

Interviewing and Monitoring Tools

Excerpted from: *School-Based Client Consultation, Referral, and Management of Care*
<http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf>

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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 provides 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 pursuing 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

<input type="checkbox"/> drug/alcohol abuse	<input type="checkbox"/> pregnancy prevention/support	<input type="checkbox"/> self esteem
<input type="checkbox"/> depression/suicide	<input type="checkbox"/> eating problems (anorexia, bulim.)	<input type="checkbox"/> relationship problems
<input type="checkbox"/> grief	<input type="checkbox"/> physical/sexual abuse	<input type="checkbox"/> anxiety/phobia
<input type="checkbox"/> dropout prevention	<input type="checkbox"/> neglect	<input type="checkbox"/> disabilities
<input type="checkbox"/> gang involvement	<input type="checkbox"/> 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?

1
very
serious

2
serious

3
Not too
serious

4
Not at
all serious

- (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?

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

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?

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

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?

(For use with 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) 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?

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

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?

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

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?

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

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?

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

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)

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

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

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

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?

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

How much did the intervention help the student to deal with her/his problems in a better way?

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

Prognosis

1	2	3	4
very positive	positive	negative	very negative

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

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

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

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

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

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

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

5. How hopeful are you about solving your problems?

1	2	3	4
very hopeful	somewhat hopeful	not too hopefu	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	2	3	4
not at all	not too likely	likely to	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)

	How serious are the problems?					
	not too serious			very serious		
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

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 –

	Amount of Improvement Seen					
	not too				very	much
	much					
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

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 –

	How Severe?					
	not too severe			very severe		
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

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 –

	How Severe?					
	not too severe					very severe
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

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?