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ABSTRACT

This report discusses the outcomes of a study that investigated the effectiveness of the Preschool and Early Childhood Functional Assessment Scale (PECFAS) Screener, an assessment designed to assist in the early identification of mental health concerns in preschool-aged children. Formed in 1993, the Putting All Communities Together 4 Families (PACT 4) program is a Children's Mental Health and Family Service Collaborative that works with four rural counties in Minnesota. PACT 4 began utilizing the PECFAS to assess functional impairment and service outcomes for children ages 4-7 years old. The PECFAS consists of seven subscales for assessing youth (school/daycare, home, community, behavior toward others, moods/emotions, self-harmful behavior, and thinking/communication) and two caregiver scales. The PECFAS Screener was administered in the first pilot to more than 300 children at a dozen preschool screenings. Preliminary findings were encouraging, in that 3% to 8% of the children screened indicated a need for follow-up. Most families were followed up with the more extensive interview of the PECFAS, which resulted in approximately half being referred to parenting education or other related resources and the others being referred for future evaluation. Findings from the second year of the pilot project continue to indicate the usefulness of the screener. (CR)

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Collaborative Screening Program for Pre Schoolers: Early Identification of Mental Health Problems

Introduction

The Preschool and Early Childhood Functional Assessment Scale (PECFAS) Screener (Hodges, 1997) is intended to assist in the early identification of mental health concerns in pre-school aged children. The PECFAS Screener is being used as part of an innovative preschool screening in four rural counties in west-central Minnesota.

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Background

Formed in 1993, the Putting All Communities Together 4 Families (PACT 4) program is a Children's Mental Health and Family Service Collaborative that works with four rural counties in west-central Minnesota. PACT 4 currently has over 90 partners, representing virtually all school districts, county agencies and service providers that work with children and families in the four counties. One of the primary goals of PACT 4 is to help in the early identification of issues that can affect a child's mental health and ability to be successful in school, home, and the community. In 1996, PACT 4 began exploring ways to better identify behaviors and concerns in young children that could lead to more serious issues.

Using 1990 census data, the Substance Abuse and Mental Health Services Agency (SAMHSA; 1998) estimates that 10% of the child population are children with severe emotional disturbance (SED). Current identification rates for the PACT area suggest a number that is much lower (3-4%). It was recognized that "predicting" mental health concerns at an early age is not entirely possible, yet there are indicators that a child may be at risk for more serious mental health concerns. Another factor identified was the inability of existing methodology and screening tools to identify these concerns in young children, and the lack of an organized way for all children and families to have the opportunity for early intervention. This task was complicated by the large geographic area of the PACT 4 collaborative and the varying degree of resources and tools available to assist in identification.

Method

PACT 4 began utilizing the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1990) and a parallel version developed for children ages 4 to 7 years old, the PECFAS (Hodges, 1999), to assess functional impairment and service outcomes for children. Previous studies have illustrated the usefulness and validity of the PECFAS in rating mental health concerns in young children (Murphy, et al., 1999). Similar to the CAFAS, the PECFAS consists of a list of behavioral descriptions from which the rater endorses those that are true for the child. The PECFAS consists of seven subscales for assessing youth (School/Daycare, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior and Thinking/Communication) and two caregiver scales. An interview for the PECFAS, referred to as the PECFAS: Parent Report (Hodges, 1995), which inquires about all the information needed to rate the PECFAS, is available, although not required. For the purposes of screening preschoolers, it was desirable to have a specific set of inquiries, yet the PECFAS interview was too lengthy. To generate a short screening interview, key questions were selected from each of the seven PECFAS domains assessing the youth. The resulting measure is referred to as the PECFAS Screener (Hodges, 1997).

There are 13 school districts within the PACT 4 Families service area, each having an established system for pre-school screening of students. The PECFAS Screener was initially utilized in two communities for one year at all pre-school screenings. Staff were trained in the use of the CAFAS and

PECFAS prior to administering the Screener. The Screener was one evaluative “station” families attended during the screening process (other stations included Vision, Hearing, Developmental and Speech). If three or more areas in the PECFAS Screener were identified as concerns, PACT 4 staff would ask to meet with the parent at a later date to administer a full PECFAS. Based on the PECFAS scores, appropriate referrals and resources were made available.

Due to the encouraging results from this first pilot, a second pilot project is being implemented, with expanded sites and controls to track results. The PECFAS Screener has been translated into Spanish, and bi-lingual staff have been trained to administer it. Specific criteria have been established for determining whether the full PECFAS interview would be administered to a family after a screening. A system has been established to collect and compile information gathered from screenings.

A training process has been established to allow for expansion of the use of the PECFAS Screener in the PACT 4 area. Challenges of the expansion include the varied backgrounds of staff involved in screening, and the different methods used for preschool screening across locations. To provide for consistent administration and follow-up, a training protocol was utilized, which includes training of all staff who will be administering the PECFAS Screener, establishing a primary contact at each location, and agreement to the project protocol. A training manual for the PECFAS is now available (Hodges, 1999).

Results and Discussion

The PECFAS Screener was administered in the first pilot to over 300 children at a dozen pre-school screenings. Preliminary findings were encouraging, in that 3%-8% of the children screened indicated a need for follow-up based on the initial criteria established for the Screener. Most families were followed up with the more extensive interview for the PECFAS, which resulted in approximately half of the families being referred to parenting education or other related resources and the others being referred for further evaluation, testing, or medical referral. Follow-up is voluntary on the part of the parent.

Observations made during the first pilot PECFAS Screening include:

- As this was a pre-school screening, it was often the first opportunity a parent had to discuss behavior concerns of their child. Though the Screener was offered as voluntary, the majority of parents made use of the opportunity.
- The PECFAS Screener served to identify a number of significant issues not previously identified through the four existing screening stations (Vision, Hearing, Development, Speech) or the family's medical doctor. Behavioral concerns were often not identified through the established screening process. Concerns identified through use of the PECFAS Screener included severe post traumatic stress disorder, attention deficit hyperactivity disorder assessment needs, and Sensory Integration Disruption. One child was identified as needing follow-up for symptoms due of childhood schizophrenia due to significant family history.

For the 1999/2000 school year, a second year of the pilot project was initiated. As of February 2000, PECFAS Screeners have been administered at 15 preschool screenings to 323 children. Table 1 summarizes the demographics for this sample.

Table 1
Demographic Information
for Sample (N=323)

Gender	
Male	160
Female	163
Age (in months)	
Under 48	153
48-54	137
55-60	18
Over 60	15
Race/Ethnicity	
Asian/Pac. Is.	1
Caucasian	295
Other	27
Hispanic Heritage	30

Implications

Findings from the second year of the Pilot Project continue to indicate the usefulness of the Screener. The number of children indicating need for further follow up (5% year of the pilot, $n = 18/323$) during this second implementation continues to reflect a similar percentage as the first year of the pilot (between 3%-6%). While results of the follow-up are not all compiled, the follow-up visits have resulted in a number of important referrals for the families. What is increasingly apparent from this second implementation is the importance of the conversations and referrals that take place during the screening process. Approximately 26% of all screenings (i.e., 85 of 323 youths) resulted in a referral to community resources (see Table 2). These referrals took place prior to the child entering kindergarten, when additional resources could be of greatest benefit to the family.

Several issues need to be further explored. Extended experience using the PECFAS Screener has generated ideas for making the questions more family-friendly. One of the most common indicators for follow up was difficulty in daycare. Because a number of children were not in day care, this indicator was not available for these children. A proportionately larger number of boys were referred for follow-up. We are working on developing better criteria for identifying need for services, as well as better ways of classifying the types of referrals discussed during screening. This could lead to the availability of better resources at the screening itself, as well as identifying the needs that are most apparent for children of this age. Plans are to continue using the PECFAS Screener through the 1999/2000 school year. The response from parents has been overwhelmingly positive, in that they appear very interested in discussing their child's needs and in learning about possible resources in their community.

Table 2
Children Identified for Follow-up with PECFAS Screener
($N=18$, 5% of original sample) Summary Of Referrals Made

PECFAS Follow-up	18
PECFAS Completed (Total Scores 70, 80)	2
Referred to Early Childhood and Family Education	4
Already Involved with Resources	2
Referred to Other Services	4
Refused/Chose not to have follow-up	6
Family Physician	3
Early Childhood Education	16
Parent Education	8
Resource Material	24
Learning Readiness	1
Headstart	4
Pre-school	4
Child Care Choices	2
Family Counseling	1
Concerns with Older Siblings	4
Total Referrals	85

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