

Using the Recent Stressors Questionnaire (RSQ) to Identify Trends in Child Referrals

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Abstract

The NC START Central team began serving children (6-20) in January 2016. A total of 107 children have been referred and served by this team since implementing child START. This team has served the adult population for 9 years prior to adding children to the service array. While there are similarities in implementing the START model for both adults and children there were many differences noted in the children's support systems.

This poster provides a descriptive overview of trends noted in the children referrals in the past 16 months including results of the Recent Stressors Questionnaire (RSQ).

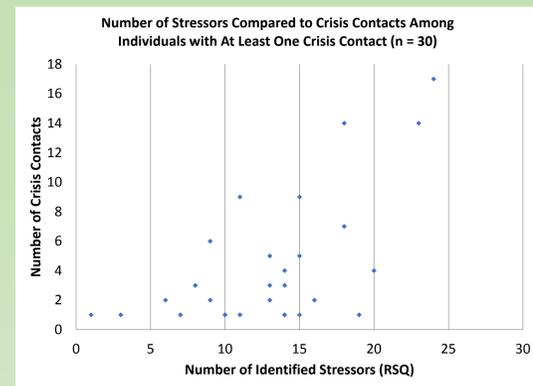
The Recent Stressors Questionnaire (RSQ) is a tool to assess individuals with IDD experiencing increased emotional or behavioral stress and who are experiencing a crisis. The RSQ is used by the START teams to assess factors that may be playing a part in the crisis event. The survey includes 31 different stressors that are designed to pick up on possible BioPsychoSocial factors that may impact the stability of the individual and their system of support.

Data from SIRS (START Information Reporting System) outlined here describes the average age, gender, level of ID, occurrence of psychiatric diagnoses, living situation and services received at the time of referral. We also looked at the most frequently occurring stressors reported on the initial RSQ. Total number of crisis contacts after referral were used as comparative data with the total number of reported stressors on the RSQ.

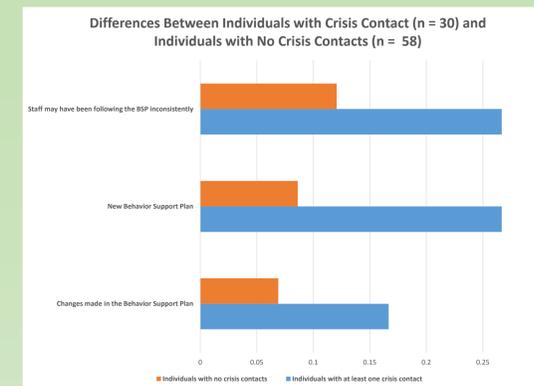
A comparison of RSQ stressors and crisis contacts indicated that the more stressors reported the more likely the individual's system would utilize the START crisis line for support. Data also suggests that those systems that have recently had a new Behavior Support Plan (BSP) implemented or a current BSP revised were also more likely to utilize the START crisis line. A third comparison looking at those who had crisis contacts vs. those who had no crisis contacts identified a number of RSQ stressors that seem to have no correlation with the use of crisis line support.

This comparison of data utilized a relatively small sample of children due to the newness of the program. Future analysis of this data with a larger sample will be helpful to inform the START team on how best to support children and their systems of support. Additional analysis of reported stressors as early indicators for the potential for crisis events would be helpful in developing preventative strategies and supports for children and their families.

Number of Stressors Compared to Crisis Contacts



Crisis Contacts vs. No Contacts



Recent Stressors Questionnaire (RSQ)

- The RSQ was developed by Laurie Charlot, PhD as a tool to assess individuals with IDD experiencing increased emotional or behavioral stress, or who are "in crisis" due to suspected acute mental health concerns.
- The survey focuses on 31 different stressors that can help START Coordinators gather a broad range of information about factors that contribute to alterations in mood, behavior and mental status.
- The RSQ is used at intake and during all emergency assessments

How START Utilizes the RSQ

- The RSQ provides a starting point for the START Coordinator to further explore the contribution of stressful events and factors to the current "presenting problem".
- The START Model follows a BioPsychoSocial approach and this tool helps to gather possible biopsychosocial stressors that may be factors in maintaining stability of the individual and/or the system of support.
- Results of the RSQ can provide crucial information for the START team regarding priority of strategies and supports based on identified stressors.

Child Referral Demographics at Referral

Gender

Female	26	25%
Male	66	75%
Total	88	

Age

Mean Age	13.5
Median	15
Mode	15
Range	5-20

Level of ID

Borderline	4	5%
Mild	32	36%
Moderate	17	19%
None noted	11	13%
Normal intelligence	12	14%
Severe	9	10%
Unreported	3	3%
Total	88	

Frequency of Psychiatric Diagnoses

Anxiety Disorders	11	10%
Attention-Deficit/Hyperactivity Disorder	52	49%
Autism Spectrum Disorder	37	35%
Bipolar and Related Disorders	6	6%
Depressive Disorders	17	16%
Disruptive Impulse Control Disorders-Other	4	4%
Intermittent Explosive Disorder	2	2%
Obsessive Compulsive Disorder	4	4%
Oppositional Defiant Disorder	15	14%
Other	3	3%
Posttraumatic Stress Disorder	14	13%
Reactive Attachment Disorder	3	3%
Schizophrenia Spectrum Disorders	11	10%
Tic Disorders	2	2%
Total	88	

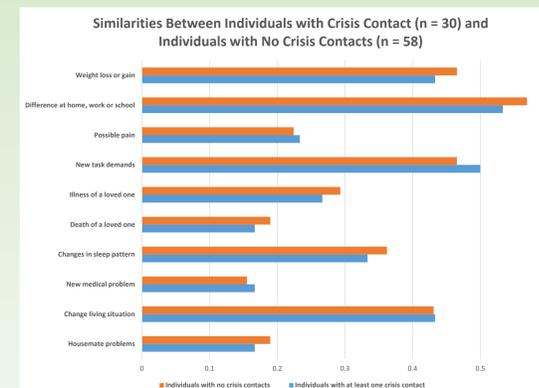
Services at Enrollment

Vocational/prevocational services	1	1%
Day services/program	7	8%
Respite Services	29	33%
Behavioral support services	10	11%
Case management/service coordination	51	58%
Mental health outpatient services	20	23%
Enhanced staffing (1:1 or 2:1 staff)	15	17%
None	12	14%
Total	88	

Living Situation

Alternative Family Living (AFL)	2	2%
Community ICF/DD	3	3%
Family home	67	76%
Foster care home	2	2%
Group home	7	8%
Homeless, sheltered	1	1%
Other	1	1%
Psychiatric hospital	1	1%
State operated I/DD center	2	2%
Unreported	32	2%
Total	88	

Similarities in Crisis vs. No Crisis Contact



Implications

- Correlation was noted between reported stressors related to Behavior Support plan implementation/changes and increased crisis contacts
- Comparison data indicates that there are several stressors that may not be good indicators of crisis contacts but rather the more stressors noted the higher the occurrence of crisis contacts
- It was noted that stressors related to medical/physical factors were some the lowest reported stressors, although we know that biological factors in this population is one of the leading causes of crisis
- Additional analysis of reported stressors as early indicators for the potential for crisis events would be helpful in developing preventative strategies and supports for children and their families.

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