Goal of Today’s Presentation

• To review the findings from Stage 1 of an IES-funded research project exploring what, why, and how related to social, emotional, and behavioral screening practices in schools across the country
  - Focused on document search and coding around state-level priorities in school-based behavior policies and initiatives

Important note before we start...
acknowledgements to the team

- Amy Briesch, Northeastern University
- Sandy Chafouleas, Neag School, UConn
- Jennifer Dineen, Dept of Public Policy, UConn
- Betsy McCoach, Neag School, UConn
- Helene Marcy, Project Manager, UConn
- Austin Johnson, (former) Project Manager @ UConn, now at UC-Riverside
- Many graduate students...

Why is screening important?

- Epidemiological studies suggest up to 20% of children and adolescents currently experiencing symptoms of mental health disorder; however, far fewer identified (Levitt et al., 2007)

- Median lag between onset of mental health disorder and start of treatment = 10 years (National Mental Health Association, 2005)

- Referral peak for academic problems in 2nd/3rd grade, whereas peak for behavioral problems in 9th grade (Walker et al., 2000)
Why are schools the right setting?

- Over 90% of children under the age of 10 attend schools in the U.S. (Romer & McIntosh, 2005)
- Typical barriers such as the need for transportation, waiting lists, and costs are greatly reduced (Masia-Warner, Klein, Dent, Fisher, Alvir, et al., 2005; McLoone, Hudson, & Rapee, 2006)
- Over half of families currently access mental health services through the education sector (Farmer, Burns, Phillips, Angold, & Costello, 2003)

What are schools doing with regard to screening?

Romer and McIntosh 2005 survey of school-based mental health professionals in secondary settings
- Majority of schools had clearly defined and coordinated process for providing referrals
- Roughly half of schools had clear process for diagnosing students
- Only 2-7% of schools conducted universal screening

Why is it not being done?

Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults (National Research Council and Institute of Medicine, NRCIM, 2009) identified several potential barriers:
- Teachers’ concerns that their discretion will be reduced
- Financial costs
- Availability of trained staff
- Extra work involved
- Potential stigmatization of students who are identified/labeled
- Parental concerns involving consent
- Questions about the validity of discrepant rates of disorders related to gender, race/ethnicity, and economic status
- Ability of schools to provide follow-up services to those identified as in need

NEEDs²

Title: Exploring the Status and Impact of School-Based Behavior Screening Practices in a National Sample: Implications for Systems, Policy, and Research

Purpose: The NEEDs² project aims to understand if and how social, emotional, and behavioral screening assessments are being used in schools, and what factors influence use.

Funder: Institute for Education Sciences (R305A140543), within the social and behavioral context for academic learning portfolio.
Overview of Project: Research Questions

**Stakeholder Surveys**
Nationally, do school districts incorporate behavior screening practices? If so, what do those practices look like at elementary and secondary levels? What do key stakeholders perceive as the intended purpose, value, and usability of school-based behavior screening? For those implementing practices, what is the perceived effectiveness?

**Structural Equation Modeling**
Does implementation of behavior screening practices predict student behavioral outcomes? If so, do practices serve as a partial mediator and moderator for district characteristics, perceived usability, and behavior curricula practices?

**Document Coding**
- Nationally, what do state and district-level priorities look like with regard to school-based behavior policy?
- Do state-produced documents refer to key aspects of school-based social, emotional, and behavioral supports (teach, intervene, assess)?
- How often do state-produced documents provide information regarding key aspects of social, emotional, and behavioral supports (teach, intervene, assess)?
- What specific practices, strategies, concerns, and priorities are referred to within state-produced documents relating to social, emotional, and behavioral supports (teach, intervene, assess)?

RQ1: Nationally, what do state and district-level priorities look like with regard to school-based behavior policy?

The SEARCH (conducted May/June 2015)...

**Mission Statement**

**Policy**

**Funding Initiatives**

**Recommendations**

Content We Looked For...

- Refer to curriculum, program, or framework for teaching SEB skills to all or a majority of students
  - EX. Core behavioral instruction, SEL, Character Development
  - EX. PBS, Safe & Civil Schools, Open Circle
- Refer to assessment, testing, or screening in relation to SEB outcomes?
  - Screening, diagnostic, progress monitoring, or summative
- Specify a method or process for providing SEB support to specific students who are at-risk for or demonstrating behavioral problems?
Language We Looked For...

- Stated purpose of the document ("this document describes...")
- Stated rationale for the document ("this document was created to address...")
- Language relating to: Diversity-related concepts (e.g., issues of disproportionality, language status, race-ethnicity, gender identity), Collaboration with families, Collaboration with outside agencies

Other Criteria For Inclusion

- Defined as "priorities concerns, standards, or practices of any type (assessment, teaching, intervention) relating to student social, behavioral, or emotional outcomes"
- NOT school professional outcomes, academic outcomes
- Document was produced in collaboration with state department of education or for state department of education
- NOT outside agencies with no clear reference to state department of education
- Relevant to PreK-12 grades
- NOT after-school, exclusively 18-21 yr olds, exclusively birth to 3
- References or intended for general or universal student population
- NOT specifically directed to special education populations, ethnic or cultural groups, LGBTQ, ELL, etc...

The ORGANIZING Fun...

Preliminary Results of Coding
What we found overall

- 2958 docs pulled
- 566 standards
- 106 reactive
- 305 funding
- 2362 reviewed

Funding

- Able to access grant announcements for 29/51 states
- Remaining states required log-in to access portal

Standards

- Missouri
  - Early Learning (Pre-K): Self-Awareness, Self-Control, Personal Responsibility, Positive Relationships, Works Cooperatively
  - Health Education: Communication Skills (K-12), Conflict Resolution (K-7), Influence of Family and Peers (K-12), Problem Solving/Decision Making (K-12), Responsibilities in Societies (1-12), Stress Management (1-12)
  - Comprehensive Guidance & Counseling: Understanding Self (K-12), Interacting with Others (K-12), Personal Safety & Coping Strategies (K-12)
- Massachusetts
  - Health: Communication Skills (PreK-5), Coping Strategies (6-8), Decision Making (9-12), Stress Management (9-12)

Reactive

- Crisis response policies
- Discipline Standards
- School removal policies
- Seclusion and restraint policies
Included documents
• 2362 documents reviewed
• 737 policy/recommendation documents

Social-Emotional Teaching
Range = 0 (DC, MT, NV) – 30 (CO)

Social-Emotional Assessment
Range = 0 (DC) – 25 (CO)

Social-Emotional Intervention
Range = 0 (DC, NC) – 15 (IL)
Missouri

  • Personal and Social Development (anger management, self awareness, self control)
  • Outlines roles; specifies professional school counselors as primary SMH providers
• 4 PBIS Documents: Overview, Tiers 1, 2, & 3 workbooks
  • Outlines procedures for screening, Tier 1 intervention, progress monitoring, intervention
• 2 documents related to Early Learning Program: Guidance document for Early Learning Programs, FAQ RE: Health & Developmental Screening
  • Specifies social-emotional domain should be included and assessed

Massachusetts

• Guidelines on Implementing SEL Curricula
• MA MTSS Overview
  • Discusses screening, Tier 1 supports, progress monitoring, intervention
• Guidance for Schools on Addressing Teen Dating Violence within Health Education
• Overview of MA Model for School Counseling
  • Personal and Social Development (anger management, self awareness, self control)

Results specific to SEB screening

Overview

• Policy documentation associated with behavior screening practices located for 48/50 states (96%; N/A = IN, TX)
• Total of 233 documents
• When mandatory screening noted, most typically preK/K readiness (N = 11 states)
  • Specific assessments infrequently mentioned (EX. KY BRIGANCE Early Childhood Screen)
New Mexico (Subsection D of State Rule 6.29.19 NMAC)

In tier 1, the school and district shall ensure that adequate universal screening in the areas of general health and well-being, language proficiency status and academic levels of proficiency has been completed for each student enrolled.

RTI Guide: “Behavior is often screened against local and school norms for behavior rates to determine at-risk status....Ideally, a universal screening committee in each school oversees the screening process....”

Screening as a core component

• Consistent with NCRITI guidelines, screening typically noted to be essential component of RTI, MTSS

All too common

• “The RTI framework supports both academic and behavioral support...”

Most authorities recommend the use of curriculum based measures (CBMs) in Tier I (Brown-Chidsey & Steege, 2005; Fuchs, 2004; Hoop & Hoop, 2015; McCook, 2006).

Behavior-Specific Guidance

Implementing a Multi-Tier System of Supports for Students: Recommended Practices for School and District Leaders

www.kansasaret.org
Screening Specificity

- Who is responsible for overseeing assessment
- What areas are assessed
- Who is assessed
- Type of measure(s) used
- Who completes the assessment
- When assessment occurs
- How often data are reviewed
- Who reviews the data
- How students are identified
- Training and development re: screening practices
- Response to screening data

From the most vague...

MA Document outlining core components of MTSS:

- “A universal screening system is in place and used by the school or district to assess the strengths and challenges of all students in academic achievement and social, emotional, and behavioral concepts, skills, and behaviors. A data collection and management system is in place for the purposes of screening, diagnostics, and progress monitoring...Parents are involved in the decision-making process across all tiers”

To slightly more detailed...

ND RTI guidance document

- WHEN: “Screening is not a one time occurrence. Screening should occur throughout the school year and across grade levels. The number of times screening occurs may vary depending on the focus of the screening, but generally should occur at three points in time across a school year.”
- IDENTIFICATION: “Schools will need to create a standard procedure to identify students who are at risk, based on specific reference points. Reference points will inform the process of selection.”
- RESPONSE: “Screening can serve the purpose of identifying individuals in need of more diagnostic assessment and possible supplemental intervention.”

To much more explicit...

SC RTI Document

- Teams should collaboratively select universal screening tools for each academic or behavior area and train school personnel in consistent administration, scoring, and interpretation of results...SC does not mandate the use of a particular measure
- By administering a universal screening in fall, midyear and winter, the team should be able to determine...which students may need further assessment...screening measures should never be used in isolation to identify at-risk students
- Universal screening measures may be administered by teachers or a team of school personnel (e.g., guidance counselors, administrators, curriculum coaches, school psychologists, etc.)
- School- and/or district-level leadership teams will need to define criteria and decision rules regarding identification of at-risk students in one of the following methods: percentiles based on norm-based measures or cut scores based on criterion-based measures
Conclusions and Next Steps

• Wide range with regard to clarity and specificity in expectations for screening and how screening procedures are conducted

• Generally appears that behavior continues to receive less focus than academics...however, our recent conversations indicate behavior is more on the radar

• Stage 1 next steps: Examine coding more closely to evaluate quality

Thank you, questions, & comments...

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