INFANT-TODDLER MENTAL HEALTH COALITION OF ARIZONA
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UNIVERSAL BEHAVIORAL HEALTH ASSESSMENT FOR YOUNG CHILDREN REMOVED FROM PARENTAL CUSTODY

Position Statement
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The experience of abuse or neglect sufficiently serious to warrant a child's removal from his/her primary caregiver by Child Protective Services poses a significant risk to that child's behavioral health and overall adaptive functioning and development in all domains. All such children should be referred for developmentally appropriate behavioral health and developmental assessments.

I. Assessment Guidelines

Behavioral health assessments of children ages birth through five years should be consistent with the *Practice Parameter for the Psychiatric Assessment of Infants and Toddlers (0-36 Months)* established by the American Academy of Child and Adolescent Psychiatry [1], the assessment guidelines for use of the *Diagnostic Classification of Mental Disorders of Infancy and Early Childhood established by Zero to Three* [2], and the guidelines established by Zero to Three in *New Visions for Developmental Assessments of Infants and Toddlers* [3]. These guidelines include:

- Infants and toddlers must be evaluated within the context of relationships with their primary caregivers, and the child's relationship and interactions with his or her most trusted caregiver should form the cornerstone of any assessment [1,3, 8].
- The collaboration of parents and caregivers is a prerequisite for an accurate diagnosis, and a working relationship between the assessor and the child's primary caregiver(s) is the crucial foundation for a useful assessment [2, 6, 8].
- Multiple assessments over time are needed because infants and toddlers change rapidly in response to internal and external stressors [1]. Diagnosis needs to be an ongoing process involving periodic re-evaluation of the child and caregivers [2]. When an initial diagnosis is required to secure appropriate multiple assessments and re-evaluation, the following are appropriate designations to consider and use as indicated: Parent-Child Relational Problem, Physical Abuse of Child, Sexual Abuse of Child, Neglect of Child (See DSM-IV for appropriate coding) [6, 7, 8].
- Information from multiple sources including primary caregivers, caseworkers, and other professional caregivers is essential [1, 6].
- Standardized instruments may be used as part of a comprehensive assessment but should not constitute the sole basis for evaluation [1, 7, 8].
- Young children should never be challenged during assessment by separation from their parents or familiar caregivers and should never be assessed by a strange examiner [3].
- Evaluation of infants and young children should utilize the DC 0-3 classification system in conjunction with the DSM IV classification system [1,4].

- A full diagnostic evaluation includes attention to the following [2, 6, 7, 8]
    - Presenting symptoms and behaviors
    - Developmental history – past and current affective, language, cognitive, motor, sensory, family, and interactive functioning;
    - Family functioning and cultural community patterns
    - Parents as individuals
    - Caregiver-infant (child) relationship and interactive patterns
    - The infant's constitutional-maturational characteristics [2].
- An assessment will usually require a minimum of three to five sessions of 45 or more minutes each after the initial intake [2].
- An assessment will usually involve:
    - Taking a medical and developmental history
    - Direct observation of functioning in multiple contexts in all developmental domains, including the caregiver- infant relationship and interaction patterns
    - Hands-on interactive assessment of the infant
    - Standardized developmental assessments as indicated
    - Information obtained from collateral sources

II. Practices to Avoid in the Assessment of Children Ages Birth Through Four Years

- Young children should never be challenged during assessment by separation from their parents of familiar caregiver [3].
- Assessments that are limited to areas that are easily measurable, such as certain motor or cognitive skills, should not be considered complete [3].
- Formal tests or tools should not be the cornerstone of the assessment of a young child [3].

III. Qualifications of Assessment Personnel

Changes in social-emotional development and adaptive functioning during infancy and early childhood are rapid and significant, involving bio- behavioral shifts that are both driven by and dramatically impact the structure and function of the child's central nervous system. The nature and pace of these changes present clinicians with uniquely complex challenges when conducting behavioral health evaluations for very young children and their families. Mental health evaluations for these children should be conducted by behavioral health professionals with the following qualifications:

- A minimum of a master's degree in a behavioral health discipline (clinical psychology, counseling, psychology, social work, psychiatry, marriage and family therapy)
- Specialized training in infant mental health (with endorsement preferred http://www.itmhca.org/endorsement.html).

References

1 American Academy of Child and Adolescent Psychiatry. (1997). Practice parameters for the psychiatric assessment of infants and toddlers (0-36 months). *Journal of the American Academy of Child and Adolescent Psychiatry* 36, 21-36.
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3 Meisels, S.J. & Fenichel, E. (Eds.). (1996). *New Visions for the Developmental Assessment of Infants and Young Children.* Washington, D.C.: Zero to Three/National Center for Clinical Infant Programs.
4 Lieberman, A.F., Wieder, S., & Fenichel, E. (Eds.). (1997). *The DC 0-3 Casebook.* Washington, D.C.: Zero to Three/National Center for Clinical Infant Programs.

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9. Allen, K. (2010). *Issue Brief: Health Screening and Assessment for Children and Youth Entering Foster Care: State Requirements and Opportunities.* Center for Health Care Strategies.