Effective Schoolwide Screening: Identifying Students At-Risk for Emotional and Behavioral Disabilities

Bridget Walker, Ph.D.
Seattle University
Seattle WA
walkerb@seattleu.edu
www.uwbrc.org
www.wapbis.org

Why Bother? Why Screen for Emotional/Behavioral issues?
- Academic success inextricably linked to social/behavioral skills
- Five predictor variables concerning student skills or behaviors related to success in school: (a) prior achievement, (b) interpersonal skills, (c) study skills, (d) motivation, and (e) engagement (DiPerna and Elliott, 1999, 2000)
- Move beyond traditional “wait to fail” model common in schools towards a more proactive approach (Glover & Albers, 2007)

Why Bother? Cont’d
- Identify students with socio-emotional needs in a proactive manner
  - 2-20% of students at-risk for further development of antisocial behavior (Walker, Ramsey, & Gresham, 2004)
  - Among approximately 20% of school-aged children who experience mental health difficulties, only 30% receive services (United States Public Health Service, 2000).
- Assists in decision-making related to limited school resources (Walker, Cheney, Stage, & Blum, 2005)
- Preventative supports reduce the need for more intensive supports later (Cheney & Stage, in press; Walker, Cheney, Stage, & Blum, 2005)
Factors Related to Screening Effectiveness

- Teachers are reliable evaluators/judges of student academic & behavioral performance when given a clear, overt structure to facilitate the decision making (Elliott, Hua, Roach, 2007)
- Screening occurs across all students in the areas of health, academic, and social-emotional functioning.
- Schools need to be ready to move away from reactive systems of responding only to long-standing need (Severson, Walker, Hope-Doolittle, Kratchowill & Gresham, 2007)
- Most effective when in the context of a comprehensive RTI/PBS initiative

Some Frequently Used Screening Measures

- Systematic Screening for Behavior Disorders (Walker & Severson, 1992)
  - Originally normed K-6, recently normed for middle school students (Calderella, Young, Richardson & Young, 2008)
  - Tiered/Multiple gating procedure
  - Fully completed in 40-60 minutes
Systematic Screening for Behavior Disorders (SSBD)

Multiple gate screening process:
Child’s risk profile based on teacher rating

Stage I: Top 3 students ranked on externalizing behaviors
   Top 3 students ranked on internalizing behaviors

Stage II: Critical Events Checklist
   Combined Frequency Index - (social adjustment and maladjustment checklists)

Stage III: Interval Observation in classroom and on playground

Scores are compared to national norms to determine level of risk

Multiple Gating Procedure (Severson et al. 2007)

Gate 1
   Teachers Rank Order 3 Ext. & 3 Int. Students
   Pass Gate 1

Gate 2
   Teachers Rate Top 3 Students on Critical Events, Adaptive & Maladaptive Scales
   Pass Gate 2

Gate 3
   Classroom & Playground Observations

Tier 2,3 Intervention or Special Ed. Referral

Student Risk Screening Scale (Drummond, 1993)

- Originally normed at elementary level, recently normed at middle and high school (Lane, Kalberg, Parks, & Carter, 2008)
- Classroom teacher evaluates and assigns a frequency-based, Likert rating to each student in the class in relation to seven behavioral criteria (lies, cheats, sneak, steals, behavior problems, peer rejections, low achievement, negative attitude, and aggressive behavior)
- Score indicates the level of risk (low, medium, high)
Brief Academic Competence Evaluation Scales System (BACESS; Elliott, Huai, Roach, 2007)

- Intended to be a universal screener (cover both academic and academic “enabling” behaviors)
  - Phase 1: Criterion referenced Academic Screening used on ALL students
  - Phase 2: 10 items five academic and five academic enabling behaviors rating of students who passed through phase 1 (from ACES)
  - Phase 3: Teachers complete the entire ACES measure for students with specific cut score (less than 26)
- Academic Competency Evaluation Scale (ACES; DiPerna and Elliott, 1999, 2000) is normed K-12, with teacher forms and student forms for grades 3-12.

BASC- Behavior and Emotional Screening Scale (Pearson Publications)

- Based on BASC by Reynolds & Kamphaus, 2002
- Universal screener with norms for preschool & K-12.
- Includes teacher, parent, and self-rating forms grades 3-12, 3-5 minutes per form. Completed on all students in class
- Hand scored and scannable forms, ASSIST software available
- Provides comprehensive summary of student scores and teacher ratings across the school

Office Discipline Referrals

- Implemented widely in SWPBS where 2-5 ODR considered threshold for at-risk (Horner et al., 2005)
- Often measured using Schoolwide Information System (SWIS; May et al., 2002)
  - www.swis.org
- May miss a number of students
  - One study found that 35% of students who qualified as at risk on SSBD did not have multiple ODRs (Walker, Cheney, Stalnaker, & Blum, 2005)
### Integrating Screening into RTI/PBS Initiatives

#### How is it done?

### Comprehensive Schoolwide Screening for Student Needs

<table>
<thead>
<tr>
<th>Behavioral/Social</th>
<th>Academic/Curriculum Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Screening for Behavior Disorders (SSBD)</td>
<td></td>
</tr>
<tr>
<td>SSBD Gate #1</td>
<td></td>
</tr>
<tr>
<td>SSBD Gate #2</td>
<td></td>
</tr>
<tr>
<td>Rank Order based on scores/Compare with Office Referral Data</td>
<td></td>
</tr>
</tbody>
</table>

#### Targeted Students

- Secondary Interventions Academic/Behavioral
- Tertiary Interventions Academic/Behavioral

### Sample List of Students Identified Through Schoolwide Screening

**How could this information help you determine where your limited support resources should focus?**

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Spade</td>
<td>Kdg A</td>
<td>Charles Brown</td>
</tr>
<tr>
<td>Frederico Latica</td>
<td>Kdg B</td>
<td>Charles Brown</td>
</tr>
<tr>
<td>Grade 2 A</td>
<td>Kim Signorelli</td>
<td>Mike Majewski</td>
</tr>
<tr>
<td>Grade 2 B</td>
<td>Lin Wu</td>
<td>Monico Leon</td>
</tr>
<tr>
<td>Grade 3 A</td>
<td>Howard Muscott</td>
<td>Doug Cheney</td>
</tr>
<tr>
<td>Grade 3 B</td>
<td>Peggy Hunt</td>
<td>Pat Harrington</td>
</tr>
<tr>
<td>Grade 4 B</td>
<td>Tim Leary</td>
<td>Peppermint Patty</td>
</tr>
<tr>
<td>Grade 5 A</td>
<td>Scott Stage</td>
<td></td>
</tr>
<tr>
<td>Grade 5 B</td>
<td>Kelli Jane</td>
<td>Paula Seabright</td>
</tr>
<tr>
<td>Grade 6 A</td>
<td>Alex Tapps</td>
<td>Shin Ji</td>
</tr>
<tr>
<td>Grade 6 B</td>
<td>Robert Weir</td>
<td>Chris Norman</td>
</tr>
</tbody>
</table>

*Names listed in blue are students who have passed Gate 2 of SSBD.*
*Names listed in red are students who have been identified with academic issues.*
*Names in green are students who have been identified by both academic screening & SSBD.*

The Support team is meeting to determine appropriate supports for each group.

© 2009 Bridget Walker, Ph.D.
Supporting Sam Spade, A New Kindergartner in Your School

<table>
<thead>
<tr>
<th>Socio-Emotional Screening Process</th>
<th>Academic Screening Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSBD</td>
<td>Curriculum Based Measures</td>
</tr>
<tr>
<td>Teacher identifies for screening as externalizer</td>
<td>Schoolwide screening indicates low levels of letter identification and problems with phonemic awareness</td>
</tr>
<tr>
<td>Passes Gate 2 with concerns in prosocial and problem behaviors</td>
<td>Teacher observes similar concerns in class work</td>
</tr>
<tr>
<td>2 Office discipline referrals for fighting</td>
<td></td>
</tr>
</tbody>
</table>

Student Support Team meets with teacher, reviews screening data, teacher feedback and discusses additional risk factors affecting family

<table>
<thead>
<tr>
<th>Referred for secondary interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with school counselor once weekly</td>
</tr>
<tr>
<td>Check, Connect, and Expect program daily</td>
</tr>
<tr>
<td>Family Support Coordinator connects with family</td>
</tr>
<tr>
<td>Read daily with volunteer reader or older peer tutor</td>
</tr>
</tbody>
</table>

Progress is monitored by teacher, CCE Coach, and by Student Support Team

Issues with Implementation 1: Staff Training and Implementation

- For effective screening to occur leadership teams must consider:
  - Procedural considerations in implementation of the process of screening (implemented consistently and with fidelity to the instructions and process)
  - General training in behavioral and mental health issues that improves teachers' understanding of the purpose and content of the screening process, provided prior to implementation (e.g. internalizing vs. externalizing behaviors) as well as potential concerns and misconceptions (Severson, Walker, Hope-Doolittle, Kratchowill & Gresham, 2007)

Issues with Implementation 2: Informed Consent, Student Privacy

- Determine threshold for specific informed consent in your district/community
  - Minimum includes: parents clearly informed as part of schoolwide academic/social screening, use of passive consent process for screening, outline confidentiality policy and follow up procedures for students who are identified as at-risk, no interventions at that level without informed parental consent
- Establish procedure to protect student privacy throughout the process
- Review confidentiality guidelines and follow up procedures with staff
Examples in Statewide PBS Initiatives

University of Washington Behavior Research Center - Seattle
www.uwbrc.org

New Hampshire Center for Effective Behavior Interventions and Supports
www.nhcebis.seresc.net

Check, Connect, & Expect (CC&E) Program

- Students must pass gate 2 of SSBD to qualify
- Secondary-level intervention (Expanded CICO) implemented by a paraprofessional.
- Includes five program phases. Data from daily progress reports "screen" students for other levels of the program:
  - Basic
  - Self-Monitoring
  - Graduates
  - Basic Plus (Social Skills & Problem Solving)
  - Intensive (FBA)

Charting Function

[Chart showing daily progress for student SB with data points and lines indicating red when below criteria and green when above criteria.]
In CCE- SSBD Differentiates Grads, Non-grads, Comparisons

(Cheney, Stage, Hawkins, Lynass, Mielzen & Waugh, in press)

<table>
<thead>
<tr>
<th></th>
<th>Graduates</th>
<th>Non-Graduates</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSBD Critical</td>
<td>5.9 (2.8)</td>
<td>5.4 (3.0)</td>
<td>5.2 (2.8)</td>
</tr>
<tr>
<td>SSBD Maladaptive</td>
<td>31.2 (10.5)*</td>
<td>37.2 (5.7)b</td>
<td>32.2 (7.8)*</td>
</tr>
<tr>
<td>SSBD Adaptive</td>
<td>32.3 (8.0)*</td>
<td>28.0 (4.8)b</td>
<td>30.6 (6.8)*</td>
</tr>
</tbody>
</table>

The superscript * denotes a statistically significant difference (p < .05) in comparison to groups with the superscript b.

New Hampshire Center for Effective Behavior Interventions and Supports

Modified BASC-BESS
Comprehensive statewide SWPBS initiative, with a secondary intervention similar to CCE
Uses multiple stage/method approach
- Nominate top 3 externalizing and internalizing students (like the SSBD process)
- Complete the BESS form on those six students only to identify students for secondary interventions, including TCCE
- Meet with teacher to review results and move forward with intervention planning
- Effectively locating at-risk students

Conclusion

Screening for students with or at risk of developing emotional and behavioral disabilities has been found to:
- Align with RTI/PBS
- Be fairly time and cost effective (depending on model)
- Shifts from reactive to proactive approach
- Supports data based decision making at the individual and systems levels
So that students can be successful learners and educators can be effective educational leaders!
Key References

