Interviewing and Monitoring Tools

Excerpted from: School-Based Client Consultation, Referral, and Management of Care

Intro: Facets of Connecting a Student to the Right Help

• Triage Review Request Form
• Student’s View of the Problem
  >For All But Very Young Students
  >For Very Young Students
• Follow-up Rating Forms
  >Intervener
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• Management of Care Review Form
  >Initial
  >Immediate Follow-up
  >Ongoing Team Review
• End of Intervention
Facets of Connecting a Student with the Right Help

School staff identify many mental health problems each day. Some students are best served by helping to ensure that appropriate pre-referral interventions are implemented; others require referrals. The process of connecting the student with appropriate help can be viewed as encompassing four facets: (1) screening/assessment, (2) client consultation and referral, (3) triage, and (4) monitoring/managing care. The following brief comments provide a bit more information about such matters.

Screening to Clarify Need

Most of the time it will not be immediately evident what the source of a student’s problems are or how severe or pervasive they are. As you know, the causes of behavior, learning, and emotional problems are hard to analyze. What look like a learning disability or an attentional problem may be emotionally-based; behavior problems and hyperactivity often arise in reaction to learning difficulties; problems with schooling may be due to problems at home, reactions to traumatic events, substance abuse, and so forth. It is especially hard to know the underlying cause of a problem at school when a student is unmotivated to learn and perform.

This, then, becomes the focus of initial assessment – which essentially is a screening process. Such screening can be used to clarify and validate the nature, extent, and severity of a problem. It also can determine the student’s motivation for working on the problem. If the problem involves significant others, such as family members, this also can be explored to determine the need for and feasibility of parental and family counseling.

In pursing screening/assessment and diagnosis, the following points should be considered:

• When someone raises concerns about a student with you, one of the best tools you can have is a structured referral form for them to fill out. This encourages the referrer to provide you with some detailed information about the nature and scope of the problem. An example of such a form is provided at the end of this section.

• To expand your analysis of the problem, you will want to gather other available information. It is good practice to gather information from several sources – including the student. Useful sources are teachers, administrators, parents, home visit also may be of use. You will find some helpful tools in the accompanying materials.
• And you can do a screening interview. The nature of this interview will vary depending on the age of the student and whether concerns raised are general ones about misbehavior and poor school performance or specific concerns about lack of attention, overactivity, major learning problems, suicidal, or about physical, sexual, or substance abuse. To balance the picture, it is important to look for assets as well as weaknesses. (In this regard, because some students are reluctant to talk about their problems, it is useful to think about the matter of talking with and listening to students - see I B).

• In doing all this you will want to try to clarify the role of environmental factors in contributing to the student’s problems.
Triage Review Request Form
(Request for Assistance in Addressing Concerns about a Student/Family)

Extensive assessment is not necessary in initially identifying a student about whom you are concerned. Use this form if a student is having a significant learning problem, a major behavior problem, or seems extremely disturbed or disabled.

Student's Name _______________________________________ Date:_______

To: ___________________________________ Title: ___________________

From: ___________________________________ Title: ___________________

Apparent problem (check all that apply):

___ physical health problem (specify) _______________________________

___ difficulty in making a transition
  ( ) newcomer having trouble with school adjustment       ( ) trouble adjusting to new program

___ social problems
  ( ) aggressive       ( ) shy       ( ) overactive       ( ) other ______________________

___ achievement problems
  ( ) poor grades       ( ) poor skills       ( ) low motivation       ( ) other ____________

___ major psychosocial or mental health concern
  ( ) drug/alcoh. abuse       ( ) pregnancy prevention/support       ( ) self esteem
  ( ) depression/suicide       ( ) eating problems (anorexia, bulim.)       ( ) relationship problems
  ( ) grief       ( ) physical/sexual abuse       ( ) anxiety/phobia
  ( ) dropout prevention       ( ) neglect       ( ) disabilities
  ( ) gang involvement       ( ) reactions to chronic illness

Other specific concerns

Current school functioning and desire for assistance

Overall academic performance
  ( ) above grade level       ( ) at grade level       ( ) slightly below grade level       ( ) well below grade level

Absent from school
  ( ) less than once/month       ( ) once/month       ( ) 2-3 times/ month       ( ) 4 or more times/month

Has the student/family asked for:
  information about service Y   N
  an appointment to initiate help Y   N
  someone to contact them to offer help Y   N
(For use with all but very young students)

**Student's View of the Problem -- Initial Interview Form**

Interviewer ______________________ Date______________
Note the identified problem:

Is the student seeking help?   Yes   No
If not, what were the circumstances that brought the student to the interview?

____________________________________________________________________________________

Questions for student to answer:

Student's Name _______________________________ Age _____   Birthdate ___________
Sex:   M  F   Grade ________   Current Placement ______________________
Ethnicity __________Primary Language ____________________

We are concerned about how things are going for you. Our talk today will help us to discuss
what's going O.K. and what's not going so well. If you want me to keep what we talk about
secret, I will do so -- except for those things that I need to discuss with others in order to help
you.

(1) How would you describe your current situation? What problems are you experiencing?
What are your main concerns?

(2) How serious are these matters for you at this time?

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<tbody>
<tr>
<td>very serious</td>
<td>serious</td>
<td>Not too serious</td>
<td>Not at all serious</td>
</tr>
</tbody>
</table>

(3) How long have these been problems?

___ 0-3 months ___4 months to a year ___more than a year
(4) What do you think originally caused these problems?

(5) Do others (parents, teachers, friends) think there were other causes?  
   If so, what they say they were?

(6) What other things are currently making it hard to deal with the problems?

(7) What have you already tried in order to deal with the problems?

(8) Why do you think these things didn't work?

(9) What have others advised you to do?
(10) What do you think would help solve the problems?

(11) How much time and effort do you want to put into solving the problems?

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<tbody>
<tr>
<td></td>
<td>not at all</td>
<td>not much</td>
<td>only a little bit</td>
<td>more than a little bit</td>
<td>quite a bit</td>
<td>very much</td>
</tr>
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</table>

If you answered 1, 2, or 3, why don't you want to put much time and effort into solving problems?

(12) What type of help do you want?

(13) What changes are you hoping for?

(14) How hopeful are you about solving the problems?

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<tbody>
<tr>
<td></td>
<td>very hopeful</td>
<td>somewhat hopeful</td>
<td>not too hopeful</td>
<td>not at all hopeful</td>
</tr>
</tbody>
</table>

If you're not hopeful, why not?

(15) What else should we know so that we can help?

Are there any other matters you want to discuss?
Student's View of the Problem -- Initial Interview Form

Interviewer ______________________ Date ________________

Note the identified problem:

Is the student seeking help?  Yes  No
If not, what were the circumstances that brought the student to the interview?

____________________________________________________________________________________

Questions for student to answer:

Student's Name _______________________________ Age _____   Birthdate ___________
Sex:  M  F  Grade ________       Current Placement ______________________
Ethnicity __________Primary Language ____________________

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

(1) Are you having problems at school?  ___Yes  ___No
If yes, what's wrong?

What seems to be causing these problems?
(2) How much do you like school?

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<tr>
<th></th>
<th>1 not at all</th>
<th>2 not much</th>
<th>3 only a little bit</th>
<th>4 more than a little bit</th>
<th>5 Quite a bit</th>
<th>6 Very much</th>
</tr>
</thead>
</table>

What about school don't you like?

What can we do to make it better for you?

(3) Are you having problems at home?  ___Yes  ___No

If yes, what's wrong?

What seems to be causing these problems?

(4) How much do you like things at home?

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<tr>
<th></th>
<th>1 not at all</th>
<th>2 not much</th>
<th>3 only a little bit</th>
<th>4 more than a little bit</th>
<th>5 Quite a bit</th>
<th>6 Very much</th>
</tr>
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</table>

What about things at home don't you like?

What can we do to make it better for you?
(5) Are you having problems with other kids? ___Yes ___No
If yes, what's wrong?

What seems to be causing these problems?

(6) How much do you like being with other kids?

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<th>not at all</th>
<th>not much</th>
<th>only a little bit</th>
<th>more than a little bit</th>
<th>Quite a bit</th>
<th>Very much</th>
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</table>

What about other kids don't you like?

What can we do to make it better for you?

(7) What type of help do you want?

(8) How hopeful are you about solving the problems?

<table>
<thead>
<tr>
<th></th>
<th>very hopeful</th>
<th>somewhat</th>
<th>not too</th>
<th>not at all hopeful</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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</table>

If you're not hopeful, why not?

(9) What else should we know so that we can help?

Are there any other things you want to tell me or talk about?
Follow-up Rating Form -- Service Status (Intervener Form)
(To be filled out periodically by interveners)

To: _____________________ (Intervener's name)

From: _____________________, Primary Care Manager

Re: Current Status of a client referred to you by _________________ school.

Student's Name or ID # ________________________ Birthdate _______ Date __________

Number of sessions seen:    Ind. ___  Group ___

What problems were worked on?

Current status of problems worked on: (Severity at this time)

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<thead>
<tr>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>very severe</td>
<td>severe</td>
<td>not too severe</td>
<td>not at all severe</td>
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</table>

If the problems worked on differ from the "presenting" problems (e.g., referral problem), also indicate the current status of the presenting problems.

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<tr>
<th>1</th>
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<tbody>
<tr>
<td>very severe</td>
<td>severe</td>
<td>not too severe</td>
<td>not at all severe</td>
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</tbody>
</table>

Recommendations made for further action:

Are the recommendations being followed?    YES   NO
If no, why not?

How much did the intervention help the student in better understanding his/her problems?

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<tbody>
<tr>
<td>not at all</td>
<td>not much</td>
<td>only a little bit</td>
<td>more than a little bit</td>
<td>quite a bit</td>
<td>very much</td>
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How much did the intervention help the student to deal with her/his problems in a better way?

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<tbody>
<tr>
<td>not at all</td>
<td>not much</td>
<td>only a little bit</td>
<td>more than a little bit</td>
<td>quite a bit</td>
<td>very much</td>
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Prognosis

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<th>1</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>very positive</td>
<td>positive</td>
<td>negative</td>
<td>very negative</td>
</tr>
</tbody>
</table>
Follow-up Rating Form -- Service Status (Client Form)  
(To be filled out periodically by the clients)

Student's Name or ID # ________________________ Birthdate _______ Date___________

1. How worthwhile do you feel it was for you to have worked with the counselor?

   1 not at all  2 not much  3 only a little bit  4 more than a little bit  5 quite a bit  6 much

2. How much did the counseling help you better understand your problems?

   1 not at all  2 not much  3 only a little bit  4 more than a little bit  5 quite a bit  6 much

3. How much did the counseling help you deal with your problems in a better way?

   1 not at all  2 not much  3 only a little bit  4 more than a little bit  5 quite a bit  6 much

4. At this time, how serious are the problems for you?

   1 very severe  2 severe  3 not too severe  4 not at all severe

5. How hopeful are you about solving your problems?

   1 very hopeful  2 somewhat hopeful  3 not too hopeful  4 not at all hopeful

   If not hopeful, why not?

6. If you need help in the future, how likely are you to contact the counselor?

   1 not at all  2 not too likely  3 likely to  4 definitely will
Management of Care Review Form

Student's Name or ID # ________________________ Birthdate _______

Primary Manager of Care ____________________________

Management of Care Team (including student/family members):

____________________________________________________________________________

Initial Plan

Date management of care file opened: ____________

Student Lives with: __________________________ Relationship _________________

Address_______________________________  Phone _________________

Home language ____________________________________________________

Type of concern initially presented  (briefly describe for each applicable area)

<table>
<thead>
<tr>
<th>How serious are the problems?</th>
<th>Learning:</th>
<th>Behavior:</th>
<th>Emotional:</th>
<th>Other:</th>
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<tbody>
<tr>
<td>not too serious</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>very serious</td>
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</table>

Problem Identified and Referred by: ______________________________   date________

Initial client consultation done with: _______________________________     date _________

Conducted by:_________________________________

Indicate diagnosis (if any): ____________________________

Recommendations/Decisions/consents:

Planned Date for Immediate Follow-up: ____________

(2 weeks after recommended action)
Immediate Follow-up

Date: ____________________

Appropriate client follow-through? Yes  No

If no, why not?

Is the original plan still appropriate? Yes  No

If no, why not?

What changes are needed?

Any problems with coordination of interventions? Yes  No

If yes:

What needs to be done? By Who? When? Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

SYSTEMS OF CARE REVIEW: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for first team review: ____________________
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.
First Team Review  

Date:_________________  

Team members present:  
______________________  _____________________  _____________________  
______________________  _____________________  _____________________  

General Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)  

With respect to concerns initially presented, at this time –  

<table>
<thead>
<tr>
<th></th>
<th>Amount of Improvement Seen</th>
<th>Not too much</th>
<th>Some</th>
<th>Much</th>
<th>Very much</th>
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<tbody>
<tr>
<td>Learning:</td>
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<td>Emotional:</td>
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<td>Other:</td>
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<td>1  2  3  4  5  6</td>
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</table>

Appropriate client follow-through?  
Yes  No  
If no, why not?
Is the current plan still appropriate? Yes No

If no, why not?

What changes are needed?

Any problems with coordination of interventions? Yes No

If yes:

What needs to be done? By Who? When? Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

**SYSTEMS OF CARE REVIEW**: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for next team review:
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.
Note: This sheet may be used several times over the course of intervention (e.g., every 2 mths).

**Ongoing Team Review**

Date:_________________

Team members present:
__________________________________________________
__________________________________________________
__________________________________________________

General Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time –

<table>
<thead>
<tr>
<th></th>
<th>not too severe</th>
<th>How Severe?</th>
<th>very severe</th>
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<tr>
<td>Learning:</td>
<td>1 2 3 4 5 6</td>
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<td>Behavior:</td>
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<td>Other:</td>
<td>1 2 3 4 5 6</td>
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Appropriate client follow-through? Yes No

If no, why not?
Is the current plan still appropriate?  Yes  No

If no, why not?

What changes are needed?

Any problems with coordination of interventions?  Yes  No

If yes:

What needs to be done?  By Who?  When?  Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

SYSTEMS OF CARE REVIEW: Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies?  If so, these implications should be directed to those responsible for enhancing the system.

Planned date for next team review: ____________________
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.
**End of Intervention**  
Date: ______________

Final Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time –

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<td></td>
<td>severe</td>
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<tr>
<td>Learning:</td>
<td>1 2 3 4 5 6</td>
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<td>Behavior:</td>
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<td>1 2 3 4 5 6</td>
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<tr>
<td>Other:</td>
<td>1 2 3 4 5 6</td>
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Why is the intervention ending?

If the client still needs assistance, what are the ongoing needs?

What plans are there for meeting these needs?

If there are no plans, why not?