Identifying and Clarifying Need

(http://smhp.psych.ucla.edu/pdfdocs/idneed.pdf)

Problem Identification

a. Problems may be identified by anyone (staff, parent, student).
b. Provide an Identification Form that everyone can access and fill out.
c. Ensure an easily accessible place for people to turn in forms.
d. Inform all stakeholders regarding the availability of forms, where to turn them in, and what will happen after they do so.

In many instances, the primary causes of a student's behavior, learning, and emotional problems cannot be determined. Is the problem due to a central nervous dysfunction or some other biological disorder (e.g., true ADHD, LD, clinical depression)? Is it the result of early deprivation (e.g., a lack of school readiness opportunities, living in an unhappy home environment, the product of negative peer influences)? Determining underlying cause is especially difficult after a student becomes unmotivated to perform.

Commonly, students are identified as candidates for special assistance through a formal or informal initial assessment – which, in essence, is a first level screening process. Formally done, such screening provides an initial set of data about the nature, extent, and severity of a problem. It also can help clarify the student's motivation for addressing the problem. The involvement of significant others, such as family members, also can be explored. First level screening provides a foundation for more in-depth assessment and, if appropriate, a formal diagnosis.

At the same time, because of the deficiencies of first level screening, a systematic process is required to ensure initial identification is done as validly as possible and with appropriate safeguards. To this end, those requesting special assistance for a student should provide a detailed description about the nature and scope of the identified problem. This includes any information on the contributing role of environmental factors. And, to create a balanced picture, information should be provided on a student's assets as well as weaknesses.

Once a request is made, several other sources of available information should be gathered. Useful sources are teachers, administrators, school support staff, recreation supervisors, parents, others who have made professional assessments, and, of course, the student. Good practice calls for assessing the student's environment as a possible cause. The seeds of a problem may be stressors in the classroom, home, and/or neighborhood. A home visit is useful.

In gathering information from a student, a screening interview can be conducted. The nature of this interview varies 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, over-activity, major learning problems, suicidal ideation, or about physical, sexual, or substance abuse.

Some behavioral and emotional symptoms may stem from physical problems, and, of course, a student may respond to stress with somatic symptoms. Some students are just a bit

immature or exhibit behavior that is fairly common at a particular development stage. As the examples outlined below indicate, age, severity, pervasiveness, and chronicity are important considerations in analyzing mental health problems. Depending on such matters, some problems are common and transient, others are low frequency and serious disorders.

Prematurely concluding a student has a pathological disorder is unwarranted.

Age	*Common Transient Problem*	*Low Frequency Serious Disorder*
0-3	Concern about monsters under the bed	Sleep Behavior Disorder
3-5	Anxious about separating from parent	Separation Anxiety Disorder (crying & clinging)
5-8	Shy and anxious with peers (sometimes with somatic complaints)	Reactive Attachment Disorder
	Disobedient, temper outbursts	Conduct Disorder
	Very active and doesn't follow directions	Attention Deficit-Hyperactivity Disorder
	Has trouble learning at school	Learning Disorder
8-12	Low self-esteem	Depression
12-15	Defiant/reactive	Oppositional Defiant Disorder
15-18	Experimental substance use	Substance Abuse

If screening suggests the need for more in-depth assessment to prescribe specific forms of specialized assistance (either at the school or in the community), the next step is referral for such assessment. To be of value, such assessment must lead to help; in the process, a diagnosis and recommendation for special education services may be generated.

However, in analyzing assessment findings, remember that a student's behavior, learning, and emotional problems are symptoms (i.e., correlates). Unless valid signs are present clarifying what is causing problems, prematurely concluding the student has a pathological disorder is unwarranted.

A Note About Mental Health Screening

> State laws set up a framework within which schools may conduct screening for mental health conditions among students. Screening may occur for a number of conditions, including depression, suicide, substance abuse, eating disorders, ADHD, and physical and emotional abuse. Research indicates that assessment of mental health problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing) is offered in nearly 90% of schools....
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> Centers for Law and the Public's Health (2008)

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.

Minimal controversy exists about one form of first level screening. Each year a great many parents and teachers identify significant numbers of children soon after the onset of a problem. This natural screening can be helpful in initiating supportive accommodations that can be incorporated into regular school and home practice. Then, by assessing the response of these children to such interventions (e.g., Response to Intervention), it can be determined whether more specialized intervention is needed to overcome a problem.

Whether formal or natural, first level screening primarily is meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, constant vigilance is necessary to guard against tendencies to see normal variations in students' development and behavior and other facets of human diversity as problems. First level screens do not allow for definitive statements about a student's problems and need. At best, most such 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. Remember that many symptoms of problems also are common characteristics of young people, especially in adolescence.

Extreme caution clearly must be exercised to avoid misidentifying and inappropriately stigmatizing children and adolescents. Overestimating the significance of a few indicators is a common error. Moreover, many formal screening instruments add little predictive validity to natural screening.

At best, first level screening procedures provide a preliminary indication that something may be wrong.

ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA

The center at UCLA is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA.

Can't find what you need? Contact us by email at smhp@ucla.edu or call 310/825-3634 (toll free – 866/846-4843) or write Center for Mental Health in Schools, Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563. http://smhp.psych.ucla.edu/