



# *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>



# 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.

Twyford, J., Eklund, K., Chin, J. & Dowdy, E. ( March 2010) . *Behavioral RTI Model: Implementing Screening for Emotional and Behavioral Problems*. Minisession presented at the meeting of the National Association of School Psychologists, Chicago IL.

# 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 and of itself, an intervention
  - ▶ Referral pathway and decision 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
- ▶ Resiliency/Protective Factors

## ▶ Who Do You Want to Screen?

- ▶ Everyone
- ▶ Students in high-risk groups
- ▶ Students who individually present as being at risk

## ▶ How are you going to screen?

- ▶ True Universal
- ▶ Targeted grade level
- ▶ Multi-gaited approach

# Step 3: Determine a Best Fit Screener

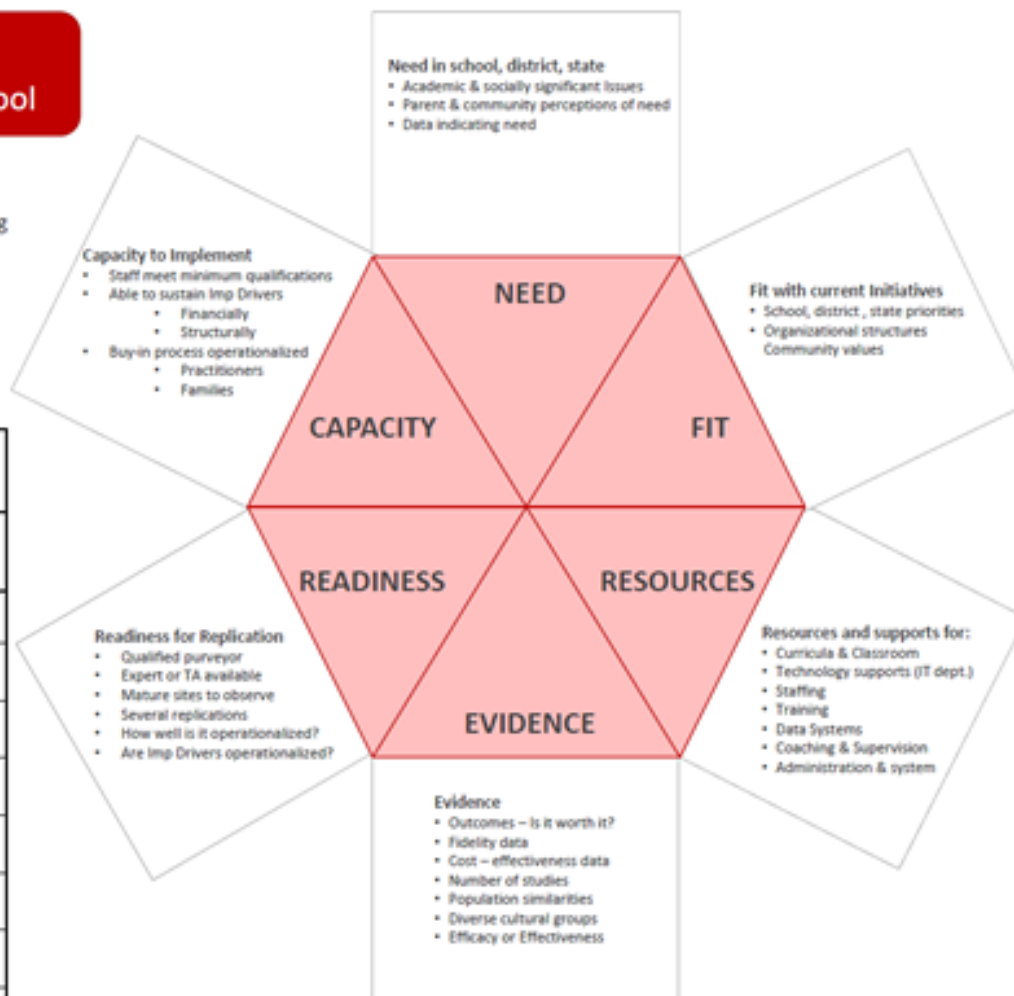
<http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context>

## 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](http://www.scalingup.org/tools-and-resources)

<b>EBP:</b>			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
<b>Total Score</b>			



# Step 3: Considerations for a Universal Screening Process

## ▶ Efficient

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

## ▶ Fair

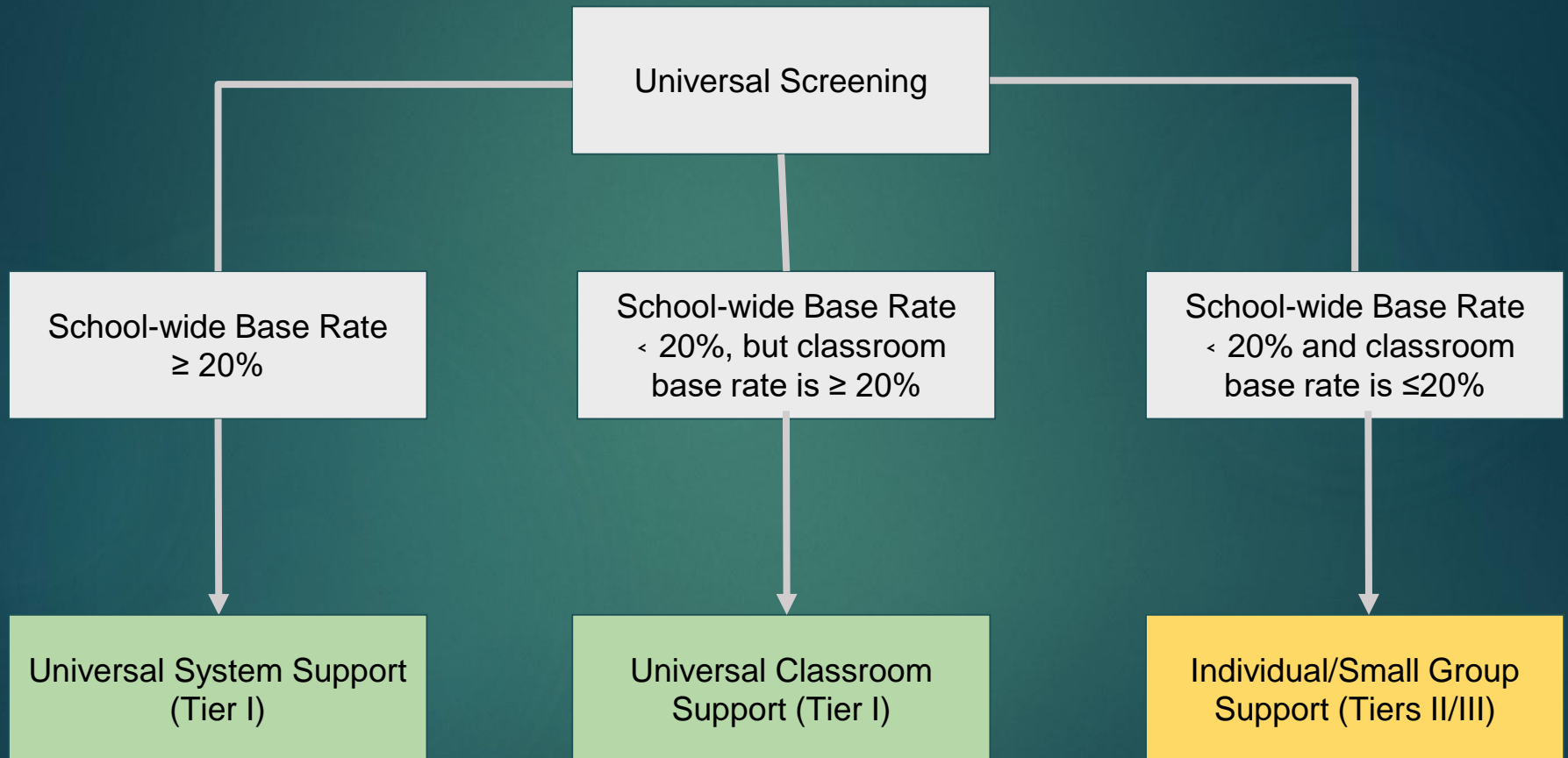
- ▶ All students receive consideration for additional supports
- ▶ Reduces bias by using evidence-based instrument containing consistent, criteria to identify students

## ▶ Multiple Approaches

- ▶ Screen all students and look for base rates
- ▶ Multi-gated approach

# Universal Screening to Establish Base Rates

Adapted from Kilgus & Eklund (2016)



# 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

<http://www2.ed.gov/policy/gen/guid/fpco/pdf/pprasuper.pdf>

<https://dpi.wi.gov/sites/default/files/imce/sped/pdf/rti-consent.pdf>

# 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

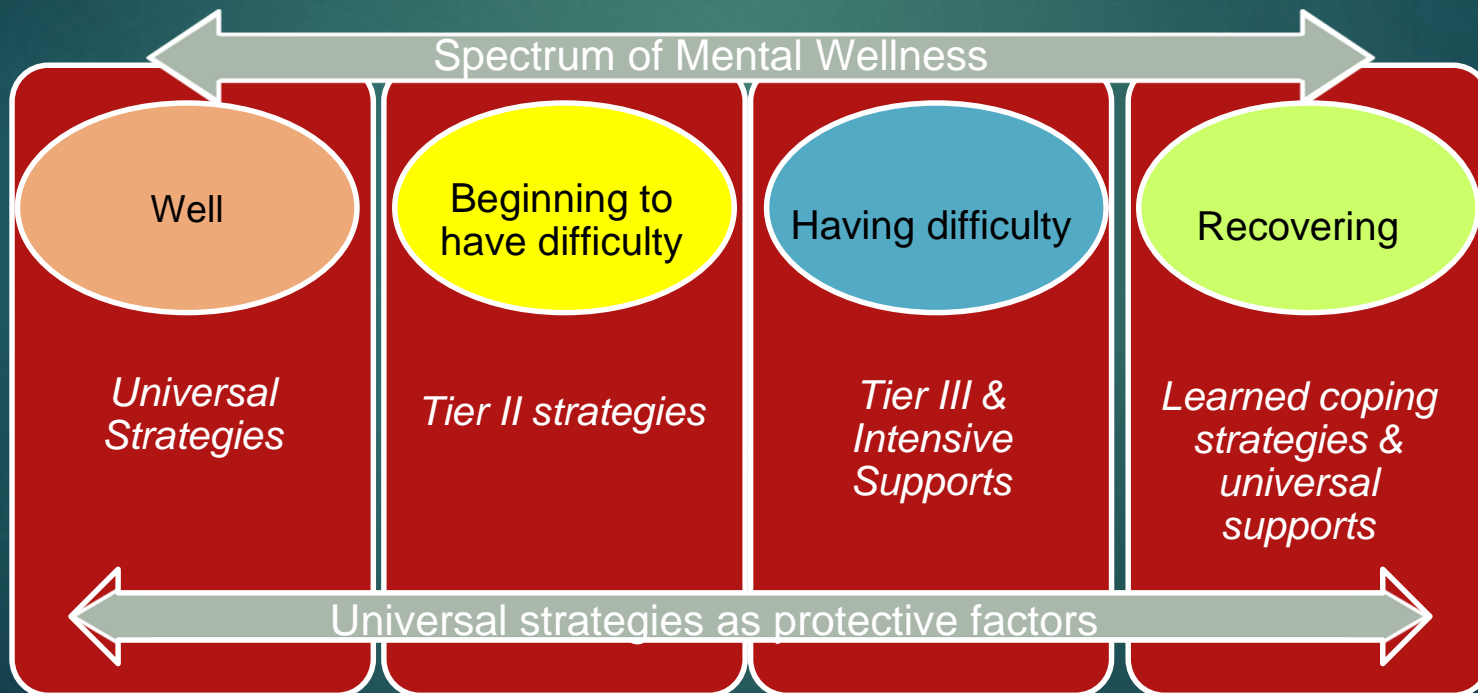


# Step 8: Now what??

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



# 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

All Screening Should Be:

Appropriate

Feasible

Useful

Technically  
Adequate

Beneficial

# Behavioral Health Screening Tools



The screenshot shows the Wisconsin Department of Public Instruction website. The header includes the department's logo and name, a search bar, and a navigation menu. The main content area is titled "Behavioral Health Screening Tools" and contains a list of evidence-based screening tools available in the public domain for use in schools. The tools listed include the Adolescent Domain Screening Inventory, Columbia Depression Scale, Columbia Suicide Severity Rating Scale (CSSRS), CRAFFT, Depression Scale for Children, and the Global Appraisal of Individual Needs - Short Screener (GAIN-SS).

**School Mental Health**

- School Mental Health Framework
- Social-Emotional Learning
- Behavioral Health Screening Tools**
- Global Appraisal of Individual Needs - Short Screener
- Suicide Prevention
- Trauma
- Resiliency
- Sumner Institute

SCHOOL MENTAL HEALTH / BEHAVIORAL HEALTH SCREENING TOOLS

## Behavioral Health Screening Tools

There are a number of evidence-based, behavioral health screening tools available in the public domain for pupil services professionals to use in schools. Below are brief descriptions and links to additional information and how to access copies of the tools and the necessary accompanying materials.

The Massachusetts General Hospital Child Psychiatry Program provides information about child and mental health information, mental health in the classroom, medications, and research studies for educators at [School Psychiatry for Educators](#). A table of screening tools and rating scales is available at [School Psychiatry Table of All Screening Tools & Rating Scales](#) covering the many kinds of mental disorders.

- [Adolescent Domain Screening Inventory](#) (alcohol and other drug screening tool)
- [Columbia Depression Scale](#)
- [Columbia Suicide Severity Rating Scale \(CSSRS\)](#)
- [CRAFFT](#) (screening questions for alcohol and other drug abuse)
- [Depression Scale for Children](#)
- [Global Appraisal of Individual Needs - Short Screener \(GAIN-SS\)](#)

<https://dpi.wi.gov/sspw/mental-health/behavioral-screening-tools>



# Questions?



Resource on Developing a Universal Screening Protocol within a MLSS:

[https://www.researchgate.net/publication/299437499\\_Consideration\\_of\\_Base\\_Rates\\_Within\\_Universal\\_Screening\\_for\\_Behavioral\\_and\\_Emotional\\_Risk\\_A\\_Novel\\_Procedural\\_Framework](https://www.researchgate.net/publication/299437499_Consideration_of_Base_Rates_Within_Universal_Screening_for_Behavioral_and_Emotional_Risk_A_Novel_Procedural_Framework)