

Universal Screening to Inform Intervention for Behavioral and Emotional Concerns

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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 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.

Overview

- Current state of child and adolescent mental health
- Overview of early identification and screening for behavioral and emotional risk
- Screening measures and methods
- Linking assessment results to interventions
- Progress monitoring
- Advanced considerations in screening

Current state of child and adolescent mental health

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)



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

Improved social emotional learning and mental wellness leads to...

Improvements in:

- ✧ Academic performance & subject mastery
- ✧ Behavior: Participation and study habits
- ✧ Attitudes: Motivation & commitment

(Zins, Weissberg, Wang, & Walberg, 2004)



The Consequences are Compelling

- The longer a child's behavioral and emotional problems go unidentified, the more stable his or her maladaptive trajectory is likely to be (Gottlieb, 1991)
- Research indicates that approximately 50% of students with a mental disorder will drop out of school
- Only 42% of students who remain in school will graduate with a diploma

(United States Public Health Service, 2000)

Early Identification can...



- Decrease academic failure
- Decrease future life difficulties (i.e., behavioral problems, drop out, substance use, etc.)
- Reduce overall healthcare burden and costs
- Accrue long-term cost savings to school districts and society
- Identify risk among all students, not just those with profound problems (Gottlieb & Alcorn, 2007; Lantieri & Mendon, 2002)

Methods of Early Identification



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

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, & Rose, 1991; Severson et al., 2007; Tilly, 2008; Walker et al., 2000)



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



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)
- 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

Early Identification is Possible

- 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)
- Preschool version was able to predict school readiness, disciplinary infractions, academic problems, and counseling referrals (DiStefano & Kamphaus, 2007)

Early Identification is possible



- Student Risk Screening Scale accurately differentiates students with high, moderate, and low risk on behavioral outcomes (e.g., office discipline referrals, in-school suspensions) (Lane et al., 2007)
- Screening in early childhood (12-36 mo's) identified the majority of children who exhibit significant emotional/behavioral problems in elementary school (K & 1st grade) (Briggs-Gowan & Carter, 2008)

Open to Change



"To be interested in the changing seasons is...a happier state of mind than to be hopelessly in love with spring."

-George Santayana

Are we ready for change?

How do you identify which students in your school are at-risk or need help?

- No structured process* - Wait for teachers to raise concerns
- Somewhat structured process* - Each teacher is asked to think about each student and report any concerns
- Very structured process* - Use a behavioral/emotional screener (e.g., SSBD, BESS) to screen most/all students

Elementary and Secondary Education Act (ESEA)

- Accountability for results of students (AYP)
- Scientifically-based instruction
- Highly qualified teachers
- Targets:
 - Improve achievement for all students
 - Improve performance of low achieving schools



Does what you do translate to better achievement for all students?

IDEIA '04 Regulations

Changes the language

1. Prior to, or as part of the referral process, the child was provided appropriate high-quality research-based instruction in regular education settings...
(Federal Regulations 3000.309)
2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction
(FR, 300.309)

Wait to Fail Model is Gone

- Focus on early identification
- Identifies students who are struggling and provides ongoing interventions paired with frequent progress monitoring
- Can utilize teacher nominations, behavioral observations, multi-informant rating scales



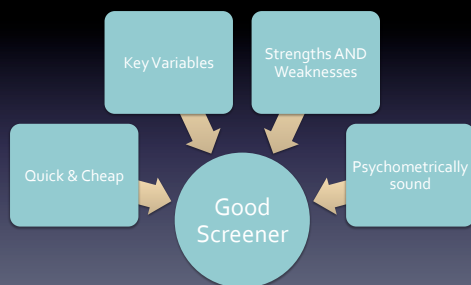
Multi-tiered Systems of Support

- 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



Framework for Evaluating a Screening Instrument

What should a good screener be?



Evaluating Technical Adequacy

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



(Glover & Albers, 2007)

Framework for Evaluating Screeners

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



Case Example:

Eklund K., & Dowdy, E. (2014). Screening for behavioral and emotional risk versus traditional school identification methods. *School Mental Health*, 6, 40-49.

Comparison of Methods

(N = 867)

Eklund K., & Dowdy, E. (2014). Screening for behavioral and emotional risk versus traditional school identification methods. *School Mental Health*, 6, 40-49.

	Teacher Screener At-Risk	Teacher Screener Normal	
School Identified At-Risk	Both Identified n = 61 (7%)	School Identified n = 139 (16%)	n = 200
School Identified Normal	Screener Identified n = 99 (11.5%)	Not Identified n = 568 (64%)	n = 667
	n = 160	n = 707	

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Differences in Behavioral Functioning

Internalizing Behaviors

- Teacher Screener: $T = 56.51$
- School Identified: $T = 48.22$

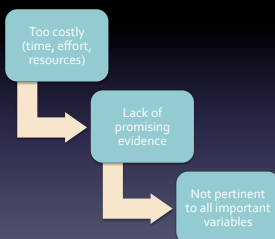
Externalizing Behaviors

- Teacher Screener: $T = 69.26$
- School Identified: $T = 47.75$

How do we screen for BER?

- Multiple options:

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



From Research to Practice

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

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?
- 2) 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?
- 3) Will the number of children identified as at-risk decrease over time as a result of screening efforts?

Screening & Assessment Follow-up

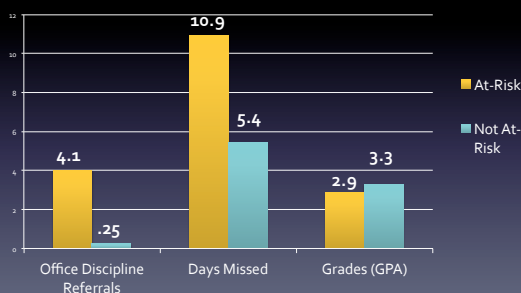
Sample

- 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

Behavior Screening Data: Year One



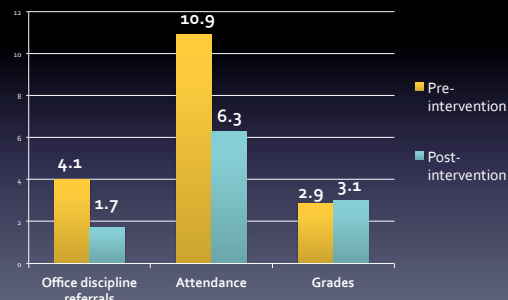
Interventions for students identified as "at-risk"



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?

Changes among At-Risk Students: End of Year One



End of Year Screening Results

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



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

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)



Universal Screening Tools

- Systematic Screening Behavioral Disorders (Walker & Severson, 1992)
- Student Risk Screening Scale (Drummond, 1994)
- Strengths & Difficulties Questionnaire (Goodman, 2001)
- Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2007)
- Social, Academic, and Emotional Behavioral Risk Screener (Kilgus, Chafouleas, Riley-Tilman, & von der Embse, 2013)

Behavioral and Emotional Screening System

(BESS, Kamphaus & Reynolds, 2007)

PROS

- Brief, 25- to 30-item parent, teacher, and self-report measures
- Assesses internalizing, externalizing, school problems, and adaptive skills
- Strong psychometric properties
- Scoring software available

CONS

- Can be cost-prohibitive
- Time to screen entire classroom/school when sole reliance on teachers

BESS Individual: Score Summary Report

Score Summary

Student Name: [Name] Age: 14.9 Grade: 9/A Status: Used: Combined Test Date: 11/14/2003

Parent Child-Adolescent Form

Validity Indices

F Index	Consistency Index	Response Pattern Index
Acceptable Raw Score: 0	Acceptable Raw Score: 1	Acceptable Raw Score: 12

Parent Child-Adolescent Form Scores

Raw Score	T Score	Percentile	Classification
38	77	87	Normal

Classification: Normal (50-85) Elevated (85-70) Extremely Elevated (71 and higher)

Item Responses

Item	Response	Score
1. Peer rejection	0	10
2. Shyness	0	17
3. Feels alone when others are not	0	10
4. Needs to be liked	0	10
5. Does not bring up the best in other people	0	10

Cut Scores Used

BESS Individual: Tracking Report

Tracking

Student Name: [Name] Status: Used: Combined Test Date: 11/14/2003

Validity Indices

Test Date	Test Form, Level	F Index	Consistency Index	Response Pattern Index
11/08/2003	Teacher Child-Adolescent Form	Acceptable Raw Score: 0	Acceptable Raw Score: 1	Acceptable Raw Score: 12
11/07/2004	Teacher Child-Adolescent Form	Acceptable Raw Score: 0	Acceptable Raw Score: 2	Acceptable Raw Score: 14
10/28/2005	Teacher Child-Adolescent Form	Acceptable Raw Score: 2	Acceptable Raw Score: 1	Acceptable Raw Score: 15

Teacher Child-Adolescent Form Scores

Test Date	Test Form, Level	Raw Score	T Score	Percentile	Classification
11/08/2003	Teacher Child-Adolescent Form	38	77	72	Normal
11/07/2004	Teacher Child-Adolescent Form	41	87	88	Elevated
10/28/2005	Teacher Child-Adolescent Form	56	77	88	Extremely Elevated

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5. Does not bring up the best in other people	0	10

Boxes shaded when elevated

BESS Group: Roster Report

Group Roster Report

Student Name: [Name] Status: Used: Combined Test Date: 11/14/2003

Validity Indices

Test Date	Test Form, Level	F Index	Consistency Index	Response Pattern Index
11/08/2003	Teacher Child-Adolescent Form	Acceptable Raw Score: 0	Acceptable Raw Score: 1	Acceptable Raw Score: 12
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5. Does not bring up the best in other people	0	10

Results can be sorted alphabetically (student name), or by classification level (either ascending or descending)

Student Risk Screening Scale

(SRSS)

PROS

- Quick & efficient
- Assesses both externalizing behaviors and includes one item on academic achievement
- Free of charge

CONS

- It doesn't include many items that assess internalizing or emotional behaviors*
- There are only 7-items so may not capture a wide-range of behaviors
- Tends to confound academic and behavioral risk

Student Risk Screening Scale

(SRSS; Drummond, 1994)

- 7-item screening measure to assess at-risk student behavior
- 4-point Likert scale
 - 0 = Never
 - 1 = Occasionally
 - 2 = Sometimes
 - 3 = Frequently
- Teachers rate each student on the following behaviors:
 - Steal
 - Lie, cheat, sneak
 - Behavior problems
 - Peer rejection
 - Low academic achievement
 - Negative attitude
 - Aggressive behavior

Student Risk Screening Scale

(Sample)

[illegible]

Social , Academic, and Emotional Behavior Risk Screener

(SAEBRS; Kilgus, Chafouleas, Riley-Tillman, & von der Embse, 2014)

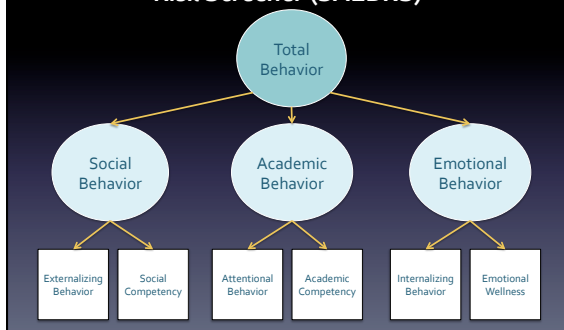
PRO

- Brief (19 items)
- Assesses Social, Academic, and Emotional Behavior
- Promising initial evidence, with strong sensitivity and specificity at elementary and middle levels

CONS

- Measure is somewhat new; additional research is necessary

**Social, Academic, and Emotional Behavior
Risk Screener (SAEBRS)**

**SAEBRS**

Social Behavior	Academic Behavior	Emotional Behavior
Arguing	Preparedness for instruction	Sadness
Temper outbursts	Interest in academic topics	Fearfulness
Disruptive behavior	Production of acceptable work	Adaptable to change
Cooperation with peers	Difficulty working independently	Positive attitude
Impulsiveness	Distractedness	Worry
Polite and socially appropriate responses toward others	Academic engagement	Difficulty rebounding from setbacks
		Withdrawal

FAST Individual Report

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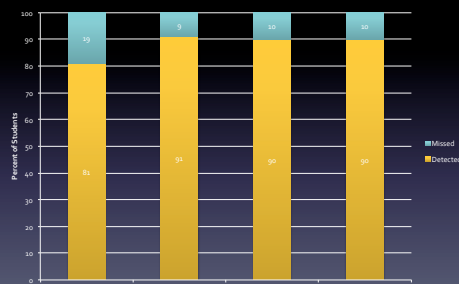
FAST Group Report

Group Name: 93-SEBASABRS-2013 SEBA SABRS Scoring report												
Teacher: Betsy Butler Grade: 03 School: EAST Elementary - South District: EAST School District School year: 2013												
Student name	Fall				Winter				Spring			
	Total	Score	Emotion	Academic	Total	Score	Emotion	Academic	Total	Score	Emotion	Academic
Anderson, Albert												
Arhove, Adina					23	8	9	10				
Aacher, Athena					57	18	21	18				
Kuender, Kathie												
Littaphin, Love					11	3	5	3				
Sharkin, Sofia												
Zane, Zina					30	10	12	8				

Visual Conventions

1 All Risk

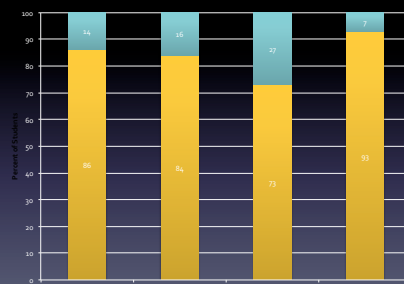
At-Risk Students (Sensitivity)



Goal = 80
(Carran & Scott, 1992; Metz, 1978; Petscher et al., 2011)

Kilgus, Eklund, von der Embse, & Taylor, in preparation

Not At-Risk Students (Specificity)



Goal = 70
(Hintze & Silbergitt, 2005; Kilgus et al., 2014)

Kilgus, Eklund, von der Embse, & Taylor, in preparation

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
- Engagement of school problem solving team

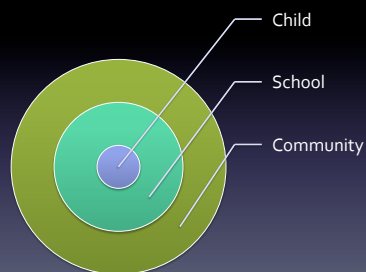
Discuss in a small group...



- 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?

Linking Screening Results to Interventions

Screening to Inform



Ask yourself.... How do we get to tier two efforts?

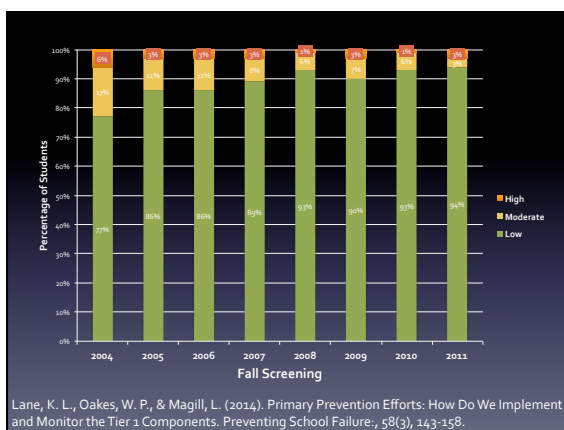
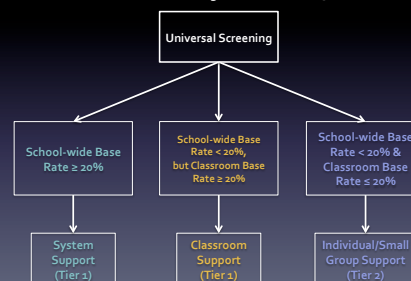
- Is tier 2 intended as prevention?

Or....

- Is tier 2 another name for pre-referral documentation?

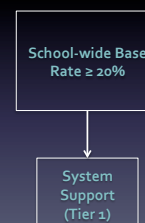
Determine the level at which to implement intervention

(SEBA Model; Kilgus & Eklund, 2015)



System Support (Tier 1)

- Start with universal strategies
 - Review and revision of school-wide expectations or reinforcement plan (ensure integrity)
 - Consider implementation of social emotional learning curriculum
- SAEBRS Example: Determine type of risk most prevalent
 - Emotional Behavior – SEL
 - Social Behavior – PBIS framework



Identified evidence-based programs

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

Evidence-based Social Emotional Learning Programs

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

Classroom Support (Tier 1)



School-wide Base Rate < 20%,
but Classroom Base Rate ≥ 20%

Classroom Support (Tier 1)

Classroom base rate >20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At-Risk
Shaffer	Sarah	5	25	14	56%
Triggs	Taylor	4	26	13	50%
Ells	Erica	2	26	7	27%
Memphis	Marsha	1	28	7	25%
Barrett	Bob	2	25	5	20%
Cassidy	Cara	4	21	4	19%
Ulrich	Uma	4	28	5	18%

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)

School-wide Base Rate < 20%,
but Classroom Base Rate ≥ 20%

Classroom Support (Tier 1)

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)

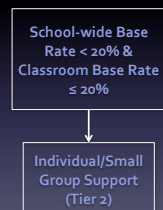
Classroom Management Practice	Rating
1. I have arranged my classroom to minimize crowding and distraction	Yes No
2. I have maximized structure and predictability in my classroom (e.g., explicit classroom routines, specific directions, etc.).	Yes No
3. I have posted, taught, reviewed, and reinforced 3-5 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

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"	

Case Example

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

Individual or Group Level Support (Tier 2)



Classroom base rate < 20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At-Risk
Franks	Fred	10	29	5	17%
Garrett	Greg	11	21	3	14%
Hollister	Heather	9	26	3	12%
Innings	Irma	12	23	2	9%
Vargas	Victor	12	24	2	8%
Williams	Wanda	12	27	2	7%
Norton	Nick	9	21	1	5%
Jenkins	Jennifer	11	22	1	5%
Kasper	Kelly	12	24	1	4%

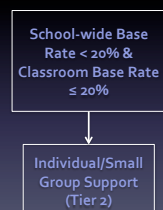
Individual or Group Level Support (Tier 2)

1. Consider school-based resources

– School-based mental health support

- Psychologist, social worker, counselor
- Small group or individual supports

– Community schools or SBMHC



Example: Individual Support (Tier 2)

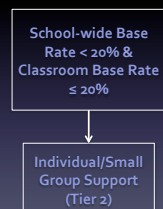
Interventions:

- **Teaching Strategies**
 - Social skills instruction of skills related to self-control (e.g., waiting one's turn, raising hand)
- **Antecedent/Consequence Strategies**
 - Check In/Check Out (CICO) to prompt and reinforce appropriate behaviors that might replace calling out (e.g., sitting quietly, raising hand)

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



Discuss at your tables...



- 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?

Advanced Considerations in Screening

WHO is in charge (and who needs to be involved)

- Fill in the blank: Buy-in at my school comes from _____
- Who is already involved in collecting/analyzing data?
- What teams would have a vested interest in this data?

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



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

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 class
- Secondary teachers can be selected by a particular hour of the day (i.e., all teachers screen students in their room at gam)

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”

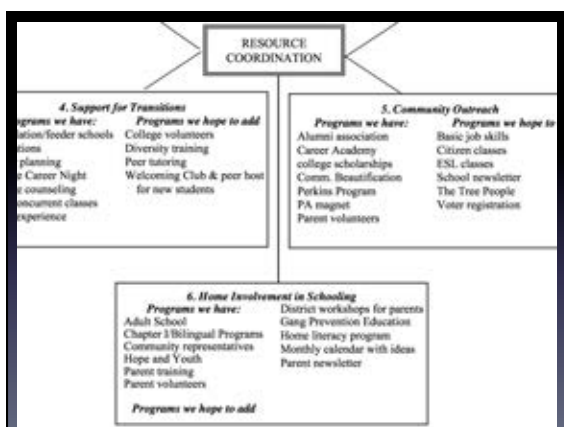
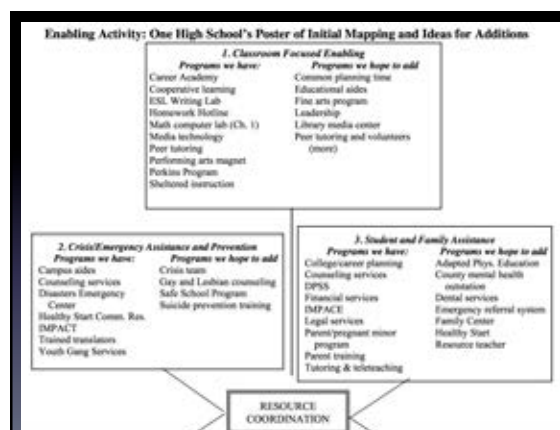
Resource Mapping

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?



Area of L.S.	Name of Program	Contact Person	Schedule	Grade Level	Eligibility	How to Access	Frequency
Classroom Based Enabling	Interactive Tutoring	Caro, Penny, Hall	3:15-4:15 Tues & Thurs	All 11-12 students	All students		
	ELL (after school program)	Dallas, Odessa, Lohr	MW 3:45-4:15pm		Students at risk of being retained		
	Intensive academic support (IAP)	Elizbeth	Thursday Track 6	2nd	Students who have been retained		
	Homework club	Schuback, Mubashir, Jyoti	MWTh 3:15-4:15	7th	Students within 100%	N/A	2x
	Intervention	Elizbeth	Wednesday 8:15-9:00	Ind. 5th			
Support for Transitions	Carrollton Resilience program	Gary Burkhardt	Ongoing	4-5th	All students	Student Application/Teacher Referral	
	Peer Buddy Program	E. Elvando	Ongoing	Elementary Middle School		Teacher referrals	2 per class
	Parent Welcoming Club	N. Cornejo, S. Elvando	Start of school year		All parents		
	Students Run LA	E. Gomez	Apr. 30th & 1st	4-12th	All students	Annual meetings	
	Chorus/Songwriting	Caro, Penny, Hall	3:15-4:15	11-12, Students	All		
Home Involvement in Schooling	Chorus/Songwriting	N. Tappan					
	College counseling services	E. Quaresima		11-12, students	All students		
	Adult Education Programs	C. Valente	All day			Not at all Family Center (Box 10)	
	Commuter/Commuter program	S. Cross, R. Bloor	evening class		All parent volunteers		
	Family Literacy Program	C. Valente, S. Bloor, S. Cross	MWTh	4-12th	All parents		
Crisis/Early Int. & Prevention	Family Reading	P. Bloor	M 3:15pm-4pm	4-12th			
	200 Counseling	N. Bloor	even	4-12th	Special Ed students	200 meetings	
	CCRP	N. Bloor	Th 1:30-3	4-12th	Staff, parents, or self-referral	Complete CCRP form in classroom	



PREPARE School Crisis Prevention and Intervention Training Curriculum

WS2 Handout 11 (Slides 65 and 153): Private Practitioner Referral Questionnaire

Thank you for providing us with information that will help us to make more appropriate referrals to you and your colleagues. Please complete as much of the questionnaire as possible and return it to the attached, self-addressed envelope.

Name _____ Title _____
Office location _____ Location (city) _____
Phone number(s) _____ Location number(s) _____

Training and Experience

1. What degrees do you hold? _____
2. What schools did you attend? _____
3. How long have you been in practice? _____
4. What other types of special training do you have? _____

Financial Questions

5. What type of insurance do you accept? _____
6. What payment system do you offer? _____
7. Would you consider a therapeutic fee adjustment? YES / NO
8. Do you offer a sliding fee schedule? YES / NO
9. What are your current fees? (Please list schedule if available) _____

Logistics

10. Are you currently taking new referrals? YES / NO
11. If no, when will you do so? _____
12. Do you work evenings? YES / NO
13. Do you work Saturdays? YES / NO
14. Do you have a waiting list? YES / NO
If yes, how long is the typical wait before the first session? _____

Therapeutic Issues

15. With which of the following populations do you feel you are best trained to work? (Circle all that apply that you.)
Children _____ Adults _____ Families _____

Source: East West Highways, Suite 200, Richmond, BC, Canada, V6V 1A7, www.prepareschools.org

Student Questionnaire

16. Which of the following issues and/or areas do you consider to be your specialty(ies)? (Circle all that apply.)

substance abuse	crisis abuse	grief processing
eating disorders	crisis therapy	attention deficit disorders
anger issues	suicide prevention	anxiety disorders
employment issues	co-dependency	crisis intervention
creative director	divorce mediation	transitional issues
decision making	family communication	self-esteem/self-concept
depression	behavior analysis	conduct disorders

Client? (please list) _____

17. Which of the following therapeutic techniques do you employ? (Circle all that apply.)

behavior modification	self-actualization	aggression
EMDR	client centered	cognitive-behavioral
RET	relaxation	self hypnosis
play therapy	stress inoculation training	aversion therapy
creative therapies	psychoanalysis	supportive group therapy

Client? (please list) _____

18. What special programs or services do you offer? _____

19. Do you conduct group therapy? _____ YES / NO

20. Are you bilingual? _____ YES / NO

21. Are the services of an interpreter available to you? _____ YES / NO

22. Do you have expertise working with specific ethnic and cultural groups? _____ YES / NO

23. If yes, specify the groups: _____

24. What type of arrangements for assistance do you make with your clients when they are experiencing a crisis during your network hours? _____

25. On average, how many times per month will you see the typical client? _____

26. How long are your sessions? _____

27. Please list any other alternatives that may help us make more appropriate referrals to you: _____

Note: From "Preparing for Crisis in the Schools" (2nd ed., pp. 101-125, 12.5 & 12.6) by Blom-Hoffman, J., Leff, S. S., Franko, D. L., Weststein, E., Beakley, K., Power, T. J., 2008. New York, NY: Wiley. Reprinted with permission.

WIS2: Handout 11 (Slides 65 and 153)

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

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)

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., Weststein, E., Beakley, K., Power, T. J., 2008)
- How is information shared with parents



SCHOOL-BASED PROBLEM SOLVING FOR EMOTIONAL AND BEHAVIORAL NEEDS: BEYOND UNIVERSAL SUPPORTS

Stephen Kilgus, Ph.D.
Assistant Professor
School Psychology
University of Missouri

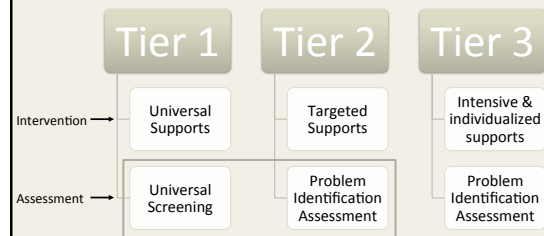
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OBJECTIVES

- Know how screening data can inform which students are selected for Tier 2 and Tier 3 interventions.
- Understand which data sources should be considered in making Tier 2 and 3 decisions
- Know what schools can do to ensure that Tier 2 and 3 interventions address the specific needs of referred students.
- Understand how to gauge intervention success via collection of progress monitoring data.

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MULTI-TIERED SYSTEMS OF SUPPORT



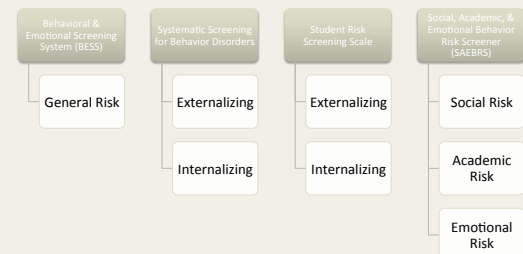
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UNIVERSAL SCREENING

- Purpose
 - Determine which students are at-risk for behavioral and emotional difficulties and therefore need Tier 2/3 intervention (Jenkins, Hudson, & Johnson, 2007)
- Limitations (Keller-Margulis, Shapiro, & Hintze, 2008)
 - Screening = **presence** of a problem
 - Screening ≠ **nature** of the problem (necessarily)
- Different screeners give us varying levels of information regarding the nature of the problem

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SCREENING – NATURE OF THE PROBLEM



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SCREENING – INFORMING INTERVENTION

- Universal screening gives us **SOME** information that can inform the **type** of Tier 2 intervention
- Systematic Screening for Behavior Disorders (SSBD)
 - Externalizing
 - Check In/Check Out (CICO)
 - Social skills training
 - Internalizing
 - Group counseling
- Social, Academic, & Emotional Behavior Risk Screener (SAEBRS)
 - Social Risk
 - CICO
 - Social skills training
 - Academic Risk
 - Homework club
 - Academic enablers instruction
 - Emotional Risk
 - Group counseling

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INFORMING INTERVENTION

- Yet...screening doesn't give us all of the information research suggests we need
 - **Specific problem behaviors** (e.g., calling out, aggression)
 - **Function of those behaviors** (e.g., gain adult attention, escape academic work)
 - **Skill deficits** (e.g., engagement, self-control)
 - Behaviors that would otherwise replace problem behaviors
- All fall under the category of **problem identification** data

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PROBLEM IDENTIFICATION

Which interventions are most appropriate for each student?

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BEHAVIOR INTERVENTION

- A behavioristic view of behavior can be expressed via the **three-term contingency**

Antecedent → Behavior → Consequence

- At Tier 3 (intensive intervention), individualized Behavior Support Plans (BSPs) should include interventions addressing each of these terms
 - Antecedent Strategies
 - Teaching Strategies
 - Consequence Strategies

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TIER 2 INTERVENTION

- At Tier 2, one could argue supports should be available across all terms of the contingency. However, arguments abound...
- Two Tier 2 service delivery approaches (Kilgus, von der Embse, Scott, & Paxton, 2015):

Standard Protocol

- One intervention
- Usually targets antecedents & consequences (e.g., CICO)

Problem Solving

- Multiple interventions
- Data-based decision making to modify/adapt interventions
- usually include antecedent, teaching, and consequence strategies.

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TIER 2 INTERVENTION

- Research appears to support the use of a **problem solving approach**
 - McIntosh et al., 2009** — Check In/Check Out more effective for students whose behavior functions to gain adult attention than escape.
 - Barreras, 2008** — social skills instruction more effective when match to student social skill deficits.
- If we intend to adopt a problem solving approach...
 - Which interventions should be used?
 - Which assessment methods should be used?

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TIER 2 INTERVENTION

- Research and conceptual models have identified important risk and protective factors
 - Models of social-behavioral competence (Walker et al., 1992)
 - Models of academic competence (DiPerna, 2006)
 - Research regarding developmental cascades (e.g., Masten et al., 2005)
- Each of these factors may be grouped into three domains of behavioral functioning:
 - Social Behavior
 - Academic Behavior
 - Emotional Behavior



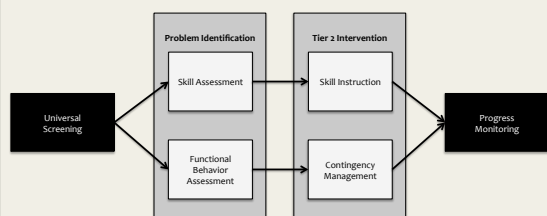
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TIER 2 ASSESSMENT

- What do we need to know?
- Antecedent & Consequence Strategies** (e.g., CICO)
 - Problem behaviors of concern
 - Function of these behaviors
- Teaching Strategies** (e.g., social skills instruction)
 - Which domain is problematic (e.g., academic behavior)
 - Which particular skills are lacking within that domain

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SOLUTION-FOCUSED EMOTIONAL BEHAVIOR ASSESSMENT (SEBA) MODEL



TIER 2 INTERVENTION

SAEBRS AS AN EXAMPLE

	Social Behavior	Academic Behavior	Emotional Behavior
Antecedent & Consequence Strategies	CICO	CICO	CICO
Teaching Strategies	Social skills instruction	Academic enablers instruction, Homework club	Social-emotional learning, Group counseling

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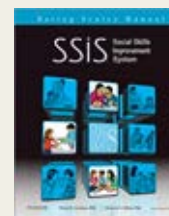
SKILLS ASSESSMENT

To inform teaching strategies

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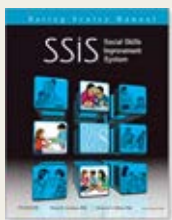
SOCIAL SKILLS ASSESSMENT

- **Social Skills Improvement System (SSIS;** Gresham & Elliott, 2008)
 - Available through Pearson
 - Parent, Teacher, and Student versions (~60-83 items)
- **Social Skills:** Communication, Cooperation, Assertion, Responsibility, Empathy, Engagement, Self-Control
- **Competing Problem Behaviors:** Externalizing, Bullying, Hyperactivity/Inattention, Internalizing, Autism Spectrum
- **Academic Competence:** Reading Achievement, Math Achievement, Motivation to Learn



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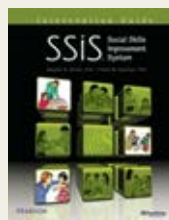
SOCIAL SKILLS ASSESSMENT



- Each social skill item is rated two ways: **frequency** and **importance**
- Ratings are used to identify two types of deficits:
 - **Acquisition deficits:** skills about which a student lacks basic knowledge regarding how the skill is performed.
 - **Performance deficits:** skills a student has learned but does not display frequently enough given limited reinforcement history
- Social skills instruction should be used to address acquisition deficits
 - Use of reinforcement strategies to remediate performance deficits

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SOCIAL SKILLS ASSESSMENT



- **Technical Adequacy**
 - Strong evidence of reliability, validity, and treatment utility (Barreras, 2008; Elliott, Gresham, Frank, & Beddow, 2008; Gresham & Elliott, 2008)
- **Contextual Relevance**
 - Corresponds to highly important social skills and competing problem behaviors
 - Aligns with the *SSIS Intervention Guide* (Elliott & Gresham, 2008)
- **Usability**
 - Unfortunately, completion of the SSIS can take some time (10-25 minutes per student)
 - Also somewhat costly (\$46 per 25 protocols)

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ACADEMIC ENABLERS ASSESSMENT

- **Academic Competence Evaluation Scales (ACES; DiPenra & Elliott, 2000)**
 - Available through Pearson
 - Teacher (K-12) and Student (6-12) Forms
 - ~40 items for Academic Enablers scale
 - Four academic enabler domains:
 - Interpersonal Skills
 - Academic Motivation
 - Study Skills
 - Classroom Engagement



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ACADEMIC ENABLERS ASSESSMENT

- Like the SSIS, each academic enabler item is rated two ways: **frequency** and **importance**
- Ratings are used to identify **acquisition deficits** and **performance deficits**
- Academic enabler instruction should be used to address acquisition deficits
 - Use of reinforcement strategies to remediate performance deficits



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ACADEMIC ENABLERS ASSESSMENT



- **Technical Adequacy**
 - Strong evidence of reliability and validity (DiPerna & Elliott, 1999, 2000)
- **Contextual Relevance**
 - Corresponds to highly important academic enablers
 - Can also be used to identify academic skill deficits
 - Aligns with the **Academic Intervention Monitoring System** (Elliott, DiPerna, & Shapiro, 2001)
- **Usability**
 - Unfortunately, completion of the ACES can take some time (10-15 minutes per student)
 - Also somewhat costly (\$52.80 per 25 protocols)

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SOCIAL-EMOTIONAL ASSESSMENT

- **Devereux Student Strengths Assessment (DESSA; LeBuffe, Shapiro, & Naglieri, 2009)**
 - Available through the Center for Resilient Children
 - Targets 8 scales:
 - Optimistic Thinking
 - Relationship Skills
 - Self-Awareness
 - Personal Responsibility
 - Self-Management
 - Goal-Directed Behavior
 - Social-Awareness
 - Decision Making



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SOCIAL-EMOTIONAL ASSESSMENT



- Each item is rated with regard to its frequency
- Available for K-8
- Can be completed by "parents/guardians, teachers, or staff at schools and child-serving agencies"
- Each skill area can be classified in one of three ways based upon normative comparisons:
 - Strength (≥ 1 SD)
 - Typical
 - Need for instruction (≤ 1 SD)

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SOCIAL-EMOTIONAL ASSESSMENT



- The DESSA scale structure is aligned with several social-emotional learning curricula
- There is actually a version of DESSA specifically aligned with *Second Step* (K-5)
 - Used as an outcome measure of "social-emotional competence, resilience, and academic success"

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FUNCTIONAL BEHAVIOR ASSESSMENT

To inform antecedent & consequence strategies

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FBA

- FBA = a process through which one uses multiple measures and procedures to identify problem behaviors and the environmental contingencies that likely maintain them.
- Typically done through a multi-method approach across multiple phases
 - At Tier 2 — usually one brief method
 - It's ok — this is low stakes
- Goal is to develop a function-based intervention that alters future likelihood of behavior in two ways:
 - Remove antecedents and consequences for problem behavior
 - Introduce antecedents and consequences for adaptive behavior



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BRIEF FBA METHODS

- Functional Analysis Screening Tool (FAST; Iwata & DeLeon, 1995)
- 16 items
- Used to identify problem behaviors and functions
 - Social (attention/preferred items)
 - Social (escape from tasks)
 - Automatic (sensory)
 - Automatic (pain attenuation)
- Typically more appropriate for lower functioning students
- Does not differentiate between peer and adult attention

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BRIEF FBA METHODS

- Functional Assessment Checklist: Teachers and Staff (FACTS; March et al., 2000)
- Interview format — used to identify antecedents, problem behaviors, and functions
 - Adult attention
 - Peer attention
 - Preferred activity and items
 - Escape (tasks, reprimands, attention, effort)
- Open to a wide range of functioning
- Requires a slightly higher level of background in FBA to be used appropriately
- Supported by the largest degree of evidence to date (McIntosh et al., 2008)

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EXAMPLE: INDIVIDUAL SUPPORT (TIER 2)

Universal Screening

- SAEBRS indicates "Ryan" is at risk for social behavior problems
 - We therefore engage in problem identification assessment specific to the social behavior domain

Problem Identification

- Functional behavior assessment (How do we modify the environment?)
 - FACTS → Ryan calls out during instruction, likely to gain adult attention

Social skills assessment (What to teach?)

- ISP-SS → Ryan possesses social skill deficits in self-control

Progress Monitoring

- DBR-SIS → formative assessment of Ryan's 'disruptive behavior' and 'academic engagement'

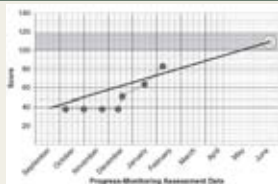
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PROGRESS MONITORING

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PROGRESS MONITORING

- Multiple methods have been examined (Gresham, 2010)
 - Systematic direct observation
 - Brief behavior rating scales
 - Direct Behavior Rating — Single Item Scales (DBR-SIS)**

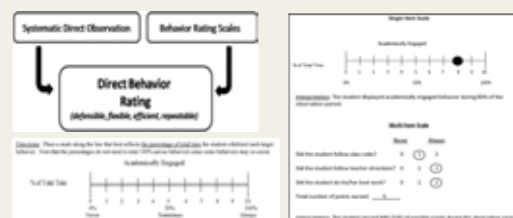


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DBR-SIS

Chafouleas, Riley-Tillman, & Christ (2009)

- What is DBR-SIS?
- An emerging alternative to systematic direct observation and behavior rating scales which involves brief rating of target behavior following a specified observation period



DBR-SIS — DEFINING CHARACTERISTICS

- Flexible:** Rate across multiple (a) cases, (b) operationally defined behaviors, and (c) rating periods of varying lengths.
- Efficient:** Takes approximately 10-60 seconds to complete ratings across multiple behaviors for a single student (depending on the number of behaviors).
- Repeatable:** Focus on direct ratings following discrete, pre-specified rating periods permits frequent use.



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DBR-SIS — STEPS TO USE

- Review DBR-SIS procedures with relevant teachers
- Collaboratively:
 - Identify days on which ratings will be recorded
 - Define observation period and activity (e.g., 10:00-10:50am during literacy block)
 - Operationally define behaviors
 - Review procedures for DBR-SIS completion
 - Observe and rate (%age)
 - When to rate (immediately afterwards)
 - When not to rate (when observation was insufficient)
- Have teacher practice rating student behavior (directbehaviorratings.org)
- Rate student behavior
 - Ensure a sufficient amount of data are collected within each phase.
- Establish interpretation procedures:
 - Establish how and who will summarize data
 - Process for consistent data review
 - Criteria for implementation, termination, and modification of interventions

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DBR-SIS TARGETS: “THE BIG 3” (DBR CORE)

Academic Engagement:
Actively or passively participating in the classroom activity.

Respectful:
Compliant and polite behavior in response to adult direction and/or interactions with peers and adults.

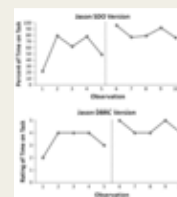
Disruptive Behaviors:
A student action that interrupts regular school or classroom activity.



Chafouleas (2011)

LESSONS LEARNED

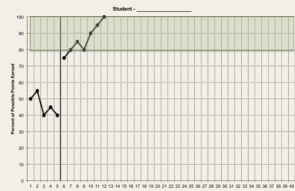
- We've been busy (Chafouleas, 2011)!
- Go with 100mm line, divided into 10 segments
- Go with broadly defined behaviors
 - Valence of wording depends on behavior
- Number of data points necessary depends on decisions
 - Low stakes = 5-10
 - High stakes = 10-20
- When it comes to training, the more the better...
- Anticipate similarity in SDO and DBR data (e.g., Riley-Tillman et al., 2008)
 - Although each data point may not be identical, trends are likely to be similar.
 - With that said, it is recommended that DBR supplement SDO for high stakes cases.



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DBR-SIS — STEPS TO USE

- Collect DBR-SIS data across both baseline and intervention phases.
- Interpret data in accordance with single-case design conventions
- Can consider cut scores when interpreting data levels (Kilgus, Riley-Tillman, Chafouleas, Christ, & Welsh, 2014).



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PROGRESS MONITORING



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DBR-SIS — TRAINING

<http://www.directbehaviorratings.com/training/>

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References/Resources

- Direct Behavior Ratings – directbehaviorratings.org
- Evidence-based Interventions – ebi.missouri.edu
- FastBridge Learning – fastbridge.org
- Positive Behavioral Interventions and Supports – 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.



Questions?
Thoughts?



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