Behavioral Health Screening in Schools: The Why, the What and the How

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Overview of the Presentation

Part 1:
- Why screen students?
  - Screening Defined
  - Purpose of Screening
  - Limitations of Traditional Methods
  - Other Considerations

Part 2:
- 10 steps to Screening Success

The Guide: [https://tinyurl.com/y8k4y8v3](https://tinyurl.com/y8k4y8v3)
What is Mental Health Screening

Mental health screening is a process for identifying students at risk of developing emotional & behavioral problems, so interventions can be set in place to prevent such problems from developing or getting worse.

The Key Take-Away

All Screening Should Be:

- Appropriate
- Feasible
- Useful
- Technically Adequate
- Beneficial
Why Use Screening Tools?

- May lead to better recommendations
  - Evidence-base
  - Supplements clinical judgment
  - More information to make decisions
  - Documentation
- Helps when sharing concerns with families
- Boosts credibility of referrals
Purpose of Screening for Mental Health Challenges

- Determine which students are at-risk for mental health challenges and determine appropriate next step:
  - Change in universal practices
  - Tier II Intervention
  - Tier III Intervention
  - Referral to Community Provider
Traditional Methods of Identification of Mental Health Challenges

- Teacher Referral
- Parent Referral
- 504/Special Education Referral
- Office Disciplinary Referrals
- Family Doctors
Challenges with the Traditional Methods

- **Reactive**
  - Referrals are often made *after* a student exhibits symptoms
  - The longer the delay in intervention, the more complex the intervention becomes

- **Over-reliance on Externalizing Characteristics/Observable Behaviors**
  - ODRs are typically measures of non-compliance or acting out behaviors
  - Parents and teachers may not recognize signs and symptoms of internalizing behaviors

Sources: Walker, Cheney, Stage, & Blum, 2005; Walker et al. (2010)
A Few Things to Keep in Mind

- Screenings are limited in scope:
  - They detect the **presence** of a problem not necessarily the **nature** of the problem
  - Screening is not assessment
    - No medical diagnosis
    - Not IEP/504 evaluation

- A Screening is not, in an of itself, an intervention
  - Referral pathway and decisions rules need to be in place prior to screening students
A Few Things to Keep in Mind

- Ethical Considerations
  - Prerequisites for use
    - Competence
      - Professional
      - Individual
    - Professional development & preparation
  - Appropriate Referral Pathway developed
  - Appropriate resources allocated to support necessary follow up
  - Do no harm

*It is unethical to screen students without having a thoughtful plan regarding next steps*
A Few Things to Keep in Mind

- **Referrals to Community Providers**
  - Many professionals are uncomfortable referring to community providers
  - Concerns related to school district liability and need to pay for services
  - Schools can and should support parents in navigating community mental health systems
    - Can recommend outside services
    - **Cannot** make access to educational programming contingent upon those services
      - That is, schools may be monetarily responsible if a student requires community services in order to access FAPE
    - **Cannot delay** a referral pending a student’s access or response to community-based services
10 Steps to Screening Success!

1. Gather a Team & Identify Area of Concern
2. Review Existing Data Sources
3. Determine Best Fit Screener
4. Determine Implementation Logistics
5. Develop Follow-Up Protocol
6. Engage School Stakeholders
7. Create Family Engagement Plan
8. Administer Screener
9. Initiate Referral Protocols & Progress Monitoring
10. Team Self-Reflection
Step 1: Gather a Team & Identify Area of Concern

This process **cannot** be done alone

- Consider multiple stakeholders:
  - Staff who are knowledgeable in mental health
  - Staff who understand classroom logistics
  - Administrative Staff
  - Parents
  - Community providers

- Use existing teams: Student Services, PBIS, SBLT

Identify area of concern

- Often we start by asking: What condition do we want to screen for
- Instead ask: What are we **noticing** about our students?
  - Our students seem to lack resiliency
  - More students struggling managing the academic demands of the classroom
  - We have a lot of students that were impacted by a large community event
  - We have a large population of students engaging in school refusal behavior
  - Etc.. Etc.. Etc.
Step 2: Review Existing Data Sources

What data currently exists within your school that may provide insight into this concern?

- Consider multiple sources
  - Climate Surveys
  - YRBS
  - PBIS data
  - Truancy
  - ODR analysis
  - Nurse Office Visits

Is there a data source we could add outside the formal screening process that would address our concern?

- Expanded ODRs
- Attendance data
Step 3: Determine a Best Fit Screener

- What are you screening for?
  - General mental health
  - Specific mental health concern (e.g. AODA, suicide risk, depression, etc)
  - Connectedness or School Culture
  - Resiliencey/Protective Factors

- Who Do You Want to Screen?
  - Everyone
  - Students in high-risk groups
  - Students who individually present at being at risk

- How are you going to screen?
  - True Universal
  - Targeted grade level
  - Multi-gaited approach
Step 3: Determine a Best Fit Screener

http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context

The Hexagon
An EBP/EII Exploration Tool

The “Hexagon” can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

Download available at: www.scalingup.org/tools-and-resources

- Need in school, district, state
  - Academic & socially significant issues
  - Parent & community perceptions of need
  - Data indicating need
- Capacity to Implement
  - Staff meet minimum qualifications
  - Able to sustain Imp Drivers
  - Financially
  - Structurally
  - Buy-in process operationalized
  - Practitioners & Families
- Readiness for Replication
  - Need for replication
  - Fidelity data
  - Cost – effectiveness data
  - Number of studies
  - Population similarities
  - Diverse cultural groups
  - Efficacy or Effectiveness
- Resources
  - Resources and supports for:
    - Curriculum & Classroom
    - Technology supports (IT dept.)
    - Staffing
    - Training
    - Data Systems
    - Coaching & Supervision
    - Administration & System

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Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith at the University of Maryland
Step 3: Considerations for a Universal Screening Process

- **Efficient**
  - Usually takes no more than an hour to complete any screener

- **Fair**
  - All students receive consideration for additional supports
  - Reduces bias by using evidence-based instrument containing consistent, criteria to identify students

- **Multiple Approaches**
  - Screen all students and look for base rates
  - Multi-gated approach
Universal Screening to Establish Base Rates

Adapted from Kilgus & Eklund (2016)

Universal Screening

- School-wide Base Rate ≥ 20%
  - Universal System Support (Tier I)
- School-wide Base Rate < 20%, but classroom base rate is ≥ 20%
  - Universal Classroom Support (Tier I)
- School-wide Base Rate < 20% and classroom base rate is ≤ 20%
  - Individual/Small Group Support (Tiers II/III)
Example of A Multiple Gating Procedure
Adapted from Walker & Severson (1992)

Gate 1

Teachers rank order & identify top 3 students for internalizing issues

Gate 2

Teachers rate top 3 students using evidence-based instrument

Targeted Intervention based on results
Step 4: Determine Implementation Resources & Logistics

- Identify resources & logistics
  - Create a timeline for executing screening process including frequency of screening (e.g., once annually?)
  - Develop budget for materials, staff, etc.
  - Create administration materials (e.g., presentation to share process with staff, parents & community members; consent forms; teacher checklists)
  - Schedule dates for screening(s) & meetings to share school-wide results
  - Determine follow up dates for school personnel
  - Ensure staff have dedicated time to follow up
  - Determine what type of consent is needed
What Type of Consent is Needed?

Critical question from Protection of Pupil Rights Amendment: *Is student participation required?*

- Are there:
  - Incentives for students to participate?
  - Consequences for students who do not participate?
  - Mandates for student participation?
  - No opportunities for students to assent/dissent prior to administration?

  Then *active consent from parents required*

- If not,
  - Passive Consent from parents OK

USDE Annual Notice about FERPA & PPRA – March 2011


Step 5: Determine Follow Up Protocol

- **Determine Cut-Offs:**
  - When do the results warrant
    - Universal intervention
    - SAIG and other Tier II groups
    - Tier III School-Mental Health Provider
    - Community Behavioral Health Provider referral

- **Resource Mapping**
  - Makes a list of available resources
  - Determine existing groups & expertise and capacity of current staff
  - Create a referral pathway for school & community providers
  - Use 211 to help find resources
Step 5: Determine Follow Up Protocol

Student Follow Up
- Is a follow up interview required?
- Do students get automatically placed in interventions?

Parental Follow Up
- Have a thoughtful and honest conversation about staff’s capacity for meaningful parent engagement
  - Warm hand offs to community providers
  - Communication about results and interventions
Step 6: Engage School Stakeholders

Before Implementing Screening
- Inform staff of your process
- Provide professional development on the area of concern to be screened
- Provide Staff with ample time to prepare for screening implementation

During Implementation
- Provide technical assistance to support teachers

After Implementation
- Share results
- Share follow up
Step 7: Create Family Engagement Plan

Before Implementing Screening
- Provide parents information about the screening, including why it’s important and what will be gained from doing it.
- Provide an opportunity for parents to view the screening tool
- Give a reasonable amount of time between notification and implementation

During Implementation
- Remind parents that the screening occurred and support how they can answer questions that their children may have

After Implementation
- Develop a protocol for sharing results and next steps, including scripts if necessary
- Follow up in writing if necessary
- Provide literature on area of concern
Addressing Common Parental Concerns

- Screening may raise “red flag” for parent
  - Are you saying my child needs medication?
  - You think I’m a bad parent.
  - I can’t let anybody know about this.

- Stigma & shame associated with mental illness

- Focus on the purpose of the screening – to improve student functioning in school
Step 8: Administer Screener
Step 8: Now what??

This is when all that hard work comes to fruition
Step 9: Refer Students & Implement Interventions

- Monitor Progress
- Develop Systems of Care
  - Signed releases and continuous contact with community provider
- Link back to Universal MLSS

Spectrum of Mental Wellness

- Well
  - Universal Strategies
- Beginning to have difficulty
  - Tier II strategies
- Having difficulty
  - Tier III & Intensive Supports
- Recovering
  - Learned coping strategies & universal supports

Universal strategies as protective factors
Step 10: Team Self-Reflection

- Gather the team together and review
  - Implementation logistics
  - Data
  - Effectiveness of treatment
  - Whether you got the information and outcomes you were looking for
The Key Take-Away

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- Feasible
- Useful
- Technically Adequate
- Beneficial
Behavioral Health Screening Tools

https://dpi.wi.gov/sspww/mental-health/behavioral-screening-tools
Questions?

Resource on Developing a Universal Screening Protocol within a MLSS: