than one child



Clinical Interview

- **Collecting information about family history**
 - Medical History
 - Mental Health Treatment History
 - Psychosocial History
 - Child Protective Services History
 - Child and Family Strengths
 - Prognosis/Factors that may impede treatment



Clinical Interview

- **Collecting information about the child's symptoms**
 - Listen carefully to concerns of the parent will help to engage parents in treatment
 - Begin documenting the parent's concerns on the "Child Treatment Goals" form like the one below.

Concern	Outcome
1) Dawdling	
2) Tantrums	
3) Disobeys	



Case Example- JR

- **Family History**

- 6 yrs old, lives with bio mom, step-dad, siblings
- No longer wants to see bio dad because he hit her
- Parental history of drug use
- Domestic Violence history between bio mom & step-father
- Trouble getting along with classmates at school
- Mom has a mental health diagnosis and diabetes
- Family has a good support system



Environmental Factors for JR

Concerns	Severity (mild, moderate, severe)
1) Allegation of physical abuse by bio dad	Moderate
2) Divorce	Moderate
3) History of domestic violence	Moderate
4) History of parental drug use	Mild
5) Children removed from parents' care	Mild
6) Bio mother- mental health problems	Moderate
7) Bio mother- physical health problems	Mild
8) Reports good support system	Moderate positive



Case Example: JR

Presenting Problems:

Brief description- 6 year-old Caucasian girl

Problem behaviors at home and school:

- 1) Tantrums daily- screams, kicks, lies on floor
- 2) Withdrawn after tantrums; sulks and refuses to move
- 3) Hits siblings (8 yr old sister, 3 yr old step-brother)
- 4) Defiant with mother's directives
- 5) Sassy with mother. Hits mother
- 6) Provokes peers at school; argues
- 7) Sleeps well but has a hard time getting up in the morning



Child Factors for JR

Concerns	Outcome
1) Tantrums	
2) Withdraws	
3) Aggressive	
4) Defiant with mother	
5) Sassy toward mother	
6) Provokes peers	



Observational Assessment: Dyadic Parent-Child Interaction Coding System (DPICS)

- Why use a structured observational assessment?
- Structure of the observation
 - Child-directed play
 - Parent-directed play
 - Clean-up
- Observing parent-child interactions



Video (Child Directed Interaction) - JR



JR's Observational Assessment- DPICS coding

First 5 minutes (Child-Directed Interaction)

Acknowledge	18
Praise	0
Reflections	3
Behavioral Descriptions	0
Neutral Talk (Information)	13
Questions	35
Indirect Commands	11
Direct Commands	1
Negative Talk (Criticisms)	1



JR's Observational Assessment- DPICS coding

First 5 minutes (Child-Directed Interaction)

Child Factors:

Parent Factors:



Video (Parent Directed Interaction) - JR



JR's Observational Assessment- DPICS coding

Second 5 minutes (Parent-Directed Interaction)

- JR challenges Mom about therapist telling her to change the activity. Mom reacts defensively. Gets a little hostile about changing play (JR- "Go easy on me"). Mom is rigid about play – wants JR to draw strawberries (JR- "I can't!") JR goes along, but pouts, withdraws.



Video (Clean-Up) - JR



JR's Observational Assessment- Other observations

Last 5 minutes (Clean-up)

- Mom has an edge to her voice as she tells JR it's time to clean up. JR whines and argues, is very sassy. She cleans up, but with comments and behaviors that provoke & distract Mom. Definitely pushes Mom's buttons. "No! Do one at a time!" and "Knock it off!" Mom gives big sighs.



Child Factors for JR

Concerns	Outcome
1) Tantrums	
2) Withdraws	
3) Aggressive	
4) Defiant with mother	
5) Sassy toward mother	
6) Provokes peers	



Parent Factors for JR

Concerns	Outcome
1) Intrusive	
2) Defensive/Anxious/reactive	
3) Inconsistent/unpredictable	
4) Controlling	
5) Response to child's emotions - mixed	
6) Sassy towards child	



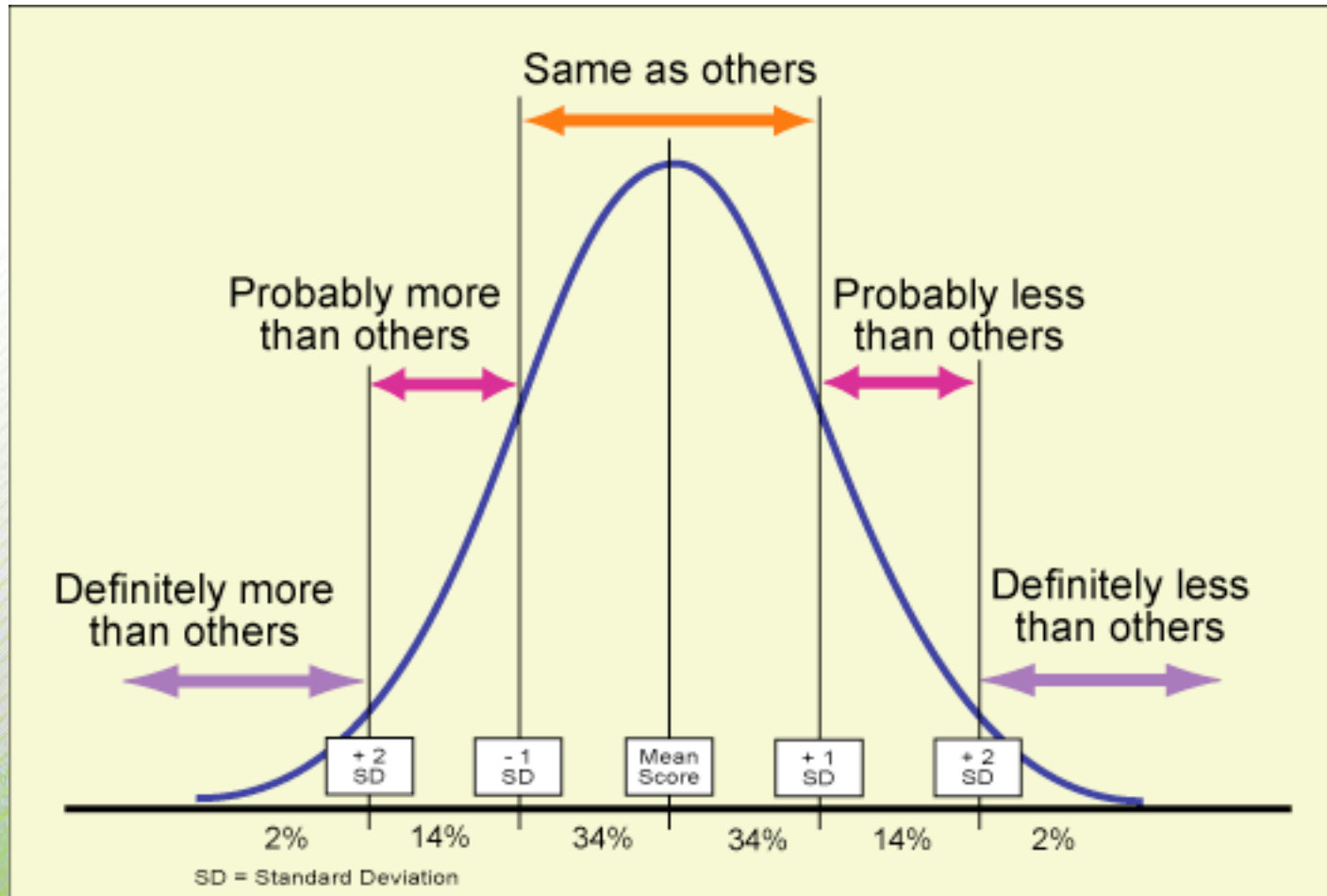
Using Standardized Measures

Why it is important to use standardized measures

- Standardized measures help identify other problems
- Standardized measures help tell you whether problem behaviors are “normal” or clinically concerning.



The Normal Distribution, Standard Deviations, & T-scores



Standardized Measures used in PCIT

Four standardized assessment measures are used in PCIT at UCDCMC

- Eyberg Child Behavior Inventory (ECBI)
- Child Behavior Checklist (CBCL)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Parenting Stress Inventory (PSI)



Eyberg Child Behavior Inventory (ECBI)

- Assesses behaviors associated with the primary childhood disruptive behavior disorders (e.g., noncompliance, defiance, aggression)
- Appropriate for children aged 2-16 years
- Contains 36 items and two scales – the Intensity and Problem Scales
- 10 Minutes for parents to complete, 2 minutes to score

- JR's Scores on the ECBI:
 - Intensity – 148
 - Problems – 16



JR'S SCORES ON THE ECBI (page 1)

Parent Rating Form by Sheila Eyberg, PhD

Your Name _____ Relationship to Child Mo Today's Date / /
 Child's Name J - Child's Gender F Child's Date of Birth 11/6/06

Directions: Below are a series of phrases that describe children's behavior. Please (1) circle the number describing **how often** the behavior **currently** occurs with your child, and (2) circle either "yes" or "no" to indicate whether the behavior is **currently a problem for you**.

For example, if seldom you would circle the 2 in response to the following statement:

	Never	Seldom	Sometimes	Often	Always	Is this a problem for you?
1. Refuses to eat vegetables	1	2	3	4	5	6 7 YES NO

Circle only one response for each statement, and respond to all statements. **DO NOT ERASE!** If you need to change an answer, make an "X" through the incorrect answer and circle the correct response. For example:

1. Refuses to eat vegetables	1	2	X 3	4	5	6 7 YES NO
------------------------------	---	---	-----	---	---	------------

	How often does this occur with your child?							Is this a problem for you?	
	Never	Seldom	Sometimes	Often	Always			YES	NO
1. Dawdles in getting dressed	1	2	3	4	5	6	7	YES	NO
2. Dawdles or lingers at mealtime	1	2	3	4	5	6	7	YES	NO
3. Has poor table manners	1	2	3	4	5	6	7	YES	NO
4. Refuses to eat food presented	1	2	3	4	5	6	7	YES	NO
5. Refuses to do chores when asked	1	2	3	4	5	6	7	YES	NO
6. Slow in getting ready for bed	1	2	3	4	5	6	7	YES	NO
7. Refuses to go to bed on time	1	2	3	4	5	6	7	YES	NO
8. Does not obey house rules on own	1	2	3	4	5	6	7	YES	NO
9. Refuses to obey until threatened with punishment	1	2	3	4	5	6	7	YES	NO
10. Acts defiant when told to do something	1	2	3	4	5	6	7	YES	NO
11. Argues with parents about rules	1	2	3	4	5	6	7	YES	NO

Description of the Achenbach Child Behavior Checklist Parent Report Form (CBCL-PRF)

- Survey social competencies and problem behaviors
- Complete by parent or regular caregiver
- Separate forms for two age groups (1.5 – 5 years & 6-18 years)
- Approximately 100 items, 15 to 25 minutes to administer
- Comprised of two broad band scales and a total problem scale –
 - Externalizing – disruptive or under controlled behaviors
 - Internalizing – anxiety, depression, withdrawal
 - Total problems scale



JR's Scores on the CBCL



Trauma Symptoms on CBCL

- M. Scherringa
- 3,6,8,9,11,29,34,45,47,50,52,56b,56c,56f,56g,69,86,87,100,103
- >9 clinical range
- JR's Scores - 17

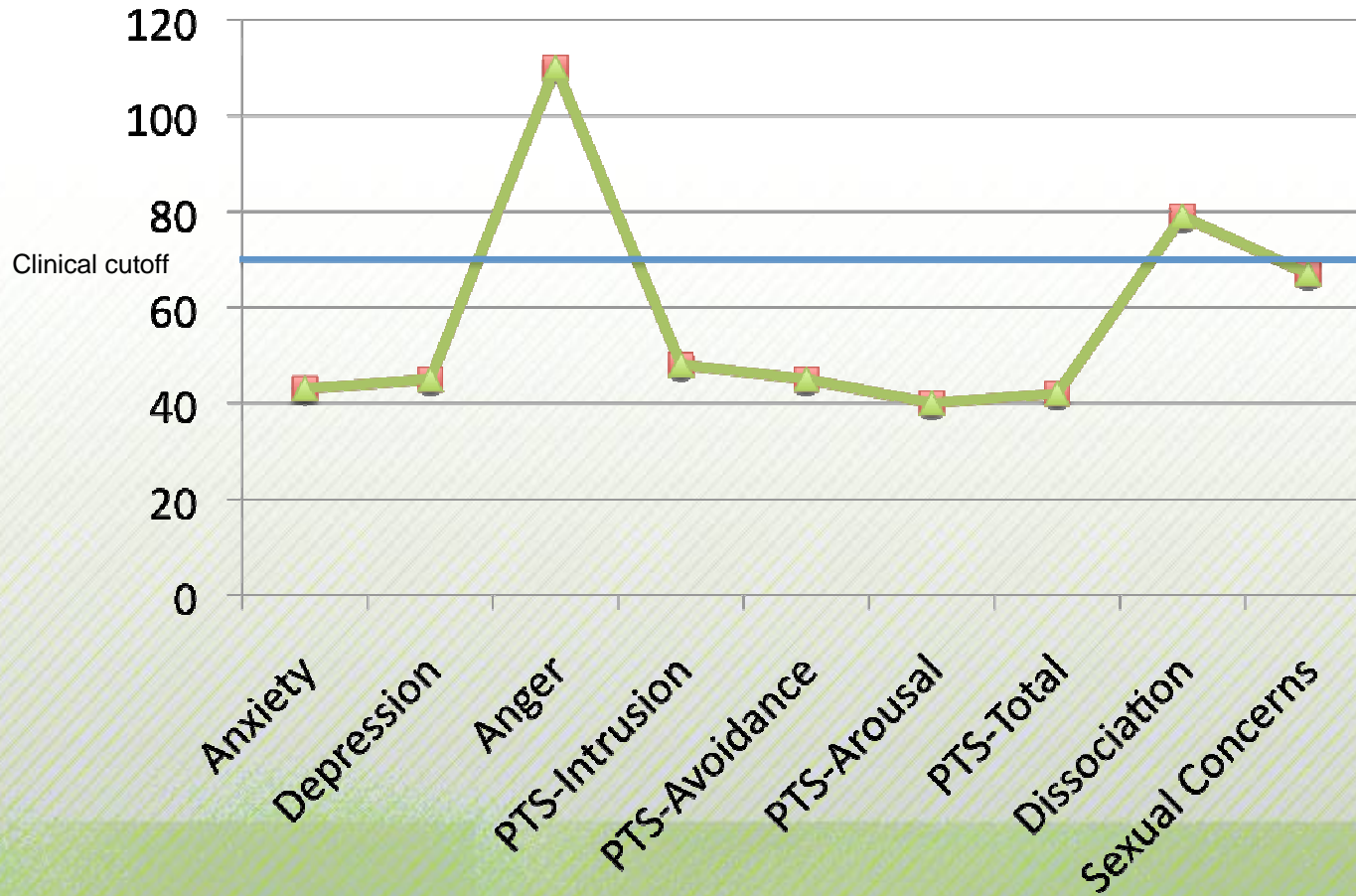


Trauma Symptom Checklist for Young Children (TSCYC)

- The TSCYC is a 54-item parent-report symptom inventory designed to assess current psychological symptoms patterns – specific to trauma-related symptoms.
- Scales on the TSCYC include:
 - Anxiety
 - Depression
 - Anger/Aggression
 - Posttraumatic Stress-Intrusion
 - Posttraumatic Stress-Avoidance
 - Posttraumatic Stress-Arousal
 - Posttraumatic Stress–Total
 - Dissociation
 - Sexual Concerns



JR's Scores on the TSCYC

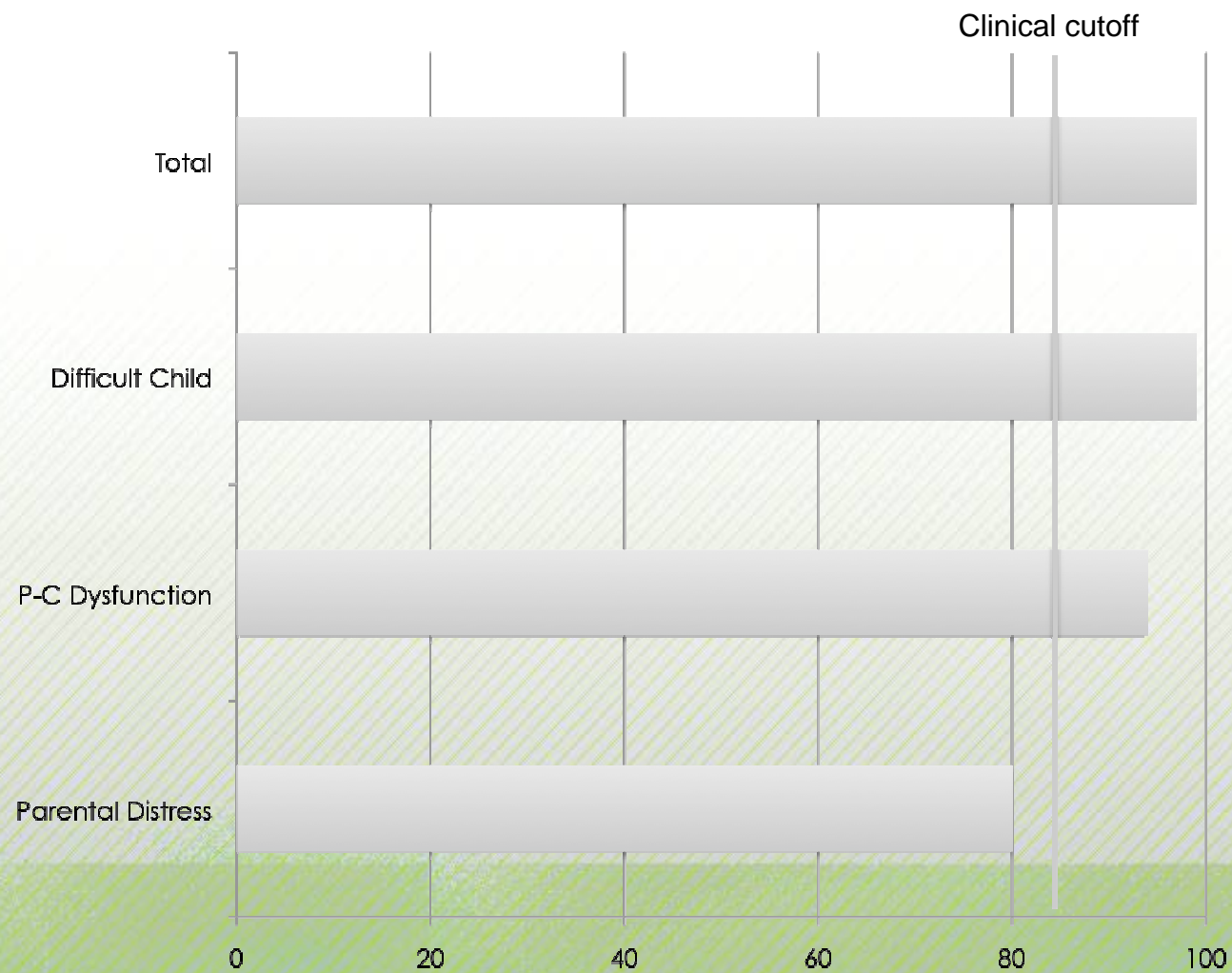


Parenting Stress Index (PSI)-Short Form

- Composed of three subscales
 - Parental Distress
 - Dysfunctional Parent-Child Interaction
 - Difficult Child Characteristics
- Added together, these subscales yield a Total Stress Score



JR's PSI scores



Child Factors (JR)

Concerns	Outcome
1) Tantrums	
2) Withdraws	
3) Aggressive	
4) Defiant with mother	
5) Sassy and argumentative toward mother	
6) Provokes peers	
7) Verbal expression	
8) Dissociation	
9) Parent-child relationship	



Environmental Factors for JR

Concerns	Severity (mild, moderate, severe)
1) Allegation of physical abuse by bio dad	Moderate
2) Divorce	Moderate
3) History of domestic violence	Moderate
4) History of parental drug use	Mild
5) Children removed from parents' care	Mild
6) Bio mother- mental health problems	Moderate
7) Bio mother- physical health problems	Mild
8) Reports good support system	Moderate positive



Parent Factors for JR

Concerns	Outcome
1) Intrusive	
2) Defensive/Anxious/Reactive	
3) Inconsistent/unpredictable	
4) Controlling	
5) Response to child's emotions - mixed	
6) Sassy towards child	



Treatment Planning & Service Delivery

- Motivate the parent into treatment by developing objectives and goals that are important to them
- Get the parent to understand their participation in assisting the child towards better health and well being
- Emphasize that the child's problem areas will require specialized intervention
- Emphasize the parent's participation will require daily practice and specialized skill acquisition
- Motivation may come from external and/or internal desires (self-improvement, child welfare, custody, etc.)



Video - JR's parents Getting them Involved in the Tx



Developing Treatment Objectives

Treatment objectives should be

Responsive

- Improve the quality of the parent-child relationship
- Change parent-child interaction patterns
- Decrease child behavior problems
- Improve parenting skills

Positively and clearly stated

Measureable



Treatment Planning: Child Factors (JR)

Concerns	Outcome
1) Tantrums	Uses words to express her feelings, calms self
2) Withdraws	Engages, talks
3) Aggressive	Gentle, careful, hands to self
4) Defiant with mother	Obeys first time asked
5) Sassy and argumentative toward mother	Good attitude, polite tone
6) Provokes peers	Share, cooperative, take turns, empathy
7) Verbal expression (yells, screams)	Indoor voice, soft, kind
8) Parent-child relationship	Enjoys being with mother, improved intimacy
9) Dissociation	Focus, concentrate, finish task, reframe experience



Parent Factors for JR

Concerns	Outcome
1) Intrusive	Allows the child to lead
2) Defensive/Anxious	Calming exercises
3) Inconsistent	Consistent, predictable
4) Sees child as in control	Assumes control
5) Response to child's emotions - mixed	Increase nurturing and empathy
6) Sassy towards child	Respectful and/or neutral tone



Beyond Treatment Objectives: Keeping families in treatment

- Identify family barriers to treatment completion
- Find out whether any of the following problems will be barriers for your client:
 - Transportation problems?
 - Court mandates?
 - School/ work schedules?
 - Other treatment demands?
 - Child care problems?
 - Other family demands?



Motivating the Parent to Continue Tx

- Weekly Check-In Form – parent completes prior to session in lobby and therapist discusses responses
- Collect and discuss weekly homework form
- Emphasize the treatment objectives and goals for that session



Weekly Check-In Form

- How hard was it to get here.
- Describe problems since last week.
- Is there a change.
- What skills were useful.
- What skills were not useful.
- List 3 things the child did well during week.
- Did the family receive any other tx this week.



Weekly HomeFun

- Supports parental skill acquisition
- Requires daily 5 minute 'special playtime'
- Provides a reminder of the skills
- Allows the therapist to indicate objectives & goals of tx
- Prompts for parental motivation to do special play time during the week



Qualitative Changes in Child & Parent Factors – Video of Session 5 - JR



Processing Trauma within the Session Video - JR



Concluding Remarks

- Clinical interview, behavioral observation, & obtaining pre measures are required elements of the Intake Assessment
- Obtain information on child, parent, and environmental factors
- Parent participation in the development of objectives & goals of tx will motivate parental participation in tx
- Each session includes a discussion of barriers to tx, parental assessment of the progression of tx and skill acquisition
- Assesses the parent's Changing Attributions
- Objectives & goals of the session are clearly stated
- Homework expectations tied into objectives & goals
- Allows for a discussion to any barriers to home practicum

