# Tools to Facilitate Triage

Info Aid: Helping Students with Psychosocial Problems Seek Help

**Triage Review Request Form** 

Info Aid: Being Alert to Indicators of Psychosocial and Mental Health Problems

Info Aid: Being Specifically Alert to Substance Abuse Indicators

Initial Interview Forms: Student's View of the Problem (age appropriate versions)

Note: The Center's Resource Aid Packet on *Screening/Assessment: Indicators and Tools* contains related materials such as aids for initial problem identification and guides to understanding the screening process. Other Center resources explore issues related to screening.

# Helping Students With Psychosocial Problems Seek Help

Students with mental health needs are identified by

- self
- center medical staff
- counselors, school nurse, psychologist, or other school personnel
- family
- peers

If a student indicates s/he has a problem and you think it should be screened by a mental health professional, you can help by doing the following:

#### **Inform and Reassure**

Uncertain students often need more information; they also may need reassurance that they won't be coerced into doing something they don't want to do.

- (a) Tell the student that the center (e.g., mental health professional) or other school personnel (e.g., counselors, nurse, psychologist) will be glad to explain about available programs that can help.
- (b) Stress that no one will try to pressure the student to do anything s/he doesn't want to do. No one will try to make her or him participate in any mental health service. The decision is always the students.

## **Guide Students to Help**

(a) If the student doesn't have parental consent to use the center, explain how s/he should go about getting consent. (Consent forms are available at the health center office.)

#### OR

If the student doesn't want to go to the center or says s/he can't get consent to do so, explain that other school personnel (such as counselors, the school nurse or psychologist) can provide

information about services.

- (a) Explain to the student how to go about initiating contact (with the center or other school personnel) for a screening interview. Provide as much support and direction as the student appears to need to initiate this contact (including making certain they know the way to the right office, hours of service, arranging for a summons or a pass, and so forth).
- (b) If feasible, follow-up with the student to see whether a contact was made. If contact was not made, try to determine whether additional support and direction is needed to help the student make the contact. (For some students, you might ask if they would like you to make the initial contact and have an appointment arranged for them.)

If the student is not ready to self-initiate contact and you feel s/he should be interviewed anyway, inform the appropriate professional at the school.

# 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 app	ly):		
physical health problem (specify)			
difficulty in making a transition ( ) newcomer having trouble with s	chool adjustment	() trouble adjusting to new	program
social problems ( ) aggressive ( ) shy (	) overactive	( ) other	
achievement problems ( ) poor grades ( ) poor skills	() low motiv	ation () other	
( ) depression/suicide ( ) eating ( ) grief ( ) physica ( ) dropout prevention ( ) neglect	ncy prevention/supp problems (anorexia, al/sexual abuse	, bulim.) ( ) relationship problem ( ) anxiety/phobia ( ) disabilities	ns
Other specific concerns			
Current school functioning and desire fo	or assistance		
Overall academic performance ( ) above grade level ( ) at grade level	() slightly below	w grade level () well below grade	de level
Absent from school ( ) less than once/month ( ) once/mo	onth () 2-3 tim	nes/ month () 4 or more time	es/month
Has the student/family asked for: information about service an appointment to initiate help someone to contact them to offer help	Y N Y N 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). Information Aid

## 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, indicates a sense of worthlessness, hopelessness,

helplessness

very anxious, shy

very afraid, fearful

can't seem to control emotions

doesn't seem to have feelings

#### **Personal Actions**

(Acts in ways that are troublesome or troubling)

very immature

frequent outbursts/temper tantrums, violent

often angry

cruel to animals

sleep problems and/or nightmares

wetting/soiling at school

easily distracted

impulsive

. .

steals

lies often

cheats often

destroys things

accident prone

unusual, strange, or immature speech patterns

often doesn't seem to hear

hurts self, self-abusive

easily becomes overexcited truancy, school

avoidance

trouble learning and performing eating problems

sets fires

ritualistic behavior

seizures

isolates self from others

complains often about physical aches and pains

unaccounted for weight loss

substance abuse

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

alienates others authority

has no friends highly aggressive to others --

physically, sexually

## **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

<sup>\*</sup>Additional indicators for problems (such as depression in young people) are available through a variety of resources – for example, see the various gateways available on the website of the Center for Mental Health in Schools at UCLA. http://smhp.psych.ucla.edu

## Information Aid - Being Specifically Alert to Substance Abuse Indicators

It is essential to remember that many of the symptoms of substance abuse 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.

The type of indicators usually identified are

- a prevailing pattern of unusual and excessive behaviors and moods
- recent *dramatic* changes in behavior and mood.

School staff and those in the home need to watch for

- poor school performance; skipping or ditching school
- inability to cope well with daily events
- lack of attention to hygiene, grooming, and dress
- long periods alone in bedroom/bathroom apparently doing nothing
- extreme defensiveness; negative attitudes; dissatisfied about most things; argumentative
- frequent conflicts with others; verbally/physically abusive
- withdrawal from long-time friends/family/activities
- disregard for others; extreme egocentricity
- taking up with new friends who may be drug users
- unusual tension or depressed states
- seems frequently confused and "spacey"
- often drowsy
- general unresponsiveness to what's going on (seems "turned off")
- increasing need for money; disappearance of possessions (e.g., perhaps sold to
- buy drugs); stealing/shoplifting
- excessive efforts to mislead (lying, conning, untrustworthy, insincere)
- stooped appearance and posture
- dull or watery eyes; dilated or pinpoint pupils
- sniffles; runny nose
- overt indicators of substance abuse (e.g., drug equipment, needle marks)

In the period just after an individual has used drugs, one might notice mood and behavioral swings – first euphoria, perhaps some unusual activity and/or excessive talking, sometimes a tendency to appear serene, after a while there may be a swing toward a depressed state and withdrawal. Sometimes the individual will stare, glassy-like at one thing for a long time.

To be more specific about a few indicators of abuse categorized by some common substances that are abused:

#### Amphetamines (stimulants)

excessive activity fatigue rapid speech disorientation and confusion

irritability increased blood pressure and body temp.

appetite loss increased respiration

anxiety increased and irregular pulse

extreme moods and shifts tremors erratic eating and sleeping patterns

## Cocaine (stimulant, anesthetic)

short-lived euphoria followed by depression fever nervousness and anxiety tremors

irritability tightening muscles

shallow breathing

#### **Inhalants**

euphoria headaches intoxicated look fainting

odors poor muscle control rapid heartbeat drowsiness anemia stupor choking

#### Cannabinoids (e.g., marijuana, hash, THC)

increased appetite initially rapid flow of ideas decreased appetite with chronic use anxiety; panic

euphoria irritability, restlessness

decreased motivation for many activities apathy, passivity decreased concentration decreased motor skill coordination characteristic odor on breath and clothes increased pulse rate

decreased concentration increased pulse rate altered sense of time and space droopy, bloodshot eyes inappropriate laughter irregular menses

#### Narcotics (e.g., opium, heroin, morphine, codeine, methadone, and other pain killers)

extreme mood swings watery eyes/pinpoint pupils

poor concentration lethargy confusion weight loss

insensitivity to pain decreased blood pressure drowsiness/decreased respiration possible needle marks

slow, sallow breathing as drug wears off nausea & runny nose

decreased motor coordination itchiness

#### Barbiturates, sedatives, tranquilizers (CNS depressants)

decreased alertness erratic eating and sleeping patterns

intoxicated look dizzy

drowsy cold, clammy skin

decreased motor coordination decreased respiration and pulse

slurred speech dilated pupils confused depressed mood state

extreme mood swings disinhibition

#### Hallucinogens (effecting perceptions; e.g., PCP, LSD, mescaline)

extreme mood alteration and intensification tremors altered perceptions of time, space, sights, sounds, colors flashbacks

loss of sense of time, place, person increased blood pressure

decreased communication impaired speech

panic and anxiety impaired motor coordination

paranoia motor agitation

extreme, unstable behaviors decreased response to pain

restlessness watery eyes

(For use with all but very young students)

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

Interviewer		Date		
Note the identified proble	em:			
Is the student seeking hel If not, what were the circ	-	brought the student	to the interview?	
Questions for student to a	inswer:			
Student's Name		Age	Birthdate _	
Sex: M F Grade	Curr	ent Placement		
EthnicityPri	mary Language	e		
We are concerned about I what's going O.K. and what's going O.K. and what secret, I will do so exceyou.  (1) How would you des What are your many what are your many what are your many what we would so what are your many what we would so what are your many what we would so we would so what we would so what we would so what we would so we would so what we would so we will so what we would so we will so what we would so we will so we	cribe your curr			
(2) How serious are the	se matters for y	ou at this time?		
1	2	3	4	
very serious	serious	Not too serious	Not at all serious	
(3) How long have the	se been problen	ns?		
0-3 months	4 n	nonths to a year	more t	han 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 todeal with the problems?
(8)	Why do you think these things didn't work?
(9)	What have others advised you to do?

(10) Wh	at do you thin	nk would he	elp solve the	problems?		
(11) Hov	w much time	and effort d	lo you want	to put into sol	ving the proble	ms?
1 not at all	not m		3 only a	4 more than little bit	5 quite a bit a little bit	6 very much
If y into	ou answered solving prob	1, 2, or 3, v blems?	vhy don't yo	ou want to put	much time and	effort
(12) Wh	at type of hel	p do you wa	ant?			
(13) Wh	at changes ar	e you hopin	ng for?			
(14) Hov	w hopeful are	you about	solving the	problems?		
ver	1 y hopeful	2 somewhat		3 not too	4 not at all h	opeful
If you'r	e not hopeful	, why not?				
(15) Wh	at else should	l we know s	so that we ca	an help?		
Are there	e any other m	natters you v	want to disc	uss?		

# 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 bro		
Questions for student to answer:		
Student's Name	Age	Birthdate
Sex: M F Grade Current	t Placement	
EthnicityPrimary Language _		_
We are concerned about how things are goi what's going O.K. and what's not going so visecret, I will do so except for those things you.	well. If you want me t	to keep what we talk about
(1) Are you having problems at school? If yes, what's wrong?	YesNo	
What seems to be causing these proba-	lems?	

(	2)	How	much	do	von	like	schoo	19
١		TIOW	mucn	uo	you	IIKC	SCHOOL	т.

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

What about school don't you like?

What can we do to make it better for you?

What seems to be causing these problems?

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

What about things at home don't you like?

What can we do to make it better for you?

	having problems If yes, what's wr		ids?Yes	No	
What se	eems to be causin	ng these prob	lems?		
(6) How muc	h do you like be	ing with othe	r kids?		
1 not at all	2 not much	3 only a	4 more than a little bit	5 Quite a bit little bit	6 Very much
What al	oout other kids d	lon't you like?	?		
What ca	an we do to mak	e it better for	you?		
(7) What typ	e of help do you	ı want?			
(8) How hop	eful are you abo	out solving the	e problems?		
1 very ho	peful somev		3 not too	4 not at all h	opeful
If you're	e not hopeful, w	hy not?			
(9) What else s	should we know	so that we ca	n help?		

Are there any other things you want to tell me or talk about?