Universal Screening for Social-Emotional & Behavioral Concerns in Schools:
Using Data to Guide Interventions

Katie Eklund, Ph.D.
University of Wisconsin, Madison

UNIVERSITY of SOUTH FLORIDA
College of Education

School **Mental Health**
COLLABORATIVE

WISCONSIN
UNIVERSITY OF WISCONSIN-MADISON

1

Participant Outcomes

- Participants will describe evidence-based screening measures and methods
- Participants will learn strategies for examining racial disparities in screening data
- Participants will learn how to use a decision-making framework to connect screening data to assessment and interventions

School **Mental Health**
COLLABORATIVE

2

Current State Of Child & Adolescent Mental Health: A "Public Health Crisis"

- Approximately 20% of children are experiencing significant mental, emotional, or behavioral symptoms that would qualify them for a psychiatric diagnosis.

  (Burns et al., 1995; Costello et al., 2003)

- "Most people with mental disorders in the U.S. remain either untreated or poorly treated"

  (Kessler et al., 2005)

School **Mental Health**
COLLABORATIVE

4

Identification of behavior concerns

- US is one of the most racially, ethnically, linguistically, and culturally diverse countries
- Students from historically minoritized backgrounds now make up over 50% of the school-age population with projected increases
- Public school teacher workforce is 80% white and 77% female
- Disproportionate number of minority students identified for services due to an emotional disability
  - African American students overrepresented
  - Hispanic students disproportionately underrepresented

Influence of school demographics
  - Differential impact of poverty on minority students
  - ELL's at higher risk of internalizing and externalizing behavioral concerns

(Castro-Olivo et al., 2011; Donovan & Cross, 2002; Dowdy et al., 2011; Skiba et al., 2002; Wiley et al., 2013; Vespa et al., 2018; Zhang & Katsiyannis, 2002)

School **Mental Health**
COLLABORATIVE

5

Students With Emotional And Behavioral Problems Have Poor School-related And Long-term Outcomes

Low overall academic achievement

Higher rates of suspension and expulsion

High rates of absenteeism

Highest incidence of contact with juvenile justice system

Low graduation rates

Poor psychosocial outcomes

School **Mental Health**
COLLABORATIVE

6

Improved Social Emotional Learning And Mental Wellness Leads To...

Improvements in:

✧ Academic performance & subject mastery

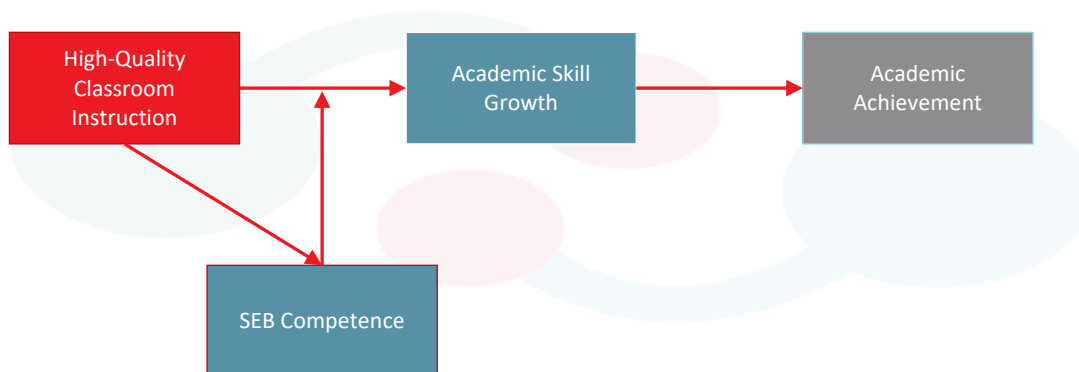✧ Behavior: Participation and study habits

✧ Attitudes: Motivation & commitment

(Zins, Weissberg, Wang, & Walberg , 2004)

School **Mental Health**
COLLABORATIVE

7

SEB Competence as a Mediator

High-Quality Classroom Instruction		Academic Skill Growth		Academic Achievement
		SEB Competence		

Based upon DiPerna (2006)

School **Mental Health**
COLLABORATIVE

8

Multi-Tiered Systems of Support

PBIS Approach   **SEL**

• **Positive Behavior Intervention & Support (PBIS)** most common MTSS model

- ↓ Externalizing problems
- ↑ Positive social behavior

• Can integrate **social-emotional learning (SEL)** as well

- ↓ Internalizing problems
- ↑ Social-emotional skills

Tier 1 (80%) • Teach & reinforce school-wide expectations

Tier 2 (15%) • Efficient, systematic, & continuously available targeted interventions

Tier 3 (5%) • Intensive & individualized behavior support plans

School **Mental Health**
COLLABORATIVE

9

Methods of Early Identification

- Teacher referral
- Pediatric setting
- Problem solving teams
- School-based mental health support
- Parent referral

School **Mental Health**
COLLABORATIVE

11

Teacher Referral and School Identification

- Refer-Test-Place models
  - teachers differ in their ability to work with students
  - perceptions of "teachability"
  - teachers not trained to know how problematic behavior must be prior to referral
- Children's behavioral/emotional problems may be under-referred and/or referral is delayed

(Lloyd, Kauffman, Landrum, & Roe, 1991; Severson et al., 2007; Tilly, 2008; Walker et al., 2000)

School **Mental Health**
COLLABORATIVE

12

Universal Screening:
A Possible Solution

- Population-based service delivery
  - Conducted with all students to identify those who are "at risk" of behavioral or emotional concerns
  - Internalizing as well as externalizing behaviors

School **Mental Health**
COLLABORATIVE

13

Universal Screening Evidence

Ability to predict outcomes

- Predicted 6 years later which children were involved in mental health, special education, or juvenile justice (Jones et al., 2002)
- SAEBRS fall screening scores predict spring reading scores, ODRs, and absences (Eklund et al., 2016)
- Screening scores can improve prediction of students with heightened risk for negative academic outcomes (Kilgus et al., 2019)

Differential identification

- Identifies more students than teacher referral/nomination (Eklund & Dowdy, 2014)
- Screening reduces racial disproportionately relative to other methods (e.g., ODRs; Eklund et al., 2020)

14

Does your school screen for behavioral or mental health concerns?

How do you identify which students in your school are at-risk or need help?

a. *No structured process* - Wait for teacher or parent to raise concerns

b. *Somewhat structured process* – Use existing data source to monitor concerns (e.g., ODR, attendance)

c. *Very structured process* - Use a behavioral/emotional screener (e.g., SSBD, BESS) to screen most/all students

15

Universal Screening

- **Why?**
  - Identify students at risk for social-emotional and behavioral difficulty
- **Who?**
  - Evaluate **ALL** students in the school with the screening tool
  - No use of nomination or referral unless a specific part of the tool/procedure
- **When?**
  - 1-3 times per year (Fall, Winter, and Spring)
  - 4-8 weeks into the year

Where?

	Elementary	Middle/High
Teacher	Primary	Secondary
Student	Secondary	Primary

School **Mental Health** COLLABORATIVE

16

WHY are we doing this?

- Determine how screening fits into existing sources of data & practices
- Talk through key messages:
  - Our school screens for any barriers to learning, including vision, hearing, academics, & behavior
  - We address the behavioral and academic needs of our students
  - All means all

School **Mental Health**
COLLABORATIVE

18

Q: Is parental consent required for behavioral screening?

A: In general, no. Behavioral screening that gathers information by reviewing existing data or gathering input from classroom teachers and other educators (i.e., review of student data, including office disciplinary referrals, suspension and detention rates, attendance, check in-check out and other intervention data, with no direct contact with a student) does not require parental consent.

(WI Dept of Public Instruction; Part 1 of 2)

School **Mental Health**
COLLABORATIVE

19

Q: Is parental consent required for behavioral screening?

A: The federal Protection of Pupil Rights Amendment (PPRA) requires consent to be obtained before students are given a "psychiatric or psychological examination or test," in which the primary purpose is to reveal "mental and psychological problems potentially embarrassing to the student or his or her family" (see Definitions). This requirement applies to behavioral health surveys and assessment tools (e.g., depression screener). If a school district requires a student to participate, active consent must be obtained. If a school district does not require a student to participate (i.e., a student is allowed to decline to participate given the opportunity and is developmentally able to do so and no incentives are offered for participating), passive consent may be used rather than active consent. (34 CFR 98.5) School districts may wish to document a student's assent or dissent to participate in a survey or assessment when using a passive consent process.

(WI Dept of Public Instruction; Part 2 of 2)

School **Mental Health** COLLABORATIVE

20

What to Screen

MENTAL HEALTH							
SEB PROBLEMS				**SEB WELL–BEING AND COMPETENCIES**			
INTERNALIZING		**EXTERNALIZING**		**LIFE SATISFACTION**		**STRONG SOCIAL RELATIONSHIPS**	
Trauma, Environmental stressors	Thinking errors, Withdrawal, Negative affect	Unsafe settings, Inconsistent routines, Low expectations	Rule violations, Substance use	Basic needs are met; Opportunities matched to values and interests	Gratitude, Empathy, Persistence, Optimism, Strengths use	Healthy interactions (high support, minimal bullying); Inclusive settings	Social and emotional skills
RISK FACTORS				**PROMOTIVE AND PROTECTIVE FACTORS**			
Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo & Romer, 2016.							

School **Mental Health** COLLABORATIVE

21

What should a good screener be?
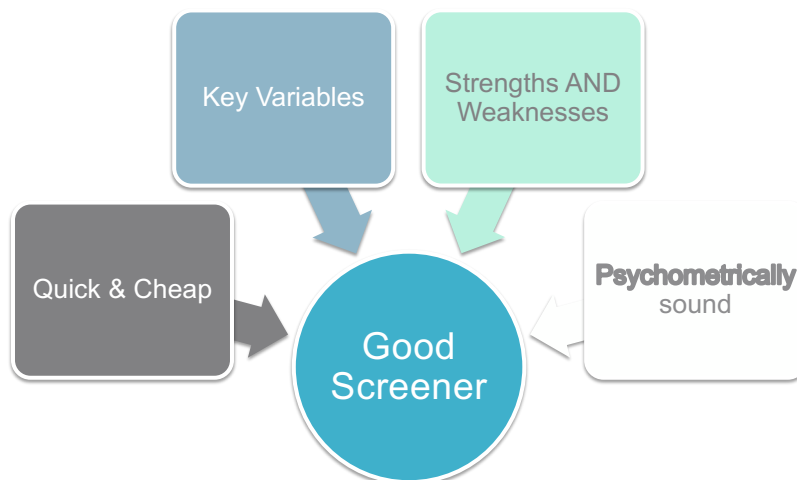
28

Universal Screening Measures

- BASC-3 Behavioral and Emotional Screening System
  (Kamphaus & Reynolds, 2015)
- Social, Academic, and Emotional Behavior Risk Screener
  (Kilgus & von der Embse, 2014)
- Student Risk Screening Scale
  (Drummond, 1994)
- Strengths & Difficulties Questionnaire
  (Goodman, 2001)

29

Behavioral and Emotional Screening System
(BESS; Kamphaus & Reynolds, 2015)

- "Teacher rating of all students on common behavioral criteria"
- Derived from the BASC-3
- 25-30 items; teacher, parent, and student forms
- Scores
  - Behavioral and emotional risk index (TPS)
  - Internalizing risk (TPS), Externalizing risk (TP), Adaptive skills risk (TP), Self-regulation index (S), and Personal adjustment risk (S)

School **Mental Health**
COLLABORATIVE

30

Social, Academic, and Emotional Behavior Risk Screener
Kilgus & von der Embse, 2014

- Brief, 19-item teacher rating scale
- One **broad scale** and **three subscales**
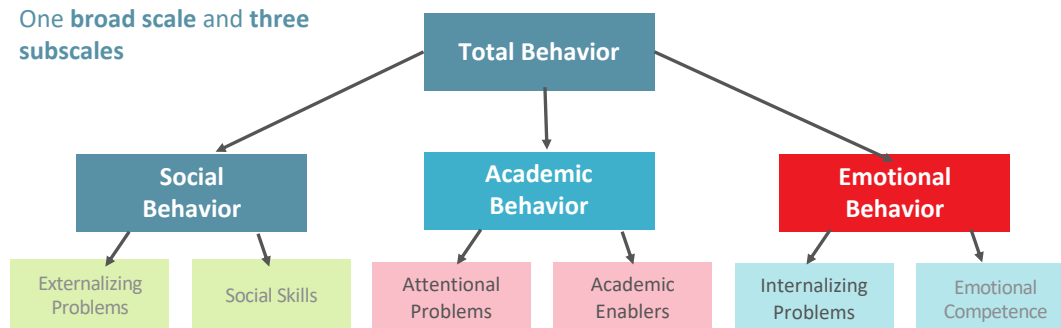
31

Using screening to align with school data

- Traditional vs. Prevention-Oriented Screening
- Already collecting data on
  - Attendance
    - Unexcused absences, # of moves
  - Academic outcomes
    - Growth on CBM's
    - Benchmark assessment data
    - Standardized test scores
    - Grades
  - Office Discipline Referrals
- Opportunity to aggregate and compare screening (new vs. old) and student academic & behavioral outcomes

School **Mental Health**
COLLABORATIVE

32

Screening to Inform

Child

School

Community

School **Mental Health**
COLLABORATIVE
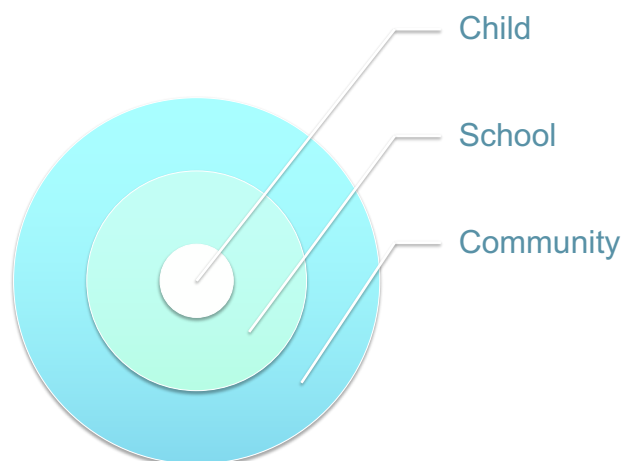
33

Ask yourself…. How do we get to tier two efforts?

Is tier 2 intended as prevention?

Or….

Is tier 2 another name for pre-referral documentation?

School **Mental Health**
COLLABORATIVE

34

Social-Emotional and Behavioral Assessment (SEBA) Model
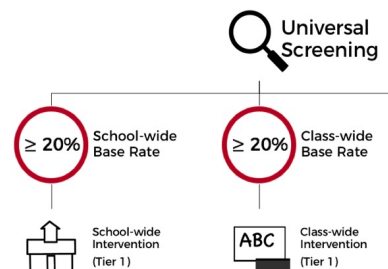(*Kilgus & Eklund, 2016*)
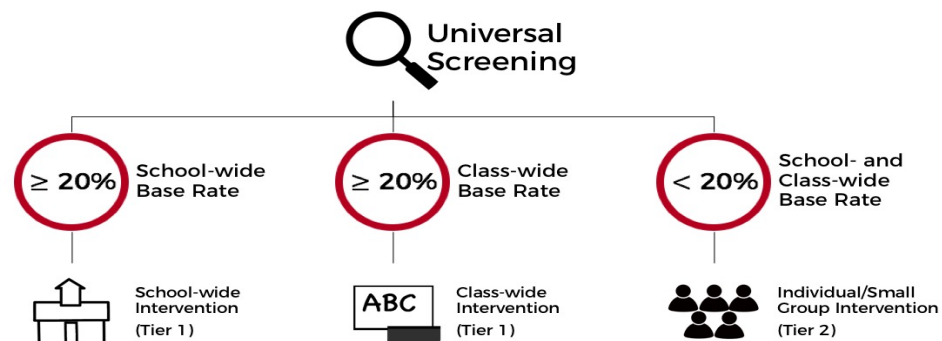
School **Mental Health**
COLLABORATIVE

35

System Support (Tier 1)

- Start with universal strategies
- SAEBRS Example: Determine type of risk most prevalent
  - **Social Behavior**: Review and revision of school-wide expectations or reinforcement plan (ensure integrity)
  - **Emotional Behavior**: Consider implementation of social emotional learning curriculum

Universal Screening

≥ 20% School-wide Base Rate

≥ 20% Class-wide Base Rate

School-wide Intervention (Tier 1)

ABC Class-wide Intervention (Tier 1)

School **Mental Health** COLLABORATIVE

36

Identified evidence-based programs

- CASEL: Safe and Sound Programs www.casel.org
- SAMHSA: National Registry of evidence-based programs/practices nrepp.samhsa.gov
- IES What Works Clearinghouse ies.ed.gov/ncee/wwc AND dww.ed.gov
- Evidence-based Intervention Network ebi.missouri.edu

School **Mental Health** COLLABORATIVE

37

Evidence-based Social Emotional Learning Programs

- Promoting Alternative Thinking Strategies (PATHS)
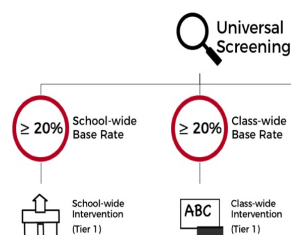- Second Step
- Why Try?
- Incredible Years

School **Mental Health**
COLLABORATIVE

38

Classroom base rate >20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At- Risk
Shaffer	Sarah	5	25	14	56%
Triggs	Taylor	4	26	13	50%
Ells	Erica	2	26	7	27%
Memphis	Marsha	1	28	7	25%
Barrett	Bob	2	25	5	20%
Cassidy	Cara	4	21	4	19%
Ulrich	Uma	4	28	5	18%

School **Mental Health**
COLLABORATIVE

39

Classroom Support (Tier 1)

- Determine the type of risk most prevalent within the classroom
- **Example SAEBRS:**
  - Social Behavior
    - Classroom Checkup (Reinke, Herman, & Sprick, 2011)
    - Good Behavior Game
  - Academic Behavior:
    - Classroom instruction of various academic enablers (e.g., organization, preparedness for instruction)
    - Promote instructional practices (e.g., opportunities to learn, pace of instruction)

School **Mental Health** COLLABORATIVE

40

Classroom Support Examples

- Classroom Check-up (Reinke, Herman, & Sprick, 2011)
- Good Behavior Game in "School Discipline and Self-Discipline: A Practical Guide to Promoting Prosocial Student Behavior" (Bear, 2010)
- Classroom Management Self-Assessment example
  (Simonsen, Fairbanks, Briesch, & Sugai, 2006)
- Promoting Positive & Effective Learning Environments:
  Classroom Checklist
  (Lewis, 2007)

School **Mental Health** COLLABORATIVE

41

Classroom base rate <20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At- Risk
Franks	Fred	2	29	5	17%
Garrett	Greg	1	21	3	14%
Hollister	Heather	3	26	3	12%
Innings	Irma	5	23	2	9%
Vargas	Victor	3	24	2	8%
Williams	Wanda	4	27	2	7%
Norton	Nick	2	21	1	5%
Jenkins	Jennifer	K	22	1	5%
Kasper	Kelly	1	24	1	4%

School **Mental Health**
COLLABORATIVE

42

Example: Individual Support (Tier 2)

Interventions:

- **Teaching Strategies**
  - Instruction of key skills
    - Social skills, academic enablers, emotional competencies
    - e.g., Social Skills Training, organizational skills, REP
- **Antecedent/Consequence Strategies**
  - Check In/Check Out (CICO) to prompt and reinforce appropriate behaviors
    - Research supporting use with social, academic, or emotional behavior

School **Mental Health**
COLLABORATIVE

43

Limits of Screening Data

Decisions made based upon the data should be defensible and consistent **with the intended and validated purpose of the screener**.

- Detection for early warning signs/risk
  - Screening is **not** diagnostic
- Treatment utility for different types of decisions
- Additional data sources/assessment information may be needed to inform intervention plan

School **Mental Health**
COLLABORATIVE

44

Equity Lens

The quality of information into the system is directly related to the data produced and decisions that follow

Important to train raters, educators, and students in the content and purpose of screening, including implicit bias

Disaggregated data can be a powerful tool to identify inequities in a system

45

Teacher Ratings of Student Behavior

- Emerging research examining teacher ratings of student behavior using universal screening measures
- Research is variable on rates of identification for minoritized students
    - No difference in SEB risk by race/ethnicity
        - No difference of SEB functioning in kindergarten students (Mashburn et al., 2006)
        - No measurement invariance in elementary students using SRSS-IE (Barger et al., 2020)
    - Increased rates in SEB risk
        - Black students over-identified using BASC-3 BESS (Splett et al., 2018)
        - Increased rates of internalizing concerns when there was a racial match compared to ratings by White teachers (Weathers, 2019)

School **Mental Health**
COLLABORATIVE

46

Influence of Race/Ethnicity & Language on Identification of Behavioral Concerns
(Murrieta & Eklund, 2021; Eklund, in preparation)

Study 1: Identifying Emotional and Behavioral Risk Among English Language Learners

- o No difference between ELL students and English-speaking students
- o Found that as students got older, more likely to be identified as at-risk

Study 2: Examining Methods of Behavior Screening:
Disproportionate identification in ODR & EBR

- o Aggregate data vs. individual school considerations
- o Identification of risk and degree of disproportionality varies by school demographic

School **Mental Health**
COLLABORATIVE

47

Universal Screening to Reduce Rates of Disproportionality
(Eklund, in preparation)

	B	S.E.	Wald	df	Sig.	Odds Ratio	95% CI	
Gender	-1.05	.09	140.32	1	<.001	.35	.30	.42
Race/Ethnicity	.61	.09	50.78	1	<.001	1.84	1.56	2.18
Grade	.04	.03	2.99	1	.08	1.04	.99	1.10
ELL status	-1.33	.31	19.01	1	<.001	.26	.15	.48

School **Mental Health**
COLLABORATIVE

48

Universal Screening to Reduce Rates of Disproportionality
(Eklund, in preparation)

	White	Black	Multiple	Hispanic	Asian	EBR Odds Ratio	ODR Odds Ratio
District (n = 3,322)	59%	23%	10%	7%	2%	1.84	2.84
School 1 (n = 300)	36%	40%	11%	6%	7%	NS	NS
School 2 (n = 203)	37%	44%	11%	5%	2%	NS	NS
School 3 (n = 505)	72%	9%	8%	9%	1%	1.49	2.64
School 4 (n = 282)	69%	12%	10%	2%	0%	1.52	2.92

School **Mental Health**
COLLABORATIVE

49

Equity Considerations in Universal Screening

- Consideration of cultural mismatch between students of teachers
- Consider other sources of data following at-risk rating
- Calculation of risk ratios to evaluate screening results based on race/ethnicity and/or gender

School **Mental Health** COLLABORATIVE

50

Equity Considerations in Universal Screening

- Strategies to increase rater accuracy
    - Corrective feedback/teacher trainings (von der Embse et al., 2018)
    - Individuals internally motivated to act in non-biased manner after shows results of previous behavior (Fehr & Sassenberg, 2010)

- Teacher and caregiver training on mental health literacy
    - Teachers express desire for training on internalizing behaviors (Papandrea & Winefield, 2011)

School **Mental Health** COLLABORATIVE

51

Resources

www.smhcollaborative.org
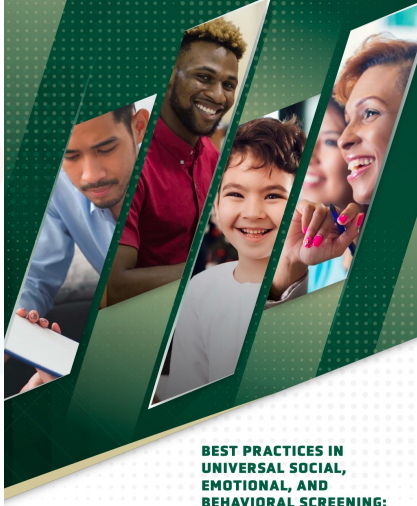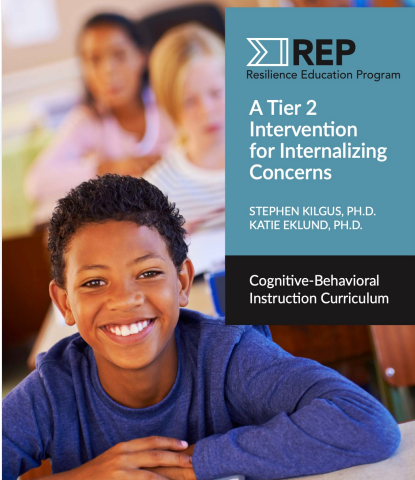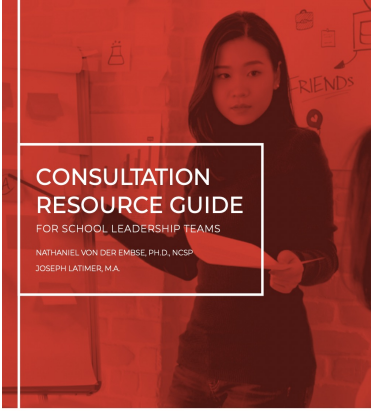
52

Implementation Checklist and Planning Guide

53

Frequently Asked Questions

APPENDIX D

Frequently Asked Questions about Universal Social, Emotional, and Behavioral Screening

The following are commonly asked questions about social, emotional, and behavioral (SEB) screening, which is sometimes referred to as universal or school-wide social-emotional, mental/behavioral health, or social emotional learning (SEL) screening. This document provides responses based on ethical and legal guidelines and requirements, SEB screening research, and expert consensus. Please note these are general responses to commonly asked questions. When schools implement SEB screening, information that addresses the questions below as it applies to the specific school's context and screening procedures should be clearly communicated to parents, students, and stakeholders.

What is universal SEB screening?

How students engage socially and emotionally with their peers, educators, and their school impacts learning and long-term success in life. Schools are teaching and creating contexts that promote social and emotional skills and wellness for all students. Across all content areas, educators use assessments to determine the strengths and weaknesses of their students so they can plan how to best teach and support their students. Just as students participate in screenings for vision, physical health, reading and other academic areas, SEB screening provides an indicator of whether a student's SEB health is on track or if there might be a problem. Screening is a proactive approach in that it provides important information to ensure help is provided before little problems become big ones. Universal screening data is typically collected two to three times per year and involves either teachers, parents, and/or students rating a short list of items, which typically takes a few minutes to complete.

- *Universal SEB screening provides educators with an indicator of how well all students are doing and if some students are in need of additional SEB supports and services. Universal screening data are intended to inform decisions about how educators can better support the SEB wellness of the students they are charged with teaching. Educators collaborate closely with and inform parents throughout the SEB screening process.*

In a typical school at any given point in time, approximately one in five students has SEB needs; that is, they are experiencing challenges that interfere with their daily SEB functioning. Most students with SEB needs are facing common stressors and social-emotional problems that can be improved when supports are provided in a timely manner. Regardless of an individual student's need, all students (and educators) benefit from warm, caring learning environments and knowledge of SEB skills that support their wellbeing. Schools committed to SEB development gather universal screening data to assess the SEB skills, strengths, and challenges of their students and use the information to help determine how staff can best support students.

School Mental Health COLLABORATIVE

54

Guiding Questions Activity

Guiding Questions for Developing Protocol for Using SEB Screening Data

First, the answers to several overarching questions should guide a school team's development of a protocol for using universal SEB screening data to inform decisions, including:

- Why are we implementing universal SEB screening?
- What questions are we trying to answer?
- How have we defined our student "universe" (e.g., all students)? If not all students, what is our rationale for focusing on only a subset of students.
- What does our universal SEB screener measure? What types of scores (i.e., total and subscales) and classifications (e.g., not at-risk and at-risk) does our SEB screener provide?
- How often during the school year are we gathering universal screening data?
- How far are we in implementing a full continuum of comprehensive SEB supports (i.e., what interventions are being implemented at which tiers and are they being implemented with fidelity and effectiveness)?
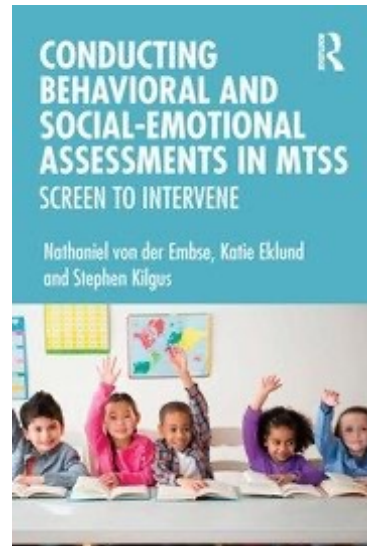
School Mental Health COLLABORATIVE

55

Conducting Behavioral and Social-Emotional Assessments in MTSS: Screen to Intervene

- Practitioner guide to implementing SEBA model with handouts

***Authors receive a small royalty for book sales.

CONDUCTING BEHAVIORAL AND SOCIAL-EMOTIONAL ASSESSMENTS IN MTSS
SCREEN TO INTERVENE

Nathaniel von der Embse, Katie Eklund and Stephen Kilgus

School **Mental Health** COLLABORATIVE

56

QUESTIONS?
Thank you!

Resources available @ smhcollaborative.org

Katie Eklund, Ph.D.: katie.eklund@wisc.edu

UNIVERSITY of **SOUTH FLORIDA**
College of Education

School **Mental Health** COLLABORATIVE

WISCONSIN
UNIVERSITY OF WISCONSIN-MADISON

57

58