Universal Screening for Mental Health

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Learning objective

- Understand the structure of universal screening training for districts
  - Overview of universal screening
  - 13-step process for implementing universal screening in schools

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Steps to Complete Universal Screening for Mental Health

Step	Date Completed	Completed by Whom
Step 1 (Winter) – Determine criteria for schools to participate in universal screening for mental health. Select schools to participate.		
Step 2 (Spring) – Complete resource map with each school.		
Step 3 (Spring) – Complete a gap analysis with each school.		
Step 4 (Spring) – Confirm that each school has adequate social/emotional/behavioral supports.		
Step 5 (Spring) – Consult with district legal consultant about whether to use active or passive parental consent		
Step 6 (Spring) – Draft parental consent form. Share with schools.		
Step 7 (Summer) – Complete universal screening action plan with each school.		
Step 8 (Start of the School Year) – Introduce school's social/emotional learning (SEL) initiative to parents. Note that screening is part of the SEL initiative.		
Step 9 (At least 30 days before first screening date)– Train teachers on how to collect universal screening data. The process for data collection will vary based on respondent (e.g., student, parent, teacher).		
Step 10 (First Screen - Six weeks into the School Year) – Conduct the screening.		
Step 11 (Immediately after Screening) – Score screening forms.		
Step 12 (Within Two Weeks of Scoring) – Review school-, grade-, gender-, race-, and classroom-level data and make decisions about how to improve tier 1 supports.		
Step 13 (Within Two Weeks of Scoring) – Review student-level data and make decisions about how to provide tier 2 or 3 supports.		

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Overview of Universal Screening

Universal screening is the systematic assessment of all children within a classroom, grade, or school building on an academic and/or social/emotional/behavioral indicator that the school has deemed important.

Universal screening seeks to assess all students in a school and to identify students who otherwise might have been missed by reliance on teacher referrals (Eklund et al., 2009; Ikeda, Neessen, & Witt, 2009)

Why Universal Screening?

- The most widely used methods for detecting students at high risk for emotional and behavioral disorders are ODRs.
- Universal screening is a proactive, efficient, and effective way to consider all students and to identify and improve services for students who are at risk for internalizing and externalizing behaviors.

Academic Screening & Mental Health Screening

- Developing a screening procedure
  - Define the future outcome the screen seeks to predict (unsatisfactory reading ability; mental health concerns)
  - Identify early predictors of later outcomes (reading; mental health)
  - Determine a cut-point on the screening measure that identifies students at risk for failing a future criterion test or for scoring in the clinically significant range on a diagnostic measure of mental health

What Screening Is & What Screening Isn't

1. Initial Testing

Stethoscope used to identify heart murmur (sound of an abnormal blood flow)

2. Secondary Diagnostic Tools

- Electrocardiogram (ECG or EKG)
- Chest X-ray

3. Additional Diagnostic Tools

- Echocardiogram
- Radionuclide scans
- Trans-esophageal echocardiogram
- Exercise Testing

4. Most Sophisticated Diagnostic Tools

- Cardiac Catheterization
- Magnetic resonance imaging (MRI)

Levels of screening approaches

- **Universal** – conducted with all children in a classroom, grade or school regardless of the presence or absence of known risk factors
- **Selected/Targeted** – conducted with children who have elevated risk for developing mental health problems but have not been diagnosed with a mental health problem
- **Indicated** – conducted with children who have been diagnosed with a mental health problem

Levitt, Saka, Romanelli, & Hoagwood, 2007

The screening debate

- Benefits of providing school-based mental health screening
  - Help connect youth to resources
  - School-based mental health resources may be more readily available than community-based services
  - MH screenings are consistent with other screenings the schools provide/require (reading, hearing, vision)
- Concerns related to school-based mental health screening
  - Outside of school's traditional role of educating
  - Exacerbate overdiagnosis
  - Measures may not be culturally responsive
  - Obligate schools to provide additional mental health services

Step-by-Step Process for Implementing Universal Screening in Schools

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Universal Screening Readiness

HAPPY
SPRING.

Selecting Universal Screening Schools

Criteria for Selecting Universal Screening Schools

- PBIS Schools at a high level of implementation fidelity
- Administrator buy-in
- At least one evidence-based social/emotional support available for students at each tier (suggested level)
- At least one other social/emotional support available for students at each tier (required level)
- *One district required 50% of its staff trained in Youth Mental Health First Aid*

Resource Mapping/Gap Analysis

RESOURCE MAPPING

A resource mapping process should be done at the school level to identify the mental health supports provided by the school for youth with different levels of need. Each school should answer the following question:

- What resources are currently in place in our school?
- How do students access the resources?
- How many students have been served by those resources?

Resource Mapping

Tier of Support	Name of Program	Contact Person	Schedule	Grade Level	Eligibility	How to Access	# Served
Tier 1							
Tier 2							
Tier 3							

Social/Emotional/Behavioral Health Resource Mapping – Project AWARE

Map the Tiered Social/Emotional/Behavioral Supports Available in the Targeted Elementary School*

Tier of Support	Name of Program	Contact Person	Schedule	Grade Level	Eligibility	How to Access	# Served
Tier 1							
Evidence Based Intervention – Schoolwide							
Evidence Based Intervention – Classwide							
Other Tier 1 interventions currently in place							
Other Tier 1 interventions currently in place							
Tier 2							

Gap Analysis

- Describe any gap in Tier 1 supports available to students? How will that gap be filled?

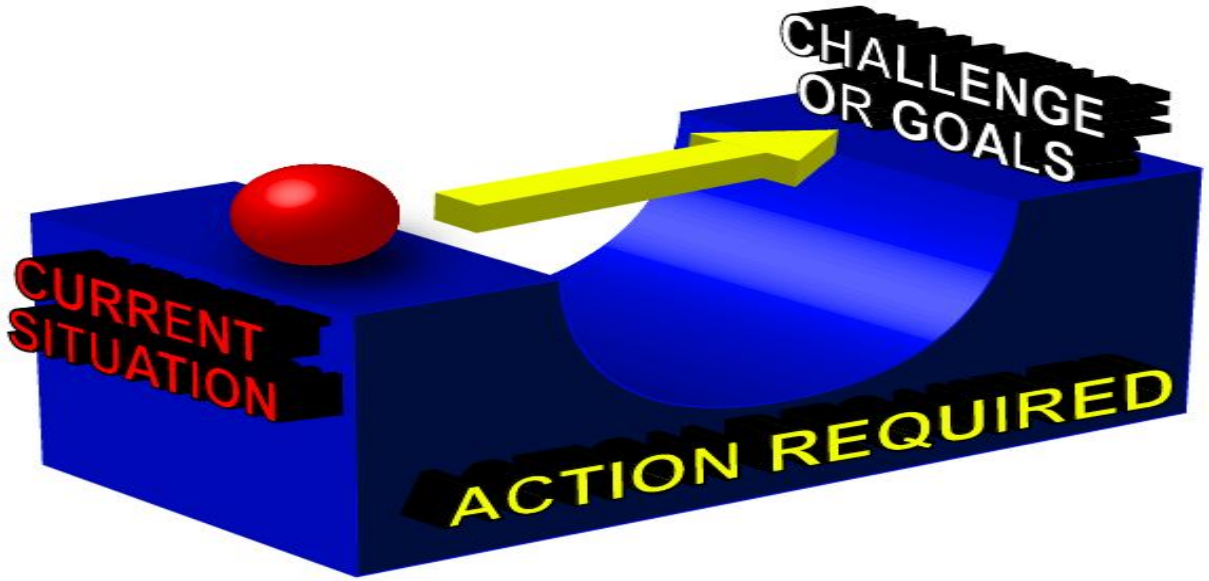
- Describe any gap in Tier 2 supports available to students? How will that gap be filled?

- Describe any gap in Tier 3 supports available to students? How will that gap be filled?

GAP ANALYSIS

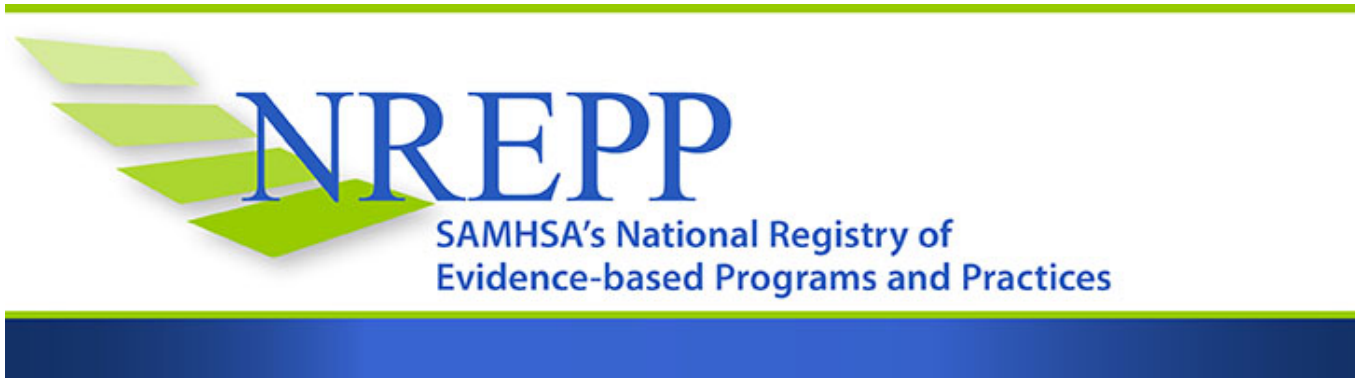
The gap analysis of pilot resource mapping data suggested the following trends.

1. **Schools that had implemented SW-PBIS for a longer period of time had more supports in place for youth with social/emotional/behavioral needs**
2. All schools lacked a range supports for youth who needed targeted (tier 2) and individualized supports (tier 3)
3. **None of the schools incorporated the use of a tier 1 social/emotional learning curriculum**



Example Programs Considered to fill Gaps in Resources

Name of Program	Type of Program	Tier of Intervention
No Place for Hate	Bully Prevention	Tier 1
Sources of Strength	Suicide Prevention Curriculum	Tier 1
Ending the Silence	Mental Health Awareness & Stigma Reduction	Tier 1
Second Step	Social Emotional Learning; Bully Prevention	Tier 1
Staff Training on Universal Screening	Screening and Detection; Staff Awareness and Buy-In	Tier 1
Internalizing Curriculum for Classroom Guidance	Mental Health/Social Emotional Learning	Tier 1
Youth Mental Health First Aid	Mental Health Awareness & Stigma Reduction	Tier 2
Passport to Manhood/Smart Girls Ladies of Distinction	Mentoring	Tier 2
Discuss Individual Student-Level Data	Individualized Supports	Tier 3
Georgia Association for Positive Behavior Support	Positive Behavior Support	Tiers 1, 2, & 3



CASEL Approved Programs
https://casel.org/preschool-and-elementary-edition-casel-guide/
https://casel.org/middle-and-high-school-edition-casel-guide/

SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) site
https://nrepp.samhsa.gov/AdvancedSearch.aspx?mode=withoutcome

What Works Clearinghouse - Behavior Interventions
https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,Behavior

Center for School-Mental Health's list of EBP
https://safesupportivelearning.ed.gov/sites/default/files/sssta/20110322_EBPMatrix6.08.pdf

Parental Consent for Screening

Protection of Pupil Rights Amendment (PPRA)

- Enacted in 1978 to provide protection from school actions that intrude on pupil or family privacy
- Amended in 1994 and 2001
- Sometimes referred to as the "Hatch Amendment"
- Includes two major provisions regarding the collections of sensitive information from students

Jacob, S., & Hartshorne, T. S. (2003). *Ethics and Law for School Psychologists* (4th Ed.). New York, NY: John & Wiley & Sons.

Protection of Pupil Rights Amendment (PPRA)

"**First,** in accordance with PPRA, no student may be required to submit without prior consent to a survey, analysis, or evaluation funded by the Department of Education (DOE) that reveals information concerning

(1) Political affiliation
(2) Mental or psychological problems potentially embarrassing to the student or his or her family
(3) Sex behavior and attitudes
(4) Illegal, antisocial, self-incriminating, and demeaning behavior
(5) Critical appraisals of other individuals with whom respondents have close family relationships
(6) Legally recognized privileged relationships, such as with doctors, lawyers, ministers, etc.
(7) Religious practices, affiliations, or beliefs of the student or parents
(8) Income…"

Jacob, S., & Hartshorne, T. S. (2003). *Ethics and Law for School Psychologists* (4th Ed.). New York, NY: John & Wiley & Sons.

Protection of Pupil Rights Amendment (PPRA)

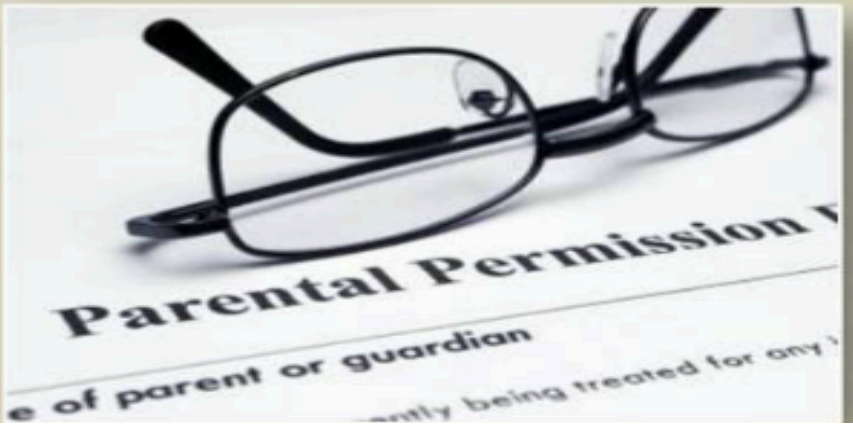
"**Second**, the PPRA requires local school districts that receive any federal funds to develop policies, in consultation with parents, to notify parents when the school intends to administer a survey containing one or more of the eight items listed in the preceding paragraph (i.e., slide). The parent of the student must be given the opportunity to inspect the survey, upon request, prior to its distribution. Parents must be given the opportunity to have their student "opt out" of the information-gathering activity."

Jacob, S., & Hartshorne, T. S. (2003). *Ethics and Law for School Psychologists* (4th Ed.). New York, NY: John & Wiley & Sons.

Parental Consent: Ethical and Legal Considerations

Passive Parental Consent

- All students participating so one student is not singled-out
- 89% mean participation rates through parental notification process (implied consent)
  (Blom-Hoffman, J., Leff, S. S., Franko, D. L., Wesintein, E., Beakley, K., Power, T. J., 2008)
- Ethical concerns
- Concern with assessment around mental health – may raise red flag for parent



Parental Consent: Ethical and Legal Considerations

Active Parent Consent

- Partnership approach
- Increase communication
- Invest in relationship-building efforts prior to obtaining consent
- Studies using active consent procedures had a mean participation rate of 65.5%

  (Blom-Hoffman, J., Leff, S. S., Franko, D. L., Wesintein, E., Beakley, K., Power, T. J., 2008)
- When school-based depression screening process changed from passive consent to active consent, participants decreased from 85% to 66%. (Chartier et al., 2008)

Spring 2017 Screening Rates- Elementary Schools

Schools	Students Enrolled	Students Screened (Externalizing)	Students Screened (Internalizing)	Percentage Screened (Externalizing)	Percentage Screened (Internalizing)
A Elementary School	466	146	146	31.33%	31.33%
B Elementary School	499	418	418	83.77%	83.77%
C Elementary School	395	308	308	77.97%	77.97%
D Elementary School	712	544	544	76.40%	76.40%
E Elementary School	414	268	268	64.73%	64.73%
F Elementary School	630	522	523	82.86%	83.02%
G Elementary School	452	361	361	79.87%	79.87%
H Elementary School	426	245	245	57.51%	57.51%
I Elementary School	440	276	276	62.73%	62.73%
J Elementary School	555	426	425	76.76%	76.58%
K Elementary School	662	491	491	74.17%	74.17%
L Elementary School	578	468	468	80.97%	80.97%
M Elementary School	477	341	341	71.49%	71.49%
N Elementary School	558	419	419	75.09%	75.09%
O Elementary School	473	377	377	79.70%	79.70%

Spring 2017 Screening Rates- Middle Schools

Schools	Students Enrolled	Students Screened (Externalizing)	Students Screened (Internalizing)	Percentage Screened (Externalizing)	Percentage Screened (Internalizing)
A Middle School	555	413	413	74.41%	74.41%
B Middle School	642	308	308	47.98%	47.98%
C Middle School	525	346	346	65.90%	65.90%
D Middle School	568	386	386	67.96%	67.96%
E Middle School	714	543	543	76.05%	76.05%
F Middle School	835	464	464	55.57%	55.57%

Spring 2017 Screening Rates- High Schools

Schools	Students Enrolled	Students Screened (Externalizing)	Students Screened (Internalizing)	Percentage Screened (Externalizing)	Percentage Screened (Internalizing)
A High School	73	63	63	86.30%	86.30%
B High School	303	140	140	46.20%	46.20%
C High School	1,541	921	921	59.77%	59.77%
D High School	1,388	946	946	68.16%	68.16%

Differences in Screening Rates
2015 and 2017

Schools	Percentage Screened (both Externalizing & Internalizing) **Fall 2015**	Percentage Screened (both Externalizing & Internalizing) **Spring 2017**
Elementary School	70.87%	75.09%
Middle School	67.27%	65.90%

Parental Consent for Screening

Student Assent for Screening

Universal Screening Messaging

Administrator/Staff/Parent Buy-In

Messaging for Educators

Messaging for Families

Talking Points

Informal Screening Occurs Every Day

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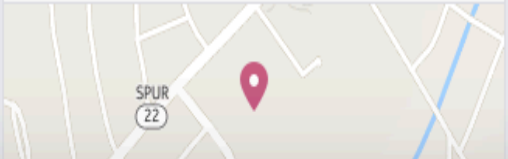

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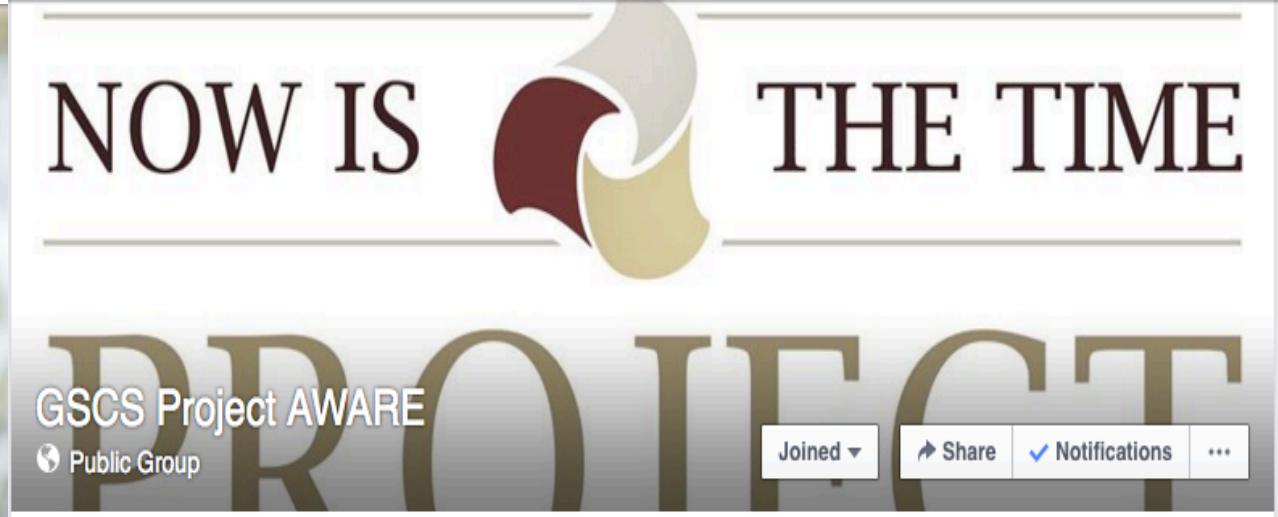
Project AWARE Muscogee
May 2 at 8:39pm ·

Teachers are real life superheroes. They educate, innovate, encourage and support. Every day they touch the lives of millions of children and their work and impact extends far beyond the boundaries of the classroom. Take the time to celebrate these real life superheroes during PTA Teacher Appreciation Week, May 2-6, 2016. #projectawaremuscogee #mcsdteachersrock

Check out these deals from local businesses celebrating our awesome



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RECENT ACTIVITY

Carmen Caldwell shared Delta Sigma Theta Sorority, Inc. - Griffin Area Alumnae Chapter's photo.
April 28 at 8:13am

Share with parents and staff.

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DESCRIPTION

Project AWARE is a federal grant program through GSCS to raise a... See More

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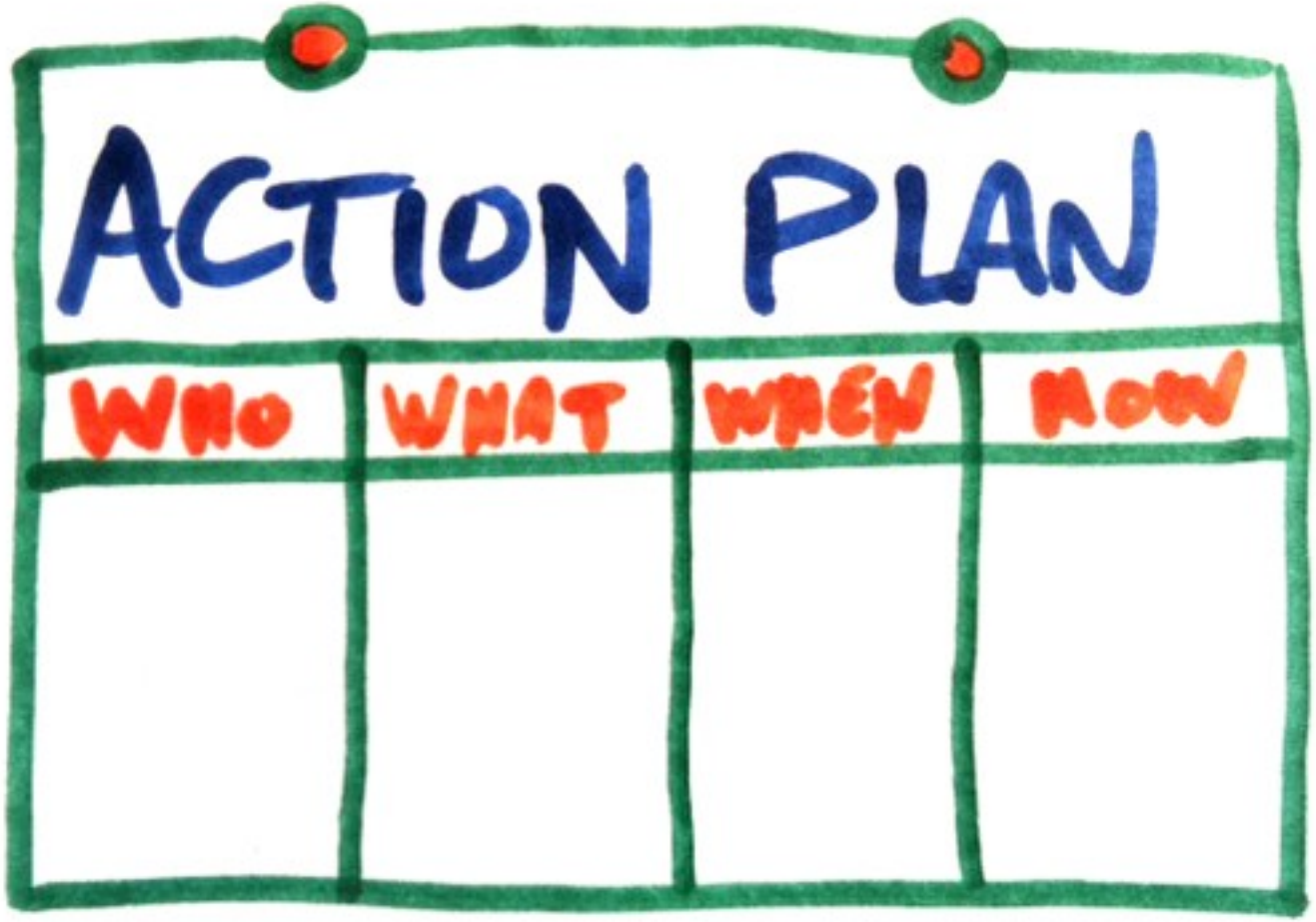
Universal Screening Action Plans



Project AWARE Universal Screening Action Plan

Elementary School

Question	Answer	
1. What is the name of the elementary school?		
2. What is the name of the screening measure that will be used at the elementary school?		
3. Who will be on this school's universal screening team?	**Name**	**Title**
4. How often, when, and where will the school's universal screening team meet?		
5. How will parents be notified of the screening?		
6. Will all parents be notified of results? Explain.		

Project AWARE Universal Screening Action Plan

Middle School

Question	Answer	
1. What is the name of the middle school?		
2. What is the name of the screening measure that will be used at the middle school?		
3. Who will be on this school's universal screening team?	**Name**	**Title**
4. How often, when, and where will the school's universal screening team meet?		
5. How will obtain consent from parents for screening? How will you obtain assent from students?		

Project AWARE Universal Screening Action Plan

High School

Question	Answer	
1. What is the name of the high school?		
2. What is the name of the screening measure that will be used at the high school?		
3. Who will be on this school's universal screening team?	**Name**	**Title**
4. How often, when, and where will the school's universal screening team meet?		
5. How will obtain consent from parents for screening? How will you obtain assent from students?		

SELECTING A SCREENER

Criteria for Selecting a Screener

1. Appropriateness for intended use
2. Technical validity
3. Usability/practicality

Glover & Albers, 2007

Selection criteria - Appropriateness

Appropriateness

- Matches the needs and the context of the school
- Compatible with the screening process identified for that individual school
  - Frequency of screening
  - Outcomes are consistent with goals (e.g., includes an internalizing scale)
- Research validates instrument for intended screening purpose

Glover & Albers, 2007

Selection criteria – Technical Validity

Validity

- **Adequate norms**
  - Recent
  - Comparable to target population demographically/geographically, when possible
  - Satisfactory size

Glover & Albers, 2007

Selection criteria – Technical Validity

Social Validity

- The screening process is perceived to be important and the screening form is perceived to be useful
- The process and the form need to be viewed as relevant to the school
- Without staff buy-in, the process is unlikely to be successful

Glover & Albers, 2007

Universal Screening: Sample of Evidence-Based Screening Instruments

Screener	Pros	Cons
Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1990) http://store.cambiumlearning.com	• Well-validated (Endorsed in 1990 by the Program Effectiveness Panel of the U.S. Department of Education) • Efficient (Screening process can be completed within 45 minutes to 1 hour) • Most effective instrument for identifying internalizers (Lane et al., 2009) • Meets AERA/APA instrument selection criteria • Inexpensive (Manual= $ 134.49; includes reproducible screening forms)	• Normed for grades 1-6 • Dated norms (normed in 1990) • Normative sample skewed to western U.S. region
BASC-2/BESS (Kamphaus & Reynolds, 2007) http://www.pearsonassessments.com	• Measures behaviors associated with internalizing and externalizing problem behaviors and academic competence • Meets AERA/APA instrument selection criteria • Incorporates three validity measures to rule out response bias • Utilizes large (N= 12,350 children & youth), nationally-representative sample • Web-based screening capacity available via AIMSewb	• Can be expensive for districts/schools that don't have access to a scantron machine • $26.25 for 25 hand-scored protocols • Online access via AIMSweb: **Additional** $1.00 per student for subscribers and $4.00 per student for non-subscribers) • Hand-scoring is time-consuming and reduces access to validity measures • Computer software is expensive ($620)

Screener	Pros	Cons
Social Skills Improvement System (SSIS; Gresham & Elliott, 2008) http://psychcorp.pearsonassessments.com/pai/ca/cahome.htm	• Measures problem behaviors, social and academic competence • Computer and web-based (AIMSweb) administration and scoring available	• Expensive: Technical manual=$105.60; Rating forms= $43.75 for package of 25 hand-scored forms; scoring software= $270.00; Scanning software= $640 • Can be time-consuming. It takes 10-25 minutes per student to complete the screening instrument
Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) http://www.sdqinfo.org	• Measures internalizing/externalizing behaviors • Free • Option of completing pencil and paper, or online version • Can be scored online • Technically sound: Large, representative normative group	• Perceived length of administration time • Items skewed toward externalizing behaviors
Student Risk Screening Scale (SRSS; Drummond, 1993)	• Measures externalizing behaviors • Free • Quick to administer (less than 5 minutes per student; 15 minutes for entire class, depending upon number of students) • Easy to understand and interpret score results • Technically-adequate	• Doesn't measure internalizing behaviors as well as the SSBD
Student Risk Screening Scale – Internalizing/Externalizing (SRSS-IE; Lane et al., 2012)	• Measures internalizing/externalizing behaviors • Free • Quick to administer (less than 5 minutes per student; 15 minutes for entire class, depending upon number of students) • Easy to understand and interpret score results • Technically-adequate	• Among the newest universal screeners; technically adequacy still being assessed

Review: Project AWARE Screening Instruments

WHAT

Elementary – Student Risk Screening Scale – Internalizing/Externalizing (SRSS-IE) – Teacher Report

Middle School – Strengths & Difficulties Questionnaire (SDQ) – Self-Report

High School – Strengths & Difficulties Questionnaire (SDQ) – Self-Report

Timing/Frequency of Mental Health Screening

To do a Time 3 screening or Not to do a Time 3 screening

- Is the school's base rate (at or below) 20%?
- Does the school have more than 5% of its students scoring in the "Elevated" range?
- In past years, has the number of students who score in the "Elevated" range been higher at Time 2 than at Time 1?
- Are you implementing a grade- or classroom-level intervention and need "mid year-monitoring" data?

If you answer "Yes" to 1 or more of these items, consider doing a Time 3 screening.

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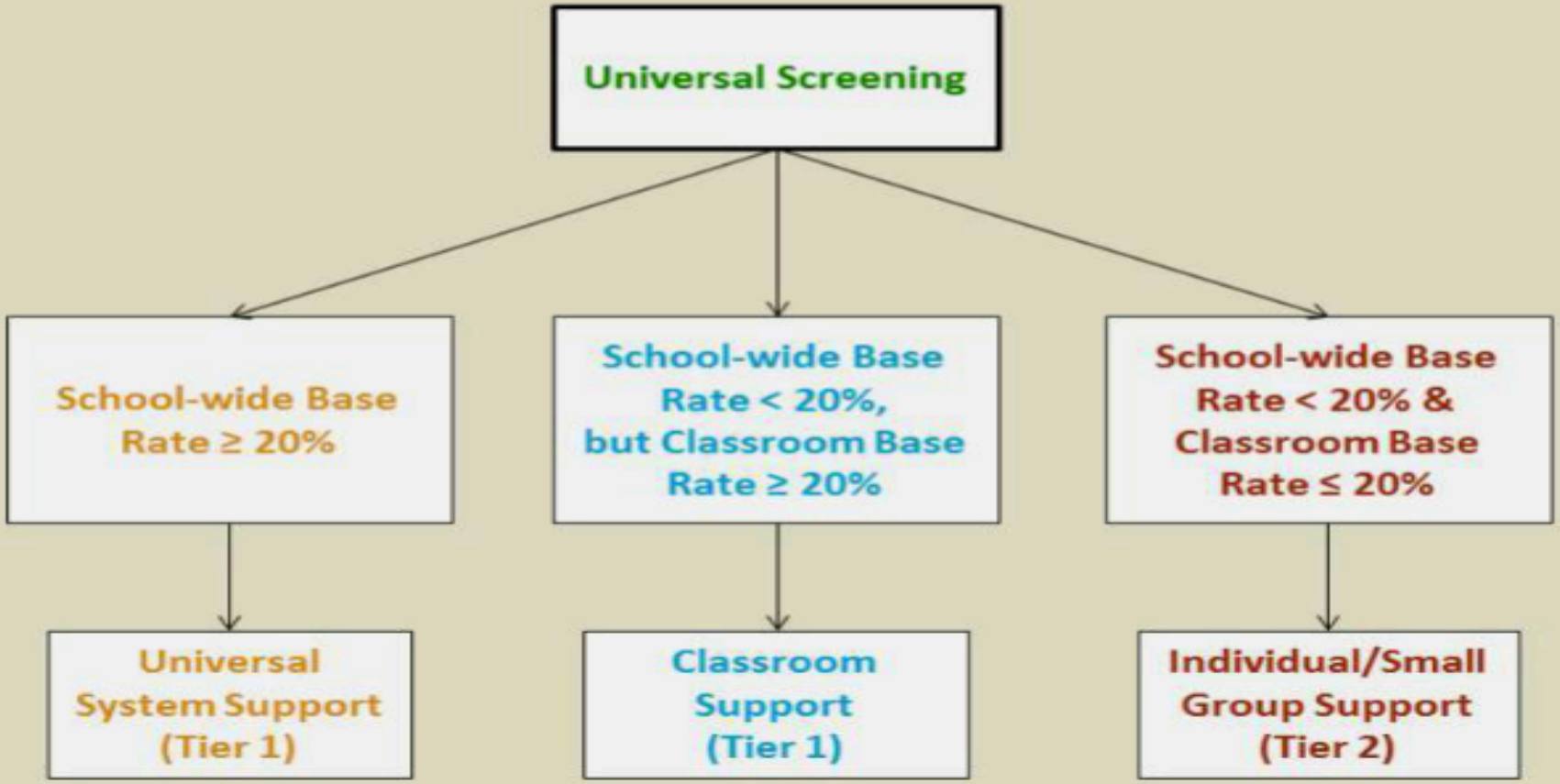
Training Teachers

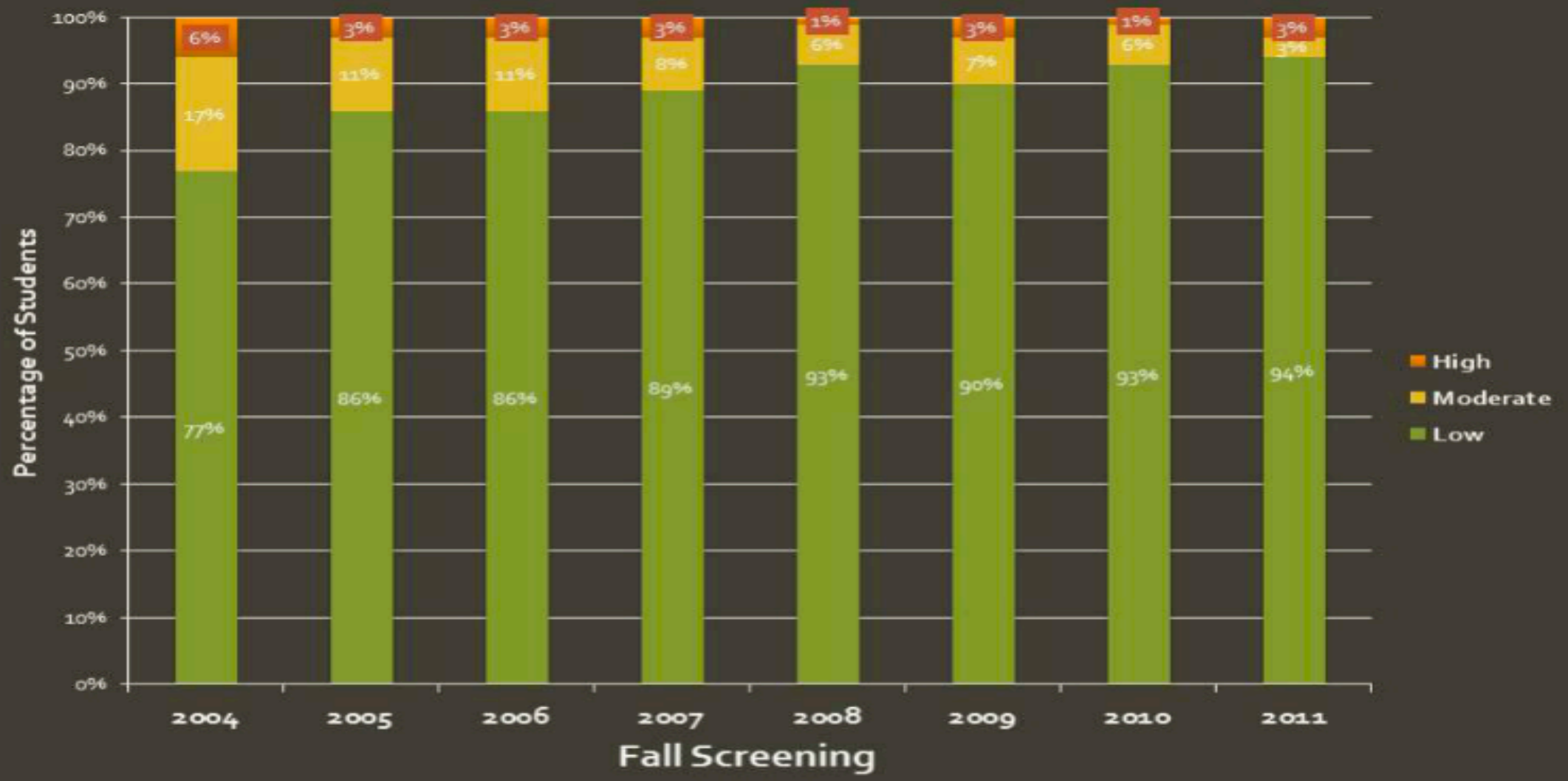
What do Internalizing Behaviors “Look Like”

- Laying head down on desk
- Sitting alone at lunch
- Playing alone at recess
- Frequent visits to the nurse (frequent headaches, stomachaches, feeling tired)
- “Staring into space”
- Won’t talk
- Crying
- Needing work to be completed perfectly

Determine the level at which to implement intervention

(SEBA Model; *Kilgus & Eklund, in press*)





Lane, K. L., Oakes, W. P., & Magill, L. (2014). Primary Prevention Efforts: How Do We Implement and Monitor the Tier 1 Components. Preventing School Failure:, 58(3), 143-158.

Classroom base rate >20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At- Risk
Shaffer	Sarah	5	25	14	56%
Triggs	Taylor	4	26	13	50%
Ells	Erica	2	26	7	27%
Memphis	Marsha	1	28	7	25%
Barrett	Bob	2	25	5	20%
Cassidy	Cara	4	21	4	19%
Ulrich	Uma	4	28	5	18%

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