

# MPS: Screening Coordinated Follow-up Guide

## RCADS/Brief Trauma Screen/SDQ Screening Data Review

- Students scoring in the clinical range for the RCADS total internalizing scale (80+), the severe range for the brief trauma screen (21+), or the high or very high range for the total difficulties score of the SDQ should receive follow up first.
- Follow up should then be conducted for students who are at risk on the total internalizing scale of the RCADS (65-79) and students who have elevated scores in multiple sub-scales of the RCADS or SDQ.
- Note: color coding on RCADS and SDQ spreadsheets are as follows:
  - RCADS: Orange = At-Risk; Red = Clinical
  - Brief Trauma Screen: Orange = Moderate; Red = Severe
  - SDQ: Yellow = Slightly Raised (Mild); Blue = High (Moderate); Red = Very High (Severe)
- The RCADS forms now includes “non-binary” as an option that students may select on the gender question. Since the RCADS is scored based on gender and grade, any student who selects non-binary will not have their answers automatically scored. In cases such as these, look at individual item responses and the table included below to guide your decision to follow up with students who select non-binary as their gender.

Grade	Total Anxiety Raw Score	Total Depression Raw Score	Total Anxiety and Depression Raw Score
3	>17	>25	>41
4	>17	>25	>41
5	>13	>21	>32
6	>13	>21	>32
7	>13	>18	>29
8	>13	>18	>29
9	>13	>17	>29
10	>13	>17	>29

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11	>14	>16	>28
12	>14	>16	>28

**Please note: Based on information from the screenings and one’s knowledge of a student’s history and current level of support, staff may wish to follow up with more students than are included in the procedures outlined above. Seeking additional information about the student and making decisions based on data and observations from multiple sources will ensure that any questions related to whether or not a student should receive follow up are made from an informed standpoint. When in doubt about whether or not additional information should be sought or if a student should be considered for follow up, it is best practice to review the case and rule out the need for additional services.**

## What does the coordinated follow up look like?

- Following the review of the screening data, a prioritized list of students should be created by each staff member responsible for follow up.
- Staff should then meet with each student identified individually to discuss the results of the screening and ask additional questions that will aid in determining whether or not the student is eligible for services. The limits of confidentiality should be shared with the student to ensure they are aware of what the staff member is obliged to do if the student reports that they are a danger to self or others or if they report abuse/neglect.
- Screening data is an indication of potential need, however the follow up interview will serve to validate the concern and inform next steps. Some questions that can guide this interview are included below:
  - What are the specific challenges that the student faces in school? At home? In their personal life?
  - Have there been any difficult events in the past that have contributed to how they have been thinking/feeling?

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- What does the student perceive as their strengths?
- Who can the student seek out if they need help? What does their support network look like at home? In school?
- How long has this been a problem for the student?
- Is this a persistent problem? Temporary/passing concern?
- In what ways does this impact the student's daily life?
- Are there situations in which this has a particularly significant impact on the student?
- How has the student managed this concern in the past?
- What does the student's support network look like?
- Does the student want help with this concern?
- Does the student have any understanding about why they feel this way?

**Please note: The above list of questions are included as examples. Additional questions relevant to gathering information to determine the need for services should be posed as well.**

- Students who are eligible for services will need parent/guardian consent to enroll in services. Informing the student of this requirement will result in some students actively pursuing services and consenting to sharing the info with their parents/guardians, however some students may not be ready to share their concerns with their family. In this case, offering the student with support to broach this topic with their family (e.g. facilitating the discussion between student and family or role playing how to share this info with their family) will be important to ensure that students can share this information when they are ready. The developmental needs of students will determine how much information is readily shared with families following screening and the degree to which students are provided autonomy in sharing the information post screening. Use your professional judgment, seek consultation, and remember the limits of confidentiality.
- Review additional data to inform your decision regarding eligibility for services, such as:

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- Attendance
- Behavioral data
- IEP / 504 status
- Current social emotional supports in place (if any) inside or outside of school
- Observations from teachers, administrators, parents/guardians, etc.

## **What are the procedures for securing consent for administering services and engaging in progress monitoring?**

- Group counseling and individual counseling services that have regularly scheduled sessions and occur for a specified length of time require active consent from parents/guardians. Active consent should be secured in writing.
- Progress monitoring using any of the approved screening tools, including sub-scales, should be discussed as part of the services offered to students through the provision of individual or group counseling services, and active consent should be secured prior to engaging in this practice.

## **What types of services are available to students who require assistance?**

Examples of the services offered to address students' presenting mental health concerns include but are not limited to:

- Individual therapy
- Group therapy
- Psychoeducational groups
- Social skills groups
- School-based individual therapy through a partner agency
- Informal monitoring of students who do not require an increase in services but who present with some underlying concern