

# Best Practices in The Implementation of Universal Social, Emotional, and Behavioral Health

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MIDWEST PBIS NETWORK



FLORIDA DEPARTMENT OF  
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# Presentation Overview

- Introduction
- Identifying the critical components of a comprehensive universal SEB screening system
- Discussing the essential implementation processes
- Reporting important considerations when selecting a screening tool
- Introducing the legal and ethical guidelines for universal screening
- Discussion
- Q & A

# Promise and Peril of Universal Screening

- Challenges that schools face
- Promise of universal screening
- Need for systematic guidance

# *WHY* consider universal screening:

- One in 5 youth have a MH “condition”
- At least 50%, perhaps 80%, of those get no treatment
- 33% increase in teens reporting symptoms of depression
- 46% of children in the US have experienced at least one Adverse Childhood Experience (ACE)
- US has highest rate of opioid use in the world
- The CDC reports “electronic aggression” as an emerging public health problem
  - Any type of harassment or bullying that occurs through email, a chat room, instant messaging, a website or text messaging

by 50 percent or more principals, 2010	
Increase in the numbers of students with emotional problems.	73.7%
Student mental health issues.	65.5%
Students not performing to their level of potential.	62.3%
Providing a continuum of services for students who are at risk.	61.6%
Student assessment.	57.2%
Student poverty.	56.5%
Instructional practices.	55.8%
Teacher performance/effectiveness.	55.1%
Professional development of staff.	55.0%
Fragmentation of principal's time.	53.5%

## Current National Data: Principals' Concerns

# Current National Statistics

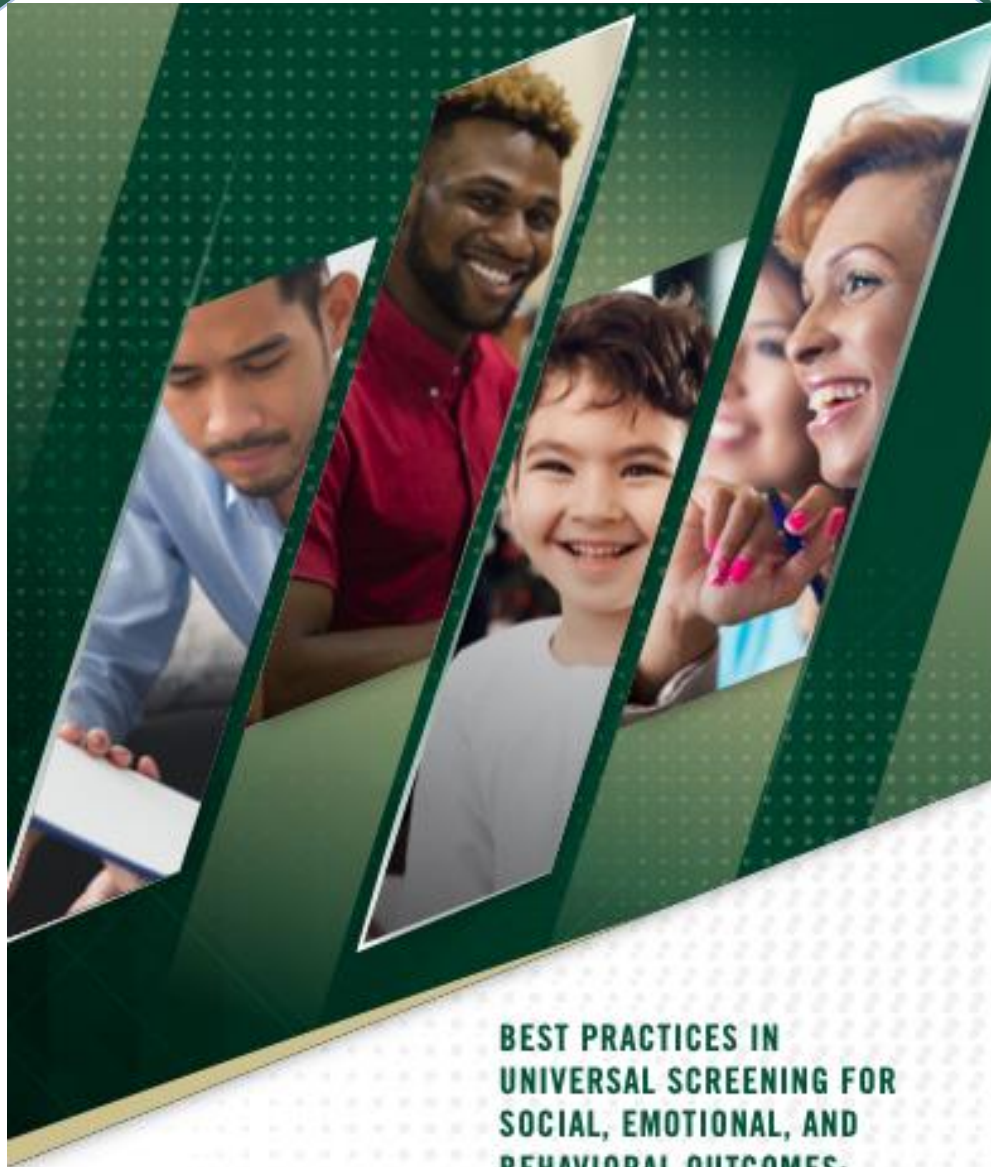
Rank	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	<b>Suicide</b> 436	<b>Suicide</b> 5,723	<b>Suicide</b> 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	CLRD 131,002	Unintentional Injury 161,374
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	<b>Suicide</b> 7,030	<b>Suicide</b> 8,437	CLRD 17,810	Cerebro-vascular 121,630	CLRD 154,596
5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Cerebro-vascular 50	CLRD 206	Cerebro-vascular 575	Cerebro-vascular 1,851	CLRD 4,307	<b>Suicide</b> 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
	Influenza	Influenza	HIV	HIV	Septicemia	Septicemia	Nephritis	Nephritis

(National Institute of Mental Health, 2018:  
[https://www.nimh.nih.gov/health/statistics/suicide.shtml#part\\_154968](https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154968))



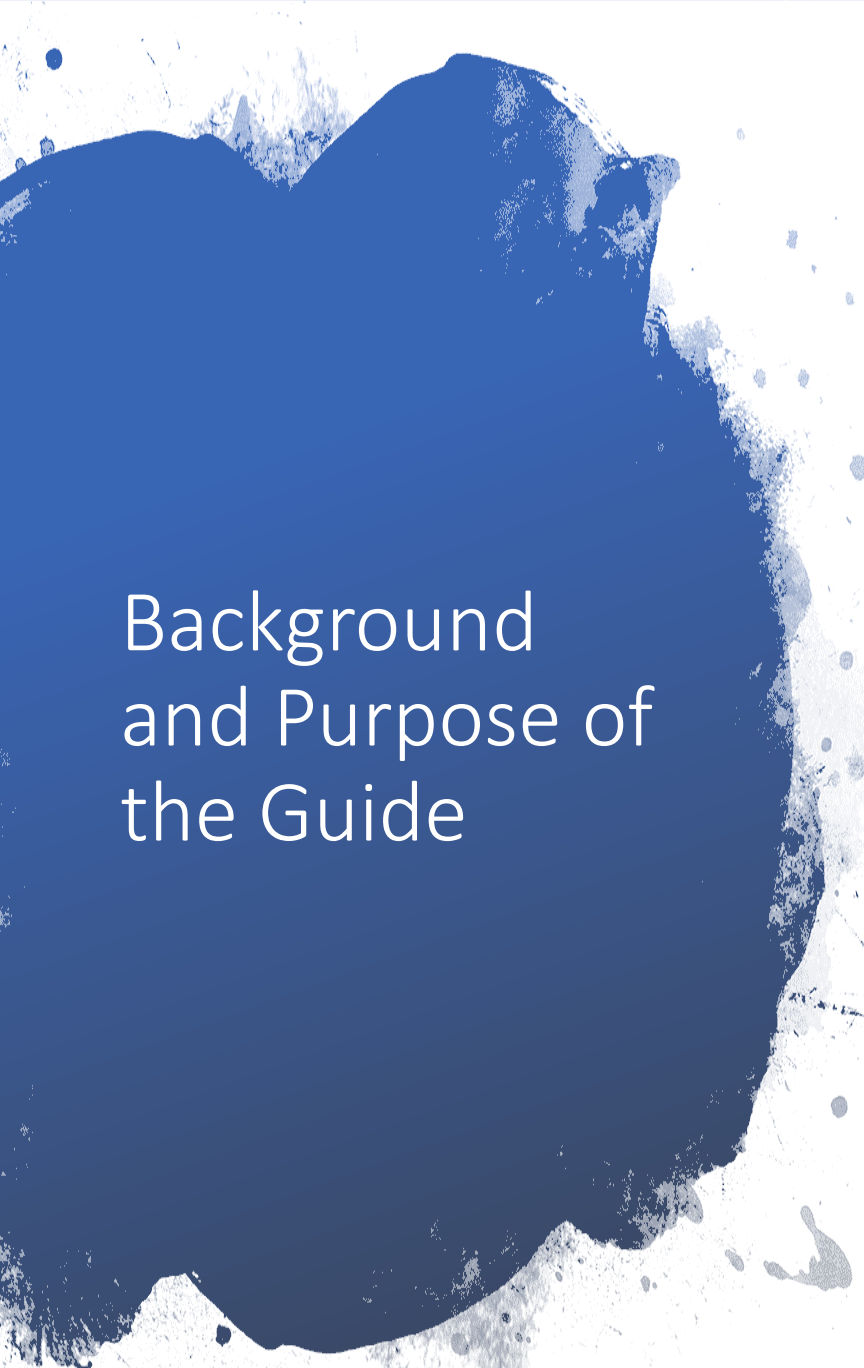
## MTSS Core Features:

- Effective teams that include mental health providers/expertise
- Data-based decision making that include school data beyond ODRs and community data
- Formal processes for the selection & implementation of evidence-based practices (EBP) across tiers with team decision making
- Early access through use of comprehensive screening, which includes internalizing and externalizing needs
- Rigorous progress-monitoring for both fidelity & effectiveness of all interventions regardless of who delivers
- Ongoing coaching at both the systems & practices level for both school and community employed professionals



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





## Background and Purpose of the Guide

- Consistently inconsistent across states
- Lack of thorough, easily accessible guidance based on current state of research, policy, and practice

“The purpose of this guide is to summarize the **current state of research and practice** related to universal SEB screening and provide **practical and defensible recommendations.**”

*“support the implementation of school-based universal screening practices informed by research and/or best practice to improve social, emotional, and behavioral health and related outcomes valued by students, families, and educators within a multi-tiered system of support.”*

Our vision for this guide...

# Process

Summary of our  
approach

Contribute to  
growing  
consensus on best  
practice

Version 1.0



Critical Components of a  
SEB Screening *System*

- Why the term SEB?
- Best practice and federal education calls for schools to routinely monitor all students' progress in a variety of domains
- SEB terminology is aligned with outcomes approach familiar to most educators

Why Social, Emotional, and Behavioral (SEB) Screening?

## MENTAL HEALTH

### SEB Problems

### SEB Well-Being and Competencies

Internalizing		Externalizing		Life Satisfaction		Strong Social Relationships	
Thinking errors, Withdrawal, Negative affect	Thinking errors, Withdrawal, Negative affect	Unsafe settings, Inconsis-tent routines, Low expectations	Rule Violations, Substance Use	Basic needs are met; Opportunities matched to values and interests	Gratitude, Empathy, Persistence, Optimism, Strengths use	Healthy interactions (high support, minimal bullying); Inclusive settings	Social and emotional skills
Risk Factors				Promotive and Protective Factors			

*Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo & Romer, 2016.*

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## Examples

- **Examines presence of risk and lack of strengths**
- **Used in conjunction with other student data to increase accuracy of decisions**
- **Uses instruments that are psychometrically defensible**
- **Completed with all students**
- **Data systems and follow-up procedures established and communicated prior to collecting SEB screening data**

## Non-Examples

- Screening symptoms of a specific diagnosis or use of assessments developed for diagnostic purposes
- Single items that assess for suicide or self-harm
- Conducted using selected items or measures without sufficient evidence
- Data collected only for some students but not others
- Uses teacher, parent, or student nomination data in isolation



## Defining a SEB Screening *System*

- A fully implemented SEB screening system to include:
  - 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





# Procedural Considerations

# Prerequisites to Screening

- Identify specific objectives prior to engaging in SEB universal screening procedures
  - What is the referral question?
  - How to establish buy-in from and inform key stakeholders?
  - How data will be used?

Screening  
Modalities

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Multiple Gating

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Early Warning  
Systems/Extant Data

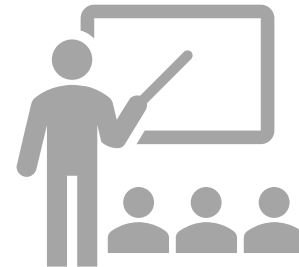
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Brief Behavior  
Rating Scales

# Choice of Informant



School teams must choose which informant may provide best data to inform guiding question



Teacher Report, Student Self-Rating, or Parent Report?

# Timing and Frequency

- Identifying which grade levels to begin
- Identifying time of year
- Screening two or three times?

# Data Collection and Storage



DATA PRIVACY



DATA ACCESS



DATA QUALITY

# 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)?

# Data Use

- Teams should review data based on:
  - school, grade-level, classroom, and student level
  - different sub-groups (e.g., gender, ethnicity, IEP status, etc.)
  - total scores and subscales
  - extant data (e.g., office discipline referrals, attendance)



# Connection Screening to Intervention: What Data to Use

- Protocols specify
  - (a) what SEB screening scores will be used,
  - (b) what other indicators should also be considered,
  - (c) the levels at which results should be reviewed for intervention planning.

# Connection Screening to Intervention: When/How to Use Data

- Specify when results available and distributed
- Parent notification of need for intervention
- Map screening data *frequency* and *type* to intervention *intensity* and *focus*

## KEY CONSIDERATIONS FOR DEVELOPING SEB SCREENING PROCEDURES

- Identify specific objectives for SEB screening (e.g., identification of individual students who may be in need additional SEB supports and/or monitoring the SEB health of all students (i.e., effectiveness of Tier 1 SEB supports).
- Identify the SEB outcomes (e.g., risk for internalizing problems) to be targeted for intervention.
- Select a technically adequate screening tool aligned with objectives for SEB screening (see next section).
- Determine what grade level(s) to screen and when (i.e., typically at least twice annually and at least a month into school).
- Identify informant in consideration of screening objectives, targeted population, time, and resources.
- Establish training and professional development needs to support completion of the screener and adherence to the established procedures for SEB screener completion.



# SEB Screener Selection

Summary of Presenting Issues

# Guidelines for Selecting a Tool

- Three primary considerations:
  - Technical Adequacy
  - Usability and Feasibility
  - Contextual Appropriateness

## KEY CONSIDERATIONS FOR SELECTING A UNIVERSAL SEB SCREENING TOOL

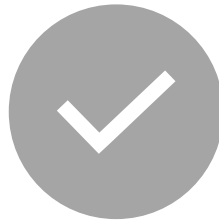
### TECHNICAL ADEQUACY

- Determine if the SEB screener functions similarly across different student subgroups.
- Consider the similarities and differences between the populations that were used to research and develop the SEB screener and your school.
- Evaluate the reliability (consistency) and validity (accuracy) of the SEB screener.
- Determine if the SEB screener differentiates between students who are truly at risk and those that are not.

# Technical Adequacy



RELIABILITY



VALIDITY



\*DIAGNOSTIC  
ACCURACY



\*TREATMENT  
UTILITY

- Feasible
  - Data can be collected, analyzed, interpreted, and used within the constraints of the educational environment
  - Constraints → *time, effort, & cost*
- Usable
  - Data are accessible and understandable
- Both have implications for acceptability

Usability and Feasibility

# Contextual Appropriateness

- Does screening tool correspond to relevant:
  - Constructs
  - Ages/grades
  - Languages
  - Informants
  - Service-delivery structures

## Examples (not a comprehensive list) of SEB Screening Instruments/Measures

Instrument	Scales	Informants	Forms
<b>Behavioral and Emotional Screening System (Kamphaus &amp; Reynolds, 2015)</b>	<ol style="list-style-type: none"> <li>1. Behavioral and Emotional Risk</li> <li>2. Externalizing Risk</li> <li>3. Internalizing Risk</li> <li>4. Adaptive Skills Risk</li> </ol>	Teacher Parent Student	Preschool Child/Adolescent
<b>Social Emotional Health Survey (Furlong et al., 2013; Furlong et al., 2014; Furlong et al., 2017)</b>	<ol style="list-style-type: none"> <li>1. Total Covitality</li> <li>2. Belief-In-Self</li> <li>3. Belief-In-Others</li> <li>4. Emotional Competence</li> <li>5. Engaged Living</li> </ol>	Student	Primary Secondary Higher Education
<b>Strengths and Difficulties Questionnaire (Goodman, 1997)</b>	<ol style="list-style-type: none"> <li>1. Emotional Problems</li> <li>2. Conduct Problems</li> <li>3. Hyperactivity</li> <li>4. Peer Problems</li> <li>5. Prosocial</li> <li>6. Total Difficulties</li> </ol>	Teacher Parent Student	2-4 years old 4-10 years old 11-17 years old
<b>Student Risk Screening Scale – Internalizing &amp; Externalizing (Lane et al., 2012)</b>	<ol style="list-style-type: none"> <li>1. Externalizing Problems</li> <li>2. Internalizing Problems</li> </ol>	Teacher	K-12
<b>Social, Academic, and Emotional Behavior Risk Screener (Kilgus &amp; von der Embse, 2014)</b>	<ol style="list-style-type: none"> <li>1. Total Behavior</li> <li>2. Social Behavior</li> <li>3. Academic Behavior</li> <li>4. Emotional Behavior</li> </ol>	Teacher Parent Student	K-12





# Ethical and Legal Considerations

Summary of Presenting Issues

# Considerations for ongoing ethical decision-making for SEB screening within a multi-tiered system:



## Team-based

Range of expertise: Family, mental health, legal, IT, administrators, etc.



## Communication

Bidirectional, facilitates participation  
Family and youth  
Stakeholders



## Decision-Making

Informed, Data-Based  
Consistent and systematic  
Proactive and reactive



## Professional Development

Ethical guidelines, policies, regulations, state regulatory guidance  
SEB screening knowledge and implementation within a MTSS



## 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

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

(Jacob, Decker, & Lugg, 2016)

# Consent Procedures

- 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]2)[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: Examples Ethical Considerations (NASP Standard 1.1.1)

Parent consent is not ethically required for a school based school psychologist to review a student's educational records, conduct classroom observations, assist in within-classroom interventions and progress monitoring, or to participate in educational screenings conducted as part of a regular program of instruction.

Parent consent is required if the consultation about a particular child or adolescent is likely to be extensive and ongoing and/or if school actions may result in a significant intrusion on student or family privacy beyond what might be expected in the course of ordinary school activities.

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.

# Limits of Screening Data

- 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





# Resources



# Appendices

- Resources
- Implementation Checklist and Planning Guide
- *Examples:* Deidentified Consent/Template for Opt Out
- Frequently Asked Questions
- Guiding Questions for Developing Protocol for Decision Making

# Implementation Checklist and Planning 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.

Screening Item for Consideration	Not in Place	Partially in Place	In Place	Action Steps
<b>EXPLORATION</b>				
Identify a need for universal screening for SEB that includes goals and objectives				
Establish a shared understanding of the goal and purpose of universal screening				
Determine buy-in from key stakeholders, including parents, teachers, and school leaders				
<b>READINESS</b>				
There is a school team including members with SEB expertise				
Team has reviewed available SEB interventions to be matched to screening				
Data-based problem solving process is in place, including decision rules				
<b>ADOPTION</b>				
Select screening instrument <ul style="list-style-type: none"> <li>• Technical adequacy</li> <li>• Usability and feasibility</li> <li>• Contextual appropriateness</li> <li>• Cost (time &amp; financial)</li> <li>• Scoring software or protocols</li> </ul>				

# Frequently Asked Questions

## APPENDIX D

### Frequently Asked Questions about Universal Social, Emotional, and Behavioral Screening

The following are commonly asked questions about social, emotional, and behavioral (SEB) screening, which is sometimes referred to as universal or school-wide social-emotional, mental/behavioral health, or social emotional learning (SEL) screening. This document provides responses based on ethical and legal guidelines and requirements, SEB screening research, and expert consensus. Please note these are general responses to commonly asked questions. When schools implement SEB screening, information that addresses the questions below as it applies to the specific school's context and screening procedures should be clearly communicated to parents, students, and stakeholders.

#### What is universal SEB screening?

How students engage socially and emotionally with their peers, educators, and their school impacts learning and long-term success in life. Schools are teaching and creating contexts that promote social and emotional skills and wellness for all students. Across all content areas, educators use assessments to determine the strengths and weaknesses of their students so they can plan how to best teach and support their students. Just as students participate in screenings for vision, physical health, reading and other academic areas, SEB screening provides an indicator of whether a student's SEB health is on track or if there might be a problem. Screening is a proactive approach in that it provides important information to ensure help is provided before little problems become big ones. Universal screening data is typically collected two to three times per year and involves either teachers, parents, and/or students rating a short list of items, which typically takes a few minutes to complete.

- ***Universal SEB screening provides educators with an indicator of how well all students are doing and if some students are in need of additional SEB supports and services. Universal screening data are intended to inform decisions about how educators can better support the SEB wellness of the students they are charged with teaching. Educators collaborate closely with and inform parents throughout the SEB screening process.***

In a typical school at any given point in time, approximately one in five students has SEB needs; that is, they are experiencing challenges that interfere with their daily SEB functioning. Most students with SEB needs are facing common stressors and social-emotional problems that can be improved when supports are provided in a timely manner. Regardless of an individual student's need, all students (and educators) benefit from warm, caring learning environments and knowledge of SEB skills that support their wellbeing. Schools committed to SEB development gather universal screening data to assess the SEB skills, strengths, and challenges of their students and use the information to help determine how staff can best support students.

# Guiding Questions

## 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)?

# Future Directions and Next Steps



## Future Directions

- Approaches to actively engage parents and students as *partners*
- Increased understanding to improve equity across diverse student populations.
- How to most optimally screen for indicators of SEB well-being and risk for SEB problems.

# Future Directions

- Identification of optimal informants
- Approaches to establishing school readiness
- Professional development and ongoing technical assistance to increase the accuracy and consistency of ratings.
- Guidelines for combining data sources.
- Policies that protect student and family rights.



# Conference *Prerelease, DRAFT* Version

- To access the screening document:
  - [smhcollaborative.org/universalscreening](https://smhcollaborative.org/universalscreening)
  - <https://tinyurl.com/screeningbestpractices>

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# Discussion

Reflecting on the promise and challenges of universal screening at the local, district, and state level.

# Questions?

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