



Behavioral Health Screening Improves Provider Confidence to Holistically Serve Clients

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Interpersonal violence (IPV) and the related trauma can change mothers' mental wellbeing including self-confidence and stress management.

Trauma caused by IPV can also affect a child's development and life into adulthood if not spotted and addressed.

Screening families exposed to IPV for

emotional and behavioral health needs is an important step to support their healing.

Currently, mental health screeners are hard to use outside a medical setting and/or do not fully identify the impact IPV has on children. Our program addressed this need by developing age-specific screeners that identify IPV-related trauma. Training shelter staff on the needs and available services helps them to better serve families.



Figure 1 Photograph by Josh Willink. Pexels CCO.

“Utilizing screeners has proven beneficial in giving staff opportunities to discuss concerns in a more trauma-responsive manner. We know the importance of early interventions in mitigating the risk of long-term effects of trauma, and we want to give our clients every possible resource that could support their healing.” – Project Manager/Therapist

Highlights

A domestic violence shelter successfully launched a behavioral health screening program for adults and children who have experienced IPV.

Offering behavioral health screening for families who have survived IPV can help determine concerns and get them the services they need to continue their healing journey.

With community partners, a domestic violence shelter in a southern United States metro area started a screening program to better spot and meet the needs of families who have faced IPV. Along with the community-based IPV screeners described in [*Screen Mothers, Help Kids: An Innovative Community-Based Partnership Helps Amplify the Voices of Children*](#), this program uses behavioral health screeners for women already in the DV shelter. The screeners evaluate mothers' mental health combined with developmental screeners to assess their children's actions and feelings. Shelter staff were trained on how to give the screeners. When needed, shelter staff referred families to health services, including therapy, support groups, or other community services.

Methods

The program was implemented between December 2021 to July 2022. Success was determined by 1) change in staff confidence and use of the behavioral health screeners, 2) how well behavioral health screening blended into the shelter's intake process, and 3) number of families screened and referred to services. Staff surveys measured changes in staff confidence and use of the behavioral health screener. Surveys were given to staff before and after the training, as well as at one month after training.

Results

Over an eight-month period:

- Staff screened 27 mothers with 50 children for behavioral health needs; 21 families were referred to services.
- Twenty-three of 24 staff completed the behavioral health screening training. After the training, staff felt more confident in screening for behavioral health concerns and childhood development.
- One month after the training, staff reported mixed feelings on giving the behavioral health screening at intake. As one participant explained, "I'm happy this screening and assessment are being given, however I don't think it's appropriate to give them at their intake. More often than not, clients want to elaborate on their experiences at intake because they're in crisis and we're there to listen. It's hard to build rapport while interrupting and redirecting the client to the task at hand."

HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR WORK?

As a field, Community Psychology recognizes that each person is interdependent within a larger context. Therefore, it is less impactful to identify or provide separate services to mothers and children faced with IPV. Adding a behavioral health screener to client entry processes prioritizes emotional and behavioral health needs of mothers and children together. Referring families to services to better meet these needs is central for their healing and future wellbeing.

- Feedback from staff included offering practice sessions on giving the screener, tools to help staff talk with families while addressing fears of disclosure, booster trainings and time for staff to build a trusting relationship with families before completing the screener.

What Does This Mean For?

Research and Evaluation: Screening and referral processes should address challenges to screening, referrals, and service uptake among staff and IPV affected families. Challenges may include negative beliefs, fear, and a screening tool that is difficult to use.

Practice: Social service organizations can better serve the emotional and behavioral needs of families who have experienced IPV. Examples of this are behavioral health screeners and improving staff awareness and knowledge. Partnering with other community organizations means easier access to additional services and resources.

Social Action: The emotional and behavioral health needs of families who have experienced IPV must be a top priority to help in their healing. Needs can be addressed by encouraging the use of behavioral health screeners in a variety of locations, like shelters, medical offices, schools, childcare centers, and after school programs.

Similar Settings: Prioritizing such needs can be done by including age-specific screeners. The program led to positive results like increased referrals to social services that meet parents and children's behavioral health needs.

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