



Social Emotional Screener Research Synthesis:

Screening for behavioral and emotional risk has been conducted in some schools for many years (Reynolds, 1979). National prevalence indicates that approximately 21% of 13 to 18 year olds experience a significant mental health disorder at some point in their lifetime (Merikangas et al., 2010). The CDC’s National Health and Nutrition Examination Survey (NHANES) indicates that approximately 13 percent of children between 8 and 15 have a diagnosable mental health disorder. ADHD was the most common disorder followed by mood disorders at 3.7 percent and major depressive disorder at 2.7 percent. Based on this prevalence and Response to Intervention (RTI) frameworks becoming more commonplace, screening of behavior and emotional risk can be completed efficiently in schools. However, previous research estimated that *less than 2 percent of schools* engaged in systematic screening of emotional and behavioral problems (Romer & McIntosh, 2005). Arguably, early intervention is preferred as research indicates that unidentified mental health disorders negatively impact school performance and lead to a negative trajectory (Gottlieb, 1991). Early identification could be helpful to interrupt or change the negative trajectory (Eklund, et al., 2009).

However, there are pros and cons to screening emotional and behavioral concerns. The primary questions posed in this synthesis are:

1. What is the purpose of social emotional screening?
2. Advantages and Liabilities of social emotional screening
3. What structures need to be in place to screen?
4. What are the recommended screening tools? What is the Surveillance Approach?
5. Hypothetical social and emotional framework with examples

1. What is the purpose of social emotional screening?

The main purpose of social emotional screening is to identify students at-risk of social and emotional difficulties and prevent further difficulties. Social emotional screeners are designed to identify students with Behavioral and Emotional Risk (BER). Early identification of academic or behavior difficulties and earlier intervention is understood to lead to better outcomes than later identification and treatment (Eklund, et. al, 2009; Gresham, et al., 2010; Walker, Ramsay, & Gresham, 2004). Typically, the purpose of screening to identify students demonstrating at-risk behavior; although screening results do not provide specific information to target intervention efforts.

2. Advantages and Liabilities of Social Emotional Screening (examples, not exhaustive)

Advantages	Liabilities
<ul style="list-style-type: none"> ● Schools well situated to conduct screening ● Support staff present ● Prevention of depression, leads to saved lives ● Screeners have increased psychometric quality ● Data used to improve programming/outcomes ● Earlier identification, better prognosis 	<ul style="list-style-type: none"> ● Costs (time, money, resources) ● School professionals not trained to treat mental illness ● If screening is conducted, intervention must be available and provided ● Research is lacking to definitively support that screening improves outcomes in mental health ● Results could stigmatize students identified ‘at risk’

(Deroshers & Houck; Kamphaus, 2012; UCLA Center for Mental Health in Schools, 2016)



3. What structures need to be in place to effectively screen for emotional and behavioral concerns?

With regard to social emotional or behavioral screening, decisions need to be made as to which areas of behavior or mental health will be measured. Is the district looking to screen such as protective factors, depression, all mental health risk, etc.? A multi-gate approach is recommended as a stepwise procedure to increase specificity of the measures used (Miller, et. al., 2015). A broad screening would be used first followed by subsequent gates and measures to narrow in on the behaviors of concern and accuracy of identification.

The first step to incorporating screening into a district MTSS plan would involve the selection of an appropriate screening assessment. Glover and Albers (2007) established three critical aspects for selecting screening measures:

- Appropriateness of measure for it's intended use (Fit)
- Technical adequacy or consistency and accuracy- (Evidence)
- Usability

The MTSS model of service delivery is based on the public health model (Doll & Cummings, 2008). For screening to be most effective, available options for instruction and intervention in social emotional areas must be present. For example, a social emotional program could be delivered to all students with supplemental or more targeted instruction for students not responding adequately to universal instruction.

In order for a social and emotional screening process to be most effective and efficient, several elements are recommended (Kilgus & Eklund, 2016).

- Knowledge of the local BER base rate
- Efficient, reliable, and valid screening tool
- Parent notification or consent
- Established schedule of screening (fall, winter, spring)
- Identified available interventions at the school level (e.g., individual, small group, class and school wide)

4. What are screening tools are recommended most or evident in the literature?

Below are the most used or frequently referenced emotional or behavioral screening tools, in alphabetical order (Dowdy, Ritchey, & Kamphaus, 2010; Jenkins, et. al, 2014):

- Behavioral and Emotional Screening System-3 (Pearson, BASC)
- Devereux Student Strengths Assessment (DESSA)
- Social, Academic, and Emotional Behavioral Risk Screener (SAEBERS, FastBridge)
- Social Skill Improvement System (SSIS)
- Strengths Difficulties Questionnaire (SDQ)
- Student Internalizing and Externalizing Behavior Systems (SIBS/SEBS- Cook)
- Youth Risk Behavior Survey (YRBS)- CDC

When examining the measures above, the following criteria was also applied:

- Internalizing and externalizing behavior measurement
- Online administration and reporting
- K-12 range of administration
- Self, parent, and teacher form availability



Considering the information collected using a modified [Hexagon](#) approach, the most practical screening tools to investigate would be:

- **Behavioral and Emotional Screening System-3** (Pearson, BASC)
- **Social, Academic, and Emotional Behavioral Risk Screener** (SAEBERS, FastBridge)
- **Social Skill Improvement System** (SSIS)
- **Youth Risk Behavior Survey- CDC- 1 year surveillance data gathered**
- *Possibly-* Devereux Student Strengths Assessment (DESSA)
- *Possibly-* Student Internalizing Behavior System (SIBS) and Student Externalizing Behavior System - copy obtained from author

Surveillance Approach: The World Health Organization (2012) defined *surveillance* with regard to epidemiology as the strategy for continuous, systematic collection, analysis, and interpretation of health-related processes over time to guide planning, implementation and evaluation of practices. Surveillance began as an approach to monitor infectious disease and has more recently been used to monitor community mental health. Based on a special panel report from the National Academies of Sciences, Institute of Medicine, in collaboration with the National Research Council (2009), a recommended change was made from the assessment of symptoms of disease to the identification of individuals and groups with risk for developing mental disorders. A recent study conducted in schools indicated that use of a surveillance survey with added measures of behavioral and emotional risk (BER) increased the precision of understanding of which youths were at greatest odds of engaging in risky behaviors (Dowdy, Furlong, & Sharkey, 2012). More locally, [Dane County](#) uses the Youth Risk Behavior Survey with added questions assumed to increase the precision of identification of social emotional needs in the community. Within the School District of Elmbrook, use of data from a surveillance survey would be used to develop and strengthen a community based approach to social and emotional learning.

5. Hypothetical social and emotional framework with examples

- A. Conduct Middle and High School Surveillance and Screening
 - a. Year 1- use YRBS to gain baseline of district needs during STP, Spartan/Lancer Hub
 - b. Year 2- choose screening tool that provides identifying information and is more targeted to needs identified by YRBS pilot results AND provides measurement of BER
- B. Develop and distribute parent and teacher information regarding expectations by stage of childhood related to social and emotional learning
- C. Increase awareness of emotional symptoms and warning signs. Develop and teach students to report concern and request assistance; use universal instruction time
- D. Develop SEL UbD's (curriculum) based on identified needs from YRBS and staff, student and family survey data for Board approval
 - a. Refer to CASEL Implementation Guides for more detailed steps to consider for steering committee ([Elementary](#) and [Secondary](#))
- E. Recommend Universal SEL resources for Board adoption. Examples:
 - a. Elementary: Second Step: 20 minute sessions, 4 times per week
 - b. Middle: Second Step; 20 minutes sessions, 4 times per week
 - c. High School: Signs of Suicide, Ending the Silence/Stigma Reduction (NAMI), SEL Competencies embedded into courses (e.g., Health, PE, ACP)
- F. Determine time and structure how to deliver targeted SEL. Examples:
 - a. Elementary: Strong Start/Strong Kids (3-5) 30 minute group, 1 time per week
 - b. Middle: Strong Kids (6-8) 30 minute group, 1 time per week
 - c. High: Strong Teens (9-12) or Strong Kids (6-8) in 9th if needed; 30 minute group, 1 time per week; SBIRT, HOP.



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