

# Perspectives on Early Childhood Psychology and Education

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Volume 7  
Issue 1 *Enhancing Behavioral Outcomes in Early  
Childhood*

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Article 8

January 2023

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### Recommended Citation

Taylor, Crystal N.; Lovelace, Rebecca W.; Weaver, Caitlyn M.; Wright Harry, Sarah; Cato, Terreca A.; and Ackley, Meleah M. (2023) "Addressing Barriers to Universal Screening for Social, Emotional, and Behavioral Risk in Elementary Schools," *Perspectives on Early Childhood Psychology and Education*: Vol. 7: Iss. 1, Article 8.

DOI: <https://doi.org/10.58948/2834-8257.1037>

Available at: <https://digitalcommons.pace.edu/perspectives/vol7/iss1/8>

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# Addressing Barriers to Universal Screening for Social, Emotional, and Behavioral Risk in Elementary Schools

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# **Addressing Barriers to Universal Screening for Social, Emotional, and Behavioral Risk in Elementary Schools**

*Crystal N. Taylor, Rebecca W. Lovelace, Caitlyn M. Weaver, Sarah W. Harry, Terreca A. Cato, and Meleah M. Ackley*

## **Abstract**

Early identification of students in need of additional support in the classroom is an important structure for school districts to have in place. Universal screening for social-emotional and behavioral (SEB) risk is one method that schools can use to identify students in need of SEB support and to begin early intervention programming. Unfortunately, recommendations about universal screening and resources for universal screening for SEB risk are limited. As a result, barriers to screening are increased and interventions are delayed – sometimes indefinitely -- for those who need them most. This paper discusses the barriers and challenges experienced by elementary schools (grades K-5) in one school district in the South across a three-year consultative study. This district was supported by the researchers in identifying an appropriate SEB screener, in disseminating the screener, and in ensuring accuracy in its completion. Across the three years, data were evaluated from previous years, and recommendations to improve the district's screening initiative were made by the lead consultant and school psychology graduate students. Over time, positive changes were noted in screening practices, but it is evident that more work needs to be done. Specific solutions and future implications for early childhood are discussed.

**Keywords:** *universal screening, social-emotional, assessment*

## **Addressing Barriers to Universal Screening for Social, Emotional, and Behavioral Risk in Elementary Schools**

Early identification and intervention for social-emotional and behavioral (SEB) difficulties are particularly important in early childhood. Young children that exhibit SEB problems are at increased risk for negative, long-term outcomes such as academic problems, delinquency, and negative peer relationships (Reinke et al., 2008). Thus, higher rates of behavior problems can inhibit a child's behavior socially and emotionally and impact their academic success. Consequently, there is a need for an integration of behavioral supports in early childhood to improve student SEB outcomes as well as student academic outcomes (Lane et al., 2014). More recent legislation has shifted from being focused predominantly on reading performance, math scores, and teacher accountability, to a whole-child approach (Carlson, 2019). The introduction of the Every Student Succeeds (ESSA) Act in 2015 is seen as a primary source of funding for SEB support, and it has included the following strides toward supporting SEB development:

- *broader definitions of student success (i.e., not exclusively academic indicators);*
- *language regarding the enhancement of student academic enabling skills (e.g., being prepared for class, participating in instruction, etc.) to support school readiness;*
- *broader definitions of professional development; and*
- *creation of specific school staff positions dedicated to improving school climate, safety, and student mental and behavioral health (Collaborative for Academic, Social and Emotional Learning; CASEL, 2021).*

Thus, research and policy suggest the importance of supporting SEB growth in early childhood. SEB skills that are developed during early childhood include social skills such as relationship building, and emotional behavior skills such as emotion regulation and empathy (Darling-Churchill & Lippman, 2016). With more funding and a narrower focus on specific social and emotional skills, early childhood screening is becoming more popular as a proactive way to identify students needing additional SEB support (Elliott et al., 2021). Students identified as at-risk for SEB difficulties often

benefit from social-emotional learning (SEL) programs, which, when integrated within the classroom, support generalization and provide a more robust approach than using stand-alone SEL curricula (Jones & Bouffard, 2012). Regardless of the process, however, early teaching and the fostering of SEB skills are known to lead to positive well-being and satisfactory educational outcomes in the short and long term (Djamnezhad et al., 2021).

Elementary schools are an ideal place to implement SEB support through their SEL and positive behavior interventions and supports (PBIS) programs. PBIS is a multi-tiered system of support (MTSS), in which students receive differentiated behavioral supports. Within this model, schools identify students in need of support beyond the universal interventions provided in Tier I. With universal screening schools can identify at-risk students (i.e., those not responding at Tier I) and provide further targeted service delivery early at Tier II (Kilgus & Eklund, 2016; Sevenson et al., 2007). Early identification of children who need more intensive Tier II supports for SEB difficulties is imperative in early childhood. The longer SEB difficulties go unidentified and untreated, the more stable these SEB difficulties appear, resulting in negative long-term outcomes (Gottlieb, 1991; Reinke et al., 2008).

Despite its importance, early identification of SEB risk, using universal screening procedures, is uncommon in elementary schools. This is likely due to the lack of recommendations for its implementation, further delaying services to those children that need it most (Briesch et al., 2018). Recent studies have examined the rates of universal screening in schools and found that 81% of schools administer screenings for academic concerns and 70% screen for health concerns, while only 9-12% of schools are using universal screening for SEB risk (Briesch, Chafouleas, Dineen, et al, 2021; Bruhn et al., 2014; Lane et al., 2015). A similar study in Australia found that 14.8% of surveyed schools used universal screening for mental health concerns (Burns & Rapee, 2021). In this study, Burns and Rapee identified three main barriers to mental

health screening: (a) a lack of support for implementing universal screening protocols, (b) not knowing how to respond to at-risk students, and (c) lacking funding and resources to support at-risk students. Similar barriers have been described in other research studies such as that by Briesch, Chafouleas, Lovino et al, (2021). These perceived barriers impact schools' willingness to implement a SEB universal screening protocol in their schools. This paper sought to further understand the barriers and challenges associated with implementing a universal screening protocol for SEB risk, and to address challenges faced by elementary schools in a Southern United States school district.

### **Purpose**

A school district reached out to the primary author requesting consultation support for the implementation of universal screening practices in their elementary schools. Previously, the school district had used a self-developed screener without norms or criteria to identify those at risk for SEB difficulties, so they requested support to identify a psychometrically sound screening measure. The primary author of this paper, referred to as the lead consultant, supported the district's screening efforts across a three-year period. The school district used a top-down approach to implementing their screening initiative.

The purpose of the current paper was to address barriers and challenges this school district experienced in the first three years of implementing universal screening in their district. Understanding and addressing challenges to universal screening initiatives in early childhood is essential for providing practitioners and school personnel with recommendations to improve the implementation fidelity of universal screening, so they can provide intervention supports to at-risk children before problem behaviors worsen (Burns & Rapee, 2021; Severson et al., 2007).

## Research Questions

1. *What challenges do elementary schools experience when initially administering universal screening for SEB risk?*
2. *When elementary schools receive consultation to address these challenges, will fidelity increase in terms of compliance for meeting deadlines and accuracy of data?*

## Method

### Participants

Stakeholders from a school district in the Southern United States were considered the primary participants for this project. Stakeholders included the special education director, five school counselors from each elementary school, and school psychology graduate students. Teachers were considered secondary participants and were not involved in the consultation process. The decision to implement a universal screening initiative was made at the district level, to address the need to identify at-risk students in early elementary school and to align with special education policy.

No specific data were collected on the number of teachers that completed the screeners during 2019 (year one) due to a different focus (i.e., identify a universal screening measure and develop a screening protocol) for that first year. One hundred fifteen teachers completed screening for elementary students in 2020 (year two), and 97 teachers completed screening for elementary students in 2021 (year three). All participating elementary schools were considered Title 1 schools. Data obtained from the National Center for Education Statistics regarding the 2020-2021 year indicated that the district had approximately 2,000 elementary students. Most students identified as Black (85.23%), and there was an equal representation of male and female students. In this paper, the authors define early childhood as those under the age of eleven. This age range is slightly more inclusive as it includes children between nine and eleven years old.

## **Measures**

### ***Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE)***

All elementary school students were rated using the SRSS-IE. Students were rated regardless of disability status, placement in the tiered system, or presence of any type of behavior support plan. The SRSS-IE (Drummond, 1994; Lane & Menzies, 2009) is used to identify students at risk for SEB problems. This instrument assesses internalizing and externalizing problems by having teachers rate students' behaviors on a Likert scale ranging from 0-3, with 0 indicating that the student never engages in the behaviors and 3 indicating that the student often engages in the behaviors. This measure is free and can be accessed online. The SRSS-IE has three forms: one for preschool students, one for elementary-aged students, and one for middle and high school students. For the purposes of this paper, the elementary version will be discussed. The SRSS-IE includes simple directions to guide teachers, but no formal training is required for teachers to complete it. In fact, Lane et al. (2015) noted the feasibility of completing the form. Directions specifically state to "use the above scale (0 = never, 1 = occasionally, 2 = sometimes, 3 = frequently) to rate each item for each student in your classroom." It has been mentioned that the original 7-item scale should take approximately 15 minutes for a teacher to rate an entire class (Lane et al., 2015). With the addition of 5 items on the SRSS-IE form used in this study, it was still assumed that the form would not be a time-intensive task for teachers to complete within the designated timeframe.

The externalizing scale of the SRSS-IE has 7 items (e.g., steal; lie, cheat, sneak; behavior problem; peer rejection; low academic achievement; negative attitude; and aggressive behavior). Scores ranging from 0-3 suggest low risk, 4-8 suggest moderate risk, and 9-21 suggest high risk. The internalizing scale has 5 items (e.g., emotionally flat; shy, withdrawn; sad, depressed; anxious, and lonely). Ratings from 0-1 on this scale suggest low risk, 2-3 suggest



moderate risk, and 4-15 suggest high risk (Drummond, 1994; Lane & Menzies, 2009). Earlier research has supported the reliability of the SRSS-IE by showing strong internal consistency ( $>.80$ ) and correct classification rates of 0.81 (Lane et al., 2015).

## **Procedures**

During the fall semester of the 2019-2020 school year, stakeholders from a mid-size school district reached out to researchers and requested support with developing a plan for SEB universal screening procedures in their elementary schools. During year one, the district was specifically seeking guidance for identifying a universal screener to implement within their elementary schools. The district requested support with the implementation of the identified screener over the next two years of this study.

During this 3-year period, schools were only provided consultation regarding data collection. Brief reports were provided for intervention decision-making, but student and classroom outcome data were not collected. For the current study, all recommendations provided by the researchers for universal screening data collection were based on best practice models such as that from the School Mental Health Collaborative developed by Romer et al. (2020).

A professor in school psychology with nine years of experience in universal screening practices served as the lead consultant to identify and address challenges across all three years. The consultation was provided to the school district beginning in the fall of 2019. Consultation occurred once at the beginning of each school year prior to screening. During each consultation session, stakeholders from the school district identified challenges they experienced with their screening procedures, and the lead consultant identified solutions that each of the elementary schools could implement. Over the three-year process, conversations resulted in slow changes that positively affected the implementation of universal screening in this district. A description of screening procedures for each year is described below.

***Year One***

In the fall of 2019, stakeholders at the district's elementary schools requested support from the lead consultant to improve their universal screening practices. The district then identified three challenges to their current universal screening procedures. First, the district wanted to better identify students that might need more SEB support, but they did not have the resources (i.e., experienced staff in early identification or universal screening). Second, because the district did not have experienced staff, the district was using a self-developed universal screener. This screener did not have norms, cut scores, or reliability and validity data. The district was seeking a universal screening tool that was reliable, valid, user-friendly, time-efficient, and cost-efficient. The final challenge experienced by this district was an ineffective implementation plan. In past years, implementation of their screening protocol was unsuccessful due to low buy-in, unclear expectations, and inconsistent use of the screening data.

During year one of this study, the lead consultant provided the district with a psychoeducational handout that described available universal screening measures, including the SRSS-IE (Drummond, 1994); the Social, Academic, and Emotional Behavior Risk Scale (Kilgus et al., 2014); the Strengths and Difficulties Questionnaire (Goodman, 1997); and the Behavior and Emotional Screening System (Kamphaus & Reynolds, 2015). From these options, the school district selected the SRSS-IE as their preferred screening measure because it was brief (only 12 items), free, and identified students with internalizing and externalizing risk. Next, the stakeholders chose teachers to be the informants because they spent most of their day with students and would, therefore, understand the typical behavioral expectations of children in that age group. Stakeholders identified October as the best time to screen students each year, as it was about two months after the start of the school year and would allow teachers to get to know their students before the screening began. This is consistent with best practice guidelines

for universal screening, which recommends screening within four to six weeks of the beginning of the school year to ensure accurate ratings (Romer et al., 2020).

After this, one school psychology graduate student and the lead consultant acted as supports for the elementary schools as they went through their first year of universal screening. As part of the process, the graduate student provided the school counselors at each school with one folder of fillable Google Sheets for each classroom teacher to use to rate each student in their classroom. The graduate student met with the school counselors to discuss deadlines, expectations, and directions for the completion of the SRSS-IE. Teachers were given the option to complete the screener for all students in their classroom, or only for students that were believed to be at-risk. This was the district's method of conducting universal screeners in the past, so the stakeholders decided to maintain this practice to reduce the number of changes that occurred during year one. The counselors shared each Google Sheet with the teacher via email. The email explained the directions for completing the SRSS-IE and set a four-week deadline after the email was sent. School counselors were available to answer questions throughout the screening period. Once teachers received the Google Sheet, they entered the names of their students in the first column and were instructed to provide each student with a rating of zero to three for each behavior listed across on the first row of the Google Sheet.

After four weeks, school psychology graduate students scored the screeners and provided each school with a list of students that were at-risk on either the externalizing or internalizing scale. During the first year of the screening process, the elementary schools did not use their data to support at-risk students. This was due to incomplete and inaccurate screening data from some teachers and missing data from whole classrooms. Furthermore, intervention suggestions and screening reports were not provided by the consultant during year one because the district's request

was to focus on identifying a screener and modifying expectations to further improve counselor and teacher buy-in.

### ***Year Two***

During the fall of 2020 (year two), the lead consultant met face-to-face with district stakeholders to discuss and address challenges from their first year of screening. A primary challenge identified was that during the first year of screening, compliance was low and ratings from some teachers had missing data for their students. It is important to note that teachers were given the opportunity to only complete the screener on those they believed to be at-risk which might explain the missing data. Some school counselors also stated they did not see the benefit of screening, so they did not require teachers to complete the screener if they were resistant.

To address these concerns, two school psychology graduate students attended the district's monthly counselor meeting that was required for all counselors and behavior specialists. During this meeting, the graduate students gave a professional development-style presentation on the importance of universal screening, the specific features of the SRSS-IE, and instructions for completing the screener accurately. Furthermore, school counselors were informed that all teachers must screen all students in their respective classrooms. This was a change from previous years. At the end of the presentation, the screeners were distributed via Google Sheets, and the due date for SRSS-IE completion was provided. Stakeholders in the district decided on a shorter deadline of two weeks to help increase compliance.

Following the meeting, the counselor from each elementary school shared the online form with their schools' teachers via email and explained the directions and deadline for completing the SRSS-IE. Counselors and school psychology graduate students were available to answer teachers' questions during the screening period. Teachers were asked to complete the screener on every student in their classroom during the two-week timeframe. The

Google Sheets provided to the teachers in 2020 were identical to those provided in the previous year, and the process for the online forms remained consistent during both years. When student ratings were entered by the teachers into the Google Sheet, both externalizing and internalizing risk were automatically calculated. The line on the right side of the Google Sheet would turn green for low-risk, yellow for moderate-risk, and red for high-risk, to aid in visual analysis. These sheets were adapted from the Comprehensive Integrated Three-Tiered Model of Prevention screening website (Comprehensive Integrated Three-Tiered Model of Prevention; Ci3T, n.d.).

After the two-week screening period, graduate students evaluated the data with the lead consultant and provided a list of at-risk students (i.e., individuals flagged at high or moderate levels in either category) to each elementary school counselor. A formal written report was generated to describe rates of risk within each grade and throughout the whole school. The report included the percentage of students in each risk category and line graphs depicting the type of risk across grade levels. If the percentages of students at risk greatly exceeded 20%, as per the recommendations of Kilgus & Eklund (2016), the researchers provided the school with school-wide strategies to address SEB problems. Additionally, if one grade or one class had a significantly higher percentage of students at risk than other grades or classrooms intervention recommendations were supplied to that specific grade or classroom. These reports were provided to show school counselors the benefit of screening data and help them identify children in need of early intervention.

### ***Year Three***

During the fall of 2021, the lead consultant met with the district stakeholders to discuss challenges seen in years one and two. The elementary schools indicated that fidelity (e.g., teachers completing the screener inaccurately, teachers not completing the screener by the deadline) was a major concern. Although issues

with fidelity were directly related to teacher behaviors, researchers were not given access to teachers in a more formal manner. Instead, similar to the second year, the third year of the study began with a professional development at the monthly counselor meeting with the elementary schools' counselors and behavior specialists. This meeting was identical to the meeting from year two except it consisted of more explicit instructions for completing the SRSS-IE based on the errors that were made in the previous year. Counselors were instructed to provide additional support to teachers as necessary to improve the accuracy of the screening results. To further increase the accuracy of the behavior ratings and to increase the fidelity of the elementary schools' screening protocol, two school psychology graduate students followed-up with emails to the counselors that included explicit directions for completing the measures as well as the PowerPoint used during the professional development in the counselors' meeting. Counselors then shared the email which included the PowerPoint, instructions for completing the screener, the deadline, and the Google Sheets. The screening began in October, and teachers were given two weeks to complete their screening measures for their students.

To further increase fidelity, the importance of rating every behavior and not leaving any items blank was emphasized through emails and in-person when speaking with teachers. One week before the deadline, the school psychology graduate students sent reminder emails to the counselors and teachers with directions and emphasis on the importance of completing the screeners in a timely manner and accurately. Once the screeners were completed, the school psychology graduate students analyzed each school's results. Teacher ratings were combined, and results were analyzed by grade and school. A written report was generated using a template from year two and featured the percentage of students in each risk category and line graphs depicting the type of risk, percentage of risk, and how the risk varied across grade levels. The counselors were provided with these reports.

## Results

Data were analyzed at the district level for all elementary schools. Reported challenges were based on conversations between the lead consultant and district stakeholders across all three years. Challenges were also identified by school psychology graduate students' observations during the screening period. Additionally, fidelity data (i.e., timely and accurate completion of the SRSS-IE) were compared across years two and three. Year one's focus was more of a developmental phase during which elementary schools in the district identified a screener and solidified their screening practices. Fidelity data were not available during year one.

### **Research Question One: What challenges do elementary schools experience when they begin administering universal screening for SEB risk?**

Three challenges to screening were most common in 2019 and 2020: limited or lack of buy-in, inaccurate and inconsistent responses to the SRSS-IE, and a need for training and explicit instructions in the implementation of universal screening procedures. These challenges were addressed in the fall of 2021.

#### ***Limited or Lack of Buy-In***

Reports from stakeholders in the district indicated that school counselors, school administrators, and teachers did not buy into the importance of universal screening. The lack of buy-in from upper administration and counselors resulted in incomplete screenings by some teachers. This was specifically problematic during the 2020 school year. Observations provided by the graduate students included a lack of engagement during the professional development held during the counselor's meeting, school personnel not encouraging teachers to adhere to deadlines, and a lack of follow-up with teachers to remind them to complete the screeners. This lack of follow-through from counselors and administrators likely resulted in less buy-in from teachers. To address

the lack of buy-in, school psychology graduate students provided psychoeducation centered around universal screening during their professional development presentations at the counselors' meetings in year three. During these presentations, the importance of early identification using screening was highlighted. In addition, school psychology graduate students provided schools with reports that explained the results from the screening and offered intervention suggestions. These reports were provided in years two and three. It was anticipated that by providing support for using the data, school counselors would see the benefit of screening and encourage their teachers to complete the measures in future years.

### ***Inaccurate and Inconsistent Responding to the SRSS-IE***

During the first year of screening (fall 2019), the district only required teachers to rate students that they suspected were at-risk. In the fall of 2020, teachers were instructed to complete ratings for every student in their classroom, but some teachers still only completed ratings for students they believed were at-risk. The different instructions between 2019 and 2020 may have contributed to this misunderstanding. In the third year of the study instructions were more explicit and were provided in multiple modalities such as on the Google Sheet and in an email with a PowerPoint attachment.

Another common error noted by the researchers was the inaccurate completion of the SRSS-IE. For example, some teachers submitted screening data with students receiving a rating of "6" on an item when the scale ranged from 0-3, or they reported students' total scores as 56 when the maximum total score, they could receive was 36. Similarly, some rating scales were returned with every item for each student marked with a zero, indicating that 100% of students in the class never engaged in any of the behaviors described on the rating scale. Additionally, some teachers only responded to questions they perceived as the most relevant to the student they were rating. These inaccurate and inconsistent ratings resulted in students with incomplete or missing data.



More explicit instruction and an emphasis on the importance of rating each behavior for all students and using the 0-3 Likert scale was provided to teachers during year two of the study. During year three, these instructions were further emphasized to school counselors at the presentation during the counselors' meeting. Moreover, a PowerPoint and email were provided to teachers that explained the purpose of universal screening and contained instructions for completing the screening measure in year three.

### ***Need for Training and Explicit Instructions in Universal Screening Procedures***

According to stakeholders, training was necessary to teach school counselors the expectations for screening and to answer counselors' questions, before the counselors were required to ask teachers at their schools to complete the screener. Prior to screening in the fall of 2021, stakeholders also requested that the lead consultant and school psychology graduate students provide more explicit instructions directly to the teachers through emails and on the Google Sheets. A presentation during the monthly counselors' meeting that described the importance of screening and how to complete the screener was implemented in the fall of 2020. In the fall of 2021, the school counselors received the same training with further emphasis on the importance of gathering accurate and complete data to support student behavioral needs. Graduate students followed up with school counselors through email after the 2021 meeting. This email contained explicit instructions regarding the completion of the ratings and the importance of meeting deadlines. School psychology graduate students emphasized the importance of rating every behavior and answering each question, and the PowerPoint used during the meeting was provided for reference during the screening period. Finally, follow-up emails were sent by the school psychology graduate students to the counselors and teachers a week before the due date, to remind them of the deadline and to provide instructions for completing the SRSS-IE.

**Research Question Two: When elementary schools receive consultation to address challenges to their implementation of universal screening, will fidelity increase in terms of compliance for meeting deadlines and accuracy of data?**

In year two (the fall of 2020), a total of 113 teachers taught grades K-5 in the district. Of those teachers, 68 of them completed their screeners within the two-week period (60%). Overall completion rates ranged from 16 to 100% across all elementary schools in the district. In the fall of 2021, the district consisted of a total of 97 K-5 teachers, and of those teachers, 90 completed their screeners on time (92%). Overall completion rates in 2021 ranged from 81 to 100%. Percent increase in the completion rate was calculated by subtracting the 2020 completion rate and from the 2021 completion rate, dividing it by the 2021 completion rate, and multiplying by 100. This resulted in a 54% increase in completion between 2020 and 2021.

Errors were defined as any instance in which (1) a behavioral rating exceeded the maximum rating on the Likert scale; (2) when total scores exceeded the maximum possible score, (3) when all students in a classroom received an overall score of zero; or (4) when teachers had incomplete data for individual students (e.g., partially completed ratings for one student or no rating for individual students). Ratings exceeding 3 were determined to be intentional and not typographical errors. In 2020, the second year of screening, 37% of teachers had errors in their ratings. In the fall of 2021, only 9% of teachers had errors in their ratings. The percent decrease in error rate was calculated by subtracting the 2021 error rate from the 2020 error rate, dividing this by the 2020 error rate, and multiplying by 100. This resulted in a 76% decrease in errors between 2020 and 2021. Errors were only calculated for those teachers who completed the SRSS-IE.

## Discussion

Universal screening for SEB risk is a proactive method for early identification and intervention (Severson et al., 2007). By implementing universal screening within a prereferral, MTSS model, elementary schools would be able to provide early intervention, which would prevent negative outcomes associated with prolonged behavior problems (Reinke et al., 2008). However, there is little guidance or recommendations for implementation of universal screening protocols or the use of screening data once it is collected; these barriers may delay services for young children with SEB risk (Briesch, Chafouleas, Lovino et al., 2021). Across three years of implementing a screening protocol, elementary schools in a district encountered challenges associated with the screening process. The challenges experienced are like those encountered by other school districts (see Briesch et al., 2021; Burns & Rapee, 2021). The three main challenges experienced were issues with staff buy-in, inaccurate and inconsistent ratings, and a need for training. After addressing these barriers, the district saw improvements in their universal screening fidelity (i.e., teachers rating all students without errors).

During the first year, the district identified a universal screener (the SRSS-IE), an appropriate time to implement the screening (October), and the primary informant for the screener (teachers). School counselors were selected as the leaders in each elementary school to implement and facilitate the screening process. The district implemented the screening with little consultation and support during this first year. During the second year, stakeholders identified challenges from the previous year, and subsequently school psychology graduate students attended a meeting for all elementary school counselors in the district to address these challenges. During the third year, stakeholders determined that there were significant errors in the screening data completed by teachers in year two. These errors included rating students higher than was

possible and skipping questions for some students. Additionally, some teachers did not complete the screeners on time. To address these issues, more explicit instructions and follow-up emails were provided during the third year. Between the second and third years of screening, there was a 54% increase in the number of completed screeners by the due date as well as a 76% decrease in the number of errors. Taken together, it is evident that minor changes aimed at providing more information and support to school districts can improve the fidelity of universal screening in elementary schools. Additional adjustments such as those described below might be made in the future to increase compliance and fidelity of universal screening initiatives.

### **Implications for Practice**

Universal screening is an early identification procedure that is backed by research, but there is limited state guidance for the implementation of effective screening practices (Briesch et al., 2018). This paper illustrates the importance of buy-in, explicit instruction, and training when implementing screening within elementary schools. Simple changes to the implementation of screening protocols might help leaders and teachers understand the importance of the screening process, increasing buy-in and improving fidelity.

Within the current district, there was limited buy-in from school counselors, resulting in limited buy-in from teachers. Gaining support from those who have the task of asking teachers to complete the screening measures is important for the implementation fidelity of the screening protocol. The top-down approach may have also contributed to a lack of teacher buy-in. Including teachers in the screening process may be a better approach to implementing successful screening procedures. Therefore, elementary schools interested in implementing universal screening might consider including teachers in their initiatives to see more success. In this instance, the lead consultant and school psychology graduate

students requested time to meet with teachers to provide professional development about screening and to help with the completion of the rating scales, but this did not occur due to the COVID-19 pandemic during years two and three of the study. As such, communication with teachers mostly occurred via email. School counselors were also available to assist with the screening. This approach was effective, but a meeting directly with teachers could be more beneficial. Moreover, elementary schools might ask for the screeners to be completed during teacher workdays or during faculty meetings. This would provide evidence of the school's commitment and value to the screening process, by providing teachers with specific times to complete the screeners and provide them the opportunity to receive in-person feedback and assistance from the school counselor and school psychology graduate students.

Elementary schools with limited resources, or those without access to experienced professionals with knowledge of screening, might consider using resources such as the Screening Coordinator Training Manual (Rollenhagen et al., 2021) or the Best Practice Universal Social, Emotional, and Behavioral Screening: An Implementation Guide (Romer et al., 2020). These resources provide suggestions for roles at the district and school levels, as well as guidance for the use of screening data to inform intervention. These are free resources that elementary schools might use if they do not have access to individuals with knowledge of universal screening. With these resources, school counselors and school psychologists could implement more efficient procedures for early identification and, therefore, improve school psychologists' and school counselors' ability to provide early intervention to young children.

### **Limitations and Future Research**

This paper recognizes the importance of addressing challenges to universal screening to better support the implementation of screening protocols in elementary schools. However, there are some important limitations that must be addressed. First, this was a

non-experimental paper examining the impact of consultation on screening practices. Future research, using an experimental design, is necessary to provide stronger support and empirical evidence for the need and direction of school-based universal screening practices. Furthermore, outcome data at the school and individual levels will provide further empirical evidence to support universal screening initiatives.

Second, some of the challenges experienced during the 2020-2021 school year may be attributed to the COVID-19 pandemic. In the fall of 2020, the elementary schools were hybrid with some students taking classes in the building and other students attending class virtually. The errors from the fall of 2020 were like those seen in 2019 (pre-COVID); however, it is unclear what impact hybrid schooling and, more broadly, the pandemic may have had on the screening process in the fall of 2020.

Third, teacher errors on the SRSS-IE were determined based on permanent products and do not reflect errors such as incorrect ratings of behaviors based on teacher bias or other extraneous variables. The term accuracy here refers to accurately entering data and providing complete (whole class) data. Future research is needed to further examine the accuracy of teachers' ratings of students' behaviors in the classroom. Researchers were not given access to teachers, so teachers did not receive direct training in completion of the screening measure. Current research regarding the need for teacher training for completing universal screening measures is limited (von der Embse et al., 2018), but further research regarding the importance of teacher training, and methods for training teachers to screen their students more accurately is warranted. Additional research examining the impact of training that addresses teacher bias and includes opportunities for self-reflection might be valuable in supporting more accurate teacher ratings (Dowdy et al., 2014). Current research suggests some teacher-level variance attributed to student scores on universal screening measures; thus, trainings for teachers might help improve screening outcomes

(McLean et al., 2019; Splett et al., 2018; Splett et al., 2020).

Lastly, a recent study by Brann et al. (2022) found limited research regarding the availability of culturally responsive universal screening measures, including the SRSS-IE. The elementary schools represented in the present study were considered Title I schools with large populations of students from racial minority groups. Therefore, the measure used with this group of children may not have been culturally relevant; the potential impact on results is unclear. It is possible that using a measure that is not culturally relevant could affect the social validity of the measure, which may have also impacted buy-in for the screening process. More research is needed in this area. Practitioners are encouraged to collect feedback from individuals in underrepresented communities regarding the acceptability and social validity of the measures being used to ensure the accurate identification of at-risk students (Brann et al. 2022; Dowdy & Kim, 2012).

### **Summary**

This paper described a three-year process of supporting a school district with its universal screening procedures at the elementary school level. Universal screening for SEB risk is imperative in early childhood. Elementary schools are an ideal place to identify children in need of additional SEB service delivery. Through consultation, elementary schools in this study were able to increase compliance and the accuracy of teacher ratings. Having a protocol for universal screening will allow elementary schools to provide early intervention to at-risk children and prevent long-term negative outcomes (Severson et al., 2007; Reinke et al., 2008). It is evident that more research and guidance are necessary to construct protocols for screening to be used by practitioners in elementary schools, but it is encouraging to observe that some change can be made in a short period. Overall, experts in this area are encouraged to continue to coach and consult with districts to address challenges to the implementation of universal screening. This type of support will help schools collect more accurate screening data, and help them make more informed intervention decisions for young children.

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