



A Center Quick Training Aid

Assessment and Screening



This document is a hard copy version of a resource that can be downloaded at no cost from the Center's Website <http://smhp.psych.ucla.edu>.

This Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA. Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563 (310) 825-3634 Fax: (310) 206-5895; E-mail: smhp@ucla.edu Website: <http://smhp.psych.ucla.edu>

Quick Training Aids



Assessment and Screening

Periodically, windows of opportunities arise for providing inservice at schools about mental health and psychosocial concerns. When such opportunities appear, it may be helpful to access one or more of our Center's *Quick Training Aids*.

Each of these offers a brief set of resources to guide those providing an inservice session. (They also are a form of quick self-tutorial and group discussion.)

Most encompass
key talking points for a short training session
a brief overview of the topic
facts sheets
tools
a sampling of other related information and resources

In compiling resource material, the Center tries to identify those that represent "best practice" standards. If you know of better material, please let us know so that we can make improvements.

This set of training aids was designed for free online access and interactive learning. It can be used online and/or downloaded at <http://smhp.psych.ucla.edu> – go to Quick Find and scroll down in the list of “Center Responses to Specific Requests” to *Assessment and Screening*. Besides this Quick Training Aid, you also will find a wealth of other resources on this topic.

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- B. [Prereferral Intervention as Assessment](#) -  Excerpted from a Center Resource Aid packet entitled: *Screening/Assessing Students: Indicators and Tools*. 16
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- F. [A Crisis Screening Interview](#) -  **(Spanish Available)** Excerpted from a Center Resource Aid packet entitled: *Screening/Assessing Students: Indicators and Tools*. 22
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IV. Additional Resources

- A. [QuickFind on Assessment & Screening](#)  (printer-friendly format)
To view the web-based quick find on **Assessment & Screening**, click [here](#).

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- A. [Assessment Processes and Purposes](#)
- B. [The Prereferral Process as Assessment](#)
- C. [Talking with Kids](#)
- D. [About Interviewing](#)

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Note: Documents in PDF format (identified with a ) require Adobe Reader 3.0 or higher to view. If you don't have this program, you can download it for free from [Adobe \(http://www.adobe.com\)](http://www.adobe.com).

Exhibit

Barriers to Learning, Parenting, and Teaching (beyond medical/dental needs)

A. Deficiencies in basic living resources and opportunities for development

- dearth of food in the home
- inadequate clothing -substandard housing (incl. being homeless)
- lack of transportation
- income at or below the poverty level (e.g., due to unemployment or welfare status)
- immigrant-related concerns (e.g., limited English proficiency, legal status)

B. Observable problems

- school adjustment problems (incl. prevention of truancy, pregnancy, dropouts)
- relationship difficulties (incl. dysfunctional family situations, insensitivity to others)
- language difficulties -abuse by others (physical and sexual)
- substance abuse
- emotional upset -delinquency (incl. gang-related problems and community violence)
- psycho-social concerns stemming from sexual activity (e.g., prevention of and reactions to pregnancy or STD's) -psychopathology

C. General stressors and underlying psychological problems associated with them

- external stressors (objective and perceived) and deficits in support systems
- competence deficits (low self-efficacy/self-esteem, skill deficits)
- threats to self-determination/autonomy/control
- feeling unrelated to others or perceiving threats to valued relationships
- psychopathology

D. Crises and emergencies

- personal/familial (incl. home violence)
- subgroup (e.g., death of classmate or colleague)
- school-wide (e.g., earthquake, floods, shooting on campus)

E. Difficult transitions

- associated with stages of schooling (e.g., entry. leaving)
 - associated with stages of life (e.g., puberty, job and career concerns)
 - associated with changes in life circumstances (e.g., moving, death in the family)
-

ABCs OF ASSESSMENT

From:

Learning Problems and Learning Disabilities: Moving Forward (1993) by H. S. Adelman & L. Taylor

Schools committed to the success of all children must have an array of activities designed to address barriers to learning. No one is certain of the exact number of students who require assistance in dealing with such barriers. There is consensus, however, that significant barriers are encountered by a majority of students (see Exhibit).

Each day school staff are confronted with many students who are doing poorly in school as a result of health and psychosocial problems. Increasingly, education reform and restructuring are changing the whole fabric of schools and calling upon all personnel to expand their roles and functions.

As a result, school staff need to acquire new ways of thinking about how schools should assess these barriers in order to plan effective ways to address them.

Assessment Defined

Assessment is a broad-based concept. The term has been adopted to encompass narrower, medically related processes such as diagnosis, screening, and diagnostic testing.

In practice, the overall aim of assessment is to describe and make judgments as an aid to decision making. The judgments may represent a conclusion about the past (such as what caused a problem), a statement about the present (such as how severe a problem is), or a prediction about the future (such as how much the problem will improve as a result of intervention).

Formally defined, assessment is the process by which attributes of phenomena are *described* and *judged*. Descriptions take the form of data gathered by formal and informal measures, such as tests and observations of behavior or settings. Judgments take the form of interpretive conclusions about the meaning of data, such as whether a phenomenon is good or bad, above or below standard, pathological or not. Choices about what data to gather and exclude are guided by judgments and decisions to be made (diagnostic classification, placement, remediation).

Controversy surrounds prevailing approaches to assessment. Although some of the controversy is about the deficiencies and limitations of specific procedures, broader concerns and criticism have been directed at the way assessment is used to shape research and practice and related policy decisions. Even when relatively objective assessment data are used, subsequent decisions often are extremely subjective. This is not surprising, given that most decisions involve considerations that go well beyond the availability of valid data. More often than not, complex

social-political-economic value questions are involved. Indeed, in some cases seemingly relevant data are ignored in order to arrive at a decision that the decision makers see as viable and beneficial.

Assessment does not have to be restricted to persons; environments and person-environment transactions can be assessed as well. With learning problems, however, assessment continues to be viewed in terms of screening and diagnosis and is shaped primarily by the presumption that problems stem from and belong to targeted individuals.

Assessment does not have to be restricted to problems; strengths and interests can also be identified and may be important in correcting problems. Prevailing practices, however, continue to de-emphasize assessment of such positive attributes.

What should be clear is that assessment is a complex matter. Despite the importance of assessment, prevailing assessment procedures can have detrimental limitations and consequences:

- Assessment procedures do not have sufficient validity to warrant large-scale programs for early identification
- Assessment procedures are not capable of producing appropriate differential diagnoses and placements
- These procedures often lead to misprescription of remediation and deemphasis of the importance of a person's strengths and interests, and they narrow the focus of school curricula
- These procedures can inappropriately shape evaluation and eventually redefine and limit objectives.

Furthermore, overemphasis on assessment practices that focus on persons hinders development of procedures for assessing the role of the environment. As a result of the bias toward localizing problems within persons, interventions tend to be person-centered. Almost by presumption environmental variables are exonerated as causal factors and as focal point of intervention.

In spite of the deficiencies of prevailing practices, each day professionals are called upon to assess and make decisions about individuals. Unfortunately, for now they must do so using a relatively weak knowledge base.

The need for improved practices is evident. Fortunately, recent research has pointed to

promising approaches that go beyond conventional procedures. There may be major concerns about the state of the art, but there can be no doubt that persons with problems can and must be helped.

Functions

As seen in the accompanying figure, the major purposes of assessment can be grouped into four categories of function. These four functions represent the types of decisions for which such assessment may be useful.

1. Identification. Data are used to help find and label phenomena of interest. The focus may be on a person, the environment, or both, and may or may not be on problems.

2. Selection. Data are used to help make decisions about general changes in status. These usually are discussed as placement decisions, but they also encompass decisions about changes in environments. Specifically, these are decisions about the general nature and form of needed intervention (for example, educational, psychological, or medically oriented treatments; placement in a special setting; changes in the organization of a classroom or school).

3. Planning for specific change. Data are used to decide about immediate and short-term objectives and procedures for accomplishing long-term goals. Examples are specific plans or prescriptions for any given day's intervention.

4. Evaluation of Intervention. Data are used to decide intervention effectiveness based on positive and negative outcomes. Decisions are made with respect to the impact on (a) particular persons or environments or both, (b) all experiencing a specific intervention, or (c) society as a whole.

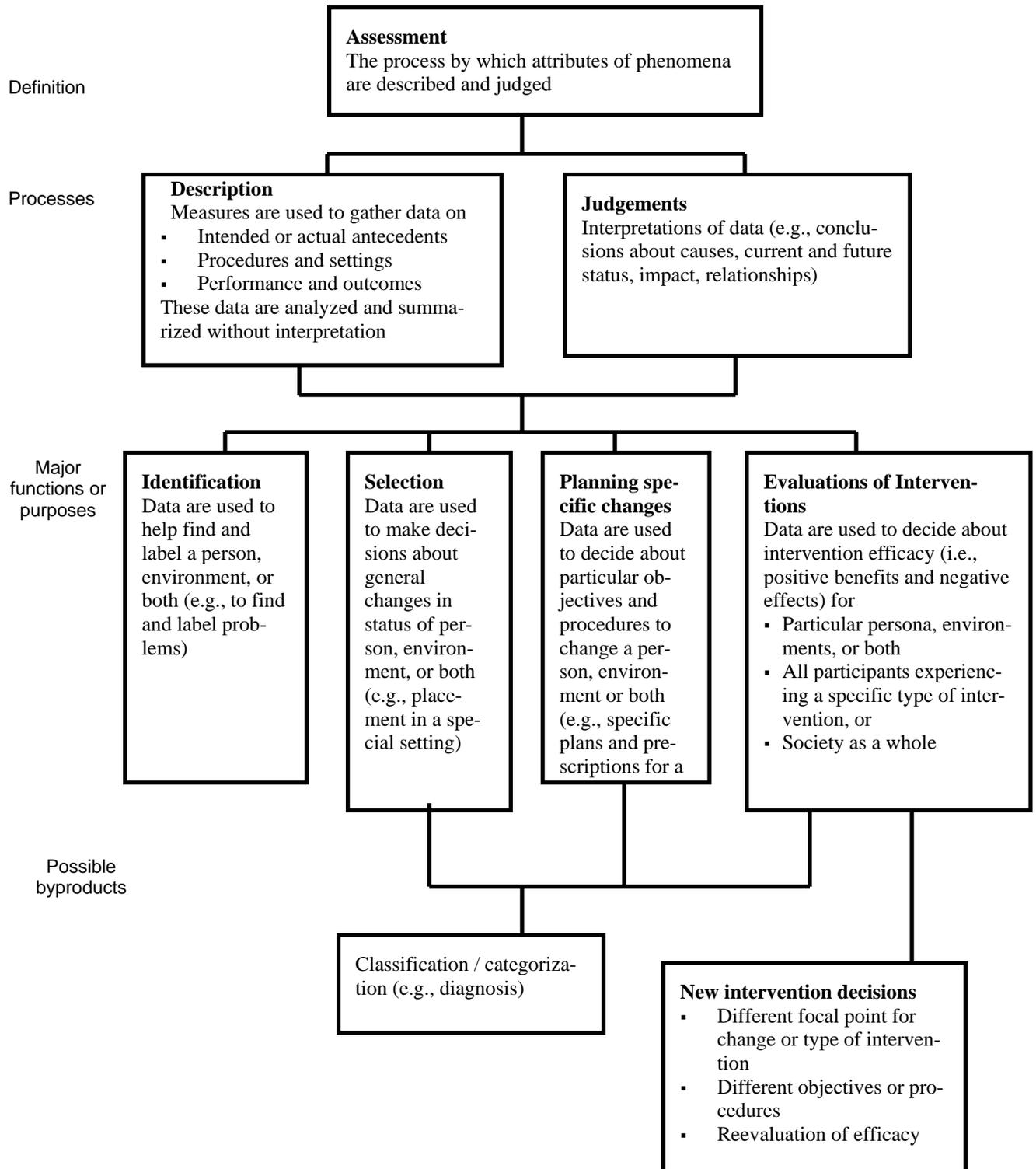
An example may help clarify the preceding points. Achievement tests are often used to assess reading performance in a given school. The number of right and wrong answers provides a description of performance on a given set of items at a given time. Based on these descriptive data, a variety of judgments are likely to be made. They will be based on available norms and prevailing standards.

Different judgments will be made about individuals with identical scores who differ in age. Different judgments may be made about groups living in economically advantaged and disadvantaged communities.

Decisions can be made about whether to assign diagnostic labels to individuals and programs judged as performing poorly. That is, an individual might be labeled as having a learning disability; a School could be labeled as failing to do its job.

Decisions can be made as to whether to help some individuals and schools, and if so, specific plans may be formulated. At a later date, achievement test data again can be used to evaluate performance.

Figure Assessment Processes and Purposes



Other Factors Shaping Assessment

In addition to having four major purposes, activity related to assessment occurs in phases, and differs in terms of focus and types of procedures used. There are a variety of options in deciding what and how to assess.

For example, stimulus-and-response conditions may differ in terms of the number of variables assessed, their complexity, and whether they are simulated or natural. Variations also occur with respect to (a) how ambiguous and subjective the stimuli are, (b) how well standardized the administration procedures are, (c) how obtrusive the procedures are, and (d) how much they cause unintended reactions. There are also important considerations about similarities and differences between the assessor and the assessed (for example, in terms of race, cultural background, socioeconomic status, and gender).

Although such variations in practice influence both the form of assessment activity and the findings, there is little agreement and considerable concern about their impact.

New Directions

New opportunities are emerging as schools attempt to reduce fragmentation through various reform strategies. Assessments focused on individual students and on evaluating instructional effectiveness are being linked in thoughtful new ways. On the following pages are some excerpts from a digest published by the ERIC clearinghouse on Counseling and Student Services that illustrates these changes*.



For more information on this topic, check out our Quick Find on Assessment & Screening at <http://smhp.psych.ucla.edu>. From here you can obtain a downloadable copy of our introductory packet on Assessing to Address Barriers to Learning.

*Created by ERIC, the educational resources information center. For more information about ERIC, contact ACCESS ERIC 1800-LET-ERIC. Edward D. Roeber is Director of Student Assessment Programs, Council of Chief State School Officers in Washington, D.C. ERIC Digests are in the public domain and may be freely reproduced and disseminated. This publication was funded by the U.S. Department of Education, Office of Educational Research and Improvement, Contract No. RR93002004. Opinions expressed in this report do not necessarily reflect the positions of the U.S. Department of Education, OERI, or ERIC/CASS.

Screening /Assessing Students: Indicators and Tools

Screening: A Note of Caution

Formal screening to identify students who have problems or who are "at risk" is accomplished through individual or group procedures. Most such procedures are *first-level* screens and are expected to *over identify* problems. That is, they identify many students who do not really have significant problems (false positive errors). This certainly is the case for screens used with infants and primary grade children, but false positives are not uncommon when adolescents are screened. Errors are supposed to be detected by follow-up assessments.

Because of the frequency of false positive errors, serious concerns arise when screening data are used to diagnose students and prescribe remediation and special treatment. Screening data primarily are meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, there is a need to guard against tendencies to see *normal variations* in student's development and behavior as problems.

Screens do not allow for definitive statements about a student's problems and need. At best, most screening procedures provide a preliminary indication that something may be wrong. In considering formal diagnosis and prescriptions for how to correct the problem, one needs data from assessment procedures that have greater validity.

It is essential to remember that many factors found to be symptoms of problems also are common characteristics of young people, especially in adolescence. This means *extreme caution* must be exercised to avoid misidentifying and inappropriately stigmatizing a youngster. *Never* overestimate the significance of a few indicators.

II. Fact Sheets / Practice Notes

- A. *The Nature and Scope of Assessment Activity*
- B. *Being Alert to Indicators of Psychosocial and Mental Health Problems*
- C. *Talking With Kids*
- D. *About Interviewing*

Practice Note:

The Nature and Scope of Assessment Activity

I. What are the functions and purposes of assessment?

A. Identification

1. Screening and referral
2. Diagnostic labeling
3. Nonpathological attributes

B. Selection/placement

1. Clarification of options
2. Client decisions about general changes in status
3. Professional and agency decisions to accept or reject applicants

C. Specific planning for change

1. Detailed objectives
2. Detailed procedures

D. Evaluation of Interventions

1. Individual efficacy
2. Efficacy for all participants
3. Impact on society

II. What are the major phases related to assessment?

A. Preparatory decisions about what is to be assessed (implicit or explicit rationale for assessment activity)

B. Description ("measurements" of specified variables and serendipitous data gathering, followed by analyses and descriptive summaries)

C. Judgements (interpretations)

D. Communication and decision making with reference to assessment purposes

III. What is the focus of assessment?

A. Focal point

1. Person(s) -individuals or groups of individuals
2. Environment(s)
3. Person-environment transactions

B. Nature of phenomena

1. Problematic-nonproblematic conditions
2. Observable-inferred
3. Proximal-distal
4. Historic-current-future expectations

C. Levels

1. Molecular-molar analyses of persons
2. Primary, Secondary, tertiary, contextual analysis
3. Transaction of person-environment

D. Areas or domains

1. Biological and psychological processes
2. Motor and verbal functioning
3. Physical environment
4. Social environment
5. Transaction of person-environment

IV. What types of procedures and instruments are available? (standardized, semi-standardized, or unstandardized)

A. Interviews and written personal reports (responses to oral or written questions, inventories of items, etc.)

B. Observations

C. Verbal and performance measures (objective instruments such as achievement tests; projective instruments such as thematic pictures; instruments developed by teachers, psychologists, and MDs that have not been formally and technically standardized)

D. Biological tests (electrorecording devices, chemical analyses)

E. Available records and data (analyses of current or cumulated records related to person, environment, transactions; analyses of natural performances and products, such as portfolio assessment)

Practice Note:

Being Alert to Indicators of Psychosocial and Mental Health Problems*

No one should be overzealous in seeing normal variations in student's development and behavior as problems. At the same time, school professionals don't want to ignore indicators of significant problems. The following are meant only to sensitize responsible professionals. They should not be seen as a check list. If a student is of significant concern, a request should be made to an appropriate person on the school staff who can do some further screening/assessment. **If they occur frequently and in a variety of situations and appear rather serious when you compare the behavior with other students the same age the following behaviors may be symptomatic of significant problems.**

Emotional appearance

(Emotions seem excessive. Displays little affect. Very rapid shifts in emotional state.)

very unhappy, sad, teary, depressed,

very afraid

(fearful indicates a sense of worthlessness)

can't seem to control emotions

hopelessness / helplessness

very anxious

shy doesn't seem to have feelings

Personal Actions

(Acts in ways that are troublesome or troubling)

very immature often doesn't seem to hear

frequent outbursts/temper tantrums, violent

hurts self, self-abusive

often angry

easily becomes overexcited

cruel to animals

truancy, school avoidance

sleep problems and/or nightmares

trouble learning and performing

wetting/soiling at school

eating problems

easily distracted

sets fires

impulsive

ritualistic behavior

steals

seizures

lies often

isolates self from others

cheats often

complains often about physical aches

destroys things

and pains accident prone

unaccounted for weight loss

unusual, strange, or immature

substance abuse

speech patterns

runs away

Interactions with others

(Doesn't seem interested in others. Can't interact appropriately or effectively with others.)

doesn't pay attention

refuses to talk

cruel and bullying

promiscuous

highly manipulative

excessively reactive and resistant to authority

alienates others

highly aggressive to others -physically, sexually

has no friends

Indicators of Unusual Thinking

(Has difficulty concentrating. May express very strange thoughts and ideas.)

worries a lot

preoccupied with death

doesn't stay focused on matters

seems to hear or see things, delusional

can't seem to concentrate on much

**Additional indicators for problems (such as depression in young people) are available through a variety of resources -- see Resource aid packet on Resource Materials and Assistance - Downloadable at <http://smhp.psych.ucla.edu>*



TALKING WITH KIDS

To help another, it is of great value and in many instances essential to know what the other is thinking and feeling. The most direct way to find this out is for the person to tell you. But, individuals probably won't tell you such things unless they think you will listen carefully. And the way to convince them of this is to listen carefully.

Of course, you won't always hear what you would like.

Helper: *Well, Jose, how do you like school?*

Jose: *Closed!*

In general, effective communication requires the ability to carry on a *productive dialogue*, that is, to talk with, not at, others. This begins with the ability to be an active (good) listener and to avoid prying and being judgmental. It also involves knowing when to share information and relate one's own experiences as appropriate and needed. The following are suggestions for engaging youngsters in productive dialogues.

I. Creating the Context for Dialogues

- > Create a private space and a climate where the youngster can feel it is safe to talk.
- > Clarify the value of keeping things confidential.
- > Pursue dialogues when the time, location, and conditions are right.
- > Utilize not just conferences and conversations, but interchanges when working together (e.g. exploring and sampling options for learning).

II. Establishing Credibility (as someone to whom it is worth talking)

- > Respond with *empathy, warmth, and nurturance* (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation).
- > Show *genuine regard and respect* (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control).
- > Use active and undistracted listening.
- > Keep in mind that you want the student to *feel* more competent, self-determining, and related to you (and others) as a result of the interchange.

III. Facilitating Talk

- > Avoid interruptions.
- > Start slowly, avoid asking questions, and minimize pressure to talk (the emphasis should be more on conversation and less on questioning).
- > Encourage the youngster to take the lead.
- > Humor can open a dialogue; sarcasm usually has the opposite effect.
- > Listen with interest.
- > Convey the sense that you are providing an opportunity by extending an invitation to talk and avoiding the impression of another demanding situation (meeting them "where they are at" in terms of motivation and capability is critical in helping them develop positive attitudes and skills for oral communication).
- > Build on a base of natural, informal inter-changes throughout the day.
- > When questions are asked, the emphasis should be on open-ended rather than Yes/No questions.
- > Appropriate self-disclosure by another can disinhibit a reluctant youngster.
- > Pairing a reluctant youngster with a supportive peer or small group can help.
- > Train and use others (aides, volunteers, peers) to (1) enter into productive (nonconfidential) dialogues that help clarify the youngster's perceptions and then (2) share the information with you in the best interests of helping.
- > For youngsters who can't seem to convey their thoughts and feelings in words, their behavior often says a lot about their views; based on your observations and with the idea of opening a dialogue, you can share your perceptions and ask if you are right.
- > Sometimes a list of items (e.g. things that they like/don't like to do at school/after school) can help elicit views and open up a dialogue.
- > When youngsters have learning, behavior, and emotional problems, find as many ways as feasible to have positive interchanges with them and make positive contacts outweigh the negatives.
- > **Remember:** Short periods of silence are part of the process and should be accommodated.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 Phone: (310) 825-3634.

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III. Tools / Handouts

A. Request for Assistance in Addressing Concerns about a Student/Family - A First Level Screening Tool

B. Prereferral Intervention as Assessment

C. About Interviewing

D. Exploring the Problem with the Student/Family

E. Example of an Initial Counseling Interview

F. Crisis Screening Interview

G. Suicidal Assessment and Follow Through Steps

Request for Assistance in Addressing Concerns about a Student/Family - - A First Level Screening Tool

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/alcohol 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

If you have information about the cause of a problem or other important factors related to the situation, briefly note the specifics here (use the back of the sheet if necessary).

Pre-referral Intervention as Assessment

Pre-referral is a screening and intervention process that involves identifying problems experienced by students in the regular classroom, identifying the source of the problems (student, teacher, curriculum, environment, etc.), and taking steps to resolve the problems within the regular classroom. These interventions are meant to improve response to the problem by the regular classroom teacher and are seen as a good way to reduce the number of students tested, diagnosed, and referred to special programs. Optimally, pre-referral consultation can result in a student's staying in the regular classroom because the teacher has learned new ways to work with the problem. Minimally, such activity can add assessment data that lead to increased validity of diagnoses and referrals. The Resource Aid section of this Packet contains some guidelines for the Pre-referral Process.

(1) Formulate an initial description of the problem.

(2) Get the youngster's view of what's wrong and, as feasible, explore the problem with the family.

As every teacher, the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be emotionally-based difficulties. What appears as a school problem may be the result of problems at home. The following are some things to consider in seeking more information about what may be causing a youngster's problem.

(a) Through enhanced personal contacts, build a positive working relationship with the youngster and family.

(b) Focus first on assets (e.g., positive attributes, outside interests, hobbies, what the youngster likes at school and in class.)

(c) Ask about what the youngster doesn't like at school.

(d) Explore the reasons for "dislikes" (e.g., Are assignments seen as too hard? As interesting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? Rejected? Alienated?)

(e) Explore other possible casual factors.

(f) Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.)

(g) Discuss some new things that youngster and those in the home would be willing to try to make the situation better.

(3) Try new strategies in the classroom – based on the best information about what is causing the problem.

Pre-referral Interventions Some Things to Try

- Make changes to (a) improve the match between a youngster's program and his/her interests and capabilities and (b) try to find ways for the student to have a special, positive status in the class, at the school, and in the community. Talk and work with other staff in developing ideas along these lines.
- Add resources for extra support (aide, volunteers, peer tutors) to help student's efforts to learn and perform. This includes having others cover your duties long enough for you to interact and relate with student as an individual.
- Discuss with student (and those in the home) why the problems are occurring
- Specifically focus on exploring matters with the youngster that will suggest ways to enhance positive motivation.
- Change aspects of the program (e.g., materials, environment) to provide a better match with his/her interests and skills.
- Provide enrichment options (in and out of class).
- Use resources such as volunteers, aides, peers to enhance the youngster's social support network
- Specifically focus on exploring ways those in the home can enhance their problem-solving efforts.
- If necessary, include other staff (e.g., counselor, principal) in a special discussion with the youngster exploring reasons for the problem and ways to enhance positive involvement at school and in class.

(4) If the new strategies don't work, talk to others at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching, participate with others in clusters and teams, observe how others teach in ways that effectively address differences in motivation and capability, request additional staff development on working with such youngsters).

(5) if necessary, use the school's referral processes to ask for additional support services.

(6) Work with referral resources to coordinate your efforts with theirs for classroom success.

ABOUT INTERVIEWING

1. Use a space that will allow privacy and let others know not to interrupt.

- >Clarify that you care by showing empathy, acceptance, and genuine regard.
- >Indicate clear guidelines about confidentiality so the student feels safe in confiding but understands that if danger to self or others is discussed, others must be involved.

2. Start out on a positive note and always convey a sense of respect.

- >Ask about things that are going well at school and outside of school
- >Use language that invites sharing and is more conversational than questioning.
- >If students are reluctant to talk you may need to start with nonverbal activity, such as drawing, or with semistructured surveys

3. Slowly transition to concerns

- >Ask about concerns the student has about school, outside school with friends or in the neighborhood
- >Explore what the student thinks may be causing the problem
- >What has the student done to solve the problem
- >What new things can you and the student think of that the student would be willing to try

4. As you follow the student's lead, listen actively and encourage information through open ended questions that allow for exploration rather than closure.

- >This will lead to a broader range of concerns about school, home, relationships, self.
- >With other students you may find it helpful to explore more sensitive topics such as involvement, substance use, gangs, sexuality.

5. It is very important to have a plan on how to end the interview. This includes

- >Clarifying it is time, not caring, that causes the need to stop at this point.
- >Summarize what has been shared with a sense of accomplishing at new ways to understand the problems and new plans to try in solving them
- >Plan the next step, such as the next appointment, a follow up time to check on progress, and open door if there is another need to talk, how to connect to others in the daily environment at school who may be of help.

Exploring the Problem with the Student/Family

(an overview of the types of information you might pursue in order to learn a bit more about a student's problem).

In general, you will want to explore

What's going well?

What's not going so well//and how pervasive *and serious* are the problems?

What seems to be the causes of the problems?

What's already been tried to correct the problems?

What *should be* done to make things better?

(What does the student/family think should be done? Do the causes shed any light on what needs to be done? Does what's already been tried shed any light? What are the student/family willing to try? How much do they truly think that things can be made better?)

Obviously, in a brief session, only a limited amount of information can be gathered. Choices must be made based upon your understanding of the problem(s) identified and the population you serve.

Specific areas and topics that might be explored in understanding the nature and scope of the problem(s) and examples of the many tools that are available to structure interviews are to be found in our Resource Aid Packet on *Screening/Assessing Students: Indicators and Tools*. This can be downloaded from our website at the following url: <http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf>

Remember, if you are going to do a formal interview with a student about psychosocial/mental health concerns, you usually will need both a signed informed consent from a parent or legal guardian. And, even if it is required, it is good practice to get the student's assent as well.*

* Your school may want to obtain a copy of the Resource Aid Packet on *Screening/Assessing Students: Indicators and Tools*.-- available from the Center for Mental Health in Schools at UCLA.

Explorar el problema con el Estudiante/Familia

(una descripción del tipos de información que usted puede averiguar para aprender un poco más sobre el problema del estudiante)

En general, usted deseará explorar

¿Qué va bien?

¿Qué no va tan bien y que tan penetrante y serios son los problemas?

¿Qué parece ser las causas de los problemas?

¿Qué se ha intentado para corregir los problemas?

¿Qué se debe hacer para hacer las cosas mejores?

(¿Qué la familia del estudiante piensa que se debe hacer? ¿Las causas dan ha conecer alguna luz sobre qué se necesita hacer? Lo que ya se intento dan ha conocer alguna luz? Qué quiere el estudiante y la familia intentar? ¿Qué tanto ellos creen que las cosas se pueden hacer mejores?

Obviamente, en una sesión breve, solamente una cantidad de información limitada puede ser recopilada. Las opciones se deben hacer basado en la comprensión del problema(s) identificado y de la población que usted sirve.

Las áreas y los asuntos específicos que pudieron ser explorados en entender la naturaleza y las causas del problema(s) y ejemplos de las muchas herramientas que están disponibles para estructurar entrevistas pueden ser encontrados en nuestro paquete de la ayuda del recurso llamado *Screening/Assessing Students: Indicators and Tool*. Esto se puede descargar de nuestro Web site en el siguiente url:

<http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf>

Remember, if you are going to do a formal interview with a student about psychosocial/mental health concerns, you usually will need both a signed informed consent from a parent or legal guardian. And, even if it is required, it is good practice to get the student's assent as well.*

** Your school may want to obtain a copy of the Resource Aid Packet on Screening/Assessing Students: Indicators and Tools.-- available from the Center for Mental Health in Schools at UCLA.*

Example of an Initial Counseling Interview

(for use with all but very young students)

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 _____

Born in U.S.? Yes No If No, how long in U.S.?

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	2	3	4
very	serious	Not too	Not at
serious		serious	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 little bit	more than a little bit	Quite a 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?

Ejemplo de una Entrevista Inicial de Asesoramiento

(para el uso con todos pero no con estudiantes muy jóvenes)

Entrevistador _____

Fecha _____

¿El estudiante está buscando ayuda? Si No

¿Si no, cuáles fueron las circunstancias que a traído al esutdiente a la entrevista?

Preguntas para que el estudiante conteste

Nombre de el Estudiante _____ Edad _____

Fecha de Nacimiento _____

Sexo: M F Grado _____ Colocación actual _____

Nació en los Estados Unidos? Si No

Si no, ¿Cuanto tiempo ha estado en los Estados Unidos?

Pertenencia étnica _____ Lengua Primaria _____

Estamos interesado sobre cómo las cosas van para usted. Nuestra charla nos ayudará hoy a discutir qué va MUY BIEN y qué no va tan bien. Si usted quisiera que guardara lo que hablamos en secreto, así lo haré -- a excepción de esas cosas que necesite discutir con otras personas para ayudarle.

(1) ¿Cómo describiría su situación actual? ¿Qué problemas usted está experimentando? ¿Cuáles son sus preocupaciones principales?

(2) ¿Qué tan serios son estos problemas para usted en este momento?

1	2	3	4
Muy serio	Serio	No muy serio	No serio del todo

(3) ¿Por cuanto tiempo éstos han sido problemas?

___ 0-3 meses ___ 4 meses a un año ___ más que un año

(4) ¿Qué usted piensa originalmente que causó estos problemas?

(5) ¿Piensan otras personas (padres, profesores, amigos) que hubieron otras causas? ¿Si es así qué dicen que eran?

(6) ¿Qué otras cosas actualmente están haciendo duro ocuparse de los problemas?

(7) ¿Qué usted ha intentado ya para ocuparse de los problemas?

(8) ¿Por qué usted piensa estas cosas no fucionarón?

9) ¿Qué le han aconsejado hacer?

(10) ¿Qué usted piensa ayudaría a solucionar los problemas?

(11) ¿Cuánto tiempo y esfuerzo usted desea poner en solucionar los problemas?

1	2	3	4	5
Nada del todo	No mucho	Sólo un poco	Halgo Bastante	Mucho

(12)¿Qué tipo de ayuda usted desea?

(13) ¿Qué cambios usted está esperando?

(14) ¿Qué tan esperanzado está usted en solucionar los problemas?

1	2	3	5
Muy esperanzado	Algo esperanzado	No tan esperanzado	Nada esperanzado

¿Si usted no está esperanzado, por qué no?

(15) ¿Qué más debemos saber de modo que podemos ayudar?

¿Hay otras asuntos que usted desee discutir?

4. How well do you know those who were hurt or killed?

5. Has anything like this happened to you or any of your family before?

6. How do you think this will affect you in the days to come?
(How will your life be different now?)

7. How do you think this will affect your family in the days to come?

8. What bothers you the most about what happened?

9. Do you think anyone could have done something to prevent it? Yes No
 Who?

10. Thinking back on what happened,	not at all	a little	more than a little	very
how angry do you feel about it?	1	2	3	4
how sad do you feel about it?	1	2	3	4
how guilty do you feel about it?	1	2	3	4
how scared do you feel?	1	2	3	4

11. What changes have there been in your life or routine because of what happened?

12. What new problems have you experienced since the event?

13. What is your most pressing problem currently?

14. Do you think someone should be punished for what happened? Yes No
 Who?

15. Is this a matter of getting even or seeking revenge? Yes No
 Who should do the punishing?

16. What other information do you want regarding what happened?

17. Do you think it would help you to talk to someone about how you feel about what happened?
 Yes No Who? How soon?

 Is this something we should talk about now? Yes No What is it?

18. What do you usually do when you need help with a personal problem?

19. Which friends and who at home can you talk to about this?

20. What are you going to do when you leave school today?
 If you are uncertain, let's talk about what you should do?

A Crisis Screening Interview

Entrevistador _____

Fecha _____

Identifique el Problema:

¿Está el estudiante solicitando ayuda? Yes No

¿Si no, cuáles son las circunstancias que han traído al estudiante a la entrevista?

Nombre del Estudiante _____ Edad _____ Fecha de Nacimiento _____

Sexo: M F Grado _____ Clase Actual _____

Pertenencia étnica _____ Idioma Primario _____

Estamos interesados sobre cómo las cosas van para usted. Nuestra charla nos ayudará hoy a discutir qué va MUY BIEN y qué no va tan bien. Si usted quisiera que guardara lo que hablamos en secreto, así lo haré -- a excepción de esas cosas que necesite discutir con otras personas para ayudarle.

Al contestar, por favor proporcione las respuestas lo más detalladamente posible. Ocasionalmente, pediré que usted me diga algo más sobre sus pensamientos y sentimientos.

1. ¿Dónde estaba usted cuando ocurrió el acontecimiento? (¿Directamente en el sitio? ¿cerca? ¿fuera del área?)

2. ¿Qué usted vio u oyó hablar cuando sucedió el incidente?

3. ¿Cómo se siente usted ahora?

4. ¿Que tan bien conoce a los que estuvieron implicado?

5. ¿Algo similar ha sucedido a usted o a cualquiera de su familia antes?

6. ¿Cómo usted piensa que esto lo afectará en los días por venir? (¿cómo su vida será diferente ahora?)

7. ¿Cómo usted piensa que esto afectará a su familia en los días por venir?

8. ¿Qué es lo que más le molesta de lo que sucedió?

9. ¿Usted piensa que alguien habría podido hacer algo para prevenirlo? Si No
Quién?

10. Pensando en lo que sucedió,	Nada del todo	un poco	Más que un poco	Mucho
¿Que tan enojado se siente sobre lo que sucedio?	1	2	3	4
¿Que tan triste usted se siente?	1	2	3	4
¿Que tan culpable usted se siente?	1	2	3	4
¿Que tan asustado usted se siente?	1	2	3	4

11. ¿Qué cambios han habido en su vida o rutina debido a lo que sucedió?

12. ¿Qué nuevos problemas usted ha experimentado desde el acontecimiento?
13. ¿Cuál es su problema más acuciante actualmente?
14. ¿Usted piensa que alguien debe ser castigado por lo que sucedió?
¿Quién? Si No
15. ¿Es ésta una cuestión de conseguir venganza?
¿Quién debe ser castigado? Si No
16. ¿Qué otra información usted desea con respecto a lo que sucedió?
17. ¿Usted piensa que le ayudaría el hablar con alguien sobre cómo usted se siente sobre lo que sucedió?
Si No ¿Quién? ¿Que tan Pronto?
¿Es esto algo que nosotros debamos de hablar ahora? Si No ¿Qué es?
18. ¿Qué usted hace generalmente cuando usted necesita ayuda con un problema personal?
19. ¿Qué amigos y quién en la casa puede usted hablar sobre esto?
20. ¿Qué usted va a hacer cuando usted sale de la escuela hoy? ¿Si usted está incierto, hablemos de lo que usted debe hacer?

SUICIDAL ASSESSMENT -- CHECKLIST*

Student's Name: _____ Date: _____ Interviewer: _____
(Suggested points to cover with student/parent)

(1) PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH

Does the individual have frequent suicidal thoughts? Y N

Have there been suicide attempts by the student or significant others in his or her life? Y N

Does the student have a detailed, feasible plan? Y N

Has s/he made special arrangements as giving away prized possessions? Y N

Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife? Y N

(2) REACTIONS TO PRECIPITATING EVENTS

Is the student experiencing severe psychological distress? Y N

Have there been major changes in recent behavior along with negative feelings and thoughts? Y N

(Such changes often are related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts often are expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.)

(3) PSYCHOSOCIAL SUPPORT

Is there a lack of a significant other to help the student survive? Y N

Does the student feel alienated? Y N

(4) HISTORY OF RISK-TAKING BEHAVIOR

Does the student take life-threatening risks or display poor impulse control? Y N

*Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and information about a critical, recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

FOLLOW-THROUGH STEPS AFTER ASSESSING SUICIDAL RISK -- CHECKLIST

- ___(1) As part of the process of assessment, efforts will have been made to discuss the problem openly and nonjudgmentally with the student. (Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, while conveying empathy, warmth, and respect.) If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the better off one is in trying to engage the student in problem solving.
- ___(2) Explain to the student the importance of and your responsibility for breaking confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.
- ___(3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you set about informing others and arranging for help.
- ___(4) Try to contact parents by phone to
 - a) inform about concern
 - b) gather additional information to assess risk
 - c) provide information about problem and available resources
 - d) offer help in connecting with appropriate resources

Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps.

- ___(5) If a student is considered to be in danger, only release her/him to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:
 - *student's name/address/birthdate/social security number
 - *data indicating student is a danger to self (see Suicide Assessment -- Checklist)
 - *stage of parent notification
 - *language spoken by parent/student
 - *health coverage plan if there is one
 - *where student is to be found
- ___(6) For nonhigh risks, if phone contacts with parents are a problem, information gathering and sharing can be done by mail.
- ___(7) Follow-up with student and parents to determine what steps have been taken to minimize risk.
- ___(8) Document all steps taken and outcomes. Plan for aftermath intervention and support.
- ___(9) Report child endangerment if necessary.

IV. Additional Resources

- *Quick Find on Assessment & Screening*

Quick Find On-line Clearinghouse

http://smhp.psych.ucla.edu/ql/p1405_01.htm

TOPIC: Assessment and Screening

The following represents a sample of information to get you started and is not meant to be exhaustive. (Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one).

Center Developed Documents, Resources and Tools

Policy & Program Reports & Briefs

- [Screening Mental Health Problems in Schools](#)

Center Brief Report

- [Mental Health of Children and Youth and the Role of Public Health Professionals](#)
- [Mental Health of Children and youth: The Important Role of Primary Care Health Professionals](#)

Continuing Education Module

- [Addressing Barriers to Learning: New Directions for Mental Health in Schools \(Continuing Education Module\)](#)

Introductory Packets

- [Assessing to Address Barriers to Learning \(Introductory Packet\)](#)
- [Cultural Concerns in Addressing Barriers to Learning \(Introductory Packet\)](#)
- [Evaluation and Accountability \(Introductory Packet\)](#)
- [Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs \(Introductory Packet\)](#)

Newsletters

- [Labeling Troubled Youth: The Name Game \(Newsletter, Summer, '96\)](#)
- [Response to Intervention \(Newsletter, Fall, 2006\)](#)

Quick Find

- [Substance Abuse](#)
- [Needs and Assessts Assesesment and Mapping](#)

Quick Training Aid

- [Assessment & Screening \(Quick Training Aid\)](#)

Resource Aid Packet

- [Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs](#)

- [Screening/Assessing Students: Indicators and Tools](#)

Technical Aid Packet

- [School-Based Client Consultation, Referral, and Management of Care](#)

Net Exchange Responses

- [Assessment Instruments](#)

Other Relevant Documents, Resources, and Tools on the Internet

Diagnosis

- [Bright Futures in Practice: Mental Health Publication](#)
- ["Diagnostic Errors of Primary Care Screens for Depression and Panic Disorder"](#)
- [The Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\) Program](#)
- ["False Positives, False Negatives, and the Validity of the Diagnosis of Major Depression in Primary Care"](#)

Assessment

- [Assessing the Mental Health of Adolescents](#)
- [Assessment: High Stakes/Competency](#)
- [Assessment of Suicidal Behaviors and Risk Among Children and Adolescents](#)
- ["Development of the Yale Children's Global Stress Index \(YCGSI\) and its application in children and adolescents with Tourette's Syndrome and obsessive-compulsive disorder"](#)
- ["Developmental Assessment of Competence from Early Childhood to Middle Adolescence"](#)
- ["Evidence-Based Assessment of Child and Adolescent Disorders: Issues and Challenges"](#)
- ["Measuring Mental Health Outcomes"](#)
- [Mental Health Assessments "Evidence-Based Assessment of Child and Adolescent Disorders: Issues and Challenges"](#)
- [Student Performance Standards and Aligned Assessments](#)
- [Things to Watch Out for When Assessing Suicide Risk \(San Francisco Suicide Prevention Community Crisis Line\)](#)

Tests

- [The Debate over National Testing \(2001\)- ERIC Digest](#)
- [ETS Test Collection Database](#)
- ["High School Exit Exams: Pros and Cons"](#)
- ["High Stakes: Testing for Tracking, Promotion, and Graduation"](#)
- [The Impact of High-Stakes Tests on Student Academic Performance: An Analysis of NAEP Results in States With High-Stakes Tests and ACT, SAT, and AP Test Results in States With High School Graduation Exams](#)
- [Should K-12 Students Be Required to Complete State-Sanctioned Minimum Skills Tests?](#)
- ["State High School Exit Exams: Put to the Test" \(Center on Education Policy\)](#)

Guidelines/Other General Info

- [Guidelines for Student Assistance Program Implementation](#)
- [National Center for Health Statistics Survey Measures Catalog: Child and Adolescent Mental Health](#)
- [No Child Left Behind: Implications for Special Education Students and Students with Limited English Proficiency](#)

Screening Resources

- ["Detecting Suicide Risk in a Pediatric Emergency Department: Development of a Brief Screening Tool"](#)
- [Insight on the News: Should schools use behavioral screening to find 'at risk' children?](#)
- [Making Early Developmental Screenings Routine](#)
- [Massachusetts Youth Screening Instrument for Mental Health Needs of Juvenile Justice Youth](#)
- [Pediatric Screening & Intervention Project \(Center for Disease Control and Prevention\)](#)
- [Screening, assessment and treatment planning for persons with co-occurring disorders.](#)
- [Screening and Assessing Adolescents for Substance Use Disorders Treatment Improvement Protocol \(TIP\) Series 31 \(SAMHSA\)](#)
- ["Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System"](#)
- ["Screening for Depression Across the Lifespan: a Review of Measures for Use in Primary Care Settings"](#)
- [Screening for Depression: Recommendations and Rationale \(US Preventive Services Task Force\)](#)
- [Screening for Suicide Risk: Recommendations and Rationale \(US Preventive Services Task Force\)](#)
- [State Trends: Legislation Prohibits Mental Health Screening for Children \(NMHA\)](#)
- ["Using the Suicide Risk Screen to Identify Suicidal Adolescents Among Potential High School Dropouts"](#)
- [Youth Risk Behavior Survey \(State of Montana Office of Public Instruction\)](#)

Clearinghouse Archived Materials

- [Assessment for Children with Emotional or Behavioral Disorders and Their Families.](#)
- [Assessment of Students' Mental Health.](#)
- [Functional Behavioral Assessment For Students With Individualized Educational Programs](#)
- [Intake and Assessment](#)
- [Outcome Measures: Evaluating the Outcome of Children's Mental Health Services: A Guide for the Use of Available Child and Family Outcome Measures](#)
- [Problem Checklist-Adolescent Report](#)
- [Screening for Mental Health Problems in Children](#)
- [Student Rating Scale](#)
- [Talking Heads - Interviewing Adolescents](#)
- [Teen Health Risk Survey](#)
- [Use of Structured Assessment Tools in Clinical Practice](#)

Related Agencies and Websites

- [Center for Effective Collaboration and Practice \(CECP\)/ American Institute for Research](#)
- [Center for Promotion of Mental Health and Juvenile Justice \(V-DISC\)](#)
- [Evaluation Assistance Center East \(EAC East\)](#)
- [The Georgetown University Center for Child and Human Development](#)
- [Institute for Child Health Policy \(University of Florida\)](#)
- [National Association of School Psychologists \(NASP\)](#)
- [National Center for Research on Evaluation, Standards, and Student Testing](#)
- [National Youth Screening Assistance Project - MAYSI-2](#)
- [Screening and Assessing Immigrant and Refugee Youth in School Based Mental Health Programs](#)
- [Screening for Mental Health, Inc.](#)
- [The Evaluation Center](#)

Relevant Publications that Can Be Obtained through Libraries

- *Assessment and Culture: Psychological Tests with Minority Populations.* . By Gopaul-McNicol & Armour-Thomas. (2002). San Diego: Academic Press.
- *Cross Assessment of a School-Based Mental Health Screening and Treatment Program in New York City.* By P.Chatterji, et al. (2004). *Mental Health Services Research*, 6, pp. 155-166.
- *Improving Screening for Mental Disorders in the Primary Care by Combining the GHQ-12 and SCL-90-R Subscales.* By Schmitz, Kruse & Tress. (2001). *Comprehensive Psychiatry*, 42(2), pp. 166-73.
- *Mental health screening in schools.* by Weist, M.D., Rubin, M., Moore, E., Adelsheim, S., Wrobel, G. *J Sch Health*. 2007; 77: 53-58.
- *Moral Competence and Character Strength Among Adolescents: The Development and Validation of the Values in Action Inventory of Strengths for Youth.* by Park, N. & Peterson, C. (2006). *Journal of Adolescence*.
- *Positive Psychological Assessment: A Handbook of Models and Measures.* by Lopez, S.J., Snyder, C.R. (2004). American Psychological Association. Washington, DC.
- *Practitioner's guide to empirically based measures of school behavior.* (2003). Edited by M. Kelley, G. H. Noell, and D. Reitman. New York: Kluwer Academic/Plenum Pub.
- *The Reliability and Validity of a Screening Questionnaire for 13 DSM-IV Axis I disorders (the Psychiatric Diagnostic Screening Questionnaire) in Psychiatric Outpatients.* By Zimmerman M, & Mattia JL. (1999). *Journal of Clinical Psychiatry*, 60(10), pp. 677-683.
- *A Self-Report Scale to Help Make Psychiatric Diagnoses: the Psychiatric Diagnostic Screening Questionnaire.* By Zimmerman & Mattia. (2001). *Archives of General Psychiatry*, 58(8), pp. 787-94.
- *Short Screening Scale for DSM-IV Posttraumatic Stress Disorder.* By Breslau N, Peterson EL, Kessler RC, & Schultz LR. (1999). *The American Journal of Psychiatry*, 156(6), pp. 908-11.
- *Should We Screen for Depression? Caveats and Potential Pitfalls.* By J.C.Coyne, et al. (2000). *Applied & Preventive Psychology*, 9, pp. 101-121.
- *Social and Personality Assessment of School-aged Children: Developing Interventions for Educational and Clinical Use.* Edited by J.F. Carlson & B.B. Waterman. (2002). Boston: Allyn and Bacon.
- *Special Section: Developing Guidelines for the Evidence-Based Assessment of Child and Adolescent Disorders.* Mash, E.J. & Hunsley, J. (Eds.). (2005). *Journal of Clinical Child and Adolescent Psychology*, 34(3).
- *Using the Strengths and Difficulties Questionnaire (SDQ) to Screen for Child Psychiatric Disorders in a Community Sample.* By Goodman R, Ford T, Simmons H, Gatward R, & Meltzer H. (2000). *The British Journal of Psychiatry*, 177(6), pp. 534-539.
- *Youth Suicide Risk and Prevention Interventions: A Review of the Past 10 Years.* (2003). *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), pp. 386-405.

We hope these resources met your needs. If not, feel free to contact us for further assistance. For additional resources related to this topic, use our [search](#) page to find people, organizations, websites and documents. You may also go to our [technical assistance page](#) for more specific technical assistance requests.

If you haven't done so, you may want to contact our sister center, the [Center for School Mental Health](#) at the University of Maryland at Baltimore.

V. Originals for Overheads

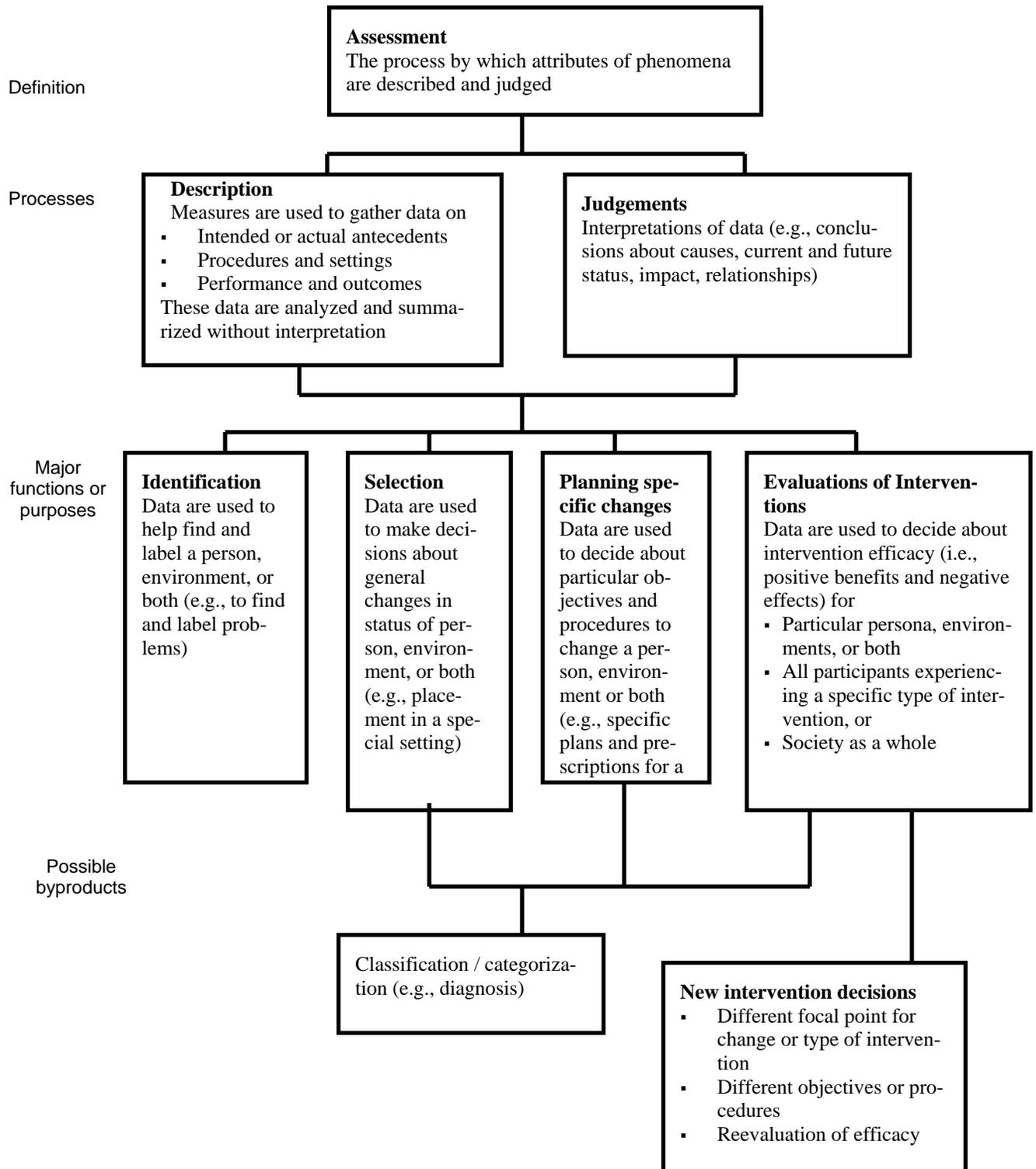
A. Assessment Processes and Purposes

B. Prereferral Process as Assessment

C. Talking With Kids

D. About Interviewing

Figure Assessment Processes and Purposes



The Prereferral Process as Assessment

When a student is seen as having problems, the following steps may be helpful.

Step 1: Based on your work with the student, *formulate a description* of the student's problem.

Step 2: Have *a discussion* to get the student's view. You may want to include the family.

Step 3: Try *new strategies* in the classroom based on your discussion.

Step 4: If the new strategies don't work, *talk to others* at school to learn about additional approaches they have found helpful.

Step 5: If necessary, use the *school's referral processes* to ask for additional support services.

Step 6: Work with referral resources to *coordinate your efforts* with theirs for classroom success.

TALKING WITH KIDS

‘ *Creating the Context for Dialogues*

Find the right time, location, and conditions

Talking while working together on shared projects

‘ *Establishing Credibility*

To help the student feel more competent, self-determining, and related to you and others

Show genuine regard and respect, empathy, undistracted and active listening

‘ *Facilitating Talk*

Start slowing, encourage students to take the lead

Convey interest through open ended questions

Make the experience a positive one for both of you

About Interviewing

Find a private space, avoid interruptions

- >Show empathy, acceptance, and genuine regard
- >Clarify confidentiality

Start positive

- >What's going well
- >Encourage expression through drawing, surveys, if needed

Slowly transition to concerns

- >What problems need to be solved
- >Student's perception of cause and possible solutions

Expand the focus by following the student's lead

- >Listen for other concerns and how they might be addressed

Use the close of the interview to

- >Summarize plans for new ways to solve problems
- >Clarify how the student might continue to receive support