Universal Screening for Behavior: How Do I Get Started

KIMBERLY J. VANNEST, PHD
TEXAS A & M UNIVERSITY
“THE 20TH CENTURY WAS ABOUT TREATING DISEASE. THE 21ST CENTURY IS ABOUT PREVENTION.”

SIR WILLIAM CASTELL, FORMER CEO, GE HEALTHCARE
• 11:00-12:00 - This session will review Universal Screening from start to finish, providing timelines and examples.
  o Why should we do this
  o Review options
  o Some data
  o Practical considerations

• 12:00 – 12:30 Question and Answer Session
Why are we talking about screening?

- In our current model, students who need services ONLY get them when parents and/or teachers notice a problem.
  - Idiosyncratic, externalizing behavior problem-focused method of either unknown or poor validity.

- Head Start staff under-identified children with behavioral or emotional problems as a group and, those children with the highest risk for poor academic readiness were MOST likely to be unidentified and untreated (Fantuzzo, Bulotsky, McDermott, Mosca, & Lutz, 2003).
Why engage in Social, Emotional, Behavioral Screening?

- Approximately 20% of our school age population has or would qualify for mental health services and many of these students develop disabling conditions.

- Since prevention is the most effective and efficient method for providing services – how do we find our 20% and what are we looking for?
How do we find them? Universal Screening.

- The use of screening data is well established as a valid and reliable method for determining students with elevated levels of risk (Kamphaus & Distephano, 2007; Romer & McIntosh, 2005; Elliott & Gresham, 2008).

- Several nationally standardized screeners exist with strong scientific and social validity (Lane, 2010; Vannest, Harrison, & Reynolds, 2011).
What are we looking for? BER.

Behavioral and Emotional Risk (BER) is defined as atypical development in comparison to children of the same age in the following areas:

- *Maladaptive behaviors*
- *Emotions*
- *Thought patterns*
- *Delayed acquisition of prosocial and coping skills*

BER is associated with or known precursors to the development of mental health disorders which, in turn, contribute to academic problems.
Screening options

- BASC-2 Behavioral and Emotional Screening System (BASC-2 BESS; Kamphaus & Reynolds, 2007),
- Student Risk Screening Scale (SRSS; Drummond, 1993);
- Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)
- Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1992).
### Predictive Validity: Academic Achievement, Intervention Status, and Attendance

**Zero-order correlation coefficients**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>BASC Screener</th>
<th>BASC BSI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reading grades</strong></td>
<td>3.92</td>
<td>1.03</td>
<td>-.546** (206)</td>
<td>-.369** (241)</td>
</tr>
<tr>
<td><strong>Math grades</strong></td>
<td>3.88</td>
<td>1.08</td>
<td>-.477** (206)</td>
<td>-.342** (240)</td>
</tr>
<tr>
<td><strong>Standardized reading</strong></td>
<td>627</td>
<td>49</td>
<td>-.575** (156)</td>
<td>-.439** (157)</td>
</tr>
<tr>
<td><strong>Standardized math</strong></td>
<td>627</td>
<td>55</td>
<td>-.547** (160)</td>
<td>-.425** (161)</td>
</tr>
<tr>
<td><strong>Work habits grades</strong></td>
<td>3.89</td>
<td>1.10</td>
<td>-.434** (205)</td>
<td>-.377** (240)</td>
</tr>
<tr>
<td><strong>Social development grades</strong></td>
<td>4.03</td>
<td>2.81</td>
<td>-.137* (207)</td>
<td>-.164* (242)</td>
</tr>
<tr>
<td><strong>Pre-referral intervention</strong></td>
<td>.13</td>
<td>.33</td>
<td>.308** (297)</td>
<td>.259** (321)</td>
</tr>
<tr>
<td><strong>Special education placement</strong></td>
<td>.10</td>
<td>.30</td>
<td>.306** (296)</td>
<td>.287** (320)</td>
</tr>
<tr>
<td><strong>Days absent</strong></td>
<td>8.03</td>
<td>7.42</td>
<td>-.121* (356)</td>
<td>-.140* (393)</td>
</tr>
<tr>
<td><strong>Days tardy</strong></td>
<td>7.89</td>
<td>12.12</td>
<td>.060 (346)</td>
<td>.028 (383)</td>
</tr>
<tr>
<td><strong>Suspensions</strong></td>
<td>.00539</td>
<td>.28</td>
<td>.133 (100)</td>
<td>.028 (111)</td>
</tr>
</tbody>
</table>

* Correlation is significant at the p<.05 level
** Correlation is significant at the p<.01 level
() = sample size
## Predictive Validity: Classroom Adjustment

### Zero-order correlation coefficients

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>BASC Screener</th>
<th>BASC BSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert and attentive in class</td>
<td>4.02</td>
<td>1.08</td>
<td>-.560** (367)</td>
<td>-.449** (401)</td>
</tr>
<tr>
<td>Able to begin and complete tasks</td>
<td>4.11</td>
<td>1.06</td>
<td>-.576** (367)</td>
<td>-.455** (401)</td>
</tr>
<tr>
<td>Attention span is age appropriate</td>
<td>3.97</td>
<td>1.17</td>
<td>-.598** (367)</td>
<td>-.525** (401)</td>
</tr>
<tr>
<td>Completes work on time</td>
<td>3.88</td>
<td>1.16</td>
<td>-.575** (367)</td>
<td>-.467** (401)</td>
</tr>
<tr>
<td>Eager and enthusiastic about class</td>
<td>4.05</td>
<td>1.00</td>
<td>-.525** (367)</td>
<td>-.405** (401)</td>
</tr>
<tr>
<td>Participates willingly in class</td>
<td>4.27</td>
<td>.88</td>
<td>-.473** (367)</td>
<td>-.386** (401)</td>
</tr>
<tr>
<td>Find myself frustrated with child</td>
<td>2.14</td>
<td>1.41</td>
<td>.541** (367)</td>
<td>.510** (401)</td>
</tr>
<tr>
<td>Child drains my energy</td>
<td>1.89</td>
<td>1.29</td>
<td>.502** (367)</td>
<td>.513** (401)</td>
</tr>
</tbody>
</table>

* Correlation is significant at the p<.05 level
** Correlation is significant at the p<.01 level

() = sample size
Before you start

- Are school-wide expectations (swe) in place?
- Are parents and students notified?

Logistics –
- Identify a team or team leader
- Use conference periods or after school meeting for teachers to complete scantrons or online systems
  - Takes a few minutes per child
  - Middle school, high schools should have each teacher rate the same class period (don’t rate all students by all teachers-will be too many)
Procedures

- **WHO:** Select grade level(s) – school entry and transition
- **WHAT:** Select BESS form(s) – at minimum: Parent at K entry, Teacher in elementary, Teacher and Self in middle, Self and Parent in high school
- **WHEN:** Form completion – Teachers in team meetings, Students in classes or small groups, Parents during registration, school visits, parent meetings
  - **Administration** – Office staff members, lead teachers, school administrators, counselors, parent volunteers, or others
- **Data entry** – easy-to-use scanning process or online system
- **Interpretation** – Student Support Team, Psychologists or other behavioral service providers
Example BESS screener

Instructions:
Listed below are phrases that describe how students may act. Please read each phrase, and mark the response that describes how this student has behaved recently (in the last several months).

Mark ⓪ if the behavior never occurs.
Mark ① if the behavior sometimes occurs.
Mark ② if the behavior often occurs.
Mark ③ if the behavior almost always occurs.

Please mark every item. If you don’t know or are unsure of your response to an item, give your best estimate.

A “Never” response does not mean that the student “never” engages in a behavior, only that you have not observed the student to behave that way.

Before starting, please fill in the information in the boxes on the first two pages of this form.

<table>
<thead>
<tr>
<th>Mark:</th>
<th>N—Never</th>
<th>S—Sometimes</th>
<th>O—Often</th>
<th>A—Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has attention problems.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>2. Does not complete homework.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>3. Has difficulty learning.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>4. Elisbeeth does not like school.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>5. Has poor self-control.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>6. Has poor self-control.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>
In a Roster report, students are listed according to whatever level is chosen; in this case, the district level was chosen, and results are sorted within each school in the district.

### Extremely Elevated

<table>
<thead>
<tr>
<th>Student</th>
<th>Test Date</th>
<th>Form Type</th>
<th>Validation Index Elevation</th>
<th>Scores</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean, Donald</td>
<td>03/03/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>51</td>
<td>73</td>
</tr>
<tr>
<td>Rapaport, Rachel</td>
<td>04/25/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>48</td>
<td>71</td>
</tr>
</tbody>
</table>

### Elevated

<table>
<thead>
<tr>
<th>Student</th>
<th>Test Date</th>
<th>Form Type</th>
<th>Validation Index Elevation</th>
<th>Scores</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arus, Annie</td>
<td>05/03/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>36</td>
<td>61</td>
</tr>
<tr>
<td>Breyers, Bobby</td>
<td>04/22/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>45</td>
<td>69</td>
</tr>
<tr>
<td>Coors, Chase</td>
<td>04/12/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>47</td>
<td>70</td>
</tr>
<tr>
<td>Belson, Iagrid</td>
<td>03/02/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>39</td>
<td>64</td>
</tr>
<tr>
<td>Oetroth, Olivia</td>
<td>04/30/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>35</td>
<td>61</td>
</tr>
<tr>
<td>Pross, Paula</td>
<td>04/24/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>45</td>
<td>69</td>
</tr>
</tbody>
</table>

### Normal

<table>
<thead>
<tr>
<th>Student</th>
<th>Test Date</th>
<th>Form Type</th>
<th>Validation Index Elevation</th>
<th>Scores</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freethright, Fergie</td>
<td>11/20/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Hart, Hannah</td>
<td>05/05/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>17</td>
<td>47</td>
</tr>
<tr>
<td>Jones, Janny</td>
<td>04/28/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Kuer, Kark</td>
<td>04/30/2003</td>
<td>Child/Adol.</td>
<td>A</td>
<td>13</td>
<td>2</td>
</tr>
</tbody>
</table>

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

- Will identify approximately 15% of your school population as elevated and 5% as extremely elevated.
- Confirm results with teachers (social validation)
- Where screener results are flagged, consider another source of information.
Timeline (these are things I do – not a mandate)

- **Early Fall**
  - Prep teachers and parents, send notices, review school rules for consensus
  - Teach school rules to students, use school rules to guide universal programs
  - Establish leadership team

- **October**
  - Screen school population after 6 weeks (*Behavior Emotional Screening System*)
  - Review risk list
  - Determine number of students to serve

- **October-November**
  - Notify & consent parents
  - Conduct assessments to identify problem type (*BASC-2*)
  - Consider coordinating reading or academic screening and behavioral risk notification

- **November-December**
  - Use targeted interventions (*Intervention Guide & Classroom Guides*)
  - Use resource mapped interventions

- **January-February, March-May** as appropriate
  - Use targeted interventions (*Intervention Guide & Classroom Guides*)
  - Use resource mapped interventions
  - Consider specialized services based on diagnostic assessment, structured background interview, direct observation and FBA
If we are NOT screening, we have an inefficient reactive rather than proactive approach.

The community costs for treatment of chronic conditions, juvenile justice, adult incarceration, restorative justice, loss to family and work force contributions far exceeds the cost of screening and early intervention.

- An average year of incarceration is $25,000 the cost for screening a student is closer to a dollar.

Schools screen for other types of problems including vision, hearing, speech, academic problems associated with specific learning disabilities, and developmental delay but not for behavior and emotional risk.
BESS Scoring and Interpretation

- Behavioral and Emotional Screening System (BESS) (M=50, SD=10)

- High score reflects more problems

- Risk Level classification for behavioral and emotional problems
  - 20 to 60: “Normal” level of risk
  - 61 to 70: “Elevated” level of risk
  - 71 or higher: “Extremely Elevated” level of risk
Survey Administration Script Excerpt

Hi! My name is ___. I’m with a group that is trying to develop programs to help you learn better and feel better about your experiences in school. You will be asked to answer several questions about how you feel and how you have felt over the last few weeks. Please be honest in your responses as we will use this information to find ways to support students like you in this school and other schools. We will not share your answers with your teachers or parents. We are truly interested in your opinion so we can know more about students like you – This is NOT a test and there are no right or wrong answers.

When you get the survey, don’t start working. Please wait for me. We are all going to go through the instructions together. Some of you might have questions about some of the things that are asked, and I want everyone to hear the answers.

<Pass out packets now>

On the front of the survey, please print your first and last name in the area marked “student’s name.” Please write one letter in each box beginning with the first box.

<Walk around to be sure that every student writes his/her name. Without a name, we can’t use their information.>
Suggestions

✓ Build support for the program
  ✓ Provide clearly written, family-friendly information that outlines the benefits of screening
  ✓ Provide prompt answers and additional information to any parent expressing concern
  ✓ Provide information about screening outcomes (and effectiveness of programming)

✓ For student ratings - gain student assent
  ✓ Even when parents have provided permission, students must have the freedom to opt out without penalty
  ✓ Provide student-friendly information about the screening
  ✓ Encourage family decision-making

✓ Protect student and family privacy
  ✓ Educate teachers about confidentiality
  ✓ Guard against labeling

✓ Screening must lead to comprehensive assessment and effective intervention or you will know a student is at risk, but you won’t know for what.
We can focus on treatment or we can focus on prevention...

- ¼ of pediatric visits are related to behavior problems
- Teachers leave the field at an alarming rate and cite discipline as a number one reason.
- Students with EBD
  - Are 2 to 4 grade levels behind in academics
  - have a 46% drop out rate
  - Have 3.2 times the expulsion rate
  - Experience MORE - fatal accidents, substance abuse, divorce, unemployment, psychiatric illness, and early death
  - Experience MORE - punitive contacts with teachers, peer rejection, problem family interactions
If 20% of our student population is struggling with social emotional, behavioral issues – academics will be affected.

- We know a reciprocal relationship exists between achievement and behavior.
- Academic performance has consistently been shown to be inversely related to problem behavior that begins early in a child’s development (Brier, 1995; McEvoy & Welker, 2000).
Professor Herman stopped when he heard that unmistakable thud – another brain had imploded.
We *can* make a difference in student’s lives and give them what they need to overcome the hurdles they face.