State-level priorities in school-based policies and initiatives in assessment of behavior

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Presentation as part of the symposium titled “Accessing Behavioral Health Services: School-Based Examples of Research, Policy and Implementation” (Chair: Splett)

August 2016 APA convention (Denver, CO)
Goal of Today’s Presentation

• To review findings from Part 1 of an IES-funded research project exploring *what*, *why*, and *how* related to social, emotional, and behavioral (SEB) screening practices in U.S. schools.
• Today, we address search and coding of documents released by state departments of education as related to SEB service delivery for students.
  • Note. Focus is on proactive, not reactive SEB.
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, and why are schools the “right” setting?

• Substantial SEB challenges for children and adolescents exist yet there are significant unmet needs or lags in meeting those needs (Levitt et al, 2007; National Mental Health Association, 2005)

• **Schools are settings attended** by the vast majority of children under the age of 10 years (Romer & McIntosh, 2005)

• When schools serve as a setting for service delivery, **typical barriers are greatly reduced** (Masia-Warner et al., 2005; McLoone, Hudson, & Rapee, 2006)

• In reality, **schools already serve as a primary point for family access** to mental health services (Farmer et al, 2003)
What are schools doing with regard to screening?

Romer & 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?

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

(National Research Council and Institute of Medicine, 2009)
**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 of Education Sciences (R305A140543), within the social and behavioral context for academic learning portfolio.
Overview of Project: Research Questions

Document Coding

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

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?
RQ1: 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)?**

• **In state-produced documents, how often is information provided** 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)?
The SEARCH
(conducted May/June 2015)...
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?
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, LGTPQ, ELL, etc...
Preliminary Results of Coding

*Focus on Screening*
What we found overall

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

- 737 policy/recommendation documents
- 213 specifically referenced screening
  - 20 dealt with screening to identify SW needs (bullying, risk behavior)
  - 9 dealt with targeted screening (alcohol use, identified MH needs)
  - 184 specifically referenced universal screening

2362 reviewed
Overview

• Policy documentation associated with behavior screening practices located for 46/51 states (90%; N/A = DC, IN, NV, TN, TX)

• Only aggregate screening = NE, VT
• Only early educational screening = NC, RI
PreK-K Screening

• Reference to early screening across developmental domains for **17/51** states (33%)
• 64% mandated, 18% recommended, 18% informational
• Most typically annual screening (88%)
• 41% rating scales, 29% not specified, 12% observation
  • Specific assessments infrequently mentioned (EX. KY BRIGANCE Early Childhood Screen)
• Behavioral constructs referenced = self esteem, self regulation, social skills, well-being
K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)
Screening as a core component

• Consistent with NCRTI guidelines, screening typically noted to be essential component of RTI, MTSS
All too common

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

II. SCREENINGS APPLIED TO ALL STUDENTS IN THE CLASS

A school district's process to determine if a student responds to scientific, research-based instruction shall include screenings applied to all students in the class to identify those students who are not making academic progress at expected rates.

Screening is an assessment procedure characterized by brief, efficient, repeatable testing of age-appropriate academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) or behaviors. Screenings are conducted for the purposes of initially identifying students who are “at-risk” for academic failure and who may require closer monitoring and/or further assessment.

Most authorities recommend the use of curriculum based measures (CBMs) in Tier I (Brown-Chidsey & Steege, 2005; Fuchs, 2004; Hosp & Hosp, 2003; McCook, 2006).
K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)
- General information within PBIS document (N = 6)
PBIS

- Generally noted to be component (GA, NJ, OH)
- Describes use rating scales and records to identify behavioral risk (WY)
- Describes use of cutoff scores (NH)
- Recommends screening 3x/yr, identify % of students, review by multi-disciplinary and grade-level teams, use of standard intervention (OR)
K-12 Screening

• No information (N = 9)
• Only general information about screening within MTSS/RTI (N = 21)
• General information within PBIS document (N = 6)
• Specific information recommended about behavioral screening (N = 14)
Behavior-Specific Guidance (N = 14)

• **AR** DoE initiative recommends SEB screening
• **FL** MTSS document describes nomination form adapted from the SSBD
• **HI** recommends early warning system to identify at-risk students
• **RTI/MTSS** documents describe screening for social-emotional well-being (**IL, SD, VA**)
• **KS** MTSS document recommends screening to identify behavioral risk
• **KY** document describes GAIN screener developed through statewide initiative
• **LA** Dyslexia Law recommends screening K-3 “for existence of impediments to successful school experience”
• **ME** provides list of tools that can be used for SEB screening at different grades
• **NH** provides decision tree for what to do with behavioral screening data
• **WA** State Early Learning Plan recommends SEB screening birth-3rd grade
• **WV** Expanded SMH document provides recommendations for SEB screening
K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)
- General information within PBIS document (N = 6)
- Specific information recommended about behavioral screening (N = 14)
- Behavioral screening mandated (N = 1)
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 Specificity

• Who is responsible for overseeing assessment
• What areas are assessed
• Who is assessed
• Type of measure(s) used (N = 21; 50%)
• Who completes the assessment
  • Teachers/support personnel (N = 9; 21%)
• When assessment occurs (N = 25; 60%)
  • 3x/yr (N = 19)
  • 1x/yr (N = 3)
  • Variable (N = 3)
Screening Specificity

• How often data are reviewed
 • Who reviews the data (52%)
  • Multi-disciplinary team (N = 19)
  • Teachers (N = 2)
  • Specialists (N = 1)
• How students are identified (45%)
  • Cutoff scores/percentages (N = 17)
  • Teacher/team judgment (N = 2)
• Training re: screening practices (40%)
  • Generally noted (N = 12)
  • More specific details (N = 5)
• Response to screening data (40%)
  • Standard intervention (N = 6)
  • Specific intervention (N = 7)
  • Additional assessment (N = 4)
Specific types of screening

Reference to specific types of screening made across 5 states

- Notes importance of screening to identify suicide risk (PA)
- **Recommends** screening as part of suicide prevention (ID, IL, WI, WV)
- **Recommends** optional screening for eating disorders (VA)
Implications for research, policy and practice

• **Part 1 CAVEAT:** We need to continue to examine coding more closely to evaluate quality, but...

• Wide range with regard to clarity and specificity in expectations for screening and how procedures are done
  • Should there be more policy guidance, and if so, who and what?

• Generally, behavior continues to receive less focus than academics...however, our recent conversations indicate behavior is more on the radar
  • Are the conversations evidence-based and/or socially-driven?
Thank you, questions, & comments...

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