Agenda

What is screening?

Why would you want it?

What does it look like?

How do we get started?
Who’s in the Room?

- Trainers
- Administrators
- SU/SD Folks
- Teachers
- Counselors
- Special Educators
- PBIS State Team Members
- PBIS Coaches
- Para Educators
- Behavior Specialist
Where is your school in the PBIS implementation process?

Exploration & Adoption
- We think we know what we need so we are planning to move forward (evidence-based)

Installation
- Let’s make sure we’re ready to implement (capacity infrastructure)

Initial Implementation
- Let’s give it a try & evaluate (demonstration)

Full Implementation
- That worked, let’s do it for real and implement all tiers across all schools (investment)
- Let’s make it our way of doing business & sustain implementation (institutionalized use)

Adapted from Fixsen & Blase, 2005
VTPBIS Schools Over Time

Figure 1. Number of VTPBIS Schools and SU/SDs

<table>
<thead>
<tr>
<th></th>
<th>PBIS Schools</th>
<th>SU/SDs</th>
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<tbody>
<tr>
<td>SY 07</td>
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<td>1</td>
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<tr>
<td>SY 08</td>
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<td>14</td>
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<td>SY 09</td>
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<tr>
<td>SY 19</td>
<td>156</td>
<td>48</td>
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</table>
Poll

Do you have a screening process/procedure in place at your school to assess for social/emotional/behavioral risks?

1. Yes, we have a **formal** process/procedure.
2. Yes, we have an **informal** process/procedure.
3. No, what is social/emotional/behavioral screening?
Poor Outcomes for Unidentified and Untreated Youth

- Poor grades
- Impaired personal relationships
- High school dropout
- Unemployment
- Incarceration
- Substance abuse
- Suicide
What is emotional/behavioral screening?

• Early identification of students at risk of school failure due to social, emotional, and/or behavior problems.

• Mechanism for targeting students who need additional supports after receiving evidenced-based universal behavior supports (i.e. PBIS)
Why Universal Screening?

• To find students whose problems are not immediately obvious.

• To identify problems with a high degree of accuracy.

• Early identification leads to early intervention.

• To select interventions based on results of rating scales on the screening tools. This is **most** effective and efficient.
Multi-Tiered System of Supports

Tier III - intensive
Tier II - targeted
Tier I - core
Universally Accepted Types of Screening in School

- Readiness
- Academic
- Vision
- Hearing
- Dental

Why not?
Poll:

How does your school determine which interventions to use with students?

1. We look at what’s available and provide that intervention
2. We use student data to match student need to an appropriate existing intervention
3. We develop individualized interventions based on student’s specific needs
4. We develop an inventory of supports based on risks identified through a systematic screening of all students
Interventions with an Evidence Base

1. Advance organizers
2. Anger Management Skills Training
3. Behavioral Interventions
4. Choice
5. Class Wide Peer Tutoring
6. Cognitive organizers
7. Cognitive Restructuring
8. Cognitive-Behavioral Therapy
9. Computer-Assisted Instruction
10. Contingency Management
11. Daily Behavior Report Cards
12. Exposure-Based Techniques
13. Family Therapy
14. Functional Assessment
15. Functional Communication Training
16. Integrated Cognitive-Behavioral Therapy
17. Interdependent Group Oriented Contingency Management
18. Interpersonal Therapy for Adolescents
19. Milieu Language Teaching
20. Mnemonics
21. Modeling
22. Modified Task Presentation Strategies
23. Moral Motivation Training
24. Multimodal Interventions
25. Multisystemic Therapy
26. Opportunities to respond
27. Pacing
28. Parent Training
29. Peer Mediated Intervention
30. Peer tutoring
31. Peer-Mediated Conflict Resolution and Negotiation
32. Picture Exchange Communication System
33. Pivotal Response Training
34. Pre-correction
35. Presentation Strategies
36. Problem Solving
37. Procedural prompts and behavioral momentum
38. Replacement Behavior Training
39. Self instruction
40. Self mediated strategies
41. Self monitoring
42. Self-Management
43. Social Skills Training
44. Task Modification
45. Task Selection Strategies
46. Token Economy System
47. Verbal Mediation
48. Video Modeling

Three Pathways

Nomination
Request for Assistance

Behavioral Indicators
ODRs
Attendance
Suspensions/Expulsions

Systematic Screening
SRSS
SSBD
BESS BASC 2
SDQ
SSIS
SAEBRS
Proportion of students with:

- 0-1 Office Discipline Referrals (ODRs)
- 2-5 ODRs
- 6+ ODRs

Screen two times per year and compare across time:

- Last 2 weeks of October/first 2 weeks of November
- Last 2 weeks of February/first 2 weeks of March

Student Outcome Data: Use SWIS as Universal Screener
Universal, Tier I

Referrals by Student
All Aug 1, 2013 - Jul 31, 2014, At Least 3 Referrals

Number of Referrals

Students
When should schools start screening?

Cumulative Mean ODRs Per Month for Elementary Schools

Differences become clear in October

McIntosh et al (2010)
The “October Catch” Possibilities

Hypothetical Cumulative Mean ODRs

Hypothesized Impact of October Catch

- No Impact (0-1)
- Hypothesized 20% Decrease (2-5)

In a school of 500 students this could mean:
- 150 less referrals
- 25-75 hours staff time per school year!
Great Article on the “October Catch”:
https://www.pbisapps.org/community/Pages/The-October-Catch.aspx
## Tracking Indicators of Risk

<table>
<thead>
<tr>
<th>Student</th>
<th>GPA</th>
<th>Course Failures</th>
<th>Days Absent</th>
<th>ODRs</th>
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<td>0</td>
<td>2</td>
<td>0</td>
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<td>Mary</td>
<td>4.1</td>
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<td>0</td>
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<tr>
<td>Kelly</td>
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<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Jacob</td>
<td>1.4</td>
<td>3</td>
<td>11</td>
<td>12</td>
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<tr>
<td>Susan</td>
<td>3.5</td>
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<td>3</td>
<td>0</td>
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<tr>
<td>Mark</td>
<td>1.9</td>
<td>1</td>
<td>5</td>
<td>7</td>
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## Tracking Positive Behavior Expectations

<table>
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<tr>
<th>Student</th>
<th>ODRs</th>
<th>Be Safe</th>
<th>Be Kind</th>
<th>Be Responsible</th>
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<td>Mary</td>
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<td>3</td>
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<td>Kelly</td>
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<td>3</td>
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<td>Jacob</td>
<td>12</td>
<td>1</td>
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<td>2</td>
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<tr>
<td>Susan</td>
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<tr>
<td>Mark</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>1</td>
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</table>
Aren’t ODRs Enough?

Students with externalizing problems?  Students with internalizing problems?
Features of Good Universal Screening

Accurate

Cost efficient

Acceptable

Useful
Multi-Stage & Multi-Gate Approach to Screening

Stage 1
- Universal Screen

Stage 2
- Elevated? Screen #2
  - Elevated? Screen #2
  - Not elevated? Done.

Stage 3
- Elevated? Refer to team
  - Elevated? Refer to team
  - Not elevated? Done.
What Screening Tools are out There?

http://www.ci3t.org/screening
Screening Tips

• Recommended 2-3 times/year
  – October & February
• Group administration of Stage 1
• Teachers should have known students for at least one month
• Review definitions/examples of externalizing and internalizing problems

Muscott, H. & Mann, E.
So pretty simple, right? Well...

- Family’s right to privacy (opt out option)
- Clear & efficient systems to support process
- Training & TA
- Availability of supports
- Policy and liability issues
- *What else?*

Muscott, H. & Mann, E.
Recommended Steps to Readiness

1. Need identified
2. Approval secured
3. Team formed
4. Supports identified
5. P&P shared with families (opt out)
6. Policies & procedures developed
7. Evidence based system identified
8. Policies for other screening reviewed
9. P&P for notifying families shared
10. Point of contact for oversight
11. Point of contact at SU/SD
12. Resources available

Muscott, H. & Mann, E.
Addison Northwest School District

Nick DeVita M.S. Ed CAS NCSP
School Psychologist
About Us:

• Vergennes, Vermont (just south of Burlington)
• ~ 900 students
• 3 elementary schools
• 1 Middle/High School
Our Story…

2015-2016
• First year district has school psychologist to conduct in-house FBA’s, BIP’s, and evaluations

2016-2017
• Second school psychologist is hired
• Presentation to school board of district YRBS data
• Began work with VTPBIS and PBIS state coach
• Began pilot study using SAEBRS and mySAEBRS social-emotional screening tool
• Summer 3-day district-wide Trauma-informed practice training
Our Story, continued...

2017 - 2018

- Building-based PBIS Coordinators identified to work with district-wide coordinator
- Rewriting of PBIS district handbooks and revamping of PBIS within each school
- All schools in district officially recognized by VTPBIS as PBIS schools
- Elementary schools awarded for high-level of PBIS implementation
- Ongoing Tier I trainings to ensure PBIS implemented with fidelity
- District Crisis Prevention Institute (CPI) Trainers
- LGBTQ in-house district trainers
- Creation of district-wide Risk of Harm Protocol
- Continued Pilot study and expanded it to grades 5-9
Our story, continued...

2018-2019

• Moved to new social-emotional screening tool
  • BESS and BASC-3

• All Elementary staff trained in Responsive Classroom (RC)

• LGBTQ Out For Safe Schools Training for all elementary staff
  • Badges given to participating staff members

• Morning Meetings in all classrooms and monthly all school meetings

• Individual student recognition for positive behavior

• Piloting Check-in/Check out in several classrooms

• Positive Postcards sent home to each student throughout the year

• >70% Tier 1 PBIS implementation in all 3 Elementary Schools on TFI
2019-2020 and looking ahead...

- LGBTQ trainings for Elementary students
- Expand BESS and BASC-3 screenings to grades 4 through 12
- Coordinate regular meetings with neighboring districts to begin helping them with implementing screeners
- Regular information sessions with the community
So about the social-emotional screening...
Why is this so important for ANWSD?
Some of The National Numbers:

- A report of child abuse is made every 10 seconds
- 3.3 million children witness domestic violence each year
- 1 in 5 teen girls and 1 in 10 teen boys are victims of dating violence
- Estimated 42 million survivors of sexual abuse in America
- Children exposed to violence are more likely to abuse drugs and alcohol, suffer from depression, engage in criminal behavior, and fail or have difficulties in school.

Based on statistics provided by the National Association of Adult Survivors of Child Abuse and childwelfare.gov
To boost learning, we need to start with social and emotional health

- Some students may begin school days without proper sleep or hygiene.
- Some students may witness and/or be victims of various forms of abuse (i.e. physical, sexual, psychological abuse).
- There are also students with mental health disorders who need to receive proper supports or interventions that will help them succeed.

*In order to support learning, a student’s social and emotional skills need to be developed first or in connection with their academic growth.*
Youth Risk Behavior Survey (YRBS)

- National school-based survey
  - High School, 9-12
  - Middle School, 6-8
  - ANWSD, 7-12
- Anonymous and voluntary
- Conducted every other year
- Requirement for Alcohol & Drug Abuse Programs (ADAP) grant

Getting to Y Teams

Middle School V-RED

High School Leadership Team
In 2017, VT YRBS indicates female students are nearly three times as likely as male students to self-harm as well as LGBT students nearly three times as likely as heterosexual / cisgender students.

16% of our HS students reported self harm such as cutting or burning on purpose.
In 2017, YRBS data indicates students of color were significantly more likely than white, non-hispanic students to report feeling sad or hopeless and LGBT students were nearly four times as likely. Feeling sad or hopeless has significantly increased over the past 10 years.
Since 2011, thoughts about suicide have not significantly changed, however, the percent of students who have made a suicide plan has significantly increased across VT - and decreased within ANW.

While the percent has decreased between 2015 and 2017, it still remains above the Healthy Vermont 2020 Goal of 8%.
Younger students are significantly more likely than 12th grade students to have a suicide attempt in the past year.

- Female students two times as likely as male students.
- LGBT four times as likely as heterosexual or cisgender students.
On average, Vermont students are becoming more connected to their communities, with VT data up significantly from 2015.

feeling like one matters to the people in their community has significantly increased since 2015.
THIS IS UNACCEPTABLE
What did we do about it?
What we did...

• Shared all YRBS, Behavior, and Attendance data with staff, school board, and community members
  • This elicited some strong emotional responses...

• Discussed ACES

• Drafted plan for Pilot Study

• Shared all information with parents and guardians through a newsletter
  • This outlined all of the district screeners (academic and social-emotional)

• Conducted the pilot study using SAEBRS and mySAEBRS
Inventory of Resources:

- 3 school psychologists (and one intern!)
- 3 elementary school counselors
- 3 middle/high school counselors
- 7 Part/Full-time Contracted Clinicians
- 1 Substance Abuse Prevention Counselor
- 1 full time and 2 part time nurses in elementary schools
- 2 full-time nurses at middle/high school
The Pilot Study

- Four grade levels across the district
- 2x per year (winter and spring)
- Reviewed the data collected within two weeks and shared with teachers and counselors
- Spoke with the parents of students who flagged on screener
- Checked in with students and connected them with a counselor, psychologist, or clinician
The results were... overwhelming...
New Plan:

• Changed to the BESS as a universal screener
• BASC-3 as a second look/diagnostic
• Administered once per year to student and teacher (January)
• Grades 4 through 9 initially (4 through 12 moving forward)
• Looked at response patterns
• Used weekly Education Support Team Meetings to review results w/ team
  • Helped us include all stakeholders
  • Develop goals for EST Plans
• Use of Check-In/Check-Out
New Plan... New Results

• Fewer students flagged compared to pilot study
• More specific areas of concern
  • Anxiety, Depression, Inattention, feelings of inadequacy, etc.
• Individual responses were eye-opening
• Identified students in need that were not on anyone’s radar
Number of Students for BESS/BASC at ANWSD

- # of Students in Grades 4 to 9: 385
- # of Students for BESS: 138
- # of Students for BASC-3: 113
- Elevated Students on BASC-3: 61

Number of Students in ANWSD per Screener
Numbers of Students in ANWSD who reported concern in Clinical or Adaptive Areas

<table>
<thead>
<tr>
<th>Clinical or Adaptive Area</th>
<th>Numbers of Students per Area in ANWSD</th>
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<tbody>
<tr>
<td>Self-Esteem</td>
<td>17</td>
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<tr>
<td>Self-Reliance</td>
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<tr>
<td>Attitude to Teachers</td>
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<tr>
<td>Locus of Control</td>
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<tr>
<td>Social Stress</td>
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<td>Depression</td>
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<td>Sense of Inadequacy</td>
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<td>Attention</td>
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<td>Atypicality</td>
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</tbody>
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Multi-Tiered System of Supports

- Tier I - core
- Tier II - targeted
- Tier III - intensive
How did this improve Tier 3?

• 1:1 counseling for students in need
• Behavior plans
• Safety Plans
• Targeted counseling and goals
• Creation of District Risk of Harm Protocol
• Working with community resources
How did this Improve Tier 2?

• Small group counseling
• Lunch Bunches
• Check-In/Check-out
• Data discussions
• Teacher-led small groups
• Tied this data to our SWIS behavior data
• Small groups of staff trained in CPI Level 2
How did this Improve Tier 1/Universal Instruction?

- All staff trained in Responsive Classroom
- Morning Meeting daily K-12
- Greater emphasis on social-emotional learning and meeting basic needs
- Yearly Trauma-informed training for all staff
  - One of the few trainings nobody skips
- LGBTQ Out For Safe Schools Training for all elementary staff
  - Badges given to participating staff members
- All staff trained in CPI Level 1
Next Steps:

Teaching the Community:

• Pilot Program - Informational booths for families and communities
  • Share information and strategies regarding Anxiety, Depression, supporting LGBTQ students, YRBS results, etc.
  • To be at open houses, community events, sporting events, churches
  • Goal is to engage the community in an open discussion about meeting the needs of our students

• Research suggests childhood anxiety / depression treatment may best be targeted at parents
  • [https://chalkbeat.org/posts/co/2019/06/05/its-ok-to-not-be-ok-how-one-high-school-saved-lives-with-a-34-question-survey/](https://chalkbeat.org/posts/co/2019/06/05/its-ok-to-not-be-ok-how-one-high-school-saved-lives-with-a-34-question-survey/)

• Many families are struggling to find help for their kiddos...
What’s Next?

1. Review Universal Screening Steps to Readiness
2. Determine where is your school in this process
3. Review and select tools
Resources

- Vermont PBIS: http://pbisvermont.org
- Ci3T: http://www.ci3t.org/screening
- PBIS National TA Center for PBIS: http://pbis.org
- SWIFT Center: http://www.swiftschools.org/shelf

What questions do you have?