



GIL INSTITUTE SERVICE DESCRIPTION

EXTENDED PLAY-BASED DEVELOPMENTAL ASSESSMENT (EPBDA)

Statement of the Problem

Mental health professionals are often asked to conduct assessments with young children to determine a number of things, including: developmental functioning; current psychological, social, and emotional status; presence of symptoms suggesting childhood disorders; and/or current attachment style, relational health, and perception of important caretakers in their lives. In addition, young children may have alleged physical or sexual abuse, or child maltreatment by caretakers, family members, or others. Referring parties include school personnel, parents, caretakers, social service agencies, courts, or attorneys.

The Extended Play Play-Based Developmental Assessment (EPBDA) is shown to be particularly useful for very young children who are less verbally expressive, for hesitant or ambivalent children who may feel compromised by demands for verbal communication, and for adolescents who may be unable or unwilling to verbally participate in an assessment or therapy. In fact, although originally designed for young children, the EPBDA can be adapted for toddlers and very young children (EPBDA-YC), as well as for children of all ages.

The EPBDA is not a custody evaluation or a forensic evaluation and is not designed primarily to evaluate allegations of abuse. However, in the typical course of this assessment, clinicians will likely become privy to those concerns, fears, or anxieties present in children at the time of the referral.

Service Description

Gil Institute for Trauma Recovery and Education staff are trained and seasoned mental health professionals, working within the context of attachment and child development domains, and well-versed in the topic of childhood trauma and its potential impact on development. The EPBDA consists of meeting individually with young children and allowing them to become comfortable with the setting and therapist. The extended assessment may be concluded between 8 and 12 individual child sessions and includes clinical observation, children's participation in a variety of play-based activities, attention to and interpretation of thematic material in children's play, completion of paper-pencil tests, if appropriate, and therapeutic dialogues. Clinicians typically use an integrative approach, including



cognitive behavioral and expressive therapies, in the context of building a supportive therapeutic relationship.

The initial goal of the EPBDA is to gain an understanding of children’s unique functioning, identify problem areas, rule clinical symptoms in or out, understand children’s perceptions of their important relationships, and subsequently develop recommendations that meet the specific needs of children and their families that may or may not suggest therapeutic services. However, if acute symptoms emerge in children during the assessment period, clinicians will shift their focus to providing therapeutic interventions to either children directly or to their parents in order to address and alleviate children’s distress.

Service Procedure

During the assessment process parents or caretakers may be asked to complete the Child Behavior Check List (CBCL) as well as the Child Sexual Behavior Inventory (CSBI), if identified as a concern. Children ages 7 and above may be asked to fill out standardized instruments such as the Trauma Symptom Checklist for Children / Young Children (TSCC or TSCYC), or the UCLA PTSD index, if deemed relevant. In addition, depending on the age of the child, instruments that gauge developmental functioning, such as the Greenspan Social-Emotional Growth Chart Questionnaire, may be included. The EPBDA allows clinicians to comment on children’s physical and emotional functioning; themes evident in play, language, behavior, or activities; relational issues; observed or reported symptomatology; communication style; spontaneous verbal communications; and differential developmental functioning based on age, gender and culture.

Service Adaptation: Extended Play-Based Developmental Assessment for Young Children (EPBDA-YC)

One of the unique features of the EPBDA is that clinicians conduct these assessments with children as young as two years of age. The major difference between the two approaches is the degree of reliance on play-based tasks that may be beyond children’s cognitive and developmental levels. Instead, very young children will be allowed to engage in generic play therapy and focused attention will be placed on the play, with exceptional attention to signs of post-traumatic play, or any aspects of children’s play that signal concerns. Clinicians at Gil Institute, most of whom have special training in play therapy and other expressive approaches, are in a singular position to assess children’s play and identify developmentally typical or expectable play, or atypical or unusual features in the play.



Service Overview

1. Phone or in-person interview with referring professionals with identification of specific assessment question;
2. Eight to twelve individual sessions with child (parents may provide support by staying in the therapy office during early meetings; however, efforts are made to get children comfortable quickly so that parents can move to the waiting area);
3. EPBDA developmental tasks are completed and paper-pencil tests are reviewed/scored;
4. Termination session conducted with children;
5. Exit interviews may be appropriate with parent(s);
6. Verbal assessment feedback meeting and/or preparation of written reports, if requested and agreed upon at the outset.

Assessment-Specific Instruments

Clinicians use discretion in selecting the use of instruments designed to provide additional data regarding children's development and functioning. During the EPBDA, clinicians may ask for parents to fill out the Child Behavior Checklist, the Child Sexual Behavior Inventory, or the Trauma Symptom Checklist for Young Children. In addition, children over 7 may be asked to fill out the Trauma Symptom Checklist for Children.

Service Fee

Clinicians conducting the EPBDA charge their hourly fees and these are agreed upon in the written treatment agreement at the time of intake. Assessment sessions may occur weekly or bi-weekly depending on the specific needs of the child or youth. The specific format, timeframe, and structure will be determined at the outset and may be adjusted if and when deemed clinically necessary. In addition, clinicians and clients will clarify expectations for verbal or written reports.