

**Behavioral Screening in Schools:  
Using Population-based Data to  
Guide Interventions**

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**Washington Association of  
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**Workshop Learning Objectives**

- 1) Participants will be able to identify the impact of student behavioral and emotional problems on school functioning.
- 2) This session will help participants make data-based decisions for prevention and early intervention services based on behavioral screening and problem identification data.
- 3) Participants will be able to utilize best practice considerations for selecting and implementing multiple gate behavioral assessment and intervention strategies to meet the needs of youth at-risk for social, emotional, and behavioral concerns in the school setting.

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**Overview**

- Overview of early identification and screening for behavioral and emotional risk
- Screening measures and methods
- Linking assessment results to interventions
- Advanced considerations in screening

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## Current state of child and adolescent mental health

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### 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, Mustillo, Erkanli, Keeler, & Angold, 2003)

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

(Kessler et al., 2005)



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### 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

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## Methods of Early Identification



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

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## 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)

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## 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

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## Universal Screening: A Possible Solution

- Emerging evidence of ability to predict outcomes
  - Screener could predict 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, ODR's, and student absences (Eklund, Kilgus, von der Embse, Beardmore, & Tanner, 2016)
  - BESS TRS screener could predict a substantial range of outcomes 1 year later including conduct problems, social skills, depression, and academic achievement (Kamphaus et al., 2007)

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## Early Identification is Possible

- Goal is to provide early intervention
- Short & long-term goals:
  - decrease academic failure
  - improve student well-being
  - improve educators ability to effectively respond to concerns

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## Are we ready for change?

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

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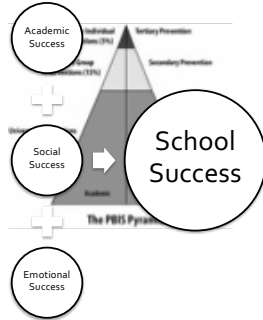
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### Multi-tiered Systems of Support

- MTSS model → support students who are struggling to learn
- Students may be struggling academically for multiple reasons:
  - Academic problems
  - Social behavioral problems
  - Emotional problems
- How do we identify struggling students?
  - **Universal screening**




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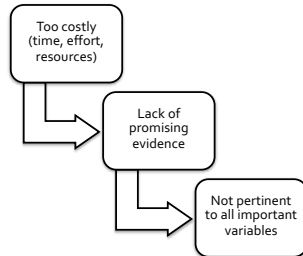
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### How do we screen for BER?

- Multiple options:
  - Teacher Nomination
    - SSBD
  - Formalized Rating Scale for type of risk
    - SIBS
  - Office discipline referrals (ODRs)




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From Research to Practice

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## Case Study

### \* Behavioral MTSS model in Elementary School

- School previously had great academic RTI plans in place
- School-based problem solving team
- Use of school counselor and school psychologist time to provide interventions
- School principal information

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## Screening & Assessment Follow-up

### Sample

- 604 elementary students
- 42% Caucasian, 25% African American, 22% Hispanic, 6% Asian, 5% Mixed/Other
- Grades K-5

### Screening

- 62 students identified as "at risk"
- 39 students currently receiving services
- **23 students** not receiving help or support

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## Treatment Utility of Screening: Research Questions

- 1) How will teachers and school staff use data generated from screening to guide interventions and/or target prevention efforts?
- 1) How will important student outcomes such as academic achievement, attendance, and discipline referral data change for identified and non-identified students as a result of screening?
- 1) Will the number of children identified as at-risk decrease over time as a result of screening efforts?

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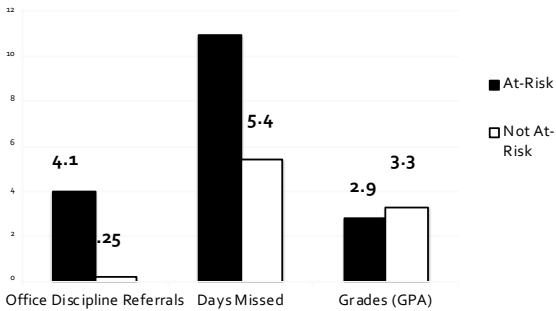
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### Behavior Screening Data: Year One



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### Interventions for students identified as “at-risk”



#### Decision Considerations

- Evaluate grade level, classroom, and/or individual data
- Resource mapping: What other supports are currently in place?
- What do we prioritize or how can we reallocate resources?

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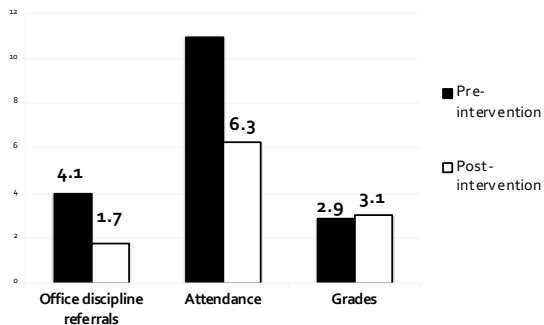
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### Changes among At-Risk Students: End of Year One



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## End of Year Screening Results

**Overall, 62 students  
down to 48 students  
identified as "at-risk"**



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## Framework for Evaluating a Screening Instrument

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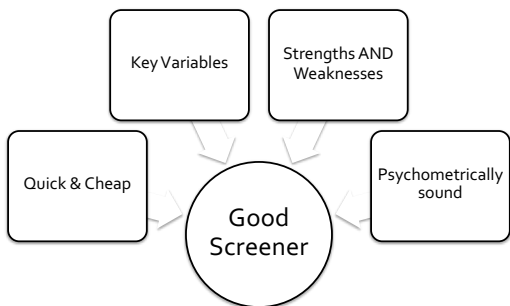
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## What should a good screener be?



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## Evaluating Technical Adequacy

- Adequacy of Norms
- Reliability
  - Internal Consistency
  - Test-retest
  - Inter-scorer
- Validity
  - Concurrent
  - Construct
  - Predictive
- Diagnostic Accuracy



(Glover & Albers, 2007)

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## Framework for Evaluating Screeners

	Truly At Risk	Truly Not At Risk	Total
Screened Positive	<b>True Positive</b>	<b>False Positive</b>	Positive Predictive Value
Screened Negative	<b>False Negative</b>	<b>True Negative</b>	Negative Predictive Value
Total	Sensitivity	Specificity	Hit rate

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## Who can provide screening information?

- School pragmatics suggest utilizing:
  - **Parent** ratings for Pre-K and K entry
    - Primary use with PK and K-12
  - **Teacher** ratings for younger students
    - Primary use in PreK -6; Secondary use with 7-12
  - **Self-reports** with secondary school students due to their increasing awareness of their own psychological experiences
    - Primary use with 3-12

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## When should we screen?

- School entry (Spielberger, Haywood, Schuerman, & Richman, 2004)
- Critical transitions (Stoep et al., 2005)
- Certain grades (Catron & Weiss, 1994)
- Differential developmental time periods (Najman et al., 2007)
- Number of times per year




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## Universal Screening Tools

- Systematic Screening for Behavior Disorders, Second Edition (Walker, Seversion, & Feil, 2014)
- Student Risk Screening Scale\* (Drummond, 1994)
- Strengths & Difficulties Questionnaire (Goodman, 2001)
- BASC-3 Behavioral and Emotional Screening System\* (Kamphaus & Reynolds, 2015)
- Social, Academic, and Emotional Behavior Risk Screener\* (Kilgus, Chafouleas, Riley-Tillman, & von der Embse, 2014)

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## Behavioral and Emotional Screening System

(BESS; Kamphaus & Reynolds, 2015)

- "Teacher rating of all students on common behavioral criteria" (Seversion et al., 2007)
- 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)

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## Student Risk Screening Scale (SRSS)

### PROS

- Quick & efficient
- Assesses externalizing behaviors
- Initial evidence for internalizing behaviors
- Free of charge

### CONS

- Internalizing scale is still new
- There are only 7-items so may not capture a wide-range of behaviors
- Tends to confound academic and behavioral risk

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## Social, Academic, & Emotional Behavior Risk Screener (SAEBRS)

(Kilgus & von der Embse, 2014)

- Brief behavior rating scale
  - 19-20 items
  - Teacher, Parent, and Student Self-Report
- Criterion-referenced
  - Research-based cut scores
  - Not At Risk and At Risk
- One broad scale and three subscales
  - Total Behavior
  - Social Behavior
  - Academic Behavior
  - Emotional Behavior
- Available via FastBridge Learning
  - fastbridge.org




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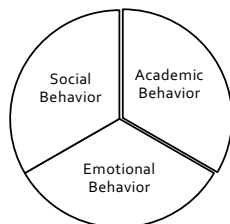
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## Domains of Student Behavior

- Students can be at risk in one or more domains of behavioral functioning
  - Social
  - Academic
  - Emotional




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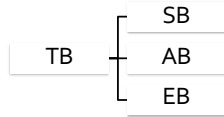
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## SAEBRS Interpretation & Use

1. Evaluate Total Behavior Score
  1. If  $\leq 36$ , evaluate subscale scores
2. Evaluate subscale scores
  1. Social Behavior ( $\leq 12$ )
  2. Academic Behavior ( $\leq 9$ )
  3. Emotional Behavior ( $\leq 16$ )
3. Kids will likely be at risk on multiple subscales
  1. Identify 1-2 most problematic
  2. Focus intervention there



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## Social, Academic, & Emotional Behavior Risk Screener (SAEBRS)

(Kilgus & von der Embse, 2014)

- **Pros**
  - Brief and efficient
  - Assesses multiple domains
  - Extent of diagnostic accuracy research
- **Cons**
  - Need for more research regarding parent version



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## Using screening to align with school data

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

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Student	Grade	Gender	Ethnicity	STEEP Reading (Winter)	STEEP Reading (Spring)	Reading BM #1	Reading BM #2	Reading BM #3	STEEP Math (Winter)	STEEP Math (Spring)	Math BM #1	Math BM #2	Math BM #3	Attendance (%)	Attendance (Spring)	ODR (fall)	ODR (Spring)	Behavior Risk
John	8	1	5	27	37	83.3	76	66.7	45	45	40	20	46.7	7	3.5	0	0	1
Billy	8	1	1	35	35	86.7	88	86.7	143	142	84	80	90	4	2.5	0	0	0
Sarah	8	2	2	37	33	90	72	93.3	102	45	72	64	60	1	4	0	0	0
Eric	8	1	2	39	39	83.3	96	73.3	171	173	64	68	56.7	4	7	1	0	0
Dirk	8	1	1	18	25	85	89	89	107	114	82	83	99	0	1	1	0	1
Jennifer	8	2	1	25	29	80	80	66.7	110	107	76	84	76.7	1	9	0	0	0
Melissa	8	2	1	14	15	40	24	33.3	31	41	56	32	36.7	5	15	0	0	1
Frank	8	1	6	6	15	43.3	40	40	53	40	56	36	50	3	5	1	0	2
Joshua	8	1	1	14	20	90	100	100	50	53	64	84	93.3	0	3	0	0	0
Patrick	8	1	1	21	17	56.7	64	73.3	88	85	68	52	56.7	15	14.5	0	0	0
Justin	8	1	1	28	32	93.3	92	80	74	71	92	92	86.7	4	4	0	0	0
Moriah	8	2	5	23	23	56.7	88	46.7	90	99	68	40	80	19	12.5	0	0	0
Henry	8	1	5	23	22	76.7	76	86.7	125	136	68	60	73.3	8	1.5	0	0	0
Ellie	8	2	1	29	30	56.7	68	46.7	133	104	60	36	56.7	0	9	0	0	0
Kevin	8	1	1	26	26	100	84	73.3	119	95	72	52	73.3	2	5	0	0	0
Samson	8	1	1	30	34	80	80	66.7	138	122	84	88	80	4	9	0	0	0
Sergio	8	1	1	4	10	30	16	33.3	25	30	24	24	20	9	4.5	2	3	2
Tabitha	8	2	1	15	17	80	72	73.3	31	39	80	80	93.3	20	19	0	0	0
Rick	8	1	1	16	21	56.7	84	46.7	87	100	64	52	43.3	4	6.5	0	0	0
Marjorie	8	2	1	36	40	83.3	92	80	201	177	92	92	96.7	2	6	0	0	0
Samantha	8	2	5	23	18	50	60	60	44	57	44	28	40	2	15.5	1	1	0

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**Discuss in a small group...**



- How can screening provide additional data that is not currently being collected?
- How could classroom-level and school-level screening data be helpful for your school?

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**Linking Screening Results to Interventions**

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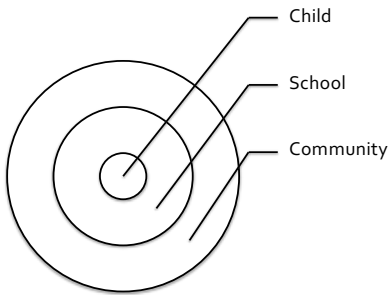
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## Screening to Inform




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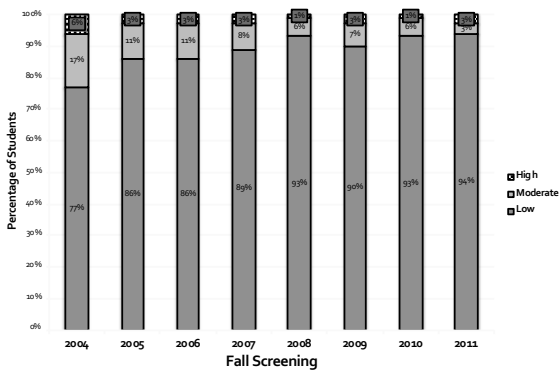
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Lane, K. L., Oakes, W. P., & Magill, L. (2014). Primary Prevention Efforts: How Do We Implement and Monitor the Tier 1 Components. *Preventing School Failure*, 58(3), 143-158.

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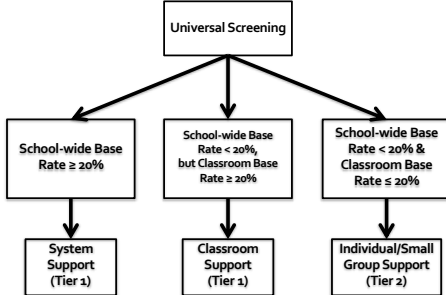
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## Determine the level at which to implement intervention

(SEBA Model; Kilgus & Eklund, 2015)




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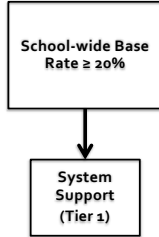
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## System Support (Tier 1)

- 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




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## Identified evidence-based programs

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

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## Evidence-based Social Emotional Learning Programs

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

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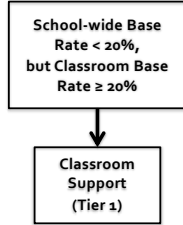
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## Classroom Support (Tier 1)




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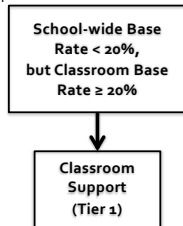
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## Classroom Support (Tier 1)

- 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)




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## 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)

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Classroom Management Practice	Rating
1. I have arranged my classroom to minimize crowding and distraction	Yes No
2. I have maximized structure and predictability in my classroom (e.g., explicit classroom routines, specific directions, etc.).	Yes No
3. I have posted, taught, reviewed, and reinforced 3-5 positively stated expectations (or rules).	Yes No
4. I provided more frequent acknowledgement for appropriate behaviors than inappropriate behaviors (See top of page).	Yes No
5. I provided each student with multiple opportunities to respond and participate during instruction.	Yes No

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6. My instruction actively engaged students in observable ways (e.g., writing, verbalizing)	Yes No
7. I actively supervised my classroom (e.g., moving, scanning) during instruction.	Yes No
8. I ignored or provided quick, direct, explicit reprimands/redirections in response to inappropriate behavior.	Yes No
9. I have multiple strategies/systems in place to acknowledge appropriate behavior (e.g., class point systems, praise, etc.).	Yes No
10. In general, I have provided specific feedback in response to social and academic behavior errors and correct responses.	Yes No
Overall classroom management score:	
10-8 "yes" = "Super"	# Yes _____
7-5 "yes" = "So-So"	
<5 "yes" = "Improvement Needed"	

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### Case Example

	Normal (%)	Elevated (%)	Extremely Elevated (%)
Freshman	80	13	6
Sophomore	74	17	9
Junior	89	7	4
Senior	91	6	3

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### Individual or Group Level Support (Tier 2)



School-wide Base Rate < 20% & Classroom Base Rate ≤ 20%

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Individual/Small Group Support (Tier 2)

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### Individual or Group Level Support (Tier 2)

1. Consider school-based resources

- School-based mental health support
  - Psychologist, social worker, counselor
  - Small group or individual supports
- Community schools or SBMHC

School-wide Base Rate < 20% & Classroom Base Rate ≤ 20%

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Individual/Small Group Support (Tier 2)

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### Example: Individual Support (Tier 2)

**Interventions:**

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

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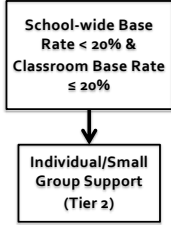
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## Individual or Group Level Support (Tier 2)

### 2. Consider community resources

- Referral procedures
- How to share information back and forth
- Resource mapping to determine gaps



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## Discussion Question



- How can individual student level data be used to help guide Tier 2 and Tier 3 interventions?
- What resources are in place to support Tier 1 & Tier 2 interventions? What other resources should be considered?

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## Advanced Considerations in Screening

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### 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)

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### 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)

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## Parental Consent: Ethical and Legal Considerations

### Active Parent Consent

- Partnership approach
- Increase communication
- Invest in relationship-building efforts prior to obtaining consent
- Studies using active consent procedures had a mean participation rate of 65.5%

(Blom-Hoffman, J., Leff, S. S., Franko, D. L., Weststein, E., Beakley, K., Power, T. J., 2008)

- When school-based depression screening process changed from passive consent to active consent, participants decreased from 85% to 66%. (Chartier et al., 2008)

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## Parental Consent: Ethical and Legal Considerations



### Passive Parental Consent

- All students participating so one student is not singled-out
- 89% mean participation rates through parental notification process (implied consent)

(Blom-Hoffman, J., Leff, S. S., Franko, D. L., Wesintein, E., Beakley, K., Power, T. J., 2008)

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## 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

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## WHERE will screening take place?

### Methods of Screening

- Pass screeners to teacher to take home and return in a week
- Pass screeners during a faculty meeting to “do during the time allotted”
- Use a back to school event to answer questions and have parent’s complete screeners
- Have students complete in a homeroom or advisory period
- Secondary teachers can be selected by a particular hour of the day (i.e., all teachers screen students during 2<sup>nd</sup> period)

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## WHEN will screening happen?

- After school staff meeting
- Team or grade level meeting
- Individual teacher and "consulting team" meetings regarding each student
- One sub rotates throughout the building for 15-minute meetings
- Pay attention to teachers "at-risk"

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## Getting staff on Board

Establish a planning and implementation team

- Identify key stakeholders in the project
  - Staff, community health provider, parents, students
  - Key Team Leader
- Staff Development
  - Increase knowledge on purpose of screening, as well as process and procedures
  - Discuss mental health issues, value of early interventions, and the link between behavior and academics
  - Importance of treatment integrity
- Assign roles for each member of team




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## Resource Mapping

*What resources do we currently have in place at our school?*

- Peer tutoring
- Advisory or homeroom period
- Breakfast club
- Before school programs
- Peer or adult mentors
- Community liaisons
- Peer counseling
- Study strategies
- Other school-wide systems to support student learning, behavior, and/or engagement?




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## HOW screening can happen

1. Schedule meeting with key players
2. Discuss options for screening with intended goals & outcomes
3. Outline timeline for implementation
  - Two weeks prior: Teacher meeting to introduce project, send home parent information letters (if relevant), schedule facilities, materials, & time for screening
  - One week prior: Gather opt out forms (if relevant)
  - Day of: Bring snacks, have support staff on hand, bring extra materials
  - 1-2 weeks later: Share results with planning team

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## References/Resources

- Direct Behavior Ratings – [directbehaviorratings.org](http://directbehaviorratings.org)
- Evidence-based Interventions – [ebi.missouri.edu](http://ebi.missouri.edu)
- FastBridge Learning – [fastbridge.org](http://fastbridge.org)
- Positive Behavioral Interventions and Supports – [www.pbis.org](http://www.pbis.org)
- Bear, G. (2013). School Discipline and Self-Discipline: A practice guide for promoting prosocial student behavior. New York: Guilford Press.
- Reinke, W. M., Herman, K. C., & Sprick, R. (2011). Motivational interviewing for effective classroom management. New York: Guilford Press.

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Questions?  
Thoughts?



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