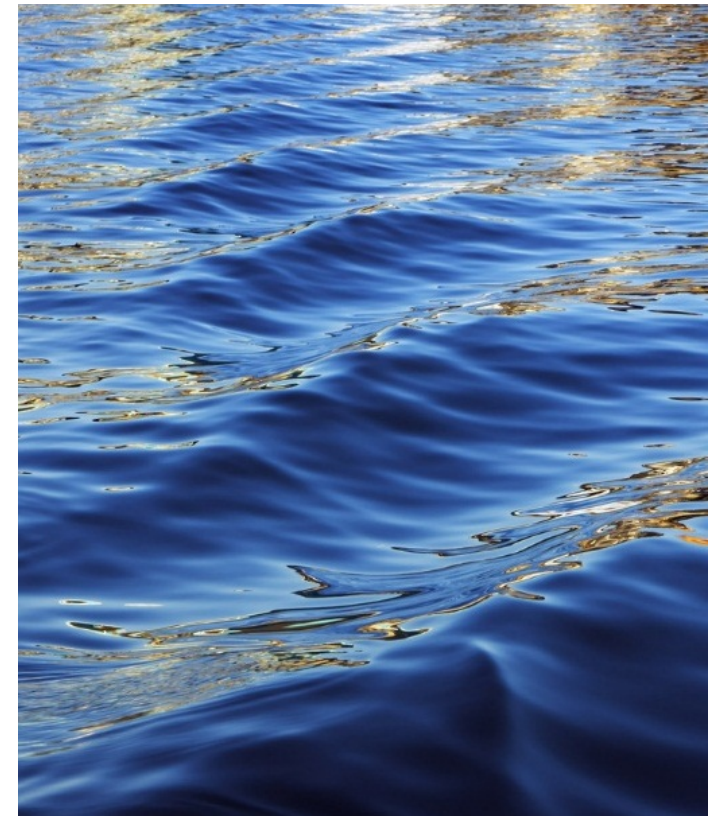


# PUSH PLAY:

Introduction to Screening, Prevention, Progress Monitoring, Assessment and Intervention

Kimberly J. Vannest, PhD.  
August 21, 2021

Please note that I am the author of some of the materials discussed today. While I believe my comments and opinions to be factual and evidence-based, you should judge the evidence for yourself and make an independent decision regarding diagnostic and intervention materials selection and use.



GO SLOW TO GO FAST



## The Push-Play Series

- Each agenda will look similar
  - 15 minutes of content in a micro-training
  - 15 minutes of discussion
  - 10 minutes “NEXT STEPS”; homework if you are working on implementation; Q&A
  - 5 minute Review and forecast, previewing next week.
- THE SERIES
  - Intro to Screening, Prevention, Progress Monitoring Assessment, and Intervention (**today** Aug. 24)
  - Universal Screening Models and Implementation How to (Aug. 31)
  - School Risk, Data and Prevention Programs (Sept. 7)
  - Progress Monitoring how-to (Sept. 14)
  - Supporting Teachers (Sept. 21)
  - Assessment and Interventions (Sept. 29)

purpose

GUIDING QUESTIONS:

Intro to Screening,  
Prevention, Progress  
Monitoring  
Assessment, and  
Intervention



**What is the state of the art for prevention and treatment of social, emotional, and behavioral risk and disorders?**

**How do we promote health and wellbeing of students, faculty, and staff?**

# What is the state of the art for prevention and treatment of social, emotional, and behavioral risk and disorders?

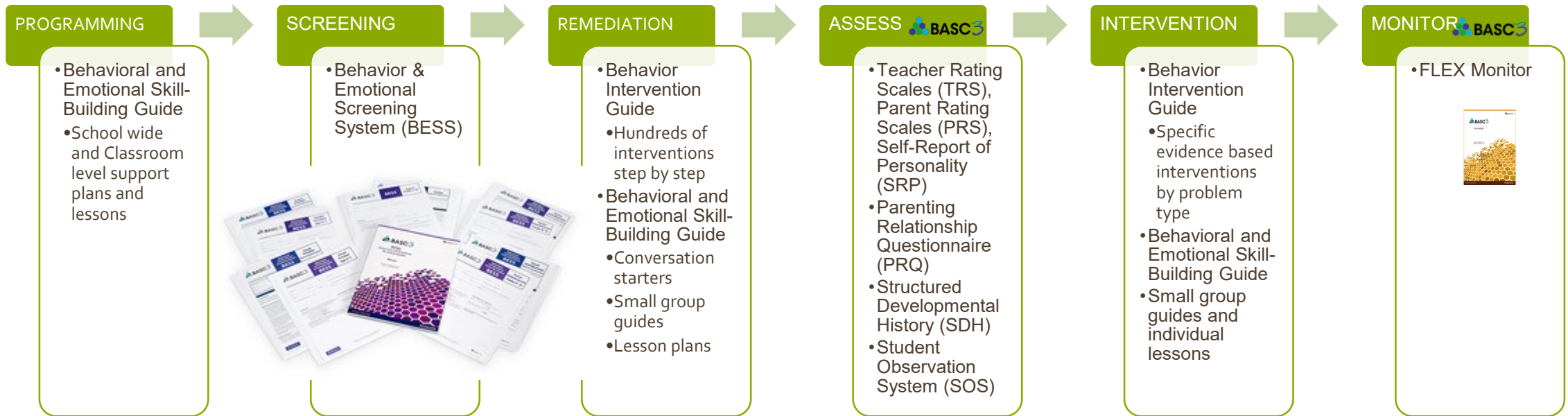
## The Need

- K-12 classrooms, where children's problems are often first identified, there is only 1 school psychologist for every 1,211 students, when the ratio should be 1 to 500, (Katherine Cowan, spokeswoman for the National Association of School Psychologists).
- Suspected suicide attempts dramatically increased among adolescents ages 12 to 17 last February and March. Girls' visits to emergency departments after suicide attempts soared by nearly 51 percent over 2019, and rose to a high of more than 1,000 weekly visits by spring 2021 (Kalb, Stapp, Ballard, Honingue, Keefer, & Riley, 2019)
- 80 percent of youth with severe depression receive no treatment or insufficient treatment.

## The evidence-supported solutions

- *Partnerships with communities and across schools within a district*
- *Build coalitions to support Universal screening.*
- *Identify existing resources.*
- *Triage and communicate resources and programming.*
- *Educate the educators.*
- ***Comprehensive support for the academic, social, emotional, and behavioral needs is critical.***

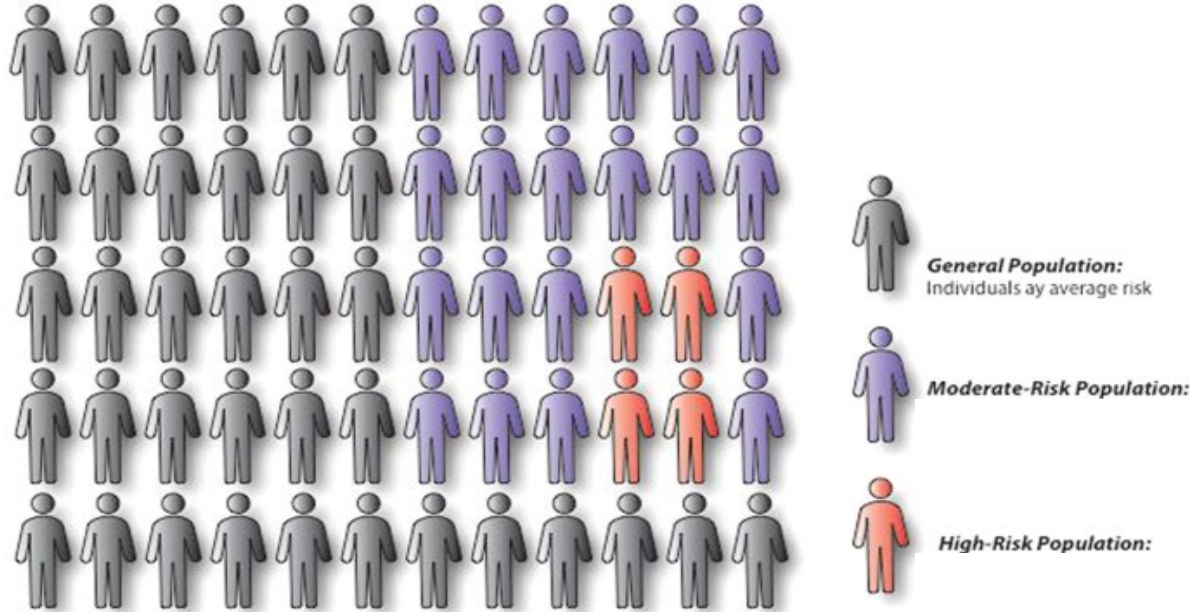
# Comprehensive Social Emotional and Behavioral Approach



# Why engage in Social, Emotional, Behavioral Screening?

Resources are scarce the needs are not.

- 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 students in need 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).
  - BASC-3 BESS
  - SRSS-EC
  - SRSS
  - SAEBRS
  - SDQ
  - SSBD
  - SSiS

# 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 **(N)** if the behavior **never** occurs.

Mark **(S)** if the behavior **sometimes** occurs.

Mark **(O)** if the behavior **often** occurs.

Mark **(A)** 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.**

Mark:	N—Never	S—Sometimes	O—Often	A—Almost always
1. Pay attention.	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> O	<input type="radio"/> A
2. Disrupt.	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> O	<input type="radio"/> A
3. Is s.....	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> O	<input type="radio"/> A
4. Break the rules.	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> O	<input type="radio"/> A
5. Is organized.	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> O	<input type="radio"/> A
6. Has self-control.	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> O	<input type="radio"/> A



# Group: Roster Report

## 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

Classification Key that lists elevation levels



### Group Roster - District

North Primary

Date Range: 01/03/2003-01/03/2006	Norms Used: Combined
Classifications Normal: 10-60 Elevated: 61-70 Extremely Elevated: 71 and higher	Form: Teacher
Validity Index F: F Index CI: Consistency Index RP: Response Pattern Index	
Validity Index Elevation A: Acceptable C: Caution E: Extreme Caution L: Caution-Low H: Caution-High	

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

Student	Test Date	Form Type	Validity Index Elevation			Scores			Classification
			F	CI	RP	Raw	T	%tile	
Dean, Donald	03/03/2003	Child/Adol.	A	A	A	51	73	98	Extremely Elevated
Rappaport, Rachel	04/25/2003	Child/Adol.	A	A	A	48	71	97	Extremely Elevated

#### Elevated

Student	Test Date	Form Type	Validity Index Elevation			Scores			Classification
			F	CI	RP	Raw	T	%tile	
Arns, Arnie	05/09/2003	Child/Adol.	A	A	A	36	61	85	Elevated
Breyers, Bobby	04/22/2003	Child/Adol.	A	A	A	45	69	95	Elevated
Coors, Chase	04/12/2003	Child/Adol.	A	A	A	47	70	97	Elevated
Ibelson, Ingrid	03/04/2003	Child/Adol.	A	A	A	39	64	90	Elevated
Otsworth, Olivia	04/30/2003	Child/Adol.	A	A	A	35	61	85	Elevated
Presis, Paula	04/24/2003	Child/Adol.	A	A	A	45	69	95	Elevated

#### Normal

Student	Test Date	Form Type	Validity Index Elevation			Scores			Classification
			F	CI	RP	Raw	T	%tile	
Feetright, Fergie	11/20/2003	Child/Adol.	A	A	A	9	40	18	Normal
Hart, Hannah	05/05/2003	Child/Adol.	A	A	A	17	47	45	Normal
Jones, Jenny	04/28/2003	Child/Adol.	A	A	A	8	40	18	Normal
Katour, Karla	04/30/2003	Child/Adol.	A	A	A	13	44	23	Normal

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

# Useable Timeline

- **Ready to start:**
  - ✓ 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
- ✓ **Initial implementation**
  - ✓ **Screen school population after 6 weeks (BASC-3 BESS: *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-3*)
  - ✓ 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



# Live-Survey Question

Question 1.

How would you evaluate your current universal programming and screening?

- A. We have top-notch programming, curriculum, well trained faculty, and have been doing universal screening
- B. A work in progress
- C. We have not yet considered how to do this systematically
- D. We have tried in the past and things don't stick



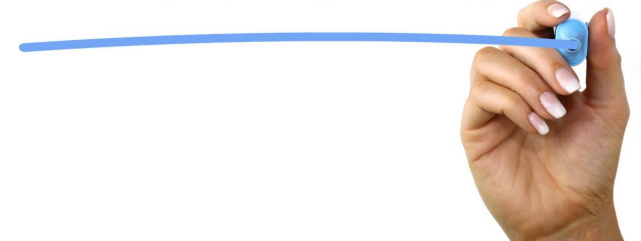
The stressors and chronic stress facing faculty, staff, and students remains unprecedented



# We can focus on treatment or we can focus on prevention...

- 1/4 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

ETHICAL BEHAVIOR



Have a system? *Describe and communicate.*  
Need a system? *Build your team.*



A teacher is sitting on the floor in a classroom, surrounded by young children. The teacher is pointing to a calendar on the wall. The calendar shows the month of May 2008. There are also posters for the days of the week in Spanish. The classroom is filled with educational materials and toys.

## A systems approach is needed.

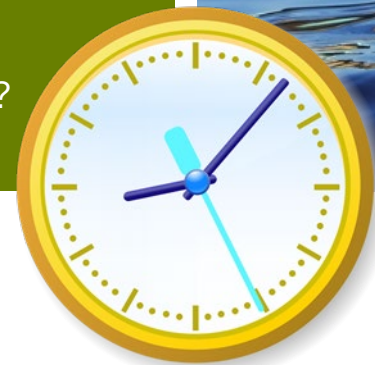
- Form partnerships with communities and across schools within a district.
- Build coalitions to support Universal screening.
- Identify existing resources.
- Triage and communicate resources and programming.
- Educate the educators.

*Support for academic, social, emotional, and behavioral needs is critical.*




# Survey Question for the Chat

Question 2. What are your greatest barriers to engaging in universal screening?








# Discussion Question for National Breakouts

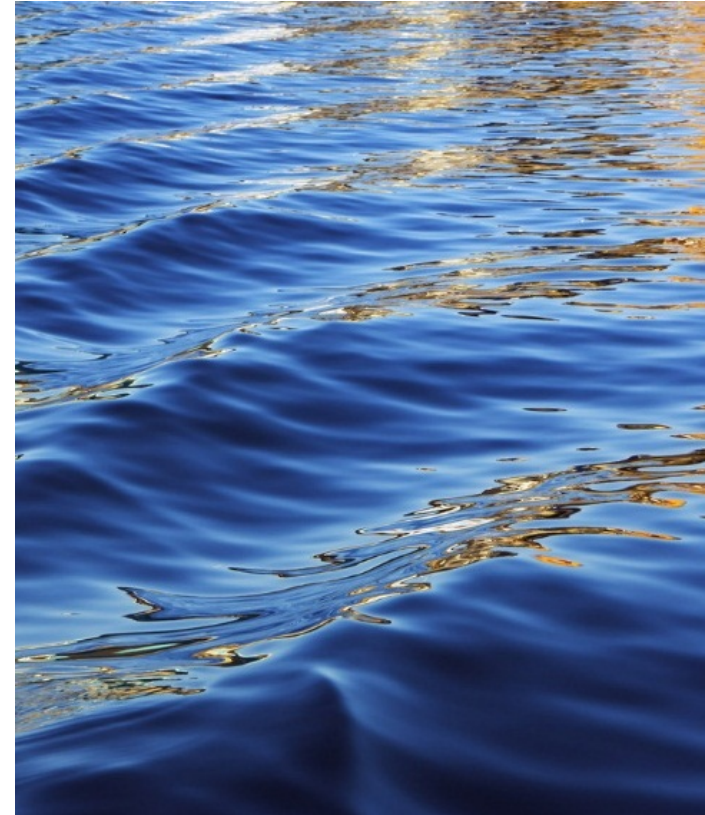
(I call this a 7 on 7 – 7 minutes in a breakout, 7 minutes back to share-out  
discuss/listen)

Question 3: What is your most pressing need and  
what is your goal?





Next Steps /  
Homework for  
implementation



# What next?

- Interested in making a big-impact?
- Consider a reflective self-assessment about your district or school.
  - Is there a working leadership team and is it functional?
  - Who needs to be at the table to make change happen?
  - What resources or supports exist to enable a sustainable program of comprehensive supports for social, emotional, behavioral well being?
  - Who might lead that conversation and initiative?
  - Is there interest and support in developing a plan that works for your area, your resources, your needs?
  - It is ok to go slow to go fast.



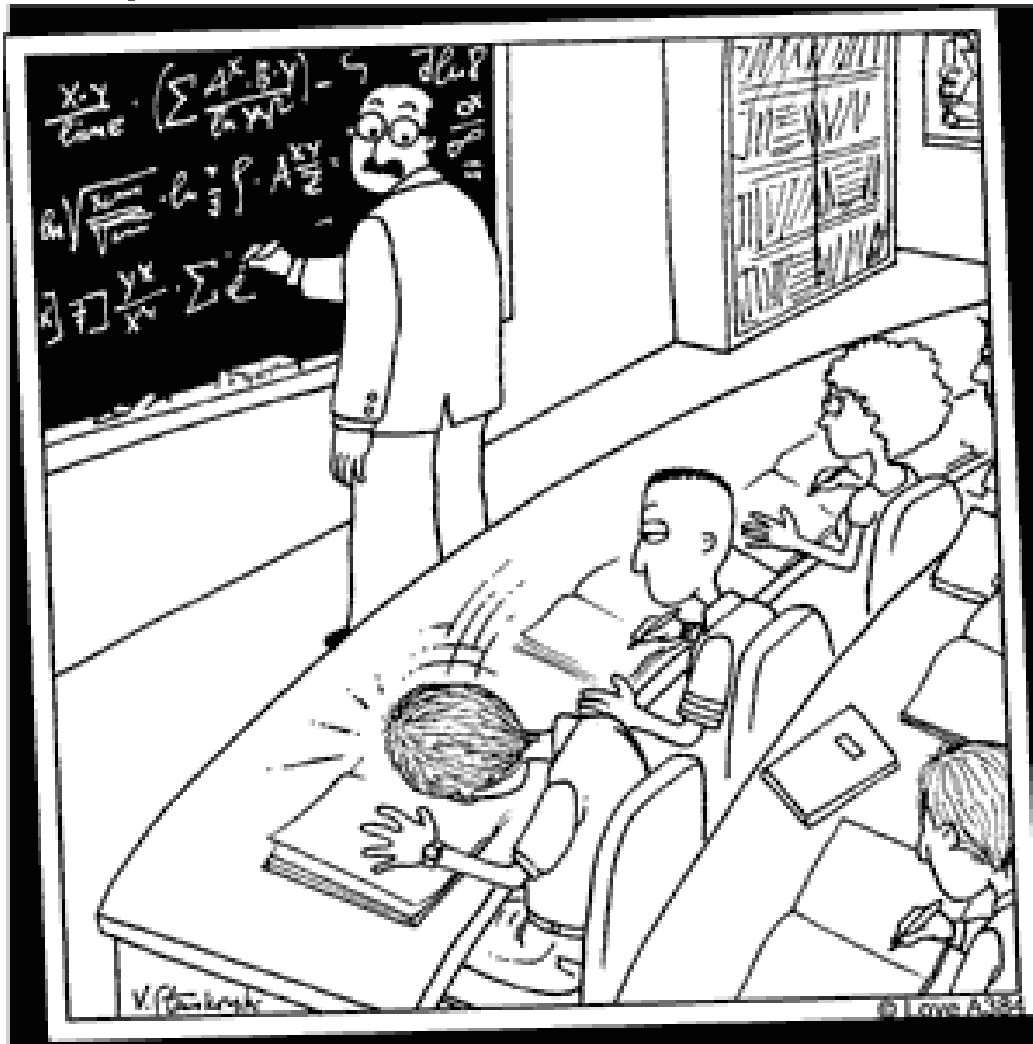


# Review and Forecast

A second session on *Universal Screening Models and Implementation HowTo* is offered next week – same time and “location”.

You are welcome to come back with a team – lets make this year the one of unprecedented POSITIVE change.





Professor Herman stopped when he heard that unmistakable thud – another brain had imploded.

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