Emerging Trends in Universal Screening for Mental Health

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Objectives

• Participants will learn specific guidance on how to establish a universal screening system as well as using data to inform intervention selection.

• Participants will be able to identify facilitators and barriers at district and school levels for implementing universal screening to make intervention decisions.

• Participants will learn strategies to address issues of equity and disproportionality in universal screening practices.
Today, it has never been clearer that:

- Mental health and SEL is a top priority for schools and communities
- Systemically managing anxiety, depression, and the impact of trauma is necessary to ensure learning
- Comprehensive systems need to have the agility to meet the needs of students, staff, and families in their current context
- Data/science matters; direct resources to effective supports
- Prevention & intervention at first sign of need pays off
- People and relationships are key to all of the above
Big Idea: Mental Health (SEB) is EVERYONE’S JOB

- From parents to principals to teachers to the lunch staff: Everyone helps create a safe, caring environment. A place where mental health problems aren’t stigmatized. Everyone watches for warning signs in a child — such as changes in mood, headaches, slipping grades and missing class.

- Social Emotional Behavioral Competencies are embedded in ALL aspects of the curriculum and use of those skills are monitored by ALL STAFF
**What is Mental Health?**

- Complete Mental Health is Social-Emotional-Behavioral
- Mental Health is more than simply the absence of psychological problems. The absence of psychological problems does not infer wellness or happiness.
- Therefore one’s mental health, or wellness, is strong when they are experiencing both **low levels** of SEB psychological problems, and **high levels** of SEB competencies.

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**MENTAL HEALTH**

<table>
<thead>
<tr>
<th>SEB PROBLEMS</th>
<th>SEB WELL-BEING AND COMPETENCIES</th>
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<tbody>
<tr>
<td>INTERNALIZING</td>
<td>EXTERNALIZING</td>
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<tr>
<td>Trauma, Environmental stressors</td>
<td>Thinking errors, Withdrawal, Negative affect</td>
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</table>

**RISK FACTORS**

**PROMOTIVE AND PROTECTIVE FACTORS**

*Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo & Romer, 2016.*
U.S. Department of Education

Press Release October 19, 2021

Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs

Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs


U.S.DOE Recommendations on SEBMH

- Prioritize wellness for each and every child, student, educator, and provider
- Enhance mental health literacy and reduce stigma and other barriers to access
- Implement a continuum of evidence-based prevention practices
- Establish an integrated framework of educational, social emotional, and behavioral-health support for all
- Leverage policy and funding
- Enhance workforce capacity
- Use data for decision making to promote equitable implementation and outcomes
WHY consider universal screening:

Data Trends 2019

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
- The average delay between onset and first intervention is 8-10 years.
- 37% of students with a mental health problem are not referred out of school; the highest dropout rates.
- Suicide rate for children age 10-14 year-olds has increased period.
- 70% of youth in state and local juvenile justice system have a mental illness.

2020-2021

Unprecedented Magnitude of Mental Health Needs

- Emergency department visits related to mental health (January to October 2020)
  - 24% increase in 5-11 year-olds
  - 31% increase in 12-17 year-olds
- 25% of American parents reported declines in their children's mental health; 14% reported increases in behavior problems. (March – June of 2020)
- One in four youth ages 13-19 reported an increase in sleep loss due to worry, feeling unhappy or depressed, feeling constantly under strain, and loss of confidence in themselves. (April and May 2020)
- There are many “missing” students
Alignment of Initiatives Related to PBIS is Guided by the Six MTSS Features

1. Team based leadership and coordination
2. Evaluation of implementation fidelity
3. Three-Tiered Continuum of evidence-based practices
4. Continuous data-based progress monitoring and decision-making
5. Comprehensive universal screening
6. On-going professional development including coaching with local content expertise

BEST PRACTICES IN UNIVERSAL SCREENING FOR SOCIAL, EMOTIONAL, AND BEHAVIORAL OUTCOMES: AN IMPLEMENTATION GUIDE

APPENDIX B

Implementation Checklist and Planning Guide

The intent of this checklist is to help teams facilitate, monitor and problem solve the implementation process, and is not designed to be comprehensive in nature. Readers are strongly encouraged to review the content throughout this implementation guide to inform specific processes as well as consulting with legal/ethical guidelines, state and district policies and statutes, and independent reviews of technical adequacy of screening instruments (e.g., National Center for Intensive Intervention). In addition, teams should determine that data are valid and reliable, for at least 90% of the target (universal) population, at least two times per year, using a psychometrically defensible SEB screener, and the data is utilized to inform decisions that impact how educators improve SEB interventions and practices.

<table>
<thead>
<tr>
<th>Screening Item for Consideration</th>
<th>Not in Place</th>
<th>Partially in Place</th>
<th>In Place</th>
<th>Action Steps</th>
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<td>Identify a need for universal screening for SEB that includes goals and objectives</td>
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<td>Establish a shared understanding of the goal and purpose of universal screening</td>
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<td>Determine buy-in from key stakeholders, including parents, teachers, and school leaders</td>
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<td>Team has reviewed available SEB interventions to be matched to screening</td>
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<td>Data-based problem solving process is in place, including decision rules</td>
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<td><strong>ADOPTION</strong></td>
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<td>• Scoring software or protocols</td>
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Exploration

1. Identify a need for universal screening for SEB that includes goals and objectives

2. Establish a shared understanding of the goal and purpose of universal screening

3. Determine buy-in from key stakeholders, including parents, teachers, and school leaders
BIG IDEA: District Leadership Makes Decisions

- Selects screener (internalizing/externalizing needs)
- Establishes routines/procedures for conducting screening
- Determines roles/responsibilities for collecting/managing analyzing data
- Ensures availability of skilled personnel
- Determines how additional clinical evaluations for some students will be conducted
- Determine District/Community Response Plan
- Consider pairing with Early Warning System
Other Considerations:

**Screening Modalities**
- Multiple gating
- Brief behavior rating scales
- Early warning systems/extant data

**Choice of Informant**
- Teacher report
- Student report
- Parent/family member report

**Timing and Frequency**
- Identify which grade levels to begin with
- Identify time of year
- Two or three times
The School Team Drives with support from the DCLT and coaches

- When will screening take place?
- What will communication with families look like?
- What team will review results? And link to other data/information?
- Who will provide training to faculty?
- How will the results be shared?
- What is the timeline for conducting a more in-depth diagnostic assessment?
- What is the timeline for connecting students with higher level needs to additional assessment and evidence-based interventions?
Tips in a virtual/hybrid environment

• If you are not using a universal screener, now might not be the time to start

• What to do instead?
  • Survey students and/or families
  • Use other data point

• If you are using a screening instrument and protocol:
  • Get guidance on how to adapt if students aren’t in school
  • Use youth and family report options if available
Readiness

Need a school team including members with SEB expertise

The team should review available SEB interventions to be matched to screening

A data-based problem solving process is in place, including decision rules
<table>
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<tr>
<th>Examples</th>
<th>Non-Examples</th>
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<tbody>
<tr>
<td>· Examines presence of risk and lack of strengths</td>
<td>· Screening symptoms of a specific diagnosis or use of assessments developed for diagnostic purposes</td>
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<tr>
<td>· Used in conjunction with other student data to increase accuracy of decisions</td>
<td>· Single items that assess for suicide or self-harm</td>
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<td>· Uses instruments that are psychometrically defensible</td>
<td>· Conducted using selected items or measures without sufficient evidence</td>
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<tr>
<td>· Completed with all students</td>
<td>· Data collected only for some students but not others</td>
</tr>
<tr>
<td>· Data systems and follow-up procedures established and communicated prior to collecting SEB screening data</td>
<td>· Uses teacher, parent, or student nomination data in isolation</td>
</tr>
</tbody>
</table>
Defining a SEB Screening System

- Valid and reliable data for at least 90% of the target (universal) population
- Collected at least two times per year
- Using a psychometrically defensible SEB screener that identifies strengths and weaknesses
- Data are utilized to inform decisions that impact how educators improve SEB interventions and practices

*Note that implementation is a process – this represents the end goal of SEB screening within a comprehensive system*
Adoption – Select a screening instrument

- Use a process similar to how other curriculum, assessments, and interventions are selected
- For the screening instrument, consider:
  - Technical adequacy
  - Usability and feasibility
  - Contextual appropriateness
  - Cost (time and financial)
  - Scoring software or protocols
NON-EXAMPLES:

• Choosing an instrument because the neighboring district uses it
• Doing a Google search and selecting the first one that comes up
• Using one you learned about at a conference or an online webinar
• Use the ACES questionnaire
Example:

- Use a process/protocol like the Hexagon Tool from NIRN
- District leaders with input from families and community stakeholders examine several options and select an instrument that is the best fit for their school community.
Adoption

- Identify scoring procedures and technology needs
  - Instrument to be completed online (automatic scoring) OR
  - Paper (identify a person to compile data)
- Determine timing and frequency of screening
- Establish consent and/or opt-out procedures
- Determine choice of informant
  - Teacher
  - Parent
  - Student self-report
- Develop plan to train staff to complete screener and how to use data
- Schedule time to communicate results and begin problem solving process
Data Collection and Storage

01. Establish plan for data privacy
   - Online/digital OR
   - Storage of physical protocols

02. Determine who has access to screening data

03. Develop criteria for determining the quality of data and identification of any data for removal
   - E.g., inconsistent response patterns
Data Use:
Need to develop protocol for how SEB screening data will be used to identify and meet student needs

APPENDIX E
Guiding Questions for Developing Protocol for Using SEB Screening Data

First, the answers to several overarching questions should guide a school team’s development of a protocol for using universal SEB screening data to inform decisions, including:

- Why are we implementing universal SEB screening?
- What questions are we trying to answer?
- How have we defined our student “universe” (e.g., all students)? If not all students, what is our rationale for focusing on only a subset of students.
- What does our universal SEB screener measure? What types of scores (i.e., total and subscales) and classifications (e.g., not at-risk and at-risk) does our SEB screener provide?
- How often during the school year are we gathering universal screening data?
- How far are we in implementing a full continuum of comprehensive SEB supports (i.e., what interventions are being implemented at which tiers and are they being implemented with fidelity and effectiveness)?
Connection Screening to Intervention: What Data to Use

Protocols specify:

1. What SEB screening scores will be used,
2. What other indicators should also be considered,
3. The levels at which results should be reviewed for intervention planning.
Connecting Screening to Intervention: When/How to Use Data

• Specify when results will be available and distributed
• Parent notification of need for intervention
• Map screening data: Frequency and type to intervention intensity and focus
• Establish plan to use screening results to evaluate and monitor the effectiveness of Tier 1 or Universal supports

• Establish plan for using screening results with other data (e.g., discipline, attendance, nurse visits) to identify students who need interventions
  • What data to use
  • When to use data
  • How to use data

• Establish procedures for communicating concerns to families

• Create regular review schedule to connect screening data to intervention, and monitor trends across the year(s)
## SAMPLE Elementary Risk Distribution Spreadsheet

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<tr>
<th>Student Number</th>
<th>Grade</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Teacher</th>
<th>Behavior Emotional Risk Index</th>
<th>Externalizing Risk Index</th>
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<th>Adaptive Skills Risk Index</th>
<th>Risk Index Overall Score</th>
<th>Office Discipline</th>
<th>Attendance Count</th>
<th>Suspension Total</th>
<th>ESE Y/N</th>
<th>Total Risk</th>
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### Notes:
- T34 for behavior: behavior specialist is developing new social story.
- Attendance Meetings scheduled.
- PST Meeting set.
- CST Meeting set.
- Group with SIP.
- Email with SIP.
- T34 for Behavioral Meeting scheduled.
- Case Manager for Social Emotional Decision Making.
- EED SC Student.

### Abbreviations:
- BERI: Behavioral and Emotional Risk Index
- ESE: Emotional Supports and Engagement
- Y/N: Yes/No
- Total Risk Score: Sum of all indices
System Change Over Time

Fall 2016 School-Wide Screening

- Extremely Elevated Risk: 14% (92 students, District average: 11%)
- Elevated Risk: 17% (114 students, District average: 17%)
- Normal Risk: 68% (248 students, District average: 72%)
Sample Middle School

BIMAS-2 Risk Level Pyramids

<table>
<thead>
<tr>
<th>Levels Of Risk</th>
<th>Conduct</th>
<th>Negative Affect</th>
<th>Cognitive/Attention</th>
<th>Levels Of Functioning</th>
<th>Social</th>
<th>Academic Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>16 (2%)</td>
<td>144 (20%)</td>
<td>97 (13%)</td>
<td>Concern</td>
<td>289 (40%)</td>
<td>142 (20%)</td>
</tr>
<tr>
<td>Some Risk</td>
<td>121 (17%)</td>
<td>204 (28%)</td>
<td>201 (28%)</td>
<td>Typical</td>
<td>421 (58%)</td>
<td>546 (75%)</td>
</tr>
<tr>
<td>Low Risk</td>
<td>591 (81%)</td>
<td>380 (52%)</td>
<td>430 (59%)</td>
<td>Strength</td>
<td>18 (2%)</td>
<td>40 (5%)</td>
</tr>
<tr>
<td>Total</td>
<td>728 (100%)</td>
<td>728 (100%)</td>
<td>728 (100%)</td>
<td>Total</td>
<td>728 (100%)</td>
<td>728 (100%)</td>
</tr>
</tbody>
</table>
Considerations for ongoing ethical decision-making for SEB screening within a multi-tiered system:

| Team-based | Range of expertise (e.g., families, mental health, legal, IT, administrators) |
| Communication | Bidirectional, facilitates participation |
| Decision-Making | Consistent and systematic, proactive and reactive |
| Professional Development | Policies and regulations SEB screening knowledge |
A quick review:

• Federal law that protects the privacy of student education records. Applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

• Governs the administration to students of a survey, analysis, or evaluation that concerns one or more of eight protected areas. Applies to the programs and activities of a state education agency (SEA), local education agency (LEA), or other recipient of funds under any program funded by the U.S. Department of Education.

• Main US education law passed in December 2015 that governs K–12 public education policy.

• Guidelines, aspirational values, and principles as well as enforceable standards applicable to members of professional organization to use when making decisions.
5 Primary Ethical and Legal Considerations for Screening

• Ensuring consent/assent process is acceptable under the Protection of Pupil Rights Amendment ([PPRA], 2001, Pub. L. No 107-110)
• Using screeners that are valid, fair, and useful
• Understanding the limits of screening data for decision-making
• Evaluating the incremental validity of the screener
• School capacity to act upon screening results in a meaningful manner

(Jacob, Decker, & Lugg, 2016)
• Notify parents, teachers, and students about the purpose and utility of screening data and provide parents and students with an option not to participate.
  • Screening used to determine instruction or completed as part of regular school activities does not require parental consent (IDEA; 2004; see 34 C.F.R. 300.302 and S 34 C.F.R 300.300[d][ii]).
• If the constructs assessed fall under typical school expectations related to learning (e.g., cooperation with peers, motivation to learn), active parental consent may not be warranted.
• If screening items include content that address “mental or psychological problems” as defined by PPRA, schools may wish to consider family rights and parental consent procedures.
Consent: Example Ethical Considerations (NASP Standard 1.1.1)

- Parents **must be notified** prior to the administration of school- or classroom-wide screenings for mental health problems and given the opportunity to remove their child or adolescent from participation in such screenings.
• Decisions made based upon the data should be **defensible** and **consistent** with the intended and validated purpose of the screener
  
  • Detection for early warning signs/risk
  
  • Treatment utility for different types of decisions
  
  • Additional data sources/assessment information may be needed to inform intervention plan
School Capacity to Act

- School teams have an ethical obligation to use screening data in a way that is timely, meaningful, and defensible.
  - Clearly identify how screening data will inform service delivery
  - Implement within a comprehensive support system
  - Plan ahead/develop protocols before implementing
Facilitators and Barriers
Screening Implementation

- Lack of universal screening implementation (Briesch et al., 2021)

- Systems change needed to implement and use the data

- Need attention to implementation factors (Sanetti & Collier-Meek, 2019)

- An implementation process framework can help identify barriers and facilitators to implementation
Barriers to Screening

**Awareness**
- Lack of understanding of screening for mental health
- Fear of overburdening resources
- Lack of understanding how screening can align with current interventions and practices

**Access**
- Budget for screening
- Access to resources
- Lack of time

Bruhn et al., 2014
# Barriers to Screening and Strategies to Address Them

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time for screening</td>
<td>Substitutes and aides available when teachers complete screening</td>
</tr>
<tr>
<td>Teachers unfamiliar with screening</td>
<td>Teacher training and instruction sheets</td>
</tr>
<tr>
<td>Lack of buy-in for screening</td>
<td>Diverse SMH team with teachers from each grade-level to conduct outreach</td>
</tr>
<tr>
<td>Difficulty identifying the best screening measure</td>
<td>Consider fit with population, needs, and goals; Consider piloting a measure</td>
</tr>
<tr>
<td>Need for parent report</td>
<td>Create own automated reports</td>
</tr>
<tr>
<td>Limited teacher access to data</td>
<td>Share reports, review during meetings</td>
</tr>
<tr>
<td>Difficulty identifying the best time for screening</td>
<td>Careful planning for the future, identify time that is convenient for informants</td>
</tr>
</tbody>
</table>
Addressing Equity and Disproportionality in Universal Screening Practices
Identification of behavior concerns

• US is one of the most racially, ethnically, linguistically, and culturally diverse countries

• Students from historically minoritized backgrounds now make up over 50% of the school-age population with projected increases

• Public school teacher workforce is 80% white and 77% female

• Disproportionate number of minority students identified for services due to an emotional disability
  • African American students overrepresented
  • Hispanic students disproportionately underrepresented

Influence of school demographics

• Differential impact of poverty on students from minoritized backgrounds

• ELL’s at higher risk of internalizing and externalizing behavioral concerns

(Castro-Olivo et al., 2011; Donovan & Cross, 2002; Dowdy et al., 2011; Skiba et al., 2002; Wiley et al., 2013; Vespa et al., 2018; Zhang & Katsiyannis, 2002)
Methods of Early Identification

- Teacher referral
- Pediatric setting
- Problem solving teams
- School-based mental health support
- Parent referral
• 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)
Disparate Mental Health Service Delivery and Outcomes

- Positive social-emotional and behavioral (SEB) functioning $\rightarrow$ positive student outcomes
- Persistent racial and ethnic mental health disparities
- Increased risk for mental health concerns for diverse youth
- Differential disability identification for diverse youth
- **There is a pressing need for accuracy in SEB identification methods.**

(Costello et al., 2014; Cummings et al., 2010; Kincaid & Sullivan, 2016; Pumariega et al., 1998; Shonkoff et al., 2012; Skiba et al., 2006; Zins et al., 2004)
Screening Equity Considerations

• Screeners must have diagnostic accuracy to be useful
• Equity in diagnostic accuracy is also necessary to increase equitable service delivery in schools
• Fairness or equity in screener use is underreported (Kilgus et al., 2020)
• Examples of the impacts of bias on screening:
  • Weathers (2019) demonstrated how inequity in screening can impact student SEB identification
  • ODRs that are subjective in nature result in more discipline disproportionality (Girvan et al., 2016)
Teacher Ratings of Student Behavior

• Emerging research examining teacher ratings of student behavior using universal screening measures

• Research is variable on rates of identification for minoritized students
  • No difference in SEB risk by race/ethnicity
    • No difference of SEB functioning in kindergarten students (Mashburn et al., 2006)
    • No measurement invariance in elementary students using SRSS-IE (Barger et al., 2020)
  • Increased rates in SEB risk
    • Black students identified using BASC-3 BESS (Splett et al., 2018)
    • Increased rates of internalizing concerns when there was a racial match compared to ratings by White teachers (Weathers, 2019)
Influence of Race/Ethnicity & Language on Identification of Behavioral Concerns

(Eklund et al., in preparation; Murrieta & Eklund, 2021)

Study 1: Identifying Emotional and Behavioral Risk Among English Language Learners
- No difference between ELL students and English-speaking students

Study 2: Examining Methods of Behavior Screening: Disproportionate identification in ODR & EBR
- Aggregate data vs. individual school considerations
- Identification of risk and degree of disproportionality varies by school demographic
Universal screening to identify emotional and behavioral concerns among English Language Learners (Murrieta & Eklund, 2021)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Odds Ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reading Abilities</strong></td>
<td>-1.59</td>
<td>.35</td>
<td>20.98</td>
<td>1</td>
<td>&lt;.001</td>
<td>.20</td>
<td>.10</td>
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<tr>
<td><strong>(DIBELS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Language proficiency</strong></td>
<td>-.32</td>
<td>.38</td>
<td>.68</td>
<td>1</td>
<td>.41</td>
<td>.73</td>
<td>.35</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>.20</td>
<td>.09</td>
<td>4.87</td>
<td>1</td>
<td>.03</td>
<td>1.23</td>
<td>1.02</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>-.94</td>
<td>.32</td>
<td>8.65</td>
<td>1</td>
<td>&lt;.001</td>
<td>.39</td>
<td>.21</td>
</tr>
</tbody>
</table>
Universal Screening to Reduce Rates of Disproportionality
(Eklund et al., in preparation)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Odds Ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-1.05</td>
<td>.09</td>
<td>140.32</td>
<td>1</td>
<td>&lt;.001</td>
<td>.35</td>
<td>.30</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>.61</td>
<td>.09</td>
<td>50.78</td>
<td>1</td>
<td>&lt;.001</td>
<td>1.84</td>
<td>1.56</td>
</tr>
<tr>
<td>Grade</td>
<td>.04</td>
<td>.03</td>
<td>2.99</td>
<td>1</td>
<td>.08</td>
<td>1.04</td>
<td>.99</td>
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<tr>
<td>ELL status</td>
<td>-1.33</td>
<td>.31</td>
<td>19.01</td>
<td>1</td>
<td>&lt;.001</td>
<td>.26</td>
<td>.15</td>
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Universal Screening to Reduce Rates of Disproportionality (Eklund et al., in preparation)

<table>
<thead>
<tr>
<th>District (n = 3,322)</th>
<th>White</th>
<th>Black</th>
<th>Multiple</th>
<th>Hispanic</th>
<th>Asian</th>
<th>EBR Odds Ratio</th>
<th>ODR Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>59%</td>
<td>23%</td>
<td>10%</td>
<td>7%</td>
<td>2%</td>
<td></td>
<td>1.84</td>
<td>2.84</td>
</tr>
<tr>
<td>School 1 (n = 300)</td>
<td>36%</td>
<td>40%</td>
<td>11%</td>
<td>6%</td>
<td>7%</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>School 2 (n = 203)</td>
<td>37%</td>
<td>44%</td>
<td>11%</td>
<td>5%</td>
<td>2%</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>School 3 (n = 505)</td>
<td>72%</td>
<td>9%</td>
<td>8%</td>
<td>9%</td>
<td>1%</td>
<td>1.49</td>
<td>2.04</td>
</tr>
<tr>
<td>School 4 (n = 282)</td>
<td>69%</td>
<td>12%</td>
<td>10%</td>
<td>2%</td>
<td>0%</td>
<td>1.52</td>
<td>2.92</td>
</tr>
</tbody>
</table>
Overview of Current Study

- Goal: examine the diagnostic accuracy of the SAEBRS as moderated by student race/ethnicity
- Research Questions:
  - What is the diagnostic accuracy of the SAEBRS within the overall sample, as well as within each racial/ethnic subgroup?
  - Does student race/ethnicity moderate SAEBRS diagnostic accuracy? That is, is the screener more or less accurate for certain student racial/ethnic subgroups?
## Participants

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>608</td>
<td>48.9</td>
</tr>
<tr>
<td>Male</td>
<td>635</td>
<td>51.1</td>
</tr>
<tr>
<td><strong>Student ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>677</td>
<td>54.5</td>
</tr>
<tr>
<td>Black</td>
<td>356</td>
<td>28.6</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>66</td>
<td>5.3</td>
</tr>
<tr>
<td>Asian</td>
<td>30</td>
<td>2.4</td>
</tr>
<tr>
<td>American Indian</td>
<td>6</td>
<td>0.5</td>
</tr>
<tr>
<td>Multi-racial/Other</td>
<td>105</td>
<td>8.4</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.2</td>
</tr>
</tbody>
</table>
Measures

SOCIAL, ACADEMIC, AND EMOTIONAL BEHAVIOR RISK SCREENER (SAEBRS; KILGUS & VON DER EMBSE, 2014)

BASC-3 BEHAVIORAL AND EMOTIONAL SCREENING SYSTEM (BESS; KAMPHAUS & REYNOLDS, 2007)
## Research Question 1

### Results

<table>
<thead>
<tr>
<th>GROUP</th>
<th>AUC</th>
<th>SE</th>
<th>SP</th>
<th>CC</th>
<th>LR+</th>
<th>LR-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0.86 (0.83-0.90)</td>
<td>0.75</td>
<td>0.83</td>
<td>0.81</td>
<td>4.43</td>
<td>0.30</td>
</tr>
<tr>
<td>White</td>
<td>0.85 (0.81-0.90)</td>
<td>0.72</td>
<td>0.84</td>
<td>0.82</td>
<td>4.59</td>
<td>0.33</td>
</tr>
<tr>
<td>Black</td>
<td>0.87 (0.82-0.92)</td>
<td>0.82</td>
<td>0.78</td>
<td>0.80</td>
<td>3.80</td>
<td>0.23</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>0.86 (0.72-0.99)</td>
<td>0.63</td>
<td>0.90</td>
<td>0.83</td>
<td>6.58</td>
<td>0.40</td>
</tr>
</tbody>
</table>
ROC Curve for the Total Sample
ROC Curve for each Racial/Ethnic Group
ROC Regression Analysis

Race/ethnicity had non-statistically significant effects

- Distribution of not at-risk students ($z = 1.78$, $p = 0.08$)
- Distribution of at-risk students ($z = -0.09$, $p = 0.93$)
- SAEBRS accuracy ($z = -0.09$, $p = 0.93$)
Discussion

- Small sample of Hispanic/Latinx students (n = 66) could have led to variations in sensitivity & specificity levels.
- Future research needed with larger samples.
- SAEBRS diagnostic accuracy did not vary across racial/ethnic subgroups to a statistically significant degree, indicating accuracy in screening results for White, Black, and Hispanic/Latinx students.
Limitations of current study

• Student sample only permitted examination of 3 subgroups of students (White, Black, Hispanic/Latinx students)
  • Unable to examine other students (e.g., Asian American/Pacific Islander and/or Native American students)
• Only included ratings from one informant
  • Future studies should examine parent and/or student self-report data
• BESS was only criterion indicator
  • Consider additional and/or alternative criterion measure.
Implications for Practice

- Differences in diagnostic accuracy are not statistically significant.
- Screening did not result in substantial over- or under-identification of students from certain racial/ethnic subgroups.
- Future research needed to replicate findings with more diverse samples & intervention research needed to demonstrate further utility of measures.
Equity Considerations in Universal Screening

• Consideration of cultural mismatch between students of teachers
• Consider other sources of data following at-risk rating
• Calculation of risk ratios to evaluate screening results based on race/ethnicity and/or gender
Equity Considerations in Universal Screening

• Strategies to increase rater accuracy
  • Corrective feedback/teacher trainings (von der Embse et al., 2018)
  • Individuals internally motivated to act in non-biased manner after shows results of previous behavior (Fehr & Sassenberg, 2010)

• Teacher and caregiver training on mental health literacy
  • Teachers express desire for training on internalizing behaviors (Papandrea & Winefield, 2011)
Mark your calendar now for the 2022 National PBIS Leadership Forum!

This two-day forum is designed to support school, state, regional, and local educational leaders, together with community and family partners, to increase the effectiveness of school environments through PBIS. Sessions and topic-specific strands will provide guidance and tools for strengthening prevention-based systems that support the social, emotional, and behavioral needs of students to ensure engagement in learning.

Registration opens May 10th.

The National PBIS Leadership Forum is a technical assistance activity of the Center on PBIS
References


