

What is the Ongoing Mental Health (OMH) Screening Program?

The OMH screening program has been implemented to support improved identification of mental health needs and access to appropriate and evidence-based mental health services for children/youth, ages 3-17, in out-of-home placement.

As part of the screening process, OMH screeners re-administer the three mental health screenings used in the CHET interview. These screens are completed over the phone at a convenient time for the caregiver and youth (as appropriate).

The screens include the:

- **Ages & Stages Questionnaire, Social Emotional (ASQ-SE)** for children ages 3 years to 66 months
- **Pediatric Symptom Checklist (PSC-17)** for children/youth ages 66 months to 17 years
- **Brief Assessment of Anxiety and PTSD (trauma tool)** for children/youth ages 7-17

Results of the screens will be shared with the caregiver, the youth (as appropriate) and the Social Service Specialist. The screens are re-administered every six (6) months. As of July 1, 2014, the OMH Screening team has begun re-screening children and youth who came into care as of January 1, 2014.

Berliner, L. (2013). Trauma, its impact and becoming a survivor 1-19.

Franks, Robert P. National Child Traumatic Stress Network. (n.d). Claiming Children, Federation of Families for Children's Mental Health, Special Issue on Trauma, Fall 2003. http://www.nctsn.org/sites/default/files/assets/pdfs/FINAL_ffcmh_newsltr.pdf. 5-7

National Child Traumatic Stress Network. (n.d). Resources for Parents and Caregivers. Retrieved 08/06/2014, from <http://www.nctsn.org/resources/audiences/parents-caregivers>

National Child Traumatic Stress Network. (n.d). Complex Trauma: Facts for Caregivers Retrieved 08/11/2014, from http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_caregivers_final.pdf

If you have any questions about the OMH program please contact:

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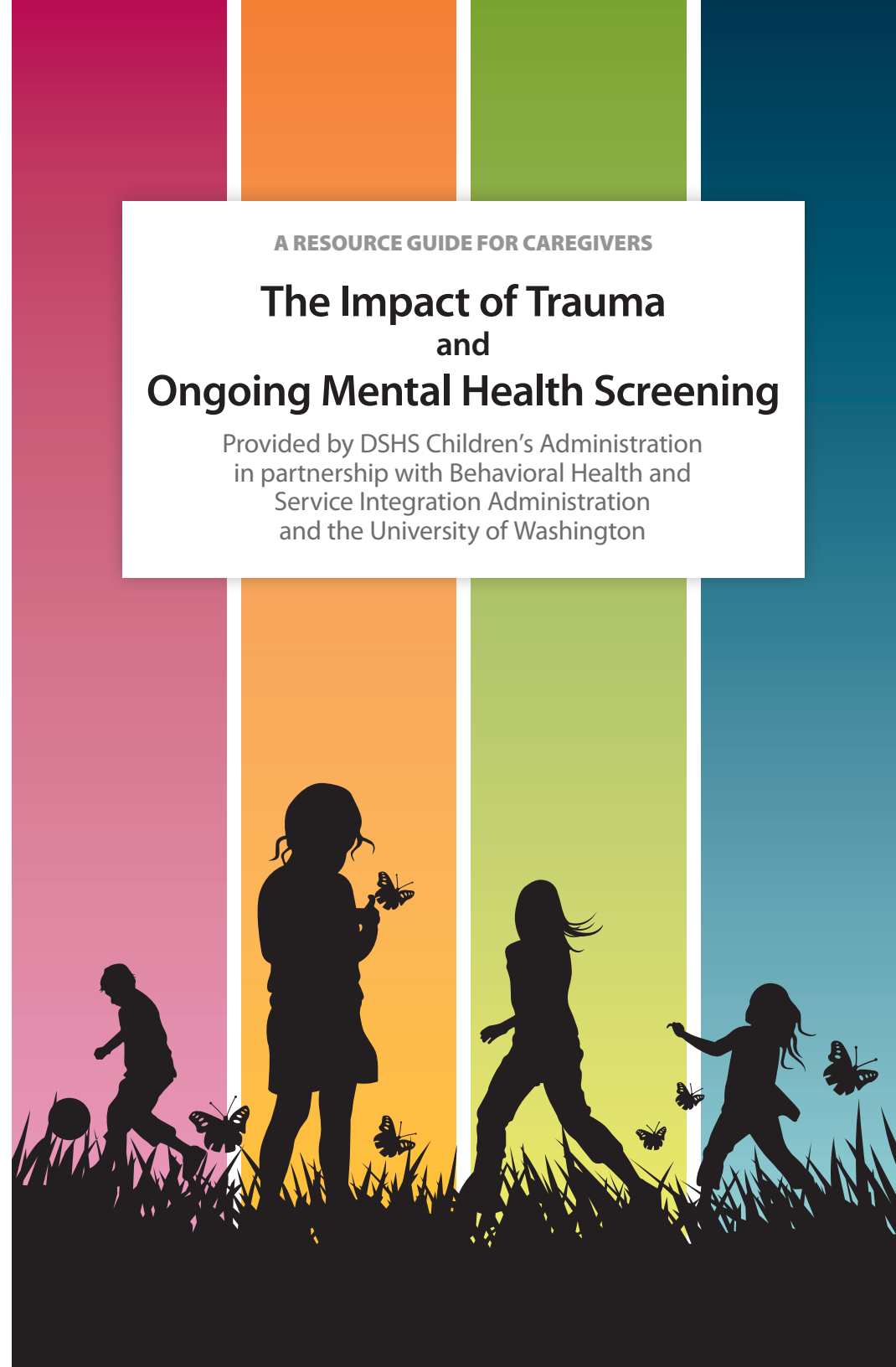


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A RESOURCE GUIDE FOR CAREGIVERS

The Impact of Trauma and Ongoing Mental Health Screening

Provided by DSHS Children's Administration
in partnership with Behavioral Health and
Service Integration Administration
and the University of Washington



What is Trauma?

Trauma is an emotional or physical reaction to an event that is witnessed or experienced by a child/youth that is scary, intense, and/or disturbing. Trauma can result from a variety of situations including, but not limited to:

- Witnessing violence within the family or community
- Experiencing neglect or abandonment
- Being a victim of physical, emotional, or sexual abuse
- Natural disasters
- Loss of a loved one due to accident or violence

Sometimes when a child/youth is exposed to one or more traumatic experiences over the course of their lives, they develop reactions that interfere with their daily lives. Children/youth may think about or relive a frightening event from their past. Certain places, objects, sounds, smells, words, or people may act as trauma reminders or ‘triggers’.

A child/youth may:

- Feel scared and less secure
- Experience depressive symptoms
- Appear anxious, sad, angry, frightened, or hyper vigilant
- Not want to participate in regular activities
- Experience behavioral changes such as difficulty sleeping
- Feel aches and pains with no other indications of illness or injury
- Exhibit rebellious or risky behaviors.

Children/youth can react to trauma differently depending on age, AND not every child who experiences trauma will develop symptoms. Factors such as a child’s age, development level, and supportive resources can affect how a child experiences traumatic stress.



	Developmental Causes for Concern	What You Can Do to Be Supportive
All Ages:	<ul style="list-style-type: none"> ● Problems sleeping ● Night terrors ● Physical complaints ● Obsessive or Hyper Vigilant behavior ● Exhibiting inappropriate sexual behavior 	<ul style="list-style-type: none"> ● Maintain usual routines for meals, sleep, play, school ● Spend time together ● Be a good listener ● Be validating and reassuring
Ages: Birth to Toddlers	<ul style="list-style-type: none"> ● Regularly cries or hard to soothe ● Overly fearful ● Reliving trauma during play ● Little or no reaction when familiar people enter or leave ● Returns to an earlier developmental level 	<ul style="list-style-type: none"> ● Provide a predictable environment by maintaining routines ● Reassure safety and belonging ● Be consistent about expectations ● Encourage them to play or talk about feelings and thoughts
Ages: Pre-School to School Age	<ul style="list-style-type: none"> ● Behavior problems at school ● Aggressive/hostile towards others ● Fearful with familiar adults or too friendly with strangers ● Returns to an earlier developmental level 	<ul style="list-style-type: none"> ● Encourage them to play or talk about feelings and thoughts ● Give simple and realistic answers to questions ● Set gentle but firm limits for ‘acting out behavior’ ● Decrease stimulating tv, movies, video games
Ages: Pre-Adolescent to Pre-Adulthood	<ul style="list-style-type: none"> ● Feels hopeless ● Withdrawn from friends and family ● Violent or abusive behavior ● Increased conflicts ● Difficulty managing emotions in a healthy way ● Use of alcohol or drugs 	<ul style="list-style-type: none"> ● Encourage them to discuss the trauma with a professional or someone they trust ● Answer questions directly ● Encourage participation in routine ● Set clear limits ● Address reckless behavior