CRITICAL QUESTIONS & PRACTICAL SOLUTIONS

Improving the Practice and Usefulness of Education Research

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In E. Doolittle (Chair) session - *When Worlds Collide: The Science and the Reality of Behavior and Mental Health Screening in Schools*

The NEEDs² Project: Exploring the Landscape of Social, Emotional, and Behavioral Screening in U.S. Public Schools

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Our Team

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What is SEB?

social, emotional, & behavioral

Many related terms…

- *social-behavioral*

- *mental, emotional, and behavioral disorders*

- *school mental health*

- *social emotional learning*

- *school-based adjustment*

- *risk-resilience*

- *trauma*

The NEEDs² Project Rationale

- <u>before</u> SEB screening assessments continue to be developed and evaluated,

- we need to understand *if and how* these screeners are being used,

- and *what factors influence* use and outcomes

Goal 1 Exploration: RQs

Part 1

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

Part 2

- <u>RQ2</u>: Nationally, do school districts incorporate behavior screening practices? If so, what do those practices look like at elementary and secondary levels?
- <u>RQ4</u>: 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?

Part 3

- <u>RQ3</u>: Does implementation of behavior screening practices predict student behavioral outcomes? If so, do practices serve as a partial mediator and moderator for district characteristics, usability, and behavior curricula practices?

What We Did: Mixed Methods

- **Part 1:**

  - Searched department of education websites for documents referencing SEB screening practices in K-12 settings

  - Conducted follow-up telephone interviews with state officials in order to confirm and add to the information obtained from the search.

  - For those districts participating in our RQ2/4 surveys, we reviewed those websites for info on SEB screening.

- **Parts 2/3:**

  - Developed SEB surveys for 5 stakeholder groups (district administrator, building administrator, student support personnel, teacher, parent)

  - Secured participation from a nationally representative sample of U.S. public school districts

  - Created a database of variables using:
    - NCES 2013-14 Common Core of Data
    - Stanford Education Data Archive
    - State & district-level reported special education data
    - US Dept of Ed Civil Rights Data

Take-Away #1: State-level guidance on SEB screening is limited – districts are left to make decisions on own.

- **Over half (53%) of states do not mention universal SEB screening** or only provide a vague reference.

- In over a third (35%) of states, documentation included some **reference to universal screening but the level of guidance was minimal**.

- 24 states included policies which recommend universal SEB screening, yet

  - Only 9% of district-level survey respondents in those 24 states report engaging in it.

  - Across reviewed district policy manuals, reference to SEB screening was present for districts from only 5 of those states.

Take-Away #2: Academic and physical health screening practices are more established than for SEB.

- School building administrators (BAs) reported **high levels of both academic and physical health screening** at the **elementary** (Academic = 98%, Health = 78%) and **secondary** (Academic = 85%, Health = 64%) levels.

- In contrast, **only a third reported using SEB screenings**.

  - Reported rates of SEB screening were roughly similar at the elementary (32%) and secondary (36%) levels

Take-Away #3: SEB assessment approaches used by districts and schools vary widely.

- District Administrators (DAs) and School Building Administrators (BAs) **overwhelmingly agree that student SEB problems are a concern and should be a priority**, but few agree that SEB problems are sufficiently addressed.

- Fewer than one-in-ten districts (6%) complete brief SEB screeners for all students: **universal school-based SEB screening is the exception**, not the norm.

- DAs and BAs report that by far the most common approach to identifying and supporting the SEB needs of students is to **refer students who exhibit SEB problems to an internal support team** that is responsible for an intervention plan.

Take-Away #4: Administrators perceive tensions between current and ideal SEB approaches.

- Although a small percentage of DAs and BAs report using universal SEB screening, **slightly more than a third report that schools** *should* **use universal SEB screenings.**

- Among DAs, if the current and ideal approach did not match, then **trends supported an ideal approach that was school-based**.

- Exploratory findings suggest that **predictors of the district administrator ideal approach** include (a) Knowledge of SEB Problems, (b) Beliefs about SEB Problems, (c) Purpose of SEB Assessment, (d) DA job title, (e) % free lunch

Take-Away #5: Knowledge and beliefs may have an important role in directions for SEB services.

- Our hypothesized model was that contextually usable behavior assessment might lead to better decisions about behavior supports, which would then lead to better outcomes.

- BUT, our *initial results* are suggesting there is more to the story about predictors of outcomes

  - District demographics most certainly are highly predictive

  - Yet perceptions of SEB as a concern and priority and knowledge, willingness, and feasibility of SEB screening approaches also play a role

Take-Away #6: All stakeholder groups strongly support a role for schools in SEB screening.

- District Administrators, School Building Administrators, Student Support Staff, Teachers, and Parents reported similar levels of agreement that schools should screen for

  - The presence of **internalizing** (e.g., depression, rejected by peers) and **externalizing** (e.g., aggression, hyperactivity) concerns (M = 3.58-3.73)

  - The presence of **strengths or personal competencies** (e.g., having strong social skills, a sense of competence) (M = 3.32-3.53)

  - Indicators of **abuse** (e.g., personally experiencing abuse, living in a household where abuse occurs) (M = 3.55-3.76)

Take-Away Summary & Questions

1. State-level guidance on SEB screening is limited – districts are left to make decisions on own.

2. Academic and physical health screening practices are more established than for SEB.

3. SEB assessment approaches used by districts and schools vary widely.

4. Administrators perceive tensions between current and ideal SEB approaches.

5. Knowledge and beliefs have an important role in directions for SEB service.

6. All stakeholder groups strongly support a role for schools in SEB screening.

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