An Ounce of Prevention: Universal Screening for Emotional Behavioral Needs

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The 'Road Map'

This webinar will address the following topics:

- Rationale for implementing school-based universal screening

- Preparation for implementation

- Model for school-based universal screening and intervention

- Select list of screening instruments

- Case study examples
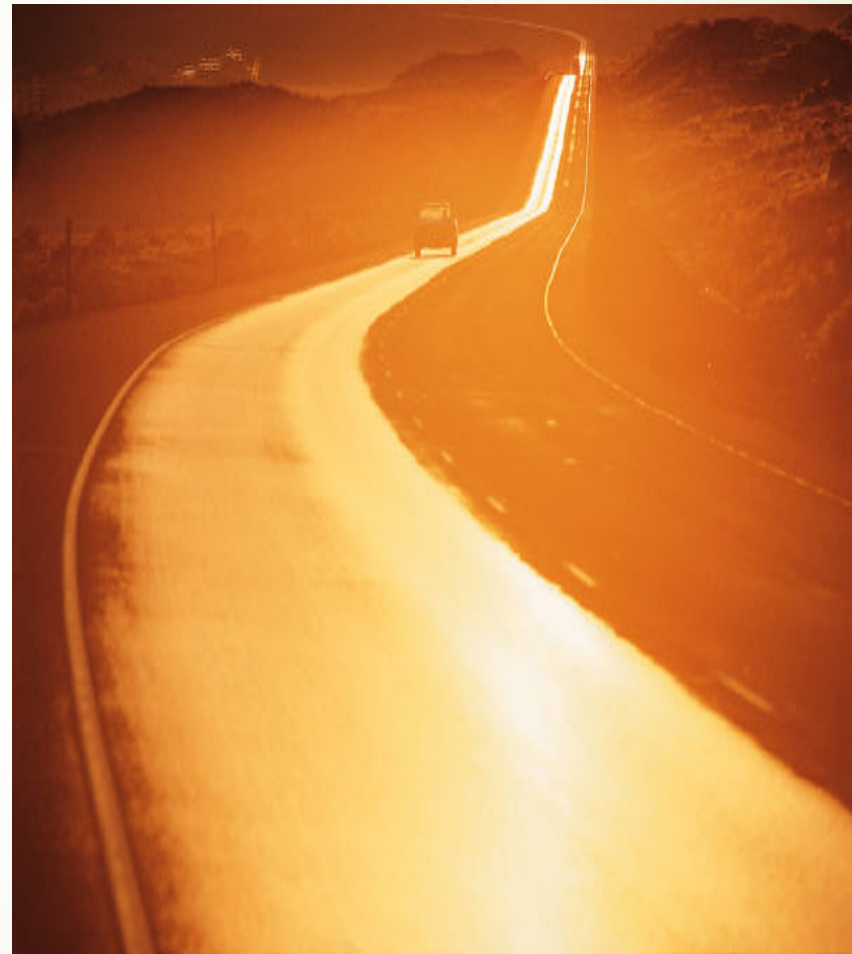
Webinar Participation Guidelines

General Guidelines	Specific Participants and Webinar Facilitator Guidelines
BE RESPONSIBLE	◆ Make yourself comfortable & take care of your needs ◆ Remain focused on the topic. ◆ Please ask questions! ◆ At the end of each section, I'll answer additional questions. This is also opportunity for a break from the screen.
BE RESPECTFUL	◆ Share and contribute during reflections ◆ Save checking email, and engaging with off-topic conversations with colleagues until the session is over
BE PREPARED	◆ Follow up and share information from the session with your district/school ◆ Take notes and use the universal screening readiness action plan to organize information

KWL Chart

What do I know about universal screening for behavior?	What would I like to learn about universal screening for behavior?	What have I learned about universal screening for behavior?

Facts about Mental health and school age children
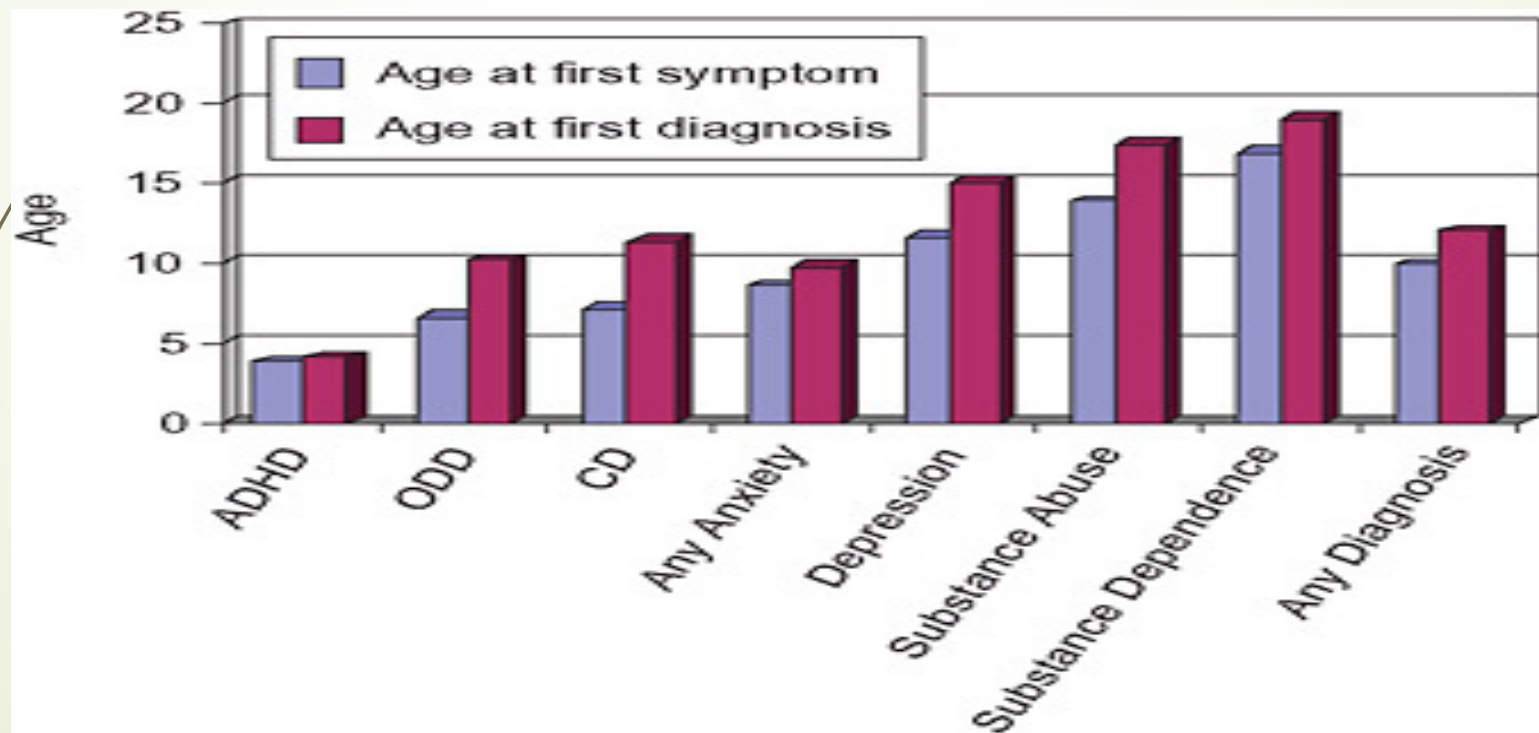
Mental health and school age children

➡ How prevalent are emotional disorders among school-age children and youth?

Study	Citation	% of sample with any impairment	% of sample with serious impairment
Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA)	Shaffer et al., 1996	21%	5%
Great Smoky Mountains Study of Youth	Burns et al., 1995	20%	11%
National Health & Nutrition Examination Survey (NHANES)	Merikangas et al., 2010	13%	11%

Mental health and school age children

- Research suggests that there's a 'window of opportunity' ranging between 2-4 years when prevention is critical
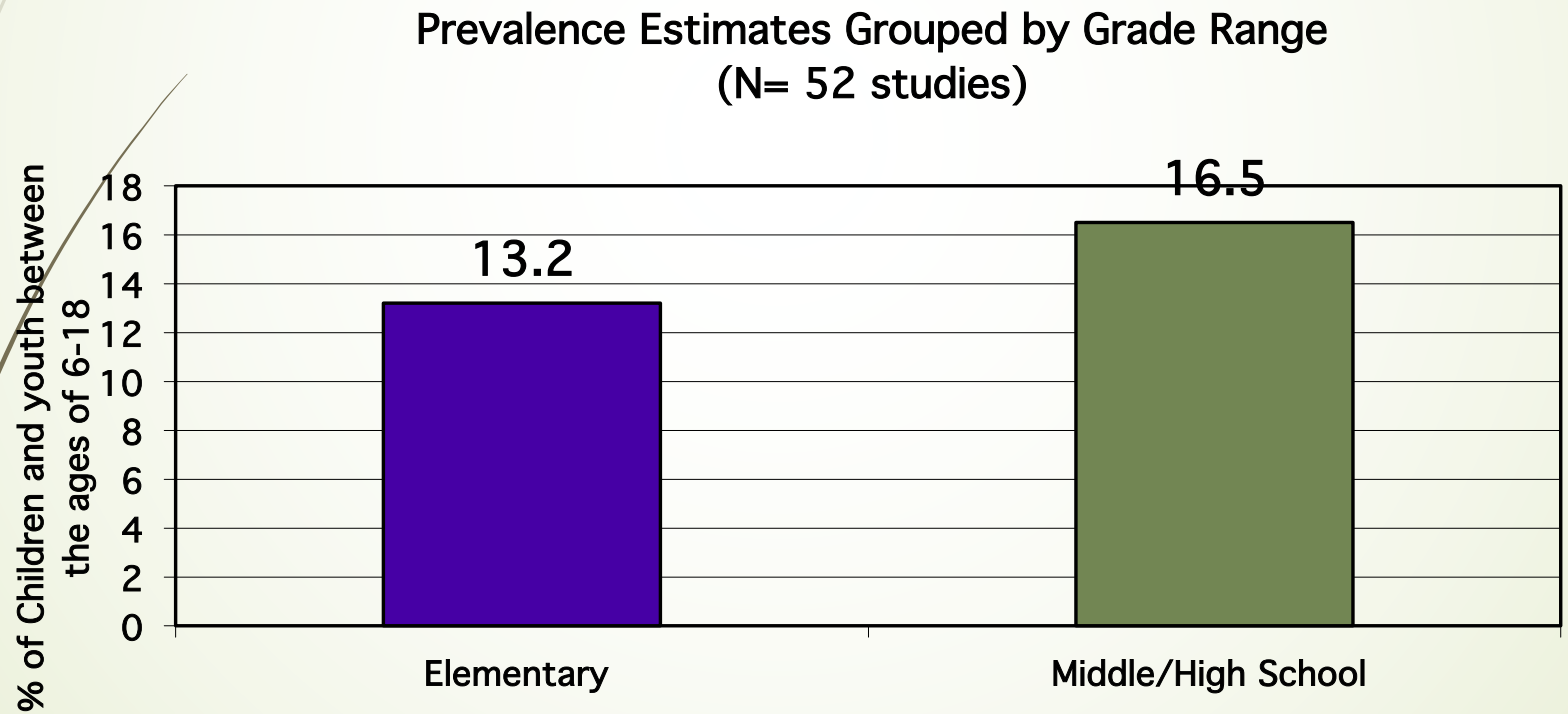
Great Smoky Mountains Study: Age Between First Symptom and Initial Diagnosis

Source: O'Connell, Boat, & Warner, 2009

Mental health and school age children

➡ Emotional disorders are identifiable before the teen years

Prevalence Estimates Grouped by Grade Range
(N= 52 studies)

% of Children and youth between the ages of 6-18

|	Elementary	Middle/High School
Value	13.2	16.5

Source: Roberts, Attkisson, & Rosenblatt, 1998

Mental health and school age children

- Students at-risk for internalizing behaviors (e.g. children demonstrating overly shy, anxious, 'down' behaviors) typically fly under the radar

  - A Johns Hopkins University study found that average-performing students with internalizing behaviors received support via special education, or mental health services at lower rates than underperforming students with externalizing (e.g., 'acting out') behaviors

Mental health and school age children

- **Children demonstrating internalizing behaviors are underserved by special education and mental health systems**

Service Usage Rates

% of Children Receiving Service

- Children/Youth with Internalizing Behaviors
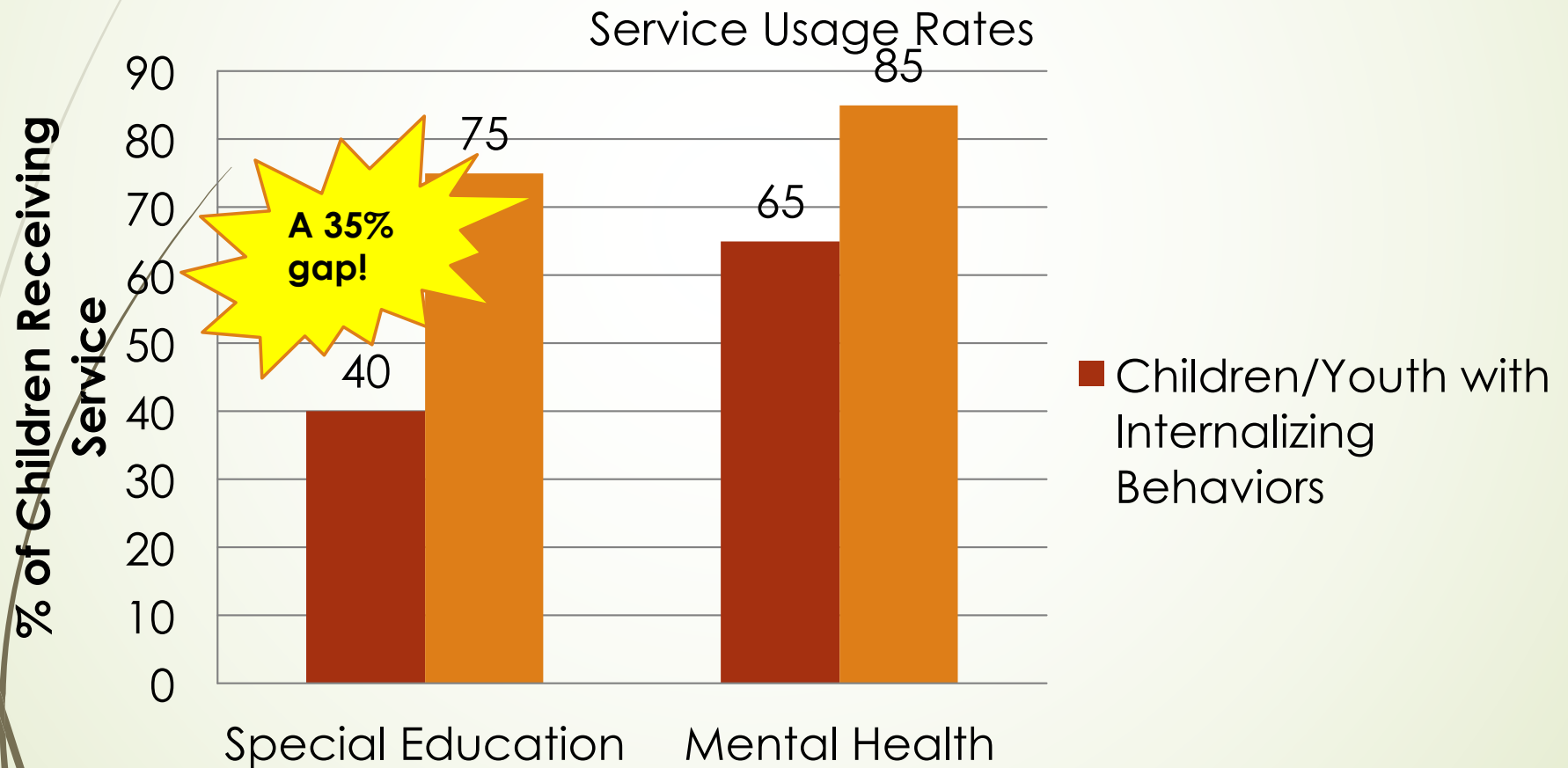
Source: Bradshaw et al., 2008

Mental health and school age children

"**Untreated emotional problems** have the potential to **create barriers to learning** that interfere with the mission of schools to educate all children."

Source: Adelman & Taylor, 2002

Mental health and school age children

- "**Without early intervention**, children who routinely engage in aggressive, coercive actions, **are likely to develop more serious anti-social patterns of behaviors** that are resistant to intervention."

  Source: Walker, Ramsey, & Gresham, 2004

Mental health and school age children

- Youth who are the victims of bullying *and* who lack adequate peer supports are vulnerable to **mood and anxiety disorders**

Source: Deater-Deckard, 2001; Hawker & Boulton, 2000

Mental health and school age children

- "**Depressive disorders** are consistently the most prevalent disorders among adolescent **suicide** victims."

- Source: Gould, Greenberg, Velting, & Shaffer, 2003

Mental health and school age children

- *"The Commission found compelling research sponsored by OSEP on emotional and behavioral difficulties indicating that **children at risk for these difficulties could also be identified through universal screening and more significant disabilities prevented through classroom-based approaches involving positive discipline and classroom management.**"*

Source: U.S. Department of Education Office of Special Education and Rehabilitative Services. (2002). *A New Era: Revitalizing Special Education for Children and Their Families*

Reflection Question

- In 2009, the National Association of School Psychologists also voiced support for implementation of universal screening embedded within a multi-tiered system of supports (MTSS). However, only a small number of schools (2%) implement universal screening to identify emotional or behavioral concerns (Romer & McIntosh, 2005).

  - **What do you see as some of the implementation challenges in your district/school?**

Preparing to Implement Universal Screening

Universal screening readiness checklist

▰ **Build a foundation**

❑ Secure district and building-level administrative support for universal screening

❑ Establish universal screening committee consisting of district and building-level administrators, student support personnel, coordinators, family and community representatives and assign roles

▰ **Clarify goals**

❑ Identify purpose of universal screening (e.g., mental health, social skills assessment)

❑ Determine desired outcomes

Universal screening readiness checklist

➡ **Identify resources and logistics**

❑ Identify resources for supporting students identified via screening (in-school and community-based)

❑ Create a timeline for executing screening process including frequency of screening (e.g., once, or multiple times per year?)

❑ Develop budget for materials, staff, etc.

❑ Create administration materials (e.g., power point to share process with staff, parents and community members, consent forms, teacher checklists)

❑ Schedule dates for screening(s) and meetings to share school-wide results

Universal screening readiness checklist

- **Select an evidence-based screening instrument**
  - Use *The Standards for Educational and Psychological Testing*, or resources from other professional organization resources (e.g., National Association for School Psychologists; NASP), as guidelines for selecting an appropriate screener

Universal screening readiness checklist

➥ **Data**

❑ Develop data collection and progress monitoring system

❑ Determine systematic process for using results to inform interventions

❑ Create plan/timeline for sharing screening and progress monitoring results with staff and families

Universal screening readiness checklist

In place	Not in place	Action plan
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Common Implementation Concerns

Adapted from Dever, Raines, and Barclay (2012)

 Screening will overburden the school mental health system

 Initially there may be an increased number of students requiring supports

 This number typically decreases over time.

 How will our school social worker, school psychologist, school counselor find the time to participate in universal screening?

 Universal screening for behavior is too expensive to implement.

 There's no time to implement universal screening.

Questions

Universal Screening and Intervention model

REFLECTION QUESTIONS

- What is the primary goal of any screening program (e.g., vision, hearing, blood pressure, academic, etc.)

- What components are included in a typical school-based screening program for vision and hearing? For reading difficulties?

Goals of Universal Screening and Intervention Program

- Efficiently identify students who may benefit from school-based social-emotional supports

- Reach students who typically "fly under the radar" (e.g., students who exhibit behaviors associated with anxiety, depression)

- Reduce stigma associated with mental health

- Educate staff about signs and risk factors associated with poor mental health outcomes

- Engage parents and guardians in conversation about healthy social-emotional development

- Build partnerships with community-based mental health providers

Tier 1/Universal

School-Wide Assessment Tools
Universal Screening for Behavior

School-Wide Prevention Tools
PBIS

Tier 2/ Secondary

Assessment

Intervention

ODRs, credits Attendance, Tardies, Grades, etc.

Check-in/ Check-out (CICO)

Social/Academic Instructional Groups (SAIG)

Daily Progress Report (DPR)

(Behavior and Academic Goals)

Group Intervention with Individualized Feature (e.g. Mentoring)

Tier 3/ Tertiary

Competing Behavior Pathway, Functional Assessment Interview, Scatter Plots, etc.

Brief Functional Behavior Assessment/ Behavior Intervention Planning (FBA/BIP)

Complex or Multiple-domain FBA/BIP

Wraparound / RENEW

Adapted from T. Scott, 2004 & Midwest PBIS Network
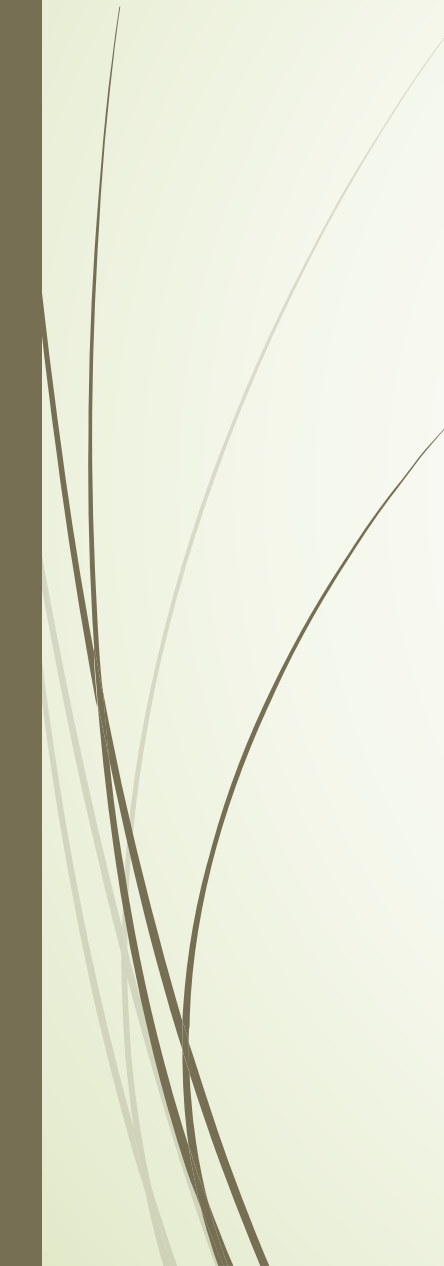
Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention

Comprehensive, Integrated, Three-Tiered Model of Prevention
(Lane, Kalberg, & Menzies, 2009)

Goal: Reduce Harm
Specialized Individual Systems
for Students with High-Risk

≈ 5%
Tertiary Prevention (Tier 3)

≈15%
Secondary Prevention (Tier 2)

Goal: Reverse Harm
Specialized Group Systems
for Students At-Risk

Goal: Prevent Harm
School/Classroom-Wide Systems for
All Students, Staff, & Settings

PBIS Framework

≈ 80%
Primary Prevention (Tier 1)

Validated
Curricula

Academic   **Behavioral**   **Social**

Source: Lane, Oakes, Menzies, 2014

Reflection Question

■▶ How does your district/school coordinate, or share information regarding academic and behavioral interventions?

Universal Screening Procedure and implementation tools

Universal Screening Implementation Procedure

1. Share rationale with staff for implementing universal screening.

2. Explain that teachers are to review their class lists and think about students who exhibit externalizing (e.g., acting out), or internalizing behaviors (e.g., overly withdrawn behaviors).

Examples of Externalizing Behaviors Typically Exhibited by Children/Youths:

- Displaying aggression toward objects or persons

- Arguing

- Being out of seat

- Not complying with teacher instructions or directives

Source: Walker and Severson, 1992

Examples of Internalizing Behaviors Typically Exhibited by Children/Youths:

- Not talking with other children

- Being shy

- Timid and/or unassertive

- Avoiding or withdrawing from social situations

- Not standing up for one's self

Source: Walker and Severson, 1992

Universal screening process: Teacher ranking forms

Teacher Rank Ordering for Universal Behavioral Screening: Externalizers

- Property destruction (e.g., damaging books, desks, other school property)
- Repeatedly quarrels with peers/adults
- Coercion of others (e.g., bullying behaviors includes physical actions and verbal threats)
- Regularly does not follow school/classroom rules
- Consistent refusal to follow teacher's directions
- Frequently blurts out/speaks in class without permission
- Often moves around the classroom/hallways without permission
- Spreads rumors with the intention to harm others
- Stealing

STEP ONE

Externalizers: Students regularly displaying **at least ONE** of the listed behaviors

STEP TWO		
Externalizers: **Top three** students regularly displaying **at least ONE** of the listed behaviors	ID #	Race/ethnicity

Universal screening process: Teacher ranking forms

Teacher Rank Ordering for Universal Behavioral Screening: Internalizers

- Anxious, nervous (e.g., nailbiting, easily startled)
- Introverted (e.g., often seen alone)
- Rarely/doesn't speaks to peers
- Overly sensitive (e.g., cries easily, has difficulty standing up to others)
- Bullied by other students

STEP ONE

STEP TWO

Internalizers: Students regularly displaying **at least ONE** of the listed behaviors

Internalizers: **Top three** students Regularly displaying **at least ONE** Of the listed behaviors	ID#	Race/ethnicity

Adapted from Walker and Severson, 1992

Three-step Procedure
(Adapted from Walker & Severson, 1992)

Step 1

Teachers review their class lists for signs of externalizing, internalizing behaviors

Pass Step 1

Step 2

Teachers rank order then Select Top **3** Students on Each Dimension (Externalizing & Internalizing)

Pass Step 2

Step 3

Teachers Rate Top **3** Students in Each Dimension (Externalizing & Internalizing) using either SSBD, BASC-2/BESS, or other **evidence-based** instrument

Pass Step 3
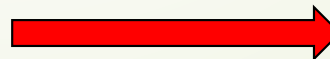
Tier 2 Intervention

Universal screening: Key implementation tools

- These tools are useful when implementing the universal screening process:
  - Universal screening process timeline
  - Universal screening overview power point
  - Universal screening teacher timeline/ranking form
  - Universal screening administration power point
  - Universal screening scoring/progress monitoring tools
  - Form to obtain parent/guardian consent/assent for universal screening

Universal screening process: Teacher ranking forms

- The timeline and ranking forms are helpful implementation tools
  - The timeline will help identify key steps in the implementation process and help you to organize a calendar
  - The teacher ranking sheet is distributed following presentation of the universal screening overview power point to assist coordinators in reviewing their students' needs

Sample universal screening timeline

Time frame	Action/Duties
Screening administration date:_____	
Prior to screening administration:_____	Obtain district and building level permission to conduct universal screening. Confirm your district's parental consent policy for universal screening.
Prior to screening administration:_____	Review supports and interventions for students identified via universal screening (e.g., check in/check out). Install additional supports via partnerships with local mental health agencies.
Three-four weeks prior to screening administration:_____ ___	Complete parent/guardian notification letter and confirm approval for distribution by appropriate district/building level administrator.
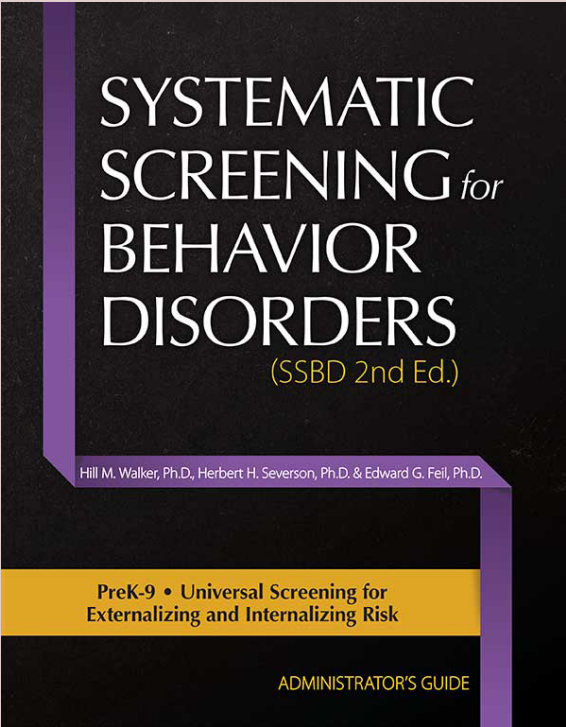
Questions

Selected universal screening instruments

Selected Evidence-Based Screening Instruments

Screener	Description
Systematic Screening for Behavior Disorders-Second Edition (SSBD-2; Walker & Severson, 2014) http://pacificnwpublish.com SYSTEMATIC SCREENING for BEHAVIOR DISORDERS (SSBD 2nd Ed.) Hill M. Walker, Ph.D., Herbert H. Severson, Ph.D. & Edward G. Feil, Ph.D. PreK-9 • Universal Screening for Externalizing and Internalizing Risk ADMINISTRATOR'S GUIDE	• Well-validated (Endorsed in 1990 by the Program Effectiveness Panel of the U.S. Department of Education; Cited in over 25 peer-reviewed journal articles) • Efficient (Screening process can be completed within 1 hour) • Most effective instrument for identifying students with internalizing behavior (Lane et al., 2009) • Screen children in pre-k-9th grade • Online version provides the following features: 1) administration of the SSBD using laptop computers, tablets and smart phones, 2) automatic machine scoring and output, and 3) report(s) generation in which student profiles are developed and displayed. COST, $500 per school for 12-month subscription.

SSBD: Critical Events Index

SYSTEMATIC SCREENING *for* BEHAVIOR DISORDERS
(SSBD 2nd Ed.)

Hill M. Walker, Ph.D., Herbert H. Severson, Ph.D. & Edward G. Feil, Ph.D.

PreK-9 • Universal Screening for Externalizing and Internalizing Risk

ADMINISTRATOR'S GUIDE
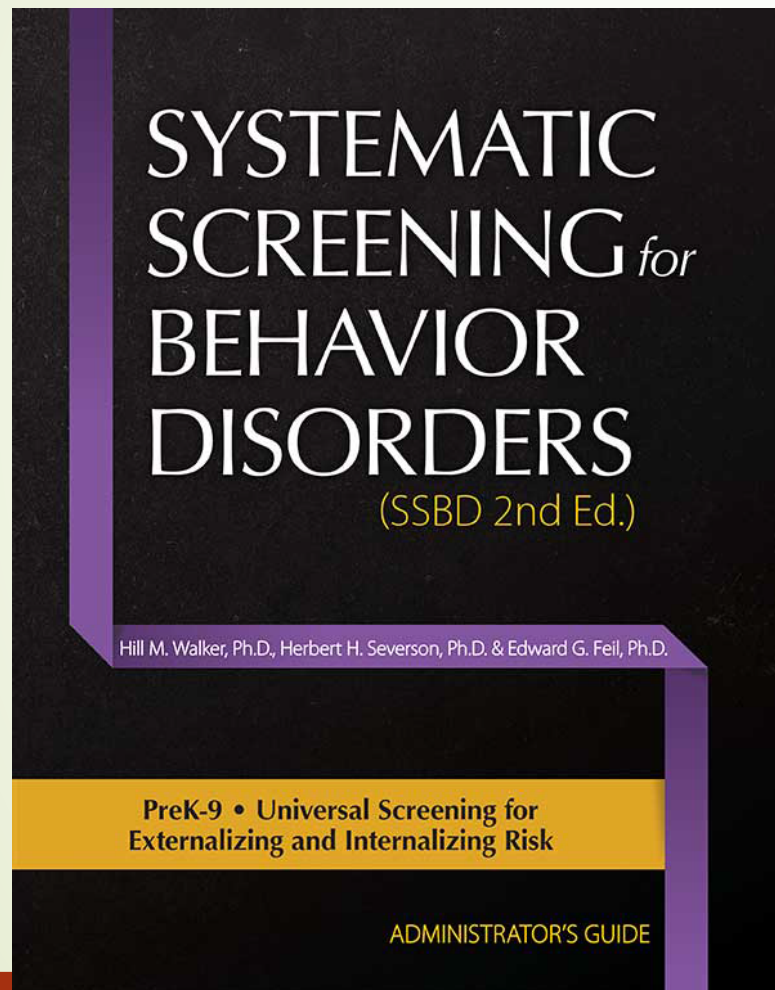
STAGE 2 SCREENING FOR EXTERNALIZING STUDENTS

Date _____ Teacher _____ School _____

Student and/or ID No. _____ Sex ___ F ___ M Grade _____

SSBD Stage 1 Rank: ___ 1 ___ 2 ___ 3

Critical Events Index

INSTRUCTIONS: Review each behavior from the list below. Then circle Y or N to indicate whether the student has displayed this behavior since the beginning of the school year or since the last screening.

Y N 1. Steals.

Y N 2. Sets fires.

Y N 3. Vomits after eating.

Y N 4. Has tantrums.

Y N 5. Physically assaults an adult.

Y N 6. Exhibits painful shyness.

Y N 7. Exhibits ~~weight~~ gain ~~past the months. Significant weight fluctuation would be~~ of ~~gain body weight.~~

Y N 8. Exhibits sad affect, depression, and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities.

Y N 9. Is physically aggressive with other students or adults (hits, bites, chokes, or throws things).

Y N 10. Damages others' property (academic materials, damages personal possessions).

Y N 11. Demonstrates obsessive-compulsive behaviors. (Student can't get his/her mind off certain thoughts or obsessions.)

EXTERNALIZING BEHAVIOR • Grades 1–9

SAMPLE

SSBD: Combined Frequency Index for Adaptive and Maladaptive Behavior
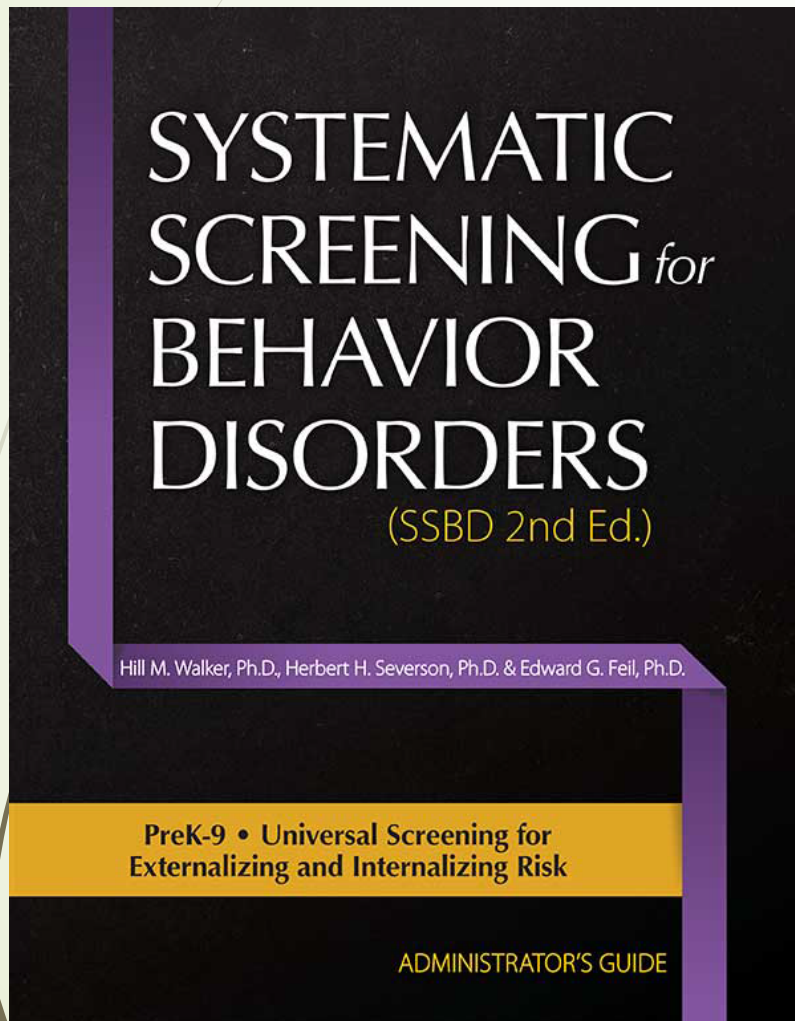
Combined Frequency Index for Adaptive and Maladaptive Behavior

ADAPTIVE STUDENT BEHAVIOR

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never	Sometimes	Frequently	
1 2 3 4 5			1. Follows established classroom rules.
1 2 3 4 5			2. Is considerate of the feelings of others.
1 2 3 4 5			3. Produces work of acceptable quality given her/his skill level.
1 2 3 4 5			4. Gains peers' attention in an appropriate manner.
1 2 3 4 5			5. Expresses anger appropriately, e.g., reacts to situation without being violent or destructive.
1 2 3 4 5			6. Cooperates with peers in group activities or situations.
1 2 3 4 5			7. Makes assistance needs known in an appropriate manner, e.g., works on something else, raises hand when finished with work, asks for help with work.
1 2 3 4 5			8. Is socially perceptive, e.g., "reads" social situations accurately.
1 2 3 4 5			9. Does seat work assignments as directed.
1 2 3 4 5			10. Compliments peers regarding their behavior or personal attributes, e.g., appearance, special skills, etc.
1 2 3 4 5			11. Complies with teacher requests and commands.
1 2 3 4 5			12. Initiates positive social interactions with peers.

TOTAL ADAPTIVE BEHAVIOR SCORE [ ]

EXTERNALIZING BEHAVIOR • Grades 1–9

SAMPLE

SSBD: Combined Frequency Index for Adaptive and Maladaptive Behavior

SYSTEMATIC SCREENING for BEHAVIOR DISORDERS

(SSBD 2nd Ed.)

Hill M. Walker, Ph.D., Herbert H. Severson, Ph.D. & Edward G. Feil, Ph.D.

PreK-9 • Universal Screening for Externalizing and Internalizing Risk

ADMINISTRATOR'S GUIDE

Combined Frequency Index for Adaptive and Maladaptive Behavior
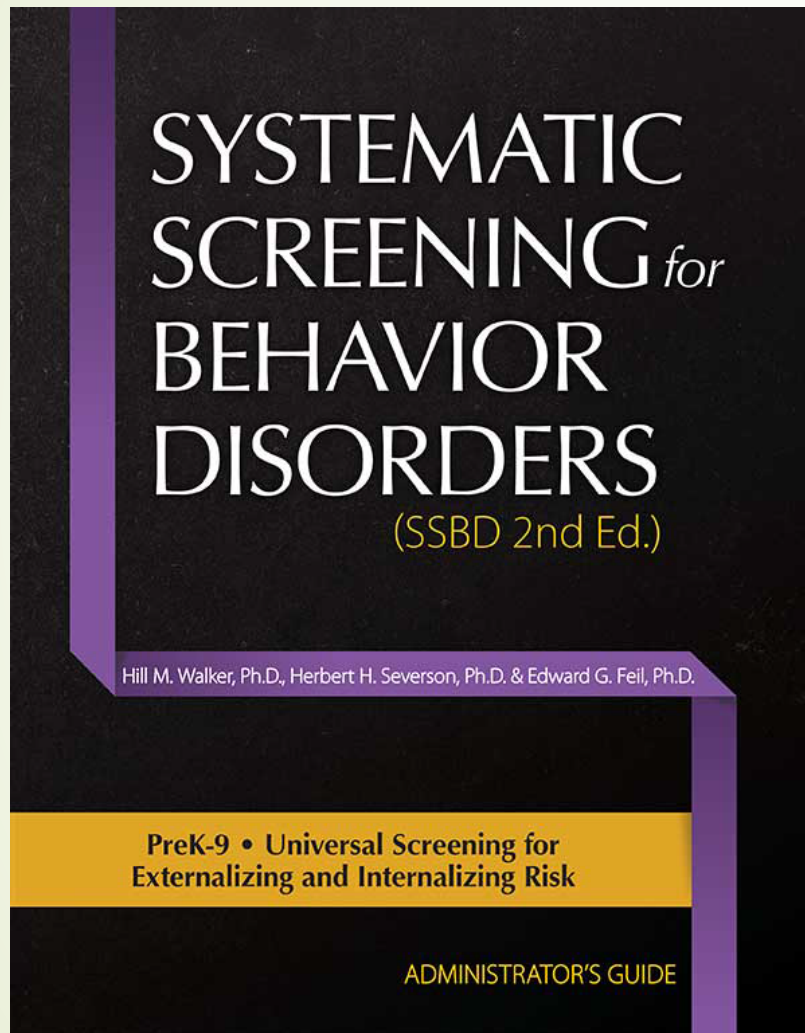
EXTERNALIZING BEHAVIOR

MALADAPTIVE STUDENT BEHAVIOR

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never	Sometimes	Frequently	
1 2 3 4 5			1. Requires punishment (or threat of same) before s/he will terminate an inappropriate activity or behavior.
1 2 3 4 5			2. Refuses to participate in games and activities with other children at recess.
1 2 3 4 5			3. Behaves inappropriately in class when corrected, e.g., shouts back, defies the teacher, etc.
1 2 3 4 5			4. Responds inappropriately when other children try to interact socially with him/her.
1 2 3 4 5			5. Tests or challenges teacher-imposed limits, e.g., classroom rules.
1 2 3 4 5			6. Uses co__e tac__o for __the __bn__ion of __ers, e.g., __anipu__thr__, et__
1 2 3 4 5			7. __ate__ di__nd__ur__class act__ies, e.g__s e__ss__y n__bot__s o__r studen__t__etc.
1 2 3 4 5			8. Manipulates other children and/or situations to get his/her own way.
1 2 3 4 5			9. Is overly affectionate with others (peers and adults), e.g., touching, hugging, kissing, hanging on, etc.
1 2 3 4 5			10. Is excessively demanding, e.g., requires or demands too much individual attention.
1 2 3 4 5			11. Pouts or sulks.

SAMPLE

TOTAL MALADAPTIVE BEHAVIOR SCORE

SSBD: Social Interaction Scale

SYSTEMATIC SCREENING for BEHAVIOR DISORDERS (SSBD 2nd Ed.)

Hill M. Walker, Ph.D., Herbert H. Severson, Ph.D. & Edward G. Feil, Ph.D.

PreK-9 • Universal Screening for Externalizing and Internalizing Risk

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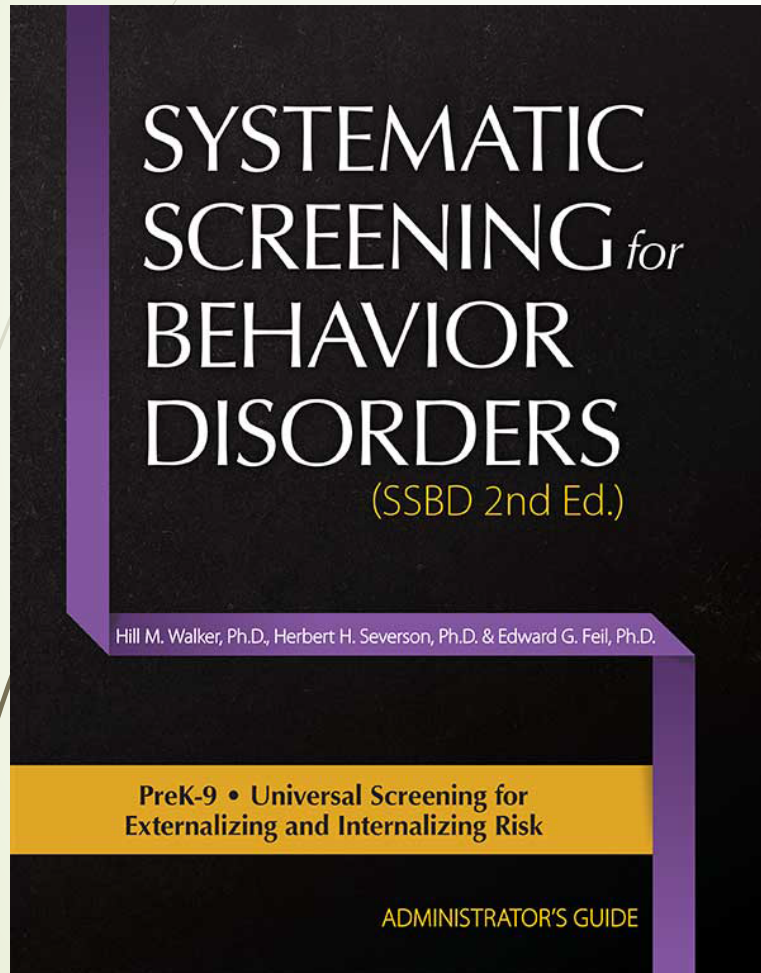
Social Interaction Scale

INSTRUCTIONS: The numbers 1 through 7 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 7 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never		Sometimes			Frequently		
1	2	3	4	5	6	7	1. Verbally responds to a peer's initiation.
1	2	3	4	5	6	7	2. Engages in long conversations (more than 30 seconds).
1	2	3	4	5	6	7	3. Shares laughter with classmates.
1	2	3	4	5	6	7	4. Spontaneously contributes during a group discussion.
1	2	3	4	5	6	7	5. Volunteers for "show and tell."
1	2	3	4	5	6	7	6.
1	2	3	4				7.
1	2	3	4	5	6	7	8. Verbally initiates to a peer or peers.

TOTAL SOCIAL INTERACTION SCORE

INTERNALIZING BEHAVIOR

SAMPLE

Selected Evidence-Based Screening Instruments

Screener	Description
BASC-3 Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2015) www.pearsonclinical.com	• Can screen children between ages of 2 years old-18 years, 11 months old • Measures internalizing problems, externalizing problems , school problems, and adaptive skills • Quick to administer (5-10 minutes) • Web-based, Review 360 platform available. • Comprehensive kit: Includes 1 BASC-3 Manual, 1 BESS Manual, 1 PRQ Manual, 1 Flex Monitor Digital Manual, 10 Q-global Interpretive Summary Report usages for TRS, PRS, SRP, SDH, PRQ, SOS forms, 10 Q-global BESS and 10 Q-global FLEX Monitor report usages for $321. Ulimited Q-global scoring for 1 year, $60. See pearson clinical website for additional details.

BASC-3/BESS

BASC-3/BESS

- Teacher Form

  - Preschool, Ages 3 through 5

  - Child/Adolescent, Grades K through 12

- Parent Form

  - Preschool, Ages 3 through 5

  - Child/Adolescent, Grades K through 12

- Student Form, Child/Adolescent, Grades 3 through 12 (English, or Spanish)

BASC3/BESS
Record Forms

BASC-3/BESS: Hand-scoring worksheets

BASC-3/BESS

Validity Indexes

F Index	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 21	Raw Score: 5

Behavioral and Emotional Risk Index

Raw Score	*T* Score	Percentile	Classification
44	70	95	Elevated Risk

Classifications   Normal Risk: 0-60   Elevated Risk: 61-70   Extremely Elevated Risk: 71 and higher

Item Responses

Behavioral and Emotional Risk Index
1. I have trouble sitting still. (Sometimes)
2. My teacher is proud of me. (Sometimes)
3. My parents trust me. (Often)
4. I have trouble paying attention to the teacher. (Sometimes)
5. I want to do better, but I can't. (Often)
6. Others have respect for me. (Sometimes)
7. People tell me to slow down. (Never)
8. I am lonely. (Sometimes)
9. My school feels good to me. (Never)
10. I am liked by others. (Sometimes)
11. I worry but I don't know why. (Often)
12. I talk while other people are talking. (Never)
13. I feel like my life is getting worse and worse. (Sometimes)
14. My parents are proud of me. (Sometimes)
15. I get along with my teacher. (Often)
16. I get blamed for things I can't help. (Sometimes)
17. I feel safe at school. (Sometimes)
18. I forget to do things. (Often)
19. I'm happy with who I am. (Sometimes)
20. I get into trouble for not paying attention. (Sometimes)
21. Even when I try hard, I fail. (Often)
22. My parents listen to what I say. (Sometimes)
23. I feel out of place around people. (Often)
24. I have trouble controlling my thoughts. (Sometimes)

BASC3/BESS: Q-Global Scoring Option

BASC-3/BESS,
Q-Global
Scoring Option

BASC-3/BESS, Q-Global Scoring Option

Assigning the BASC-3 Method 1: From the Home Screen

Select the appropriate examinee and click on the "Assign New Assessment" box.

Student Risk Screening Scale (SRSS)

Student Risk Screening Scale (SRSS; Drummond, 1994)	- Measures actions demonstrated by youth with internalizing/externalizing behaviors - Free - Quick to administer (less than 5 minutes per student; 15 minutes for entire class, depending upon number of students) - Easy to understand and interpret score results. - Uses a four-point Likert scale: 0=Never; 1=Occasionally; 2=Sometimes; 3=Frequently

Student Risk Screening Scale (SRSS)

- Risk status is based upon the following ranges:
    - High=9-21; moderate=4-8; and low=0-3
- Schools can create their own screening forms using excel, or other computer software

Student Risk Screening Scale (SRSS)

- Pros:
  - Free
  - Quick to administer (less than 5 minutes per student; 15 minutes for entire class, depending upon number of students)
  - Easy to understand and interpret score results
- Cons:
  - Not as accurate as the SSBD regarding identification of internalizers

Sample SRSS Form

Sample Student Risk Screening Scale (SRSS) Results

Names	Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achievement	Negative Attitude	Aggressive Behavior	Totals
Marcos	2	3	3	1	3	2	2	16
Tercel	0	0	0	3	3	1	0	7
Jonathan	0	0	1	0	0	1	0	2

Low risk=0-3; Moderate risk=4-8; High risk=9-21

Student Risk Screening Scale: Internalizing & Externalizing (SRSS-IE)

Student Risk Screening Scale: Internalizing & Externalizing (SRSS-IE, Lane & Menzies, 2009)	• Free rating scale was adapted from the SRSS (Drummond, 1994), the SRSS-IE includes 12 items. • The SRSS-IE has been validated in the following psychometric studies: Lane, Menzies, Oakes, et al., 2012; Lane, Oakes, et al., 2012. • Uses a four-point Likert scale: 0=Never; 1=Occasionally; 2=Sometimes; 3=Frequently • Cut scores established for internalizing items—as of 2016, cut scores not established for 12 items combined.

Student Risk Screening Scale: Internalizing & Externalizing (SRSS-IE)

Names	Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achievement	Negative Attitude	Aggressive Behavior	Emotionally Flat	Shy; Withdrawn	Sad; Depressed	Obsessive-Compulsive Behavior	Self-Inflicts Pain	Totals
Marcos	2	3	3	1	3	2	2	1	0	1	0	0	18
Tercel	0	0	0	0	0	0	0	0	2	0	0	0	2
Jonathan	0	0	1	0	0	1	0	0	2	0	0	0	2

Low risk=0-1; Moderate risk=2-3; High risk=4-15

Selected List of Evidence-Based Screening Instruments

Screener	Description
Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) www.sdqinfo.com	• Empirically-validated psychological measure available at www.sdqinfo.org • Assesses emotional functioning (e.g., emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behavior). • Available in over 50 languages. • Screens children ages 3-17 years-old. • Online and hand-scoring options. • Beginning March 2017, the following fees apply for online scoring/assessment: One informant=$0.25; Two informants=$0.50; Three informants=$0.75; Scoring report=$0.25 per pdf report. See https://admin.sdqscore.org for details.

Strengths and Difficulties Questionnaire

Strengths and Difficulties Questionnaire

- The SDQ is comprised of five scales with five corresponding items

- Each item is scored on a three-point Likert type scale

  - Not true=0; Somewhat true=1; Certainly true=2

Strengths and Difficulties Questionnaire

- Raters can obtain subscale scores and a 'Total difficulties' score
  - Total difficulties score is obtained by summing all subscale scores except for the Prosocial scale
  - Total difficulties score range: Normal=0-13; Borderline=14-16; Abnormal=17-40

SDQ scales and corresponding items

Emotional Symptoms Scale	Conduct Problems Scale	Hyperactivity Scale	Peer Problems Scale	Prosocial Scale
Often complains of headaches, stomach-aches…	Often has temper tantrums or hot tempers	Restless, overactive, cannot stay still for long	Rather solitary, tends to play alone	Considerate of other people's feelings
Many worries, often seems worried	Generally obedient, usually does what…	Constantly fidgeting or squirming	Has at least one good friend	Shares readily with other children
Often unhappy, downhearted or tearful	Often fights with other children or bullies them	Easily distracted, concentration wanders	Generally liked by other children	Helpful if someone is hurt, upset or feeling ill
Nervous or clingy in new situations	Often lies or cheats	Thinks things out before acting	Picked on or bullied by other children	Kind to younger children
Many fears, easily scared	Steals from home, school or elsewhere	Sees tasks through to the end, good attention span	Gets on better with adults than with other children	Often volunteers to help others

Sample SDQ Form

Strengths and Difficulties Questionnaire   **P or T** [11-17]

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name ....   Male/Female

Date of birth..

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example books, games, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐

Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)

Social Skills Improvement System (SSIS; Gresham & Elliott, 2008) www.pearsonclinical.com	• Option to screen children between the ages of 3 years to 18 years. • Measures social skills, externalizing, internalizing behaviors, academic competence (e.g., willingness to learn). • Computer administration and scoring available via Review 360 web-based platform. • New SSIS, SEL edition scheduled for June/July, 2017 release. • Measure is aligned with the Collaborative for Academic, Social, and Emotional Learning (CASEL) framework.

Performance Screening Guide

SSiS

Social Skills Improvement System

Elementary

PEARSON
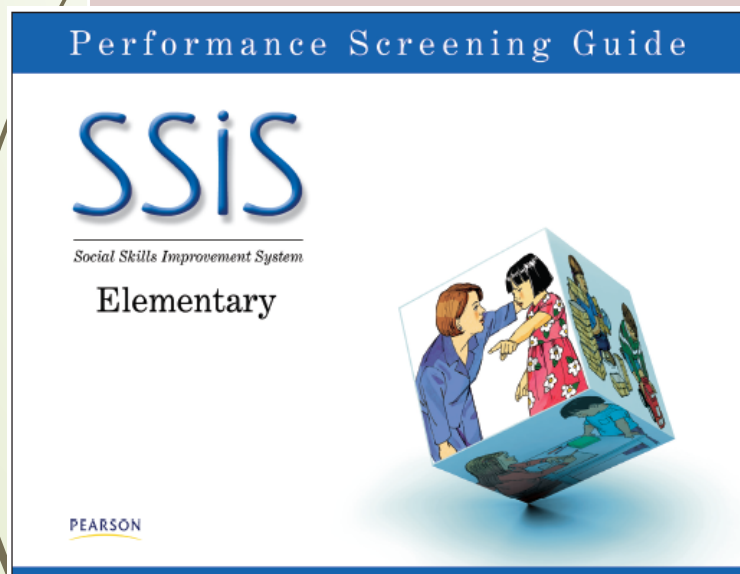
Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)

- The Social Skills Improvement System, Performance Screening Guide (SSIS, 2008;Gresham & Elliott) developed as a class-wide screener

- Measures student behaviors in four areas relative to established criteria

  - Pro-social

  - Motivation to learn

  - Reading skills

  - Math skills

Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)

- The SSIS consists of 83 items categorized as 'Social Skills,' 'Problem Behaviors,' and 'Academic Competence'
  - Social Skills=46 items measured using four-point Likert scale combined with rating of significance of behavior
  - Problem Behaviors=30 items, four-point Likert scale
  - Academic Competence= 7 items, class ranking plus five-point Likert scale to assess academic skill areas

Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)

Social Skills

Social Skills — How Often? — How Important?

1. Asks for help from adults.
2. Follows your directions.
3. Tries to comfort others.
4. Says "please."
5. Questions rules that may be unfair.
6. Is well-behaved when unsupervised.
7. Completes tasks without bothering others.
8. Forgives others.
9. Makes friends easily.
10. Responds well when others start a conversation or activity.
11. Stands up for herself/himself when treated unfairly.
12. Participates appropriately in class.
13. Feels bad when others are sad.
14. Speaks in appropriate tone of voice.
15. Says when there is a problem.

16. Takes responsibility for her/his own actions.
17. Pays attention to your instructions.
18. Shows kindness to others when they are upset.
19. Interacts well with other children.
20. Takes turns in conversations.
21. Stays calm when teased.

Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)

Problem Behaviors

Problem Behaviors

47. Acts without thinking. . . . . N S O A
48. Is preoccupied with object parts. N S O A
49. Bullies others. . . . . N S O A
50. Becomes upset when routines change. . . . . N S O A
51. Has difficulty waiting for turn. . . . . N S O A
52. Does things to make others feel scared. . . . . N S O A
53. Fidgets or moves around too much. . . . . N S O A
54. Has stereotyped motor behaviors. . . . . N S O A
55. Forces others to act against their will. . . . . N S O A
56. Withdraws from others. . . . . N S O A
57. Has temper tantrums. . . . . N S O A
58. Keeps others out of social circles. . . . . N S O A
59. Breaks into or stops group activities. . . . . N S O A
60. Repeats the same thing over and over. . . . . N S O A

61. Is aggressive toward people or objects. . . . . N S O A
62. Gets embarassed easily. . . . . N S O A
63. Cheats in games or activities. . . . . N S O A
64. Acts lonely. . . . . N S O A
65. Is inattentive. . . . . N S O A
66. Has nonfunctional routines or rituals. . . . . N S O A
67. Fights with others. . . . . N S O A
68. Says bad things about self. . . . . N S O A
69. Disobeys rules or requests. . . . . N S O A
70. Has low energy or is lethargic. . . . . N S O A
71. Gets distracted easily. . . . . N S O A
72. Uses odd physical gestures in interactions. . . . . N S O A
73. Talks back to adults. . . . . N S O A
74. Acts sad or depressed. . . . . N S O A
75. Lies or does not tell the truth. . . . . N S O A
76. Acts anxious with others. . . . . N S O A

Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)

SSIS Academic Competence scale

Academic Competence (for students from kindergarten through Grade 12)

Please assess this student's academic or learning behaviors in your classroom. Compare this student with other students in the same classroom.

Mark all items using a scale of 1 to 5. Mark "1" if this student is in the lowest 10% of the class. Mark "5" if this student is in the highest 10% of the class.

Lowest 10%	Next Lowest 20%	Middle 40%	Next Highest 20%	Highest 10%
①	②	③	④	⑤

77. Compared with other students in my classroom, the overall academic performance of this student is: ① ② ③ ④ ⑤
78. In reading, how does this student compare with other students? . . . . ① ② ③ ④ ⑤
79. In mathematics, how does this student compare with other students? . . . . ① ② ③ ④ ⑤
80. In terms of grade-level expectations, this student's skills in reading are: . . . . ① ② ③ ④ ⑤

81. In terms of grade-level expectations, this student's skills in mathematics are: . . . . ① ② ③ ④ ⑤
82. This student's overall motivation to succeed academically is: . . . . ① ② ③ ④ ⑤
83. Compared with other students in my classroom, this student's intellectual functioning is: . . . . ① ② ③ ④ ⑤

Questions

Interventions

Initial post-universal screening intervention: Check-in/Check-out (CICO)

Relatively easy & quick to implement for up to 10-15% of all students.

<u>Description:</u>

- Each adult volunteer checks in and out with multiple youth (up to 10 students)
- All youth get same intervention
- Same check in and out time
- Same school-wide behavioral expectations as goals
- Same number of opportunities for behavioral feedback (ratings)
- Same Daily Progress Report (DPR)

<u>Data to assess Response to Intervention:</u> Points earned on Daily Progress Report (DPR), reduction in ODRs, attendance etc.

CICO Daily Cycle
(March & Horner, 1998)

1. Check-in with assigned adult upon arrival to school

    * Positively greet youth

    * Review SW expectations (daily goals)

    * Pick-up new Daily Progress Report card

    * Provide materials (pencil etc.) if needed

    * Turn in previous day's signed form (optional)

    * Provide reinforcer for check-in (optional)

CICO Daily Cycle continued…

2. At each class:

* Teacher provides behavioral feedback

* Teacher completes DPR **or**

* Student completes self-monitor DPR/teacher checks and initials card

3. Check-out at end of day:

* Review points & goals

* Reinforce youth for checking-out (token/reward optional)

* Receive reinforcer if goal met (optional)

* Take DPR card home (optional)

CICO Daily Cycle continued...

4. Give DPR to parent (optional)

    * Receive reinforcer from parent

    * Have parent sign card

5.   Return signed card next day – celebrate (if not returned, simply go on)

Data Used to Progress-Monitor CICO

- **DPR** (Daily Progress Report) points earned each day (data entered into Excel or SWIS)

- Office Discipline Referrals

- Suspensions

- Attendance

- Tardies

- Follow-up questionnaire for teachers, family member, or student who made referral

Remember

- Ideally **same person** in the morning and same person in the afternoon

- Interactions in the morning and in classes **are less than 5 mins.** (be careful: if it's taking longer, might be entering the "mentoring" zone)

Staff Training and Overview

- Video is a great resource, but it is not enough...

- Must also introduce your CICO DPR and detailed explanation of how the intervention will work
  - Pre-correct: what to do when a student is unhappy with their score (corrective vs. negative feedback and other prompts for teachers based on common student reactions...)

Staff Training

- Make sure to have staff practice giving behavior specific praise and error correction!

- Schedule for refresher training

- Staff feedback (students & program)

- Special considerations: substitute (visiting teacher), coaching for individual teachers, conflict with cost-response practices

Family Orientation

- All families…what is CICO
  - Inform during registration process
  - Address at open house, through newsletters, newspaper and other…
- Families of students on CICO…process for explaining/consent
  - Best if phone call is made directly to family by the student's teacher
  - Followed by letter
  - Consent: check with your district's decision makers
  - "Back-up Plan" in place if needed

Sunnydale Elementary
Pro Social Card

Name_____ Scale: Daily Goal _____28_____

Date _____ 2 = Great! Points Received:_____

Day of the Week: M. T W Th F 1 = Almost! Points Possible___36_____

Check-In Person:_____ 0 = Try Again! Goal Reached? Yes/ No

	Morning Check-in	Academics 1	Academics 2 / Art	Lunch	Academics 3 / Music	Afternoon Check-out / P.E.
Be Safe Uses Stop signal Walks away from trouble Tells an adult if there's a problem	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Kind words and actions Good tone of voice Did not interrupt learning Ask to join a friend or group	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Tell the truth Do the work Be where I should be Speak up for self and use "I" messages	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Total Points	___/ 6	___/ 6	___/ 6	___/ 6	___/ 6	___/ 6

Staff Initials   __   __   __   __   __   __

My goal for today is   __28__ / __36__
My total points for today are   _____ / 36____

Sunnydale Elementary
Problem Solving

Name_____

Date _____

Day of the Week: M T W Th F

Check-In Person:_____

Scale:

2 = Great!

1 = Almost!

0 = Try Again!

	9:00	10:30	12:00	Lunch	1:30	2:15
Be Safe Follow class rules Use equipment appropriately Stay with your designated group	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Use good manners Keep hands and feet to self Listen and follow directions	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Try your best first Use kind words and actions Ask for help	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Total Points	___ / 6	___ / 6	___ / 6	___ / 6	___ / 6	___ / 6

Staff Initials   ____   ____   ____   ____   ____   ____   ____   ____

My goal for today is   ___28___ / __36__

My total points for today are   _____ /_36____

Sunnydale Elementary
Problem Solving

Name_____

Date _____

Day of the Week: M T W Th F

Check-In Person:_____

Scale:

2 = Great!

1 = Almost!

0 = Try Again!

	9:00	10:30	12:00	Lunch	1:30	2:15
Be Safe Follow class rules Use equipment appropriately Stay with your designated group	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Use good manners Keep hands and feet to self Listen and follow directions	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Try your best first Use kind words and actions Ask for help	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Total Points	___ / 6	___ / 6	___ / 6	___ / 6	___ / 6	___ / 6

Staff Initials   ____   ____   ____   ____   ____   ____

My goal for today is   ___28__ / __36__

My total points for today are   _____ / _36____

The card is NOT the intervention…

- **Positive adult interactions**
- **Constructive corrective feedback**

Questions

Case Studies

Universal Screening: Case Example

- Illinois elementary school "A"
  - K-5 building
  - Diverse enrollment
  - 86% free/reduced lunch

Universal Screening: Case Example

- School "A" allotted two days for universal screening
  - One day was allocated to present an overview of universal screening and another for implementation
  - Teachers met with the universal screening coordinator in small groups
    - Intimate group allowed more time to respond to clarify questions and prepare teachers for administration
  - During administration, the universal screening coordinator provided additional examples to clarify critical events and maladapative/adaptive behaviors

Universal Screening: Case Example

- Executed universal screening process in fall, 2009
  - Identified 24 students
- Utilized check-in/check-out (CICO) intervention
  - Majority of identified students (80%) responded to CICO, a simple, yet effective intervention

Illinois Elementary School "A"
Check-in/Check-out Data
(N=24)

Week	% Students attaining CICO goal
Week 1	80%
Week 2	84%
Week 3	84%
Week 4	88%
Week 5	83%
Week 6	85%
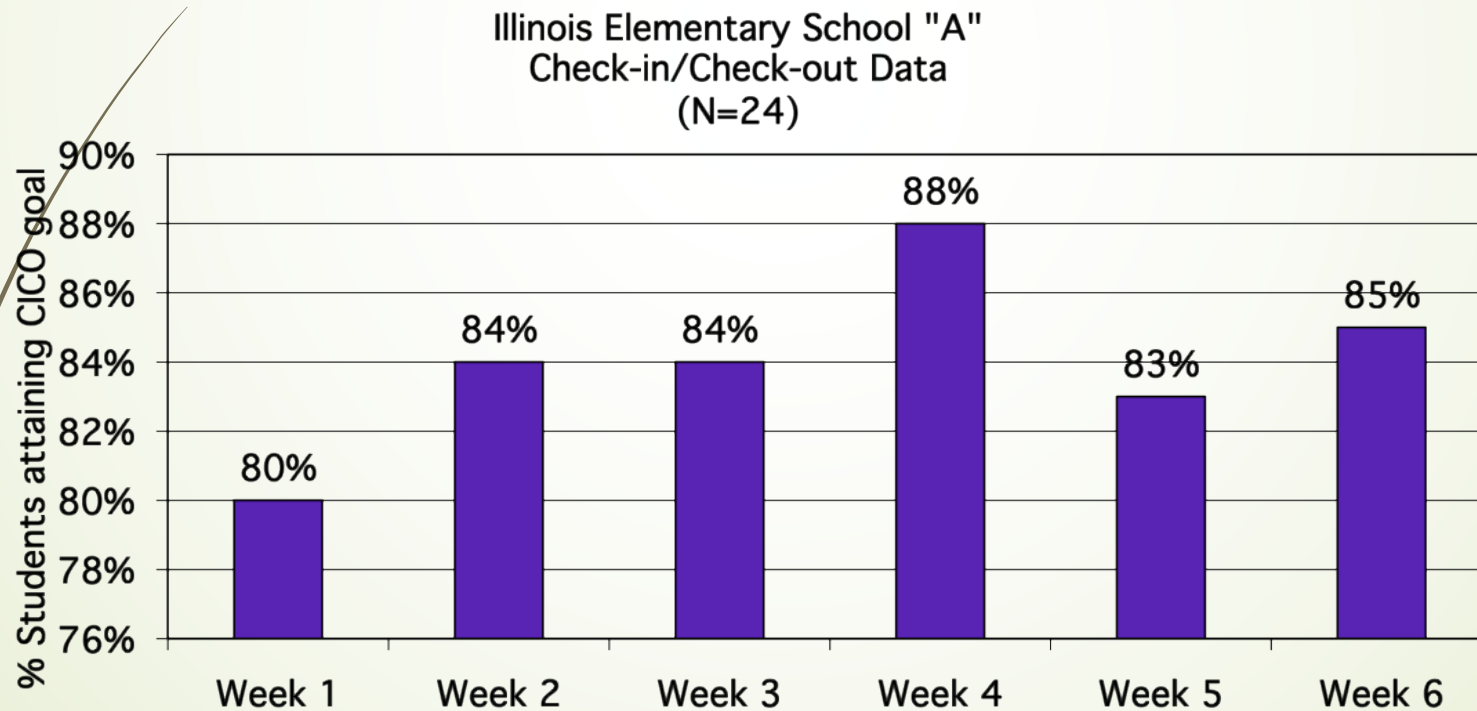
District X Demographics

- 21 Elementary Buildings (K-6)
- 5 Jr. High Buildings (7-8)
- 1 Elementary & Jr. High Building (K-8)
- District Enrollment: 14, 318
  - Low Income: 18%
  - IEP: 11.3%
  - Bi-Lingual: 17.5%
  - Ethnicity:
    - White: 46.3%
    - African American: 6.5%
    - Hispanic: 22.5%
    - Asian: 20.0%
    - American Indian: 0.3%
    - Multi-Racial: 3.3%

District X PBIS Implementation & Universal Screening 2010-2012

- 26 Elementary and Jr. High Buildings were implementing at all 3 Tiers of PBIS
- Tier 2 Demo Site August 2009-June 2012
- 4 Cohorts 2011-12SY
  - 8 buildings were implementing Tiers 1, 2, & 3
  - 17 buildings were implementing Tiers 1 & 2

Universal Screening 2010-2012 SY

- 2010-11SY
  - 4 Buildings from Cohort 1 participated in screening
    - 2 Elementary (Kindergarten-Sixth Grade)
    - 2 Jr. High (Seventh-Eighth Grade)
- 2011-12 SY
  - 8 Buildings from Cohorts 1 and 2 participated in screening
    - 4 Elementary (Kindergarten-Sixth Grade)
    - 4 Jr. High (Seventh-Eighth Grade)

PBIS Implementation & Universal Screening for 2012-13

- 6 Cohorts implementing PBIS Tiers 1-3 for 2012-13
- 17/26 buildings were implementing up to Tier 3 during 2012-13
  - 7 additional buildings were implementing Tier2 during 2012-13

- 2012-13SY Universal Screening
  - 16 Buildings from Cohorts 1-4 participated
    - 11 Elementary
    - 5 Jr. High Buildings
  - Transitioned from 2 screening tools (SSBD & BASC II) to 1 tool (SDQ) district wide
    - Cost efficient (BASC= $1.25 per student; SDQ=**FREE**)
    - Use of same tool district wide improved flow of communication
    - Students entered Tier 2 interventions sooner as all screening and scoring was done in building

Preparing for Screening Year 1-Pilot

- Screening Window: October – November 2010

- District Admin and External Coach Responsibilities (Sept-Oct)

  - External Coaches attended Universal Screening Facilitator training with PBIS technical assistance coordinator

  - Tier 2 Coaches identified as Screening Facilitators

  - Presented Universal Screening to Superintendent, Board Cabinet, District Leadership Team, and Building Administrators

  - Developed Parent Information/Consent Letter

  - Prepared protocols for Facilitators

- Identify and Train Screening Facilitators (Oct)

  - Cohort 1 buildings for Pilot

    - Implementing PBIS at least 2 years

    - CICO implemented with fidelity for 1 full year

  - Elementary Facilitator Training:

    - Time Lines

    - SSBD Facilitator Training

  - Jr. High Facilitator Training:

    - Time Lines

    - BASC-2/BESS Facilitator Training

Preparing for Screening Year 1-Pilot (con't)

- Facilitator Responsibilities (Oct-December)
  - Review and follow timeline
    - Facilitator timeline
    - Teacher timeline
  - CICO up and running since mid-September
    - Increase in students participating as result of screener
    - Changes to support internalizing students identified via screener
      - CICO Parent letter
  - Scheduled screening dates with administrator
    - 20-30 min. overview
    - 1.5 hr. administration
    - Wednesday Staff Development (Elementary & Jr. High)
    - Grade Level Meeting (Jr. High)
  - Presented screening overview and administration with External Coach
    - 1 building presented without External Coach
  - Prepare screening protocols for scoring
    - SSBD: Facilitators scored using excel spread sheet
    - BASC-2: PBIS scored
  - Review results with administrator and staff

Preparing for Screening Year 2

- Screening Window: October – November 2011
- District Administrator and External Coach Responsibilities (Aug-Sept)
  - Notified Tier 2 Coaches about Screening Facilitator training
  - Provided Facilitator training with PBIS Tier 2 TAC
  - Building Administrators informed of screening window
  - Modified Parent Information/Consent Letter
    - Informed consent
    - Screener part of support students receive at Tier 2
- Identified and Trained Screening Facilitators (Sept)
  - Cohort 1 and 2 buildings conducted screening
    - Implementing PBIS at least 2 years
    - CICO implemented with fidelity for 1 full year
  - Elementary Facilitator Training:
    - Time Lines
    - SSBD Facilitator Training
  - Jr. High Facilitator Training:
    - Time Lines
    - BASC-2/BESS Facilitator Training

Preparing for Screening Year 2 (con't)

- Facilitator Responsibilities (Sept-December)
  - Review and follow timeline
    - Facilitator and Teacher timeline
    - "Jump-start" Time Line
  - CICO up and running since mid-September
    - Increase in students participating as result of screener
    - Changes to support internalizing students identified via screener
      - CICO Parent letter
      - DPR cards
  - Schedule screening dates with administrator
    - 20-30 min. overview
    - 1-1.5 hr. administration
  - Present overview and screening administration with External Coach to staff
    - 5 buildings presented without assistance from External Coach
  - Prepare screening protocols for use for staff and scoring
    - SSBD: Facilitators copied/labeled protocols and scored on-site
    - BASC-2: Facilitators labeled protocols and PBIS scored off-site
  - Review results with administrator and staff

Universal Screening Parent Letter

October 2011

Dear Parent/Guardian,

As you know, _____ school has been implementing Positive Behavior Intervention and Supports (PBIS) which is a proactive approach to establishing the behavioral supports and social culture needed for all students in a school to achieve social, emotional, and academic success.

Our school was selected to be a replication site by the Illinois PBIS organization, which provides us with training and support as we work to continually improve ways to support our children and families. As part of being a replication site this year, we will be utilizing an assessment tool for teachers that will help identify students who may be having minor challenges in school, such as following rules and expectations, or making friends. Our goal in using this teacher assessment tool is to identify which children may need some assistance before minor challenges become big problems.

Over the next few weeks, your child's classroom teacher will review the class roster and identify students who currently may be having problems or difficulties in school. We will contact the parents of children who have been selected by their classroom teacher to participate in a simple intervention focused on supporting the child in a proactive and positive manner.

Please feel free to contact me at _____ if you have any questions.

Sincerely,

Principal

Screening Data-Elementary

- Year 1 (2 Schools)
  - Total Number of Students screened: 986
  - Total Number of Students identified: 89
    - Total Number of Externalizers: 41
    - Total Number of Internalizers: 48
- Year 2 (4 Schools)
  - Total Number of Students screened: 1,475
  - Total Number of Students identified: 115
    - Total Number of Externalizers: 40
    - Total Number of Internalizers: 75

SDX Screening Results-Elementary

	Internalizers	Externalizers	Total
Year 1	4.87%	4.16%	9.03%
Year 2	5.08%	2.71%	7.79%
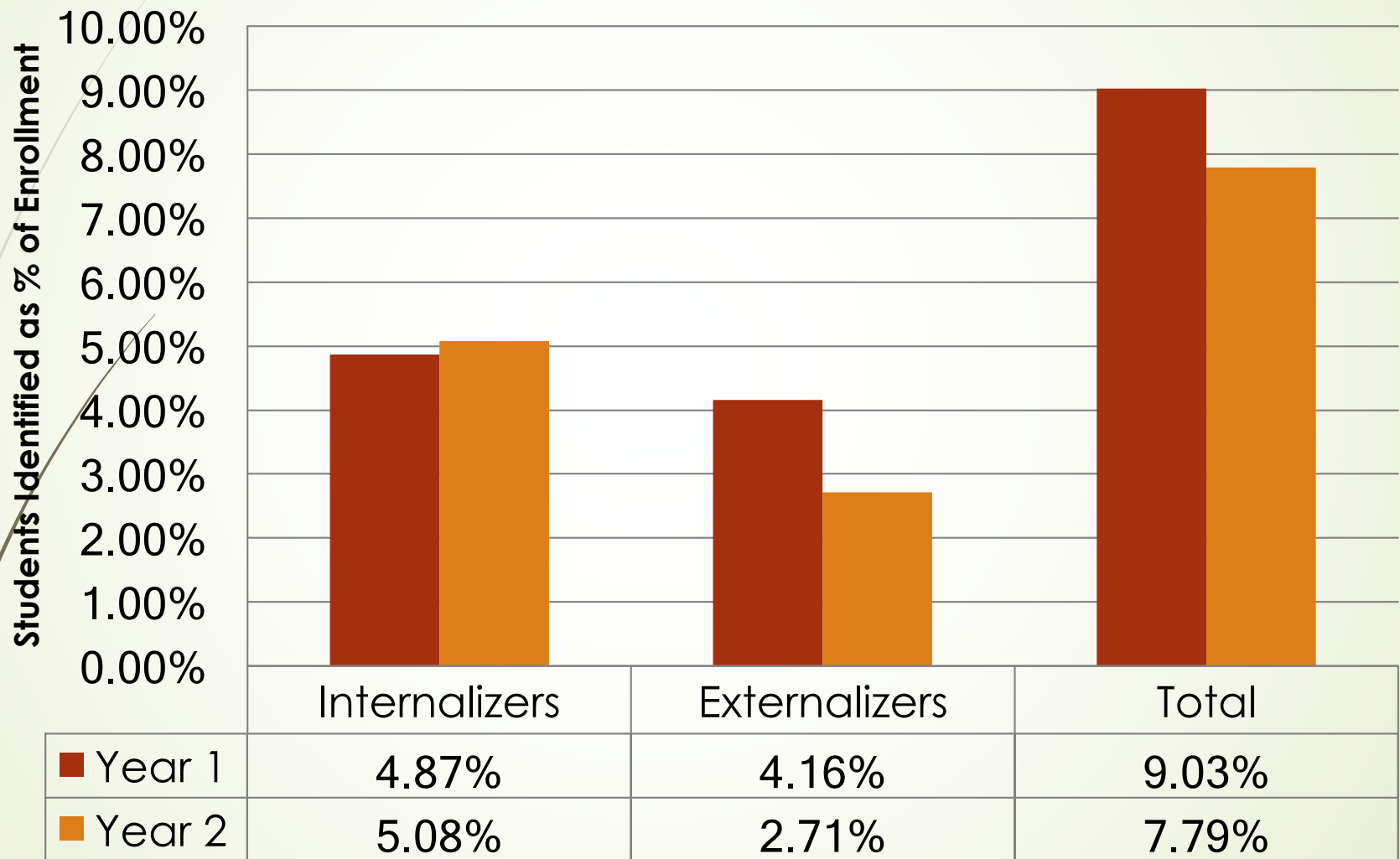
Universal Screening: Junior High/Middle School

- Overview
  - Jr. High Teaching Staff attended a 20min presentation that includes rationale for screening
    - District Support
    - Parent Letter
  - Review externalizing and internalizing behaviors
  - Teacher timeline and ranking form
    - Teachers given timeline for preparation and completion of screener
    - Teachers provided ranking forms for Internalizers and Externalizers with descriptors
    - Given 2 weeks to identify Top 10 Internalizers and Top 10 Externalizers from class roster
  - Review Administration

# Universal Screening: Junior High/Middle School

- Administration
    - Two weeks prior(following overview)
        - Parent Letter mailed home
        - Staff attend overview
        - Facilitators label protocols
        - Facilitators attend grade level team meetings to provide support
    - One week prior
        - Staff sent reminder email (no less than 2 days prior)
        - Facilitators and External Coaches make final arrangements
    - Day of Administration
        - Present brief overview of process
        - Review externalizing and internalizing behaviors
        - Review expectations
        - Facilitators collect and check forms for accuracy and completion
        - Facilitators lock completed forms in designated area until picked up for scoring
        - External coaches make arrangements to deliver protocols to PBIS TAC

Screening Data-Junior High/Middle School

- Year 1 (2 Schools)
  - Total Number of Students screened: 1,256
  - Total Number of Students identified: 106
    - Total Number of Externalizers: 69
    - Total Number of Internalizers: 37

- Year 2 (4 Schools)
  - Total Number of Students screened: 2, 441
  - Total Number of Students identified: 228
    - Total Number of Externalizers: 167
    - Total Number of Internalizers: 61

SD-X Screening Results-Junior High

	Internalizers	Externalizers	Total
■ Year 1	2.95%	5.49%	8.44%
■ Year 2	2.50%	6.84%	9.34%

Students Identified as % of Enrollment
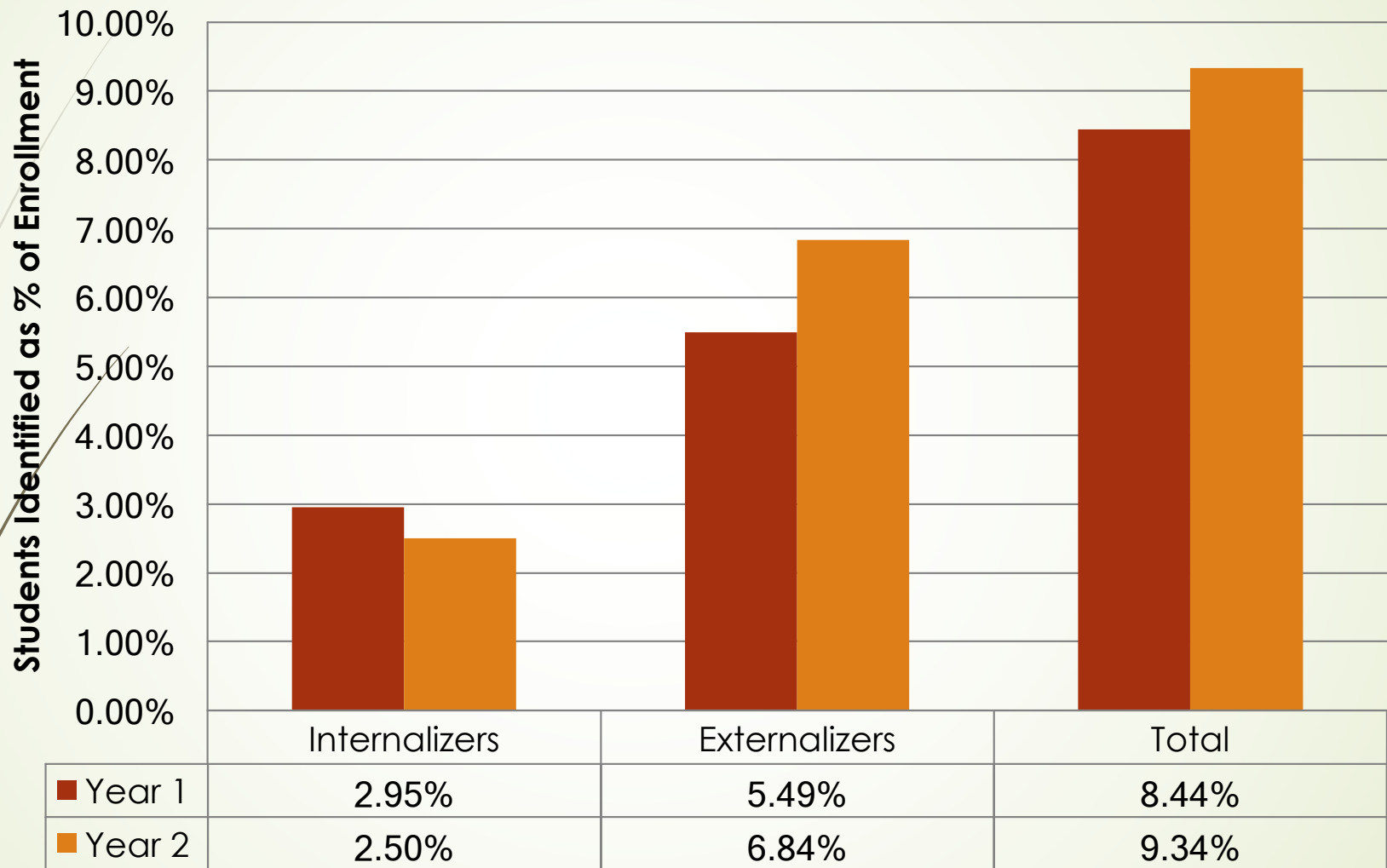
SD-X Tier 2 Interventions

- CICO
  - DPR card same for all students
  - Check-In and Out with same staff member
  - Parents notified of participation through calls and/or letter
- SAIG
  - Pro Social
  - Problem Solving
  - Academic
- Check N Connect
  - Used when student may need more than generic check-in
  - Used when student needs change of check-in station or change of staff
- FBA/BIP
  - Problem solving team identifies need for more support
  - Utilize SAIG groups to teach skills to support replacement behavior

Universal Screener Roadblocks (Year 1)

- Scheduling screening window after start of school year
    - Assessment schedule (MAP, ISSET) overlapping
    - Staff Development schedule difficult to change
    - Created scheduling conflicts for External Coaches

- Delay in students receiving support once identified
    - Building unprepared for increase in students participating in CICO
    - Not enough staff to open new CICO stations
    - More externalizers identified than internalizers

- Delay in scoring and identifying students (Jr. High)
    - Staff refusing to "bubble-in" identifying information on scantron
    - Scoring done off-site

- Staff support limited due to lack of knowledge about internalizers
    - "I don't have any students to screen"
    - "Why are we calling out these students when they already have low self-esteem"

Universal Screener Successes (Year 2)

- Scheduling screening window earlier allowed for flexibility with External Coaches and/or PBIS technical assistance coach to support teams

- Facilitators who participated Year 1 had the option conduct Screening Overview and Administration without outside support

- Increased number of students identified and given Tier 2 support sooner

- Increased staff support due to knowledge and experience from Year1

- Number of Internalizers identified in Year 2 increased 25% in Elementary buildings and by 50% in junior high/middle school buildings

Questions

Universal screening

- Some parting thoughts…
  - Universal screening is most effective when:
    - It is part of a systemic approach to supporting students
    - Administrators, staff, parents and the community are engaged and supportive of the process
    - Regular, feedback is provided to all stakeholders (yes, this includes the students too!)
    - Decisions are based on data collected during the course of the intervention

Webniar Facilitator Contact Information

- Jennifer Rose, Ph.D., NCSP: jrose4@luc.edu
- @DocRose12 on Twitter