Assessment in Action: Screening Considerations in School Mental Health

Quality and Evidence-Based Practice Strand

20th Annual Conference on Advancing School Mental Health 2015

Dr. Faith Miller, University of Minnesota Dr. Sandra Chafouleas, University of Connecticut

Agenda & Purpose

- Discuss the importance of screening
- Provide an overview of contemporary screening approaches
- Discuss practical and logistical considerations related to screening

School Mental Health



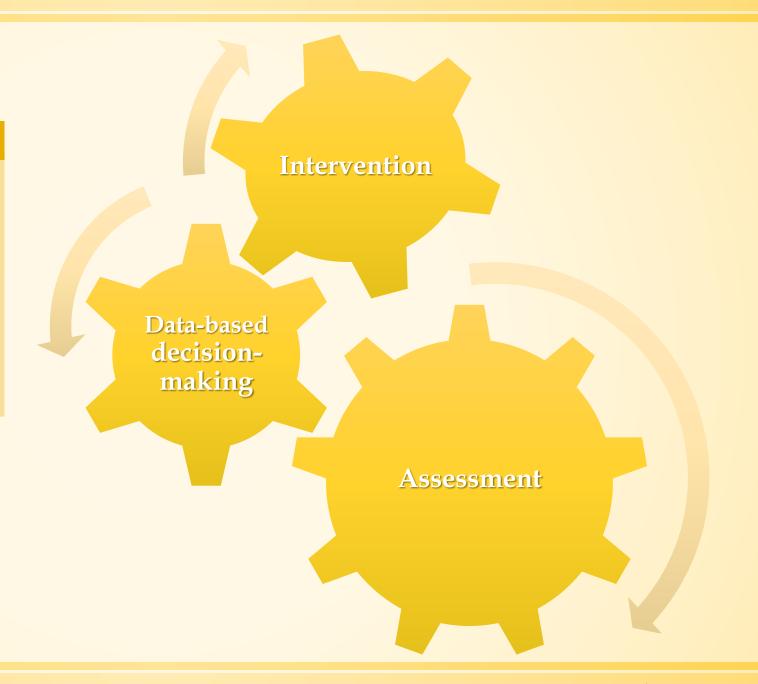
Objectives

- Participants will be able to identify a minimum of 5 different screening methods
- Participants will be able to describe strengths and weaknesses associated with at least 3 different screening methods
- Participants will be able to identify factors impacting the number of times screenings should occur



Assessment as Evidence-based Practice

- We need reliable and valid data in order to engage in EBP
- Foundational
- Understanding the strengths and limitations of our assessments is essential



Why do I need the data?

At what level should the problem be solved?

Primary

Secondary

Tertiary

What is the purpose of assessment?
Screening
Progress Monitoring
Diagnostic
Evaluative

Purpose of Assessment

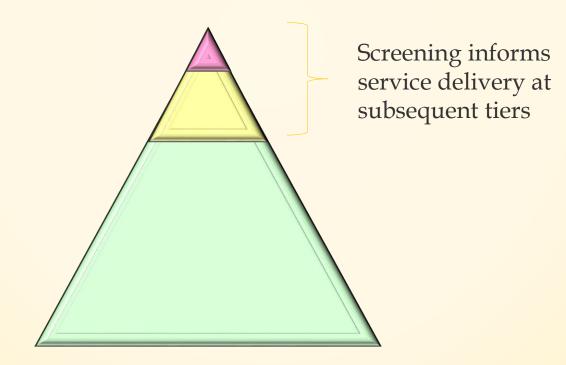
Screening
• Who needs help?

Diagnosis

- Why is the problem occurring?
- Tied to service delivery (SPED)
- Progress Monitoring
 - Is the intervention working?
- Evaluation
 - How well are we doing overall?

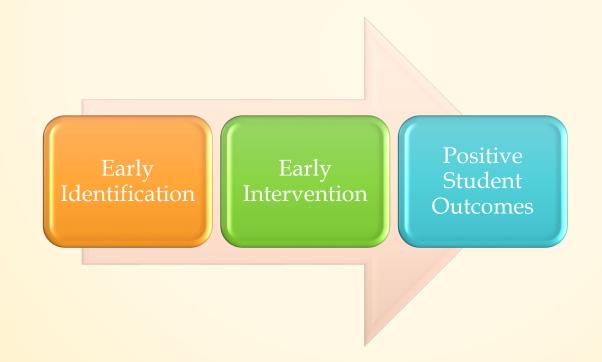
Screening

 Screening involves the process of narrowing a larger general population down to a smaller population of interest, based on specific characteristics (Merrell, 2008)



Rationale

- Surveillance within a prevention-science paradigm
- General outcome measures as indicators of status



Why do we need to screen? (Severson et al., 2007)

Referral peak for academic problems = $2^{nd}/3^{rd}$ grade

Referral peak for **behavioral** problems = 9th grade

One estimate suggests that 75-80% of children and youth in need of mental health services do not receive them (Kataoka, Zhang, & Wells, 2002)

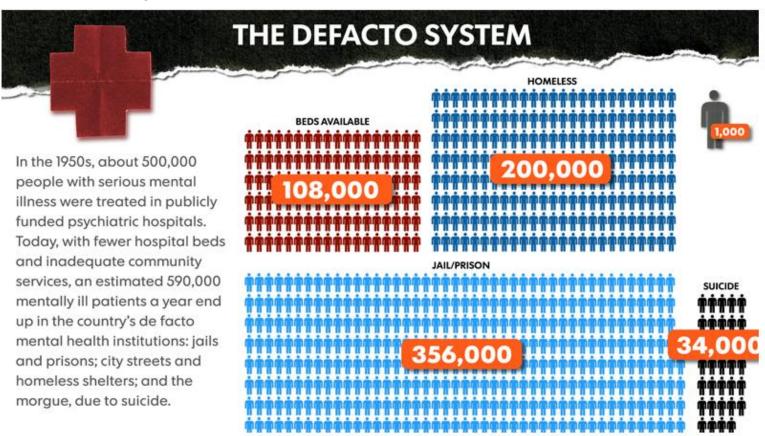
Benefits of screening

- Long term costs of NOT screening
 - Suspension/expulsion
 - Dropout
 - Poor employment outcomes
 - 44% of those receiving federal disability payments have a serious mental illness
 - Incarceration
 - According to the National Alliance on Mental Illness, 40% of adults with serious mental illness are arrested at some point
 - Suicide: 39,000 deaths per year (CDC)
 - Time and resources devoted to managing issues (triage)
- Early identification → Early intervention → Improved student outcomes

The new asylums

PATIENTS RE-INSTITUTIONALIZED IN JAILS AND HOMELESS SHELTERS

USA Today (2014)



Screening: Is it happening?

 Mandatory universal screening for behavioral health issues does not currently exist anywhere (Weist et al., 2007)

- Why don't schools regularly engage in screening? (Severson et al., 2007)
 - See it as someone else's responsibility
 - Lack of resources
 - Concerns regarding stigmatization
 - Availability of schools to provide follow-up services

Bruhn et al. (2014)



Figure 1. Types of Screening Data Collected

Screening Approaches

Key considerations in school-based screening

Constructs of interest

What are we screening for???

Psychopathology

Goal = to identify symptoms related to particular diagnosis

Goal = to identify individual and environmental factors most likely to predict negative outcomes

Risk and protective factors

School-based success

Goal = to identify behaviors most relevant to ability to learn

Screening options

- Extant data: Office discipline referrals
- Nomination methods
 - Teacher/Parent nomination
 - Sociometrics
- Norm-referenced ratings
 - BASC-2 BESS
 - DBR-SIS
 - SDQ
 - BIMAS

- Criterion-referenced ratings
 - SSIS Performance Screening Guide
 - Student Risk Screening Scale (SRSS)
- Multiple-gating approaches
 - SSBD

Scope: Universal or Targeted Respondent: Teacher, Parent, and/or Student

Screening Methods: Extant data & Nomination

- ODRs
 - SWIS
 - Other
- Teacher nomination
- Parent nomination
- Sociometrics

Strengths Weaknesses

Place an X under the name of one classmate in answer to each question below	Alma	Bart	Carl	Dave	Edna	Fayd	Gigi	Holz	Ine
Who would you most like to play with?		X					- 64		
Who would you least like to play with?							X		
Who gets into trouble the most?				X					
Who is most likely to be alone during recess?		X							
Who gets along best with others?	X								

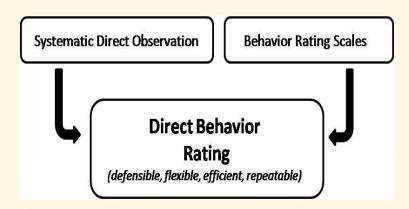
Norm Referenced Rating Scale

- BASC-2 Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2007)
 - Preschool-Grade 12
 - 27 items used to screen for behavioral and emotional problems
 - Completed by teachers, parents, and students (3rd+)
 - \$136 for full kit; \$28 for package of 25 forms
 - Requires 5-10 minutes per student
 - Online scoring available
 - Intervention recommendations available (from BASC-2 Intervention Guide)

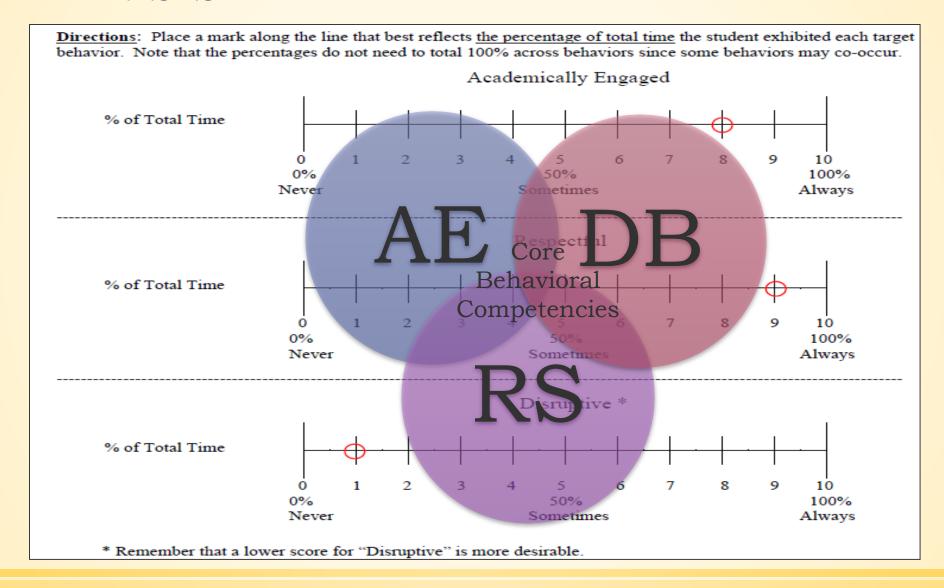
Weaknesses

Norm Referenced Rating

- Direct Behavior Rating Single Item Scales
 - Validated for elementary and middle school use
 - Combines benefits of systematic direct observation with rating scales
 - Available for free online: <u>www.directbehaviorratings.org</u>
 - Teacher observations of student behavior over 5 days (rating 2x per day)
 - Target behaviors: Academically Engaged, Disruptive, Respectful



DBR-SIS



Using a Composite Score

Academic Engagement (0-10)

<u>AE</u>: Actively or passively participating in the classroom activity.

Respectful (0-10)

<u>RS</u>: Compliant and polite behavior in response to adult direction and/or interactions with peers and adults.

Disruptive Behavior (0-10 – reverse)

<u>DB</u>: A student action that interrupts regular school or classroom activity.

Core Composite (0-30)

<u>C</u>: Sum of scores across individual targets of AE, RS, and DB (reverse scored).



Example: Determining the average individual score
AE-1 8
AE-2 9
AE-3 10
AE-4 6
AE-5 8
AE-6 7
Average 8

Proposed Cut Scores: DBR-SIS Johnson et al., in press

Strengths Weaknesses

	Fall	Winter	Spring			
	Lower Elementary (1-2)					
Composite cut score	26.2	26.4	26.5			
	Upper Elementary (4-5)					
Composite cut score	27.3	26.8	27.8			
	Middle School (7-8)					
Composite cut score	27.5	28.2	28.1			

Criterion Referenced Rating Scale

- Student Risk Screening Scale (Drummond, 1994)
 - Primarily validated K-6 but evidence to support 7-12
 - 7 indicators of antisocial behavior rated on 4-point scale
 - Completed only by teachers
 - Requires 10-15 minutes per class
 - Available for free online
 - No accompanying intervention materials
- More recent expansion by Lane and colleagues to include internalizing and externalizing scale

Strengths Weaknesses

Student Risk Screening Scale

Directions: Each classroom teacher will fill in the names of the students in alphabetical order (use additional sheets of this Scale as needed). Rate all of the students on each behavior using the following scale: 0=Never, 1=Rarely, 2=Occasionally, 3=Frequently. At the bottom of page 2, please summarize the number and percent of students in each risk category.

The total scores range from 0 to 21, forming three risk categories:

(L) Low Risk (0 to 3) (M) Moderate Risk (4 to 8) (H) High Risk (9 to 21)

Student Name	Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achieve- ment	Negative Attitude	Aggressive Behavior	Total (0-21)	Risk (circle)
1.									LMH
2.									LMH
3.									LMH
4.									LMH
5.									LMH
6.									LMH
7.									LMH

Criterion Referenced Rating Scale

- SSIS Performance Screening Guide (Elliott & Gresham, 2007)
 - Preschool to Grade 12
 - All students rated on 4 dimensions (Prosocial, Motivation to Learn, Reading Skills, Math Skills)
 - Forms available for teachers
 - 25-30 minutes typically needed to screen a class
 - \$46 for package of 10 forms
 - Online scoring available
 - Links to SSIS Intervention Guide

Strengths Weaknesses

Systematic Screening for Behavioral Disorders

Teacher screening using rank-order procedures

Teacher rating of critical behavioral problems

Observation of in-class/playground behavior

Pre-referral intervention team

Strengths Weaknesses

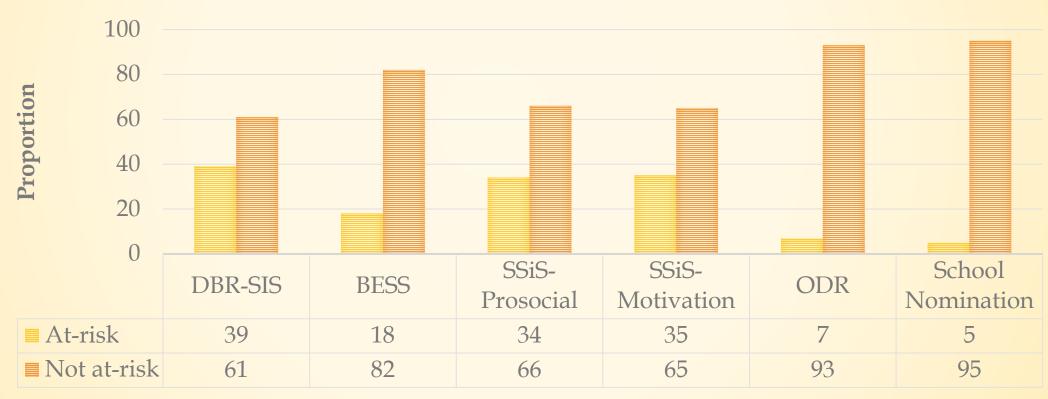
Summary

- Variety of different screening options exists, each with different strengths and weaknesses
- Think about contextual fit, defensibility, & logistics
 - What indicators of student functioning are most meaningful given your population?
 - Strong evidence for reliability and validity of scores?
 - Feasibility? Acceptability?
 - How will these data inform intervention provision?

Screening Considerations

Miller et al., 2015

FALL RISK STATUS BY MEASURE



Essentials

Ethical considerations (Chafouleas, Kilgus, & Wallach, 2010)

- Must establish follow up procedures when children identified at risk
 - Conduct more thorough assessment to verify problem
- Intervention/treatment options must be available to address identified concerns
- Consider district policies regarding parental consent
 - Active?
 - Passive?
 - None?

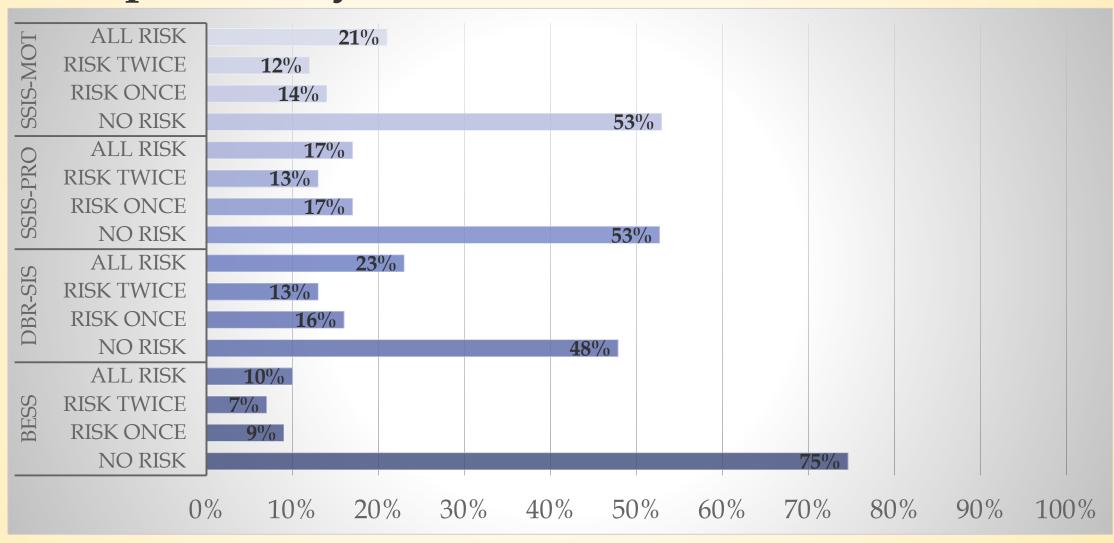


How often to screen?

- Differing recommendations, ranging from once per year to three times per year
- Bruhn et al. (2014)
 - 39% once per year
 - 23% twice per year
 - 12% three times per year
 - 26% other



Risk patterns by measure (Miller et al., in preparation)



Which tools are best matched?

What resources are available?

Scope

Time

Informant

Cost

Frequency

Training

Supports

Questions to guide decision making (Lane et al., 2012)

- What grade level are you working with?
- What types of concerns are you interested in identifying?
- Who do you want to do the ratings (e.g., teachers, parents, students)?
- What is your budget?
- How much time can you devote to screening?
- Is paper and pencil OK or do you prefer electronic?
- Are you looking for a screener that links to intervention?
- What are your school/district's policies regarding screening?

Questions/Comments?

Dr. Faith Miller: fgmiller@umn.edu

Dr. Sandra Chafouleas: sandra.chafouleas@uconn.edu

This presentation was supported in part through project funding provided by the Institute for Education Sciences: R305A140543, R324A110017.