

Diagnostic and Evaluation Services

Location: Office Based

Client: Parent or Child

Duration: Short term – assessment only

Payer: DCS, MCO

Summary:

Diagnostic and assessment services will be provided as requested by the referring worker for parents, other family members, and children due to intervention of the Department of Child Services because of alleged physical, sexual, or emotional abuse or neglect, the removal of children from the care and control of their parents, and/or children alleged to be a delinquent child or adjudicated a delinquent child. The results of an evaluation including diagnostic impression and treatment recommendations will be forwarded to the Family Case Manager to assist the family in remedying the problems that brought the family to the attention of child protective services and/or probation.

Available Evaluations and Assessments:

Clinical Interview and Assessment:

The purpose of the Clinical Interview and Assessment is to provide a clinical snapshot of the referred client and to generate recommendations to address identified needs. The Clinical Interview and Assessment will have the following completed and summarized in a report:

- Bio-psychosocial assessment (including initial impression of parent functioning)
- Diagnosis (if applicable) for the referred client per 405 IAC 5-20-8 (3), a physician, psychiatrist or HSPP must certify the diagnosis. Record of certification by qualified individual must be provided if a diagnosis is included.
- Summary of Recommended Services and Service Approach

Psychological Testing:

The psychologist will conduct applicable psychological testing as recommended during the Clinical Interview and Assessment and approved by DCS. The psychologist will respond with a written report that clearly outlines the findings of the psychological test within 30 days from the completion of the psychological test. The detailed written report should include, but not limited to, defining any applicable diagnosis with appropriate treatment recommendations and considerations, present functioning of the referred individual, and description of the referred individual's history. In addition to the written report, the psychologist (or another appointed staff member) will notify (via email) the referring local DCS office within 48 hours that the psychological testing has been completed.

Neuropsychological Testing:

The psychologist will conduct applicable neuropsychological testing as recommended during the Clinical Interview and Assessment and approved by the Clinical Specialist/Probation Officer. The psychologist will respond with a written report within 30 days from the date of appointment.

Attachment and Bonding Assessment:

An attachment and bonding assessment is used to determine the quality and nature of a child's bond or attachment to a particular person or persons. This might include biological parents, foster parents, guardians, prospective adoptive parents, relatives or siblings. The assessment may be used as one piece of information when making decisions about a child's placement options. Information obtained from the attachment and bonding assessment is focused on the needs of the child, as well as ways to foster relationships and improve attachment quality. It is used specifically to:

- Identify secure vs. insecure attachment patterns;
- Predict the impact on a child of continuing to be in the current situation as opposed to other placement alternatives;
- Assist a parent or caregiver in learning about their own strengths and weaknesses, as well as ways to improve their parenting style based on the needs of the child;
- Assess the future potential and needs of the caregiver-child relationship; and
- Determine the most appropriate parenting style/skills/qualities for substitute caregivers.

Trauma Assessment:

Many people involved with DCS have experienced trauma and meet the clinical criteria for PTSD. However, many who do not meet the full criteria for PTSD still suffer significant posttraumatic symptoms that can have an adverse impact on their behavior, judgment, educational performance and ability to connect with caregivers. A comprehensive trauma assessment helps determine which intervention will be most beneficial.

At a minimum, the trauma assessment should include the following components:

- Social history of the client
- Developmental history of the client;
- Trauma history, including all forms of traumatic events experience directly or witnessed by the client;
- Use of at least one standardized clinical measure to identify types and severity of symptoms the client has experienced. Examples include the UCLA PTSD Index for DSM-IV, Trauma Assessment for Adults- Self Report (TAA), the Trauma Symptoms Checklist for Children (TSCC), the Trauma Symptoms Checklist for Young Children (TSCYC), the Child Sexual Behavior Inventory (CSBI), and the Clinician- Administered PTSD Scale for Children and Adolescents (CAPS-CA)
- Integration of DCS CANS scores; and
- Recommendations for evidence-based, trauma-informed treatment, as appropriate.

Psychosexual Assessment:

This assessment includes the clinical interviews and psychological assessment, in addition to the ERASOR or other approved risk measure for sexually maladaptive youth. The assessment report will include any applicable diagnoses and treatment recommendations.

Medication Evaluation:

If psychiatric consultation/medication evaluation is recommended, the psychiatrist will see the client within 14 days from the date of referral and complete a written report within 30 days from the date of evaluation.

Ongoing Medication Monitoring:

Ongoing medication monitoring will be provided as needed based on the results of the Medication Evaluation.

Child Hearsay Evaluation:

An evaluation completed by a psychiatrist, physician, or psychologist to determine if participation in court proceedings would create a substantial likelihood of emotional or mental harm to the child. This evaluation is intended for youth under the age of 14, or a child at least 14 and younger than 18 that has a substantial disability attributable to impairment of general intellectual functioning or adaptive behavior that is likely to continue indefinitely, and is for use in CHINS or Termination of Parental Rights proceedings. Child Hearsay is governed by Indiana Statute.