Health Service Applications

Assessment Strategies for School-Based Mental Health Counseling
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Mental health professionals bring to schools an in-depth understanding of child and adolescent development, including recognition of problems and their causes. They also bring a special perspective on enhancement of functioning and amelioration of problems. They address attitude and motivational changes in individuals and institute system changes to improve school settings. Such a range of knowledge and skills offers many benefits in establishing “best fit” and “least intervention needed” strategies for students lacking success. When school mental health professionals accurately and efficiently assess students’ strengths and problems, they can match them to the range of intervention programs and services in schools and communities. This process keeps these professionals from being overwhelmed with large case loads and direct services.

MENTAL HEALTH ASSESSMENT IN SCHOOLS

School mental health assessments range from test-based assessments by school psychologists for special education eligibility for emotionally disturbed students to clinical interviews conducted in screening and triage processes and as ongoing aspects of counseling. Assessment seeks to describe and make judgments to assist in decision making, such as a conclusion about the past, (such as what caused a problem); a statement about the present, such as problem severity and developmental assets; and a prediction about the future, such as how much the problem will improve with intervention.

Assessments include descriptions based on data collected by formal or informal measures, such as tests and observations of people or settings. Judgments are made when data are deemed good or bad, above or below standard, pathological or not. Choices about what data to collect and what to exclude are guided by the types of decisions made: diagnosis, treatment planning, or referral.

Assessment not only involves persons, environments and person-environment transactions can be assessed as well. However, assessment continues to be viewed in terms of screening and diagnosis, and it is shaped by the presumption that the focus is on problems that stem from and belong to individuals. Assessment does not have to be restricted to problems; strengths and interests also can be identified and are important in correcting problems.

Individualized assessments for students often combine labeling (such as a diagnosis), determination of cause and severity, and program planning. This is often done in one interview or appointment. Such a single-stage approach raises concerns. Critics question the validity and reliability of data and the accuracy of decisions made.

Schools often have a multidisciplinary team that reviews students experiencing problems, such as student success teams, guidance teams, and prereferral teams. These teams focus on screening, triage, and referral. Some teams approach assessment through prereferral interventions. Prereferral assessment examines the problem from all sides: settings that might cause problems, and potential changes to eliminate the problems. Optimally, referral interventions can yield more accurate information about the problems and effective solutions.

To avoid blaming individuals rather than deficient environments, school professionals need to gather a broad range of data, elicit perspectives of students as well as adults who work with them, and delay reaching conclusions until students can function in improved settings. Funding sources may intensify the focus on labeling individuals while ignoring environments that may cause the problems. Tools for assessing environmental barriers to learning can help balance the person-as-problem bias, including the Classroom Environment Scale and the Sense of Community Survey.

An initial screening tool that allows students to self-identify problems with a mental health professional following up often provides the best avenue for assessing the student’s problems. Such screening tools can include an informal list of common problems and symptoms, an intake form for a school-based health center, or a standardized instrument, such as the Child Behavior Checklist or the Children’s Depression Inventory.

Practitioners often involve the family in the assessment process. Some gather background and family history. Others focus more comprehensively on strengths and problems in the family so interventions can build on this important component of support.
ASSESSMENTS
AND CULTURAL DIFFERENCES

An important challenge for school-based mental health staff involves working with students from many cultures, some recently arrived in the United States. Improved practices can reduce cultural bias, including translations of interview and assessment tools in the student’s language with careful review to use language appropriately; including questions about religion/spirituality/beliefs; and if standardized instruments are used, reviewing demographics of the norm samples to ensure the scoring criteria are appropriate for the population.

In conducting assessments, school-based mental health clinicians use interpersonal skills and cultural sensitivity to ensure the student feels comfortable using the interviewer’s language; ask open-ended questions about the student’s background and culture; show sensitivity to alternate life styles and remain nonjudgmental; ask students to define/interpret meanings, such as “What does this mean in your culture?”; ask how various emotions are expressed and accepted in their culture; share their own culture to show awareness of possible cultural biases; work with school staff to explore stereotypes that exist at the school, and train staff regarding various cultural differences as an important part of the assessment follow up; and review the student’s records and results of previous assessment to see that labels were not used inappropriately based on cultural biases.

Practitioners conducting assessments should understand the social and cultural context in which problems occur. The practitioner, in conducting an initial assessment, should consider these issues when evaluating the student’s behavior. During the treatment phase, unhealthy behaviors and practices can be addressed. For example, early sexual activity may occur commonly in a high-poverty community. Consequences associated with early sexual activity range from early childbearing to more serious medical problems such as pelvic inflammatory disease and infertility. In assessing a young girl who may be sexually active, the practitioner should understand the relationship between poverty and early sexual activity, so the practitioner is less inclined to be judgmental or to blame the victim. Once a relationship is established, the practitioner begins to engage the student in discussions about her life in general – her goals and aspirations, where she wants to be in her life in several years, and what she needs to get to where she wants to be. Sexual activity then can be addressed nonjudgmentally.

BALANCE THROUGH
STRENGTH-BASED ASSESSMENT

Resilience assessment distinguishes two types of assets: protective factors, sometimes referred to as external assets, and resilience traits, also known as internal assets. Protective factors include supports and opportunities, including caring relationships, high expectations, and opportunities to participate in meaningful activities that foster positive developmental outcomes. Resilience traits include the individual qualities and characteristics that enhance and work together with protective factors to promote healthy development and to protect against negative outcomes.

School-based mental health professionals have access to a range of settings and behaviors that allow them to encourage students to explore strengths as well as problems in their assessment of students. In crisis situations, clinicians can refocus from despair to resilience. Specific techniques to focus on strengths include asking students what others would identify as their strengths, using art or other avenues in which the student excels, sharing with families what the students consider as their strengths. Specific measures focused on strengths include the Healthy Kids Resilience Assessment and the Search Institute questionnaire.

Informal techniques to assess strengths include asking “What would you give yourself A’s in?” “What can you help with/teach someone else?”; using graphs and charts to show progress; using different modes of learning; teaching about affirmations including what they are and how to use them; including the student in developing the assessment tool; recognizing the need for tools to change frequently to reflect changes in “what’s cool,” reframing to show how the student handles problems successfully; asking “What do you like about yourself?” “What do you need for self-determination?”; showing progress on grades or attendance; giving children examples of a strength and what strengths they see in others; asking “Who is your idol?” “What’s good about that person?” “How are you like that person?”; and asking “If you could be someone else, who would you be?”

USING SCHOOL DATA IN THE ASSESSMENT

Some mental health professionals choose not to review information about a student until they meet the student and conduct their own mental health assessment. Collecting data relevant to a student, or identifying a pattern of problems in the school environment, can prove helpful. School data to review includes history of parent-teacher conferences and contacts; history of reports of child abuse or suicide attempts; history of class placements such as special education and individual educational plans; past assessments and interventions; history of criminal activity, discipline records, and suspensions; review of reason for referral with information from teachers; record of attendance, school activities, and peer groups; assessments by nurses, guidance counselors, and school psychologists; annual achievement test scores; number of visits to school clinic or school nurse; number of school changes; and review of school pictures, artwork, and writing products.

With regard to assessing the school environment, data to review include demographics at each grade to look for a pattern of dropouts; turnover of school staff (teachers, administrators); teacher satisfaction surveys; and efforts to involve families and communities in school activities.

SHARING ASSESSMENT INFORMATION

Working with others in a school setting provides an opportunity for a team approach to increase the positive impact on students. However, sharing information can become complicated due to the importance of protecting confidentiality. To protect confidentiality, mental health staff should secure a release of confidentiality signed by the student and parents; inform students from the outset
about the limits of confidentiality (Harm to self or others must be reported to child protective services and law enforcement); remind school staff about confidentiality and the harm of inappropriate “gossip,” clarify that enrollment in the health center includes a release of information to the primary care provider; encourage students to share information with others as appropriate; develop policies and processes to handle super-confidential information such as HIV status and abortion.

Within the bounds of confidentiality, information can best be shared at team meetings with school staff, clinic staff, student intervention team meetings, family meetings and home visits.

An example of sharing assessment information can be drawn from the multidisciplinary work of comprehensive school-based health programs. School-based health centers strive to integrate mental health services with other services offered in the school program. If no integration of services exists, students needing mental health interventions may not be identified, or if identified, may not be properly referred. School-based health centers accomplish this goal by including questions about mental health problems in the initial center screening forms. The practitioner who initially sees the student reviews the entire screening questionnaire with the student and makes the appropriate referrals. Nonmental health providers are trained to identify students needing mental health interventions and in referring them for appropriate services.

One approach to ensure that students are appropriately served involves scheduling a team meeting at the end of each day to discuss new students seen, services needed, and referrals made. This process continues to train all staff to identify students at risk for mental health and psychosocial problems and how best to meet their needs.

CONCLUSION

Providing mental health services at schools allows professionals to work in different ways with a range of interveners, programs, and settings. Efficient and accurate assessment strategies can help mental health staff match students with the “best fit” interventions. Exchanging experiences and strategies helps to support the growing field of school-based mental health.

References