Universal Screening to Identify Students in Need of Support

Waiting for students to fail?

- How do schools intentionally prevent waiting for students to fail?
The Systematic Process from Beginning to End

- SCREEN to detect students in need of intervention
- IDENTIFY and DEFINE the main problem of concern
- Analyze WHY the problem is happening
- SELECT intervention to address student need
- MONITOR student progress and fidelity of implementation
- MEET to make a data-driven decision

Why does the medical profession screen to detect illnesses?
Purposes of Assessment

- Detection to determine who is at risk
- Determine why the problem is happening
- Monitor a person’s response to instruction/intervention
- Evaluate how well the person or group is doing overall
- Determine eligibility for a service

Closing the “Access Gap”

- Calculating the access gap (putting it into real numbers)
  - A - Calculate 15% of the total student population in a given school (this is the number of students who are likely in need of additional support)
  - B - Estimate the school’s capacity to deliver intervention (number of students for whom intervention can be effectively implemented for)
- Subtract B from A = Access gap in a given school
  - If implementing ineffective practices, then access gap = A
How to Close the Access Gap: Factors Under Our Control

- Improve quality of Tier 1
- Increase number of mental health providers in schools
- Improve quality of services for students who have a need for intervention

7 Key Concepts of MTSS

1. Multiple tiers of integrated supports
2. Evidence-based practices
3. Universal screening
4. Progress monitoring
5. Fidelity of implementation (i.e., treatment integrity)
6. Data-based decision making
7. Problem-solving teaming
Going from Tier 1 to Tier 2...

- All about early intervention
  - Detecting needs as close to the time when a problem firsts emerges in order to respond in a timely fashion with intervention

- Methods of proactively detecting
  - Structured nomination/referral
  - Existing data
  - Targeted/focused screening
  - Universal screening
Structured Teacher Nomination or Referral

- More structured and objective than traditional referral
- Provides operational definitions of problem categories and examples/non-example of behaviors that fall under categories
- Teachers then nominate and rank students who meet the problem category

Using of Existing Data

- Use of Existing Data that Capture Early Warning Indicators
  - Office referrals data/suspension
  - Attendance/truancy
  - Grades
  - Work completion
  - Staff/parent/student (Self) referral
Example:
Office Discipline Referrals

- School-Wide Information System (SWIS; https://www.pbisapps.org/Pages/Default.aspx)
- Tracking behavioral incidents that lead to office referral
- Establish criterion that would indicate Tier 1 isn’t working and, therefore, student may need a more formal intervention process
  - e.g., >3 ODRs student indicates a potential need for Tier 2 process

Universal, Proactive Screening

- The practice of assessing all students to identify those who are not meeting academic or behavioral expectations and need additional supports
- Helps examine the quality/health of the universal (i.e., Tier 1) level of supports
What does screening do?

- Tells us who may have a need for additional intervention above and beyond Tier 1
- Provides us with actionable information to initiate a problem-solving process with one or more students
- Identifies who has a need for intervention but doesn’t tell us how to precisely address the student’s need

Screening Researchers

- Erin Dowdy
- Kathleen Lane
- Hill Walker
- Cecil Reynolds & Randy Kamphaus
- Ryan Kettler & Kelly Feeney-Kettler
- Sandy Chafouleas
- Shannon Suldo
- Stephen Kilgus
- Tyler Renshaw
- Faith Miller
Screening Tools

- Social/Emotional/Behavior
  - Review360 (Student internalizing behavior screener & Student externalizing behavior screener)
  - Student Risk Screening Scale (Externalizing & Internalizing)
  - Social, Academic, Emotional Behavior Risk Screener (SAEBRS; FBL)
  - Systematic Screener for Behavioral Disorders (SSBD)
  - Behavior and Emotional Screening Scale (BASC)
  - Youth Internalizing & Externalizing Problem Screeners (YIPS & YEPS)
  - Brief Externalizing and Internalizing Screener for Youth (BEISY)
  - Social Skills Improvement System – Screener (SSIS-S)
  - Strengths and Difficulties Questionnaire
  - DESSA-Mini
Technical Adequacy

- Reliability studies
  - internal consistency, temporal stability, inter-rater

- Validity
  - Correlates and predicts status on other measures it is supposed to be associated with

- Classification accuracy (ROC analyses)

Sensitivity and False Negatives

\[
\frac{N \text{ who test positive}}{\text{All with disease}} + \frac{N \text{ who test negative}}{\text{All with disease}} = 1
\]

\[
\text{SENSITIVITY} + \text{FALSE NEGATIVE RATE} = 1
\]
Specificity

- Specificity tells us how well a negative screening result detects a non-at-risk student.
- It is defined as the fraction of the at-risk students who have a negative screening result.

Specificity and False Positives

\[
\text{N who test negative} + \text{N who test positive} = 1
\]

All who are not at-risk  All who are at-risk

\[
\text{SPECIFICITY} + \text{FALSE POSITIVE RATE} = 1
\]
Predictive Value

- Positive predictive value is the proportion of all people with positive screening results who have the disease.

- Negative predictive value is the proportion of all people with negative screening results who do not have the disease.

Predictive Values Defined

- **POSITIVE PREDICTIVE VALUE =**
  
  All people with disease
  All people with a positive test

- **NEGATIVE PREDICTIVE VALUE =**
  
  All people without disease
  All people with a negative test
Calculating the Rates

- A screener is used in 50 children who are at-risk and 50 children who are not. These are the results:

<table>
<thead>
<tr>
<th>Screener</th>
<th>At-Risk</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>+</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>-</td>
<td>2</td>
<td>47</td>
</tr>
</tbody>
</table>

|          | 50      | 50|

- Sensitivity = 48/50 = 96%
- Specificity = 47/50 = 94%
- Positive predictive value = 48/51 = 94%
- Negative predictive value = 47/49 = 96%
Team Confirmation Process

- Generate an initial list of students who may need an intervention
- Rule out false positives and rule in false negatives
- Determine whether there is:
  - A need to support the environment (using the Tier 1 checklist)
  - A need to support the student with an intervention
  - A need to do both
- Determine capacity within school (that is, the number of students the school can effectively deliver and manage the Tier 2 intervention process for)

Screening Procedures

- Universal screening typically occurs two to three times a year (fall/winter/spring)
- Compare children to established benchmarks
  - Local (school or district) or national
- Triage (rank order) students according to score obtained
  - Above cutoff = non-responder to universal system of supports
  - Below cutoff = responder doing well in Tier I
Pre-Screening Procedures

1. Decide who will conduct the screening.
2. Ensure that the individuals who are administering or completing the screening have been trained.
3. Organize the materials (e.g., make sure there are enough, write student names on them, etc.).
4. Decide whether to use local or national (published) norms to determine which students need additional assistance (cut score).

Post-Screening Procedures

1. Enter student scores into a computer program (e.g., Excel) that can easily sort the data.
2. Sort the data so that students are rank-ordered.
3. Determine which students fall above or below the cut-score
Universal Screening in Middle and High Schools

- Teachers rate all students they teach
  - If student is identified as at risk by any of his teachers, then he is considered in need of Tier 2 interventions
- Collect multiple ratings per student and average scores
- One staff member rates each student
  - Select the staff who is most familiar with the student

<table>
<thead>
<tr>
<th>Measure</th>
<th>Authors</th>
<th>Ordering Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Screening for Behavior Disorders (SSBD)</td>
<td>Walker &amp; Severson (1992)</td>
<td>Available for purchase from Cambium Learning/ Sopris West</td>
</tr>
<tr>
<td>Brief Externalizing and Internalizing Screener for Youth</td>
<td>Cook &amp; Browning-Wright (2013)</td>
<td>Free at pent.ca.gov</td>
</tr>
</tbody>
</table>
Student Risk Screening Scale-IE

ADVANTAGES
- Free!!!
- Captures externalizing and internalizing
- Brief
- Numerous studies demonstrating technical adequacy

DISADVANTAGES
- Some items are poorly defined
- Lack of software that ease data entry, analysis and report generation

Elementary School – 12 items

<table>
<thead>
<tr>
<th>Item</th>
<th>SRSS-E7</th>
<th>SRSS-I5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. steal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. lie, cheat, sneak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. behavior problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. peer rejection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. low academic achievement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. negative attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. aggressive behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3 = low risk</td>
<td>0-1 = low risk</td>
<td></td>
</tr>
<tr>
<td>4-8 = moderate risk</td>
<td>2-3 = moderate risk</td>
<td></td>
</tr>
<tr>
<td>9-21 = high risk</td>
<td>4-15 = high risk</td>
<td></td>
</tr>
</tbody>
</table>

Middle and High School – 13 items

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<tr>
<th>Item</th>
<th>SRSS-E7</th>
<th>SRSS-I5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. peer rejection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. emotionally flat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. shy, withdrawn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. sad, depressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. anxious; lonely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. lonely</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0-3 = low risk
4-8 = moderate risk
9-21 = high risk

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### Student Risk Screening Scale-IE

#### TEACHER NAME

<table>
<thead>
<tr>
<th>0 = Never</th>
<th>1 = Occasionally</th>
<th>2 = Sometimes</th>
<th>3 = Frequently</th>
</tr>
</thead>
</table>

Use the above scale to rate each item for each student.

- Steal
- Lie, Cheat, Sneak
- Behavior Problem
- Peer Rejection
- Low Academic Achievement
- Negative Attitude
- Aggressive Behavior
- Emotionally Flat
- Shy, Withdrawn
- Sad, Depressed
- Anxious
- Obsessive-Compulsive Behavior
- Lonely
- Self-Inflicts Pain

#### Student Name

- Original SRSS-IE 14
- 12 items retained for use at the elementary level
- 14 items under development in middle and high schools

(Lane, Oakes, Harris, Menzies, Cox, & Lambert, 2012)

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### Brief Externalizing and Internalizing Screener for Youth (BEISY)
BEISY
(Cook & Browning-Wright, 2013)

ADVANTAGES
- Free!!!
- Captures externalizing and internalizing
- Super brief
- Growing body of research demonstrating technical adequacy

DISADVANTAGES
- Lack of software that ease data entry, analysis and report generation
- Not as much research as other screeners SRSS, SDQ, BESS

Brief Externalizing and Internalizing Screener for Youth

Directions: It is important to be as objective as possible by basing your problematic ratings on the frequency (how often it occurs), duration (amount of time), or the intensity/seriousness or a combination of these dimensions.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No issue with frequency, duration and/or intensity</td>
<td>Happens occasionally, occurs for very little time, and/or not very intense when it happens</td>
<td>Happens somewhat frequently, occurs for some of the time, and/or moderately intense</td>
<td>Happens frequently, occurs for quite a bit of the time, and/or intense when it happens</td>
<td>Happens very frequently, occurs all the time, and/or very intense when it happens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Externalizing Categories</th>
<th>Internalizing Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruptive behavior</td>
<td>Aggressive behavior</td>
</tr>
<tr>
<td>Defiance or oppositional behavior</td>
<td>Withdrawn behavior</td>
</tr>
<tr>
<td>Negative talk about self, school or others</td>
<td>Interpersonal problems</td>
</tr>
<tr>
<td>Externally Total</td>
<td>Internally Total</td>
</tr>
</tbody>
</table>

Table: Each Dimension & Category are Behaviorally Defined

EXTERNALIZING BEHAVIOR CATEGORIES
Externalizing behaviors are outer-directed behaviors that are disruptive, dangerous, or problematic to the school environment or other people. Below are three key categories of externalizing behaviors.

Ex. Category #1 - Disruptive behavior category: refers to a group of behaviors that disrupt or interfere with the learning environment in one or more of the following ways: (a) impede teacher’s ability to deliver instruction or measure outcomes, (b) impairs own personal achievement, (c) interferes with other students’ ability to focus and learn.

<table>
<thead>
<tr>
<th>Examples</th>
<th>Non-Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurt out answers</td>
<td>Raising hand and waiting quietly</td>
</tr>
<tr>
<td>Making noises with objects or body parts</td>
<td>Sitting quietly and/or actively listening</td>
</tr>
<tr>
<td>Talking to peers about academically unrelated topics</td>
<td>Talking to peers about academically relevant topics</td>
</tr>
<tr>
<td>Walking around the room without permission</td>
<td>Staying seated or asking for permission to get out of seat</td>
</tr>
<tr>
<td>Acting silly or making jokes to get other students to laugh</td>
<td>Waiting for class to end before acting silly or joking with peers</td>
</tr>
<tr>
<td>Interrupting others when they are speaking</td>
<td>Actively listening and paying attention to others speak</td>
</tr>
<tr>
<td>Purposefully pulling others off-task</td>
<td>Respecting other students while they are working</td>
</tr>
</tbody>
</table>
Youth Internalizing Problem Screener (YIPS) and Youth Externalizing Problem Screener (YEPS)

ADVANTAGES
- Free!!!
- Captures externalizing and internalizing
- Brief
- Self-report of internalizing
- Growing body of research demonstrating technical adequacy

DISADVANTAGES
- Lack of software that ease data entry, analysis and report generation
- Items that lack specificity
- Youth not as accurate of reporters of externalizing problems

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel nervous or afraid.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel very tired and drained of energy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I find it hard to relax and settle down.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I get bothered by things that didn’t bother me before.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I have uncomfortable and tense feelings in my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I feel moody or grumpy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I feel like I’m going to panic or think I might lose control.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I do not really enjoy doing anything anymore.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I feel worthless or lonely when I’m around other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I have headaches, stomachaches, or other pains.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Resources

- National Center for Intensive Intervention
  - [http://www.intensiveintervention.org/](http://www.intensiveintervention.org/)

- National Center on RTI