

# Early Childhood Intervention (ECI)

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## *Description of Early Childhood Intervention (ECI)*

Early Childhood Intervention (ECI) Services is a statewide program that works with families that have children, birth to three, who have disabilities (including certain medical conditions and auditory or visual impairments) and developmental delays. A confirmed developmental delay is not needed in order to refer a family to ECI Services. ECI provides evaluations and assessments to families for no cost to the families. Sliding fee scale is available for families that are able to pay. Based on the evaluations and assessments, ECI professionals work with the family to develop a unique plan for the child. ECI services happen in a family's natural environment (i.e. homes, day care/child care centers, etc.). Families can receive the following through ECI: individualized family service plan; family-centered services; case management; services provided in familiar setting for the child; professional providers (speech and language pathologist, physical and occupational therapist, mental health providers including psychologist, counselors and social workers, registered nurses, and dietitians); and plans for continuing services beyond age three.

## *Screener vs. Assessment*

### Screener

- Widely administered
- Brief
- Easy to complete
- Gives yes or no information
- Focused on a specific topic

### Assessment

- Targeted administration
- In-depth
- Requires training to administer
- Gives unique client picture
- Informs treatment
- Completed over 1-3 visits

## *Recommendation*

Universal trauma screening, or screening of all children and families who receive ECI Services for trauma, is recommended. An agency may decide to do targeted screening of certain clients; however, it is important to clearly define who will receive the screening and when the screening will take place. Because children served through ECI are very young and may have intellectual disabilities or developmental delays, it is necessary to have caregivers complete the trauma screener for the child in this setting. If trauma is identified through the screener it is important to use that information to inform the services or referrals provided to the family. Additionally, it is important to connect the child and family to an appropriate mental health provider that can conduct a more in-depth trauma assessment.

## *Potential Trauma Screening Tools (\* indicates availability of tool in other languages)*

- \*ACEs Survey and Resilience Questionnaire -  
<https://acestoohigh.files.wordpress.com/2014/07/acesandresiliencequestionnaire.docx>
  - Can be used in conjunction with: Brief Resiliency Scale (BRS); Ohio State University (2008)

- \*Edinburgh Postnatal Depression Scale (EPDS) - [http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-\(epds\)](http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds))
- \*Beck Depression Inventory – II (BDI-II) - <http://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html#tab-pricing>
- \*Center for Epidemiologic Studies Depression (CES-D) - [http://www.valueoptions.com/providers/Education\\_Center/Provider\\_Tools/Depression\\_Screening.pdf](http://www.valueoptions.com/providers/Education_Center/Provider_Tools/Depression_Screening.pdf)
- Agency Developed screener based on the NCTSN categories (For example please email [TICC@austinchildguidance.org](mailto:TICC@austinchildguidance.org))

### *Resources*

- Charlton, M., Kliethermes, M., Tallant, B., Taverne, A., Tishelman, A. (2004). Facts on Traumatic Stress and Children with Developmental Disabilities from the National Child Traumatic Stress Network: Adapted Trauma Treatment Standards Work Group Subgroup on Developmental Disability  
[http://www.nctsn.org/sites/default/files/assets/pdfs/traumatic\\_stress\\_developmental\\_disabilities\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/traumatic_stress_developmental_disabilities_final.pdf)
- Stevens, J. E. (2014). To prevent childhood trauma, pediatricians screen children and their parents..and sometimes, just parents...for childhood trauma. From ACES Too High News.  
<http://acestoohigh.com/2014/07/29/to-prevent-childhood-trauma-pediatricians-screen-children-and-their-parentsand-sometimes-just-parents/>
- Instruments for Assessing Parenting Stress and Strengths (\* indicates availability of tool in other languages)
  - Life Stressor Checklist—Revised (LSC-R): Wolfe, Kimerling, Brown, Chrestman, and Levin (1996)
  - Parenting Stress Index (PSI): Abidin (2007)
  - From: <http://www4.parinc.com/Products/Product.aspx?ProductID=PSI-4>
  - \*Davidson Trauma Scale (DTS): Davidson (1996)
  - From: <http://www.nctsn.org/content/identifying-and-providing-services-young-children-who-have-been-exposed-trauma-professionals>

### *Questions to Consider Before Implementation*

- How can our organization integrate screening into current systems?
- Who is responsible for distributing the trauma screener?
- Who is alerted if there is a positive screening?
- How will the various ECI service providers be provided the results of the screener?
  - How will confidentiality be maintained in this process of transferring information?
- Will you track number screened versus the number who screen positive for trauma?
- How will you use the data collected to guide service delivery?