



Universal, School-Based Screening for the Early Detection of Academic and Behavioral Problems Contributing to Later Destructive Outcomes

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Overview

- i Under identification of high risk youth
- i Inadequacies of current identification systems in public schools
- i Examples of universal screening systems for school age children
- i Review of SSBD as example
- i Integration of screening and intervention
- i Barriers to adopting universal screening
- i State of the Science and recommendations for research



Current Landscape of School-Related Behavior Disorders

- i National Trends in the Identification of Students with Behavioral Challenges
 - 1 SED example
 - 1 Autism example
- i Approximately 1% of public school population served as EBD under auspices of IDEA
- i Special Education can never solve problem
 - 1 Cost
 - 1 Legal and bureaucratic barriers

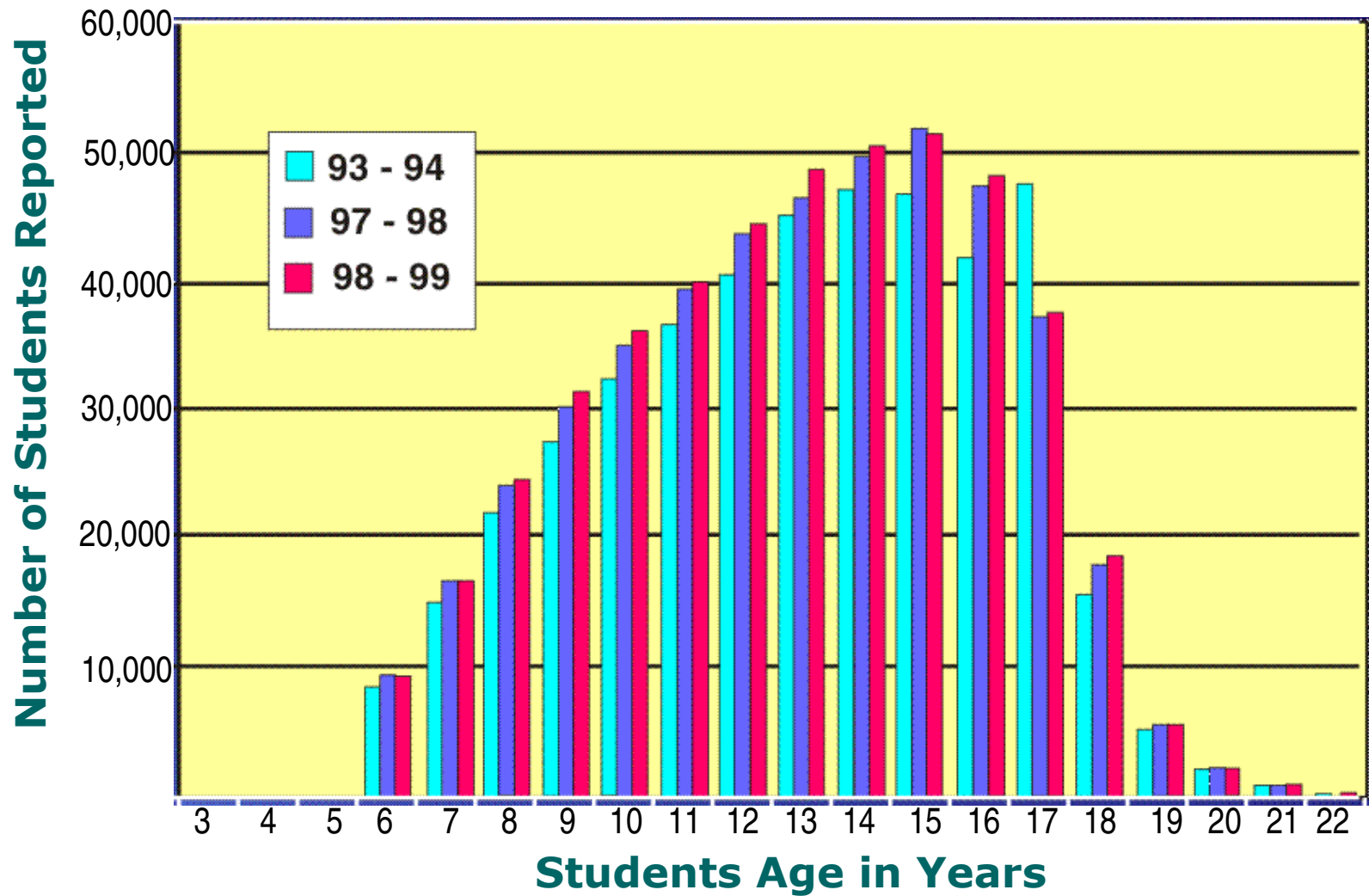


Current Landscape of School-Related Behavior Disorders

i Prevalence

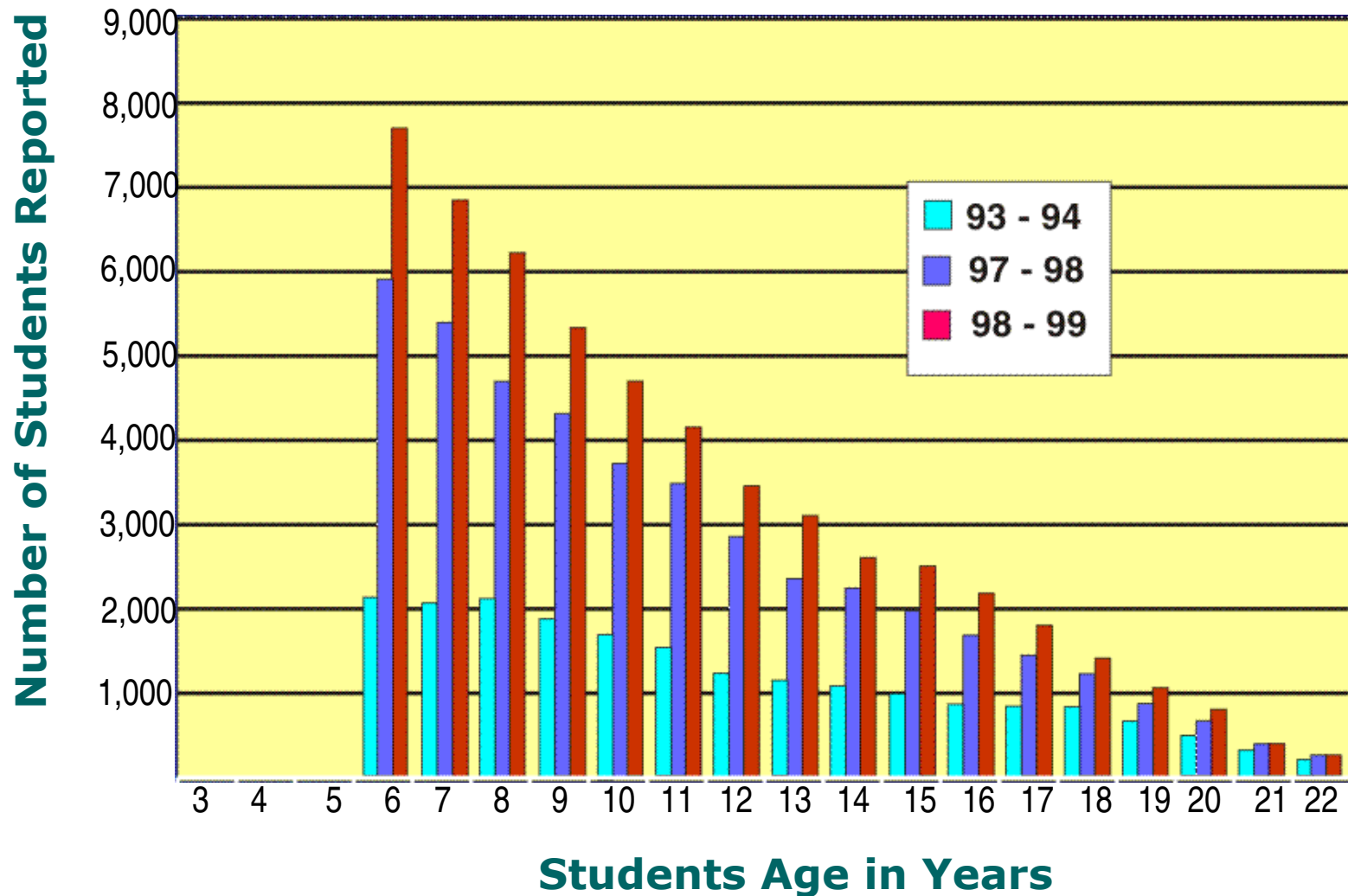
- 1 Angold (2000): 20% of today's students could qualify for a psychiatric diagnosis
- 1 Hoagwood & Erwin (1997): 22% of students have serious mental health problems warranting intervention
- 1 Patterson, Reid, & Dishion (1992): 9% of males have a serious antisocial behavior pattern

Students with Emotional Disturbance Served by Age (93-94, 97-98 & 98-99 School Years)



Students with Autism Served by Age

(93-94, 97-98 & 98-99 School Years)

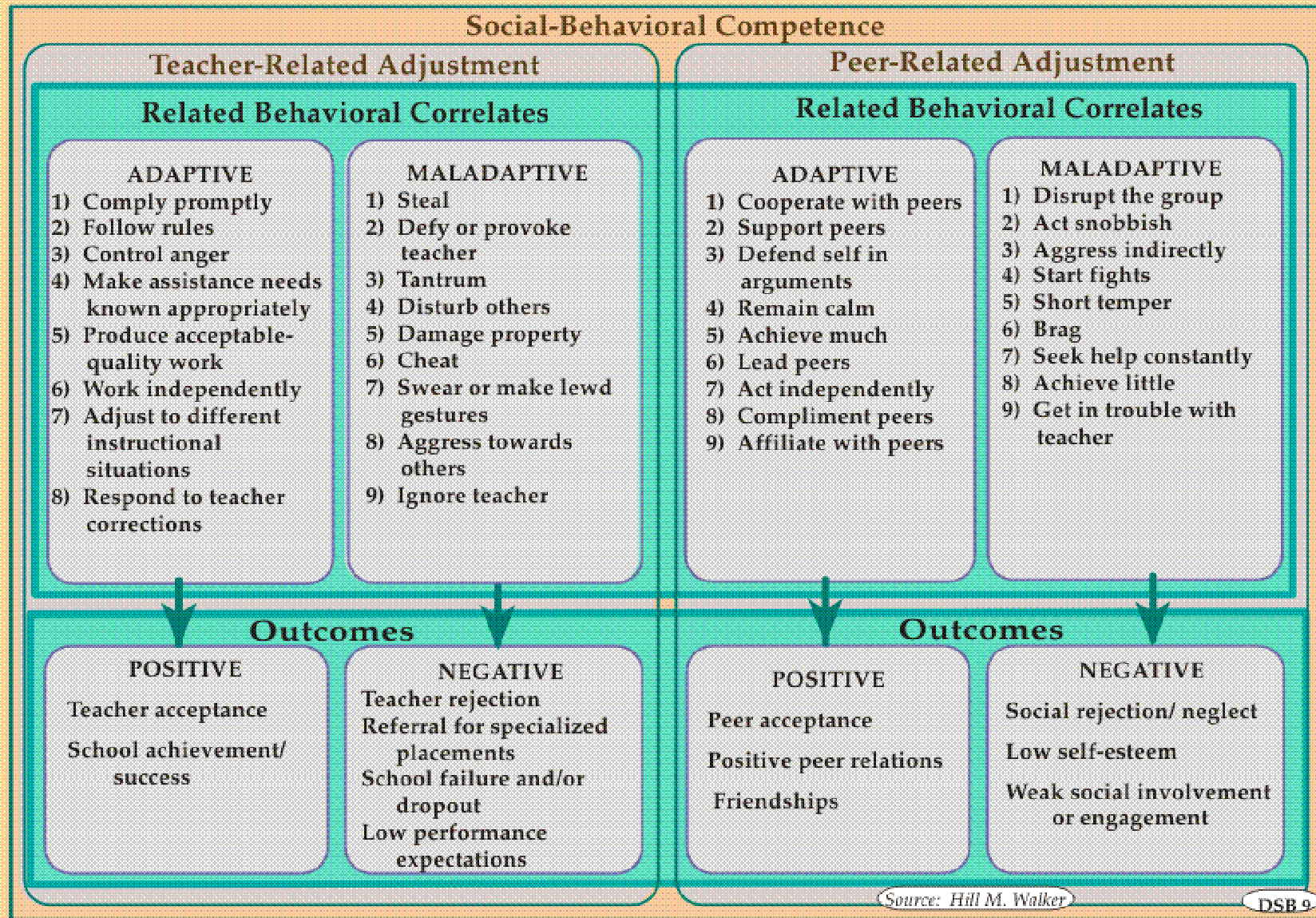




Two Primary Adjustments for Children in School

- i Adjust to behavior expectations and demands of the teacher in the classroom
 - 1 Classroom rules
 - 1 Attention to tasks
 - 1 Independent work, etc.
- i Adjust to expectations and behaviors of peers in free-social initiation and interaction play settings
 - 1 Appropriate play
 - 1 Friendship patterns

Model of Interpersonal Social-Behavioral Competencies within School Settings



Screening and Identification of BD Students in Schools

Major Approaches	Teacher Referral	Proactive Universal Screening	Intervention-Based Identification
Primary Verification Methods	Confirmation by experts	Multiple-gating methods	Unresponsiveness to treatment
Tools	Interventions, direct observations, rating by informants, FBA	Nomination-rank-ordering on key dimensions, ratings and checklists, direct observations, archival school records	Expert judgment, Assigned to a more intensive level of intervention
Accuracy	Medium to high	High	Low to medium
Cost	Low to medium	Medium	Low
Problem(s)	Bias	Linkage of services to screening-identification	Insensitivity



Early Screening/Early Intervention Matrix for Behaviorally At-Risk Children

Screening-Identification Program

- ; Systematic Screening for Behavior Disorders (SSBD)
(Walker & Severson, 1990)
- ; Early Screening Project (ESP)
(Walker, Severson, & Feil, 1995)

Students Served (BD)

- ; Grades 1 – 5
- ; Preschool – Ages 3-5

Early Intervention

- ; First Step to Success
(Walker, Kavanagh, Stiller, Golly Severson & Feil)
- ; First Step (Pre-K)
(Walker, Golly, Kavanagh, Stiller, Severson & Feil)

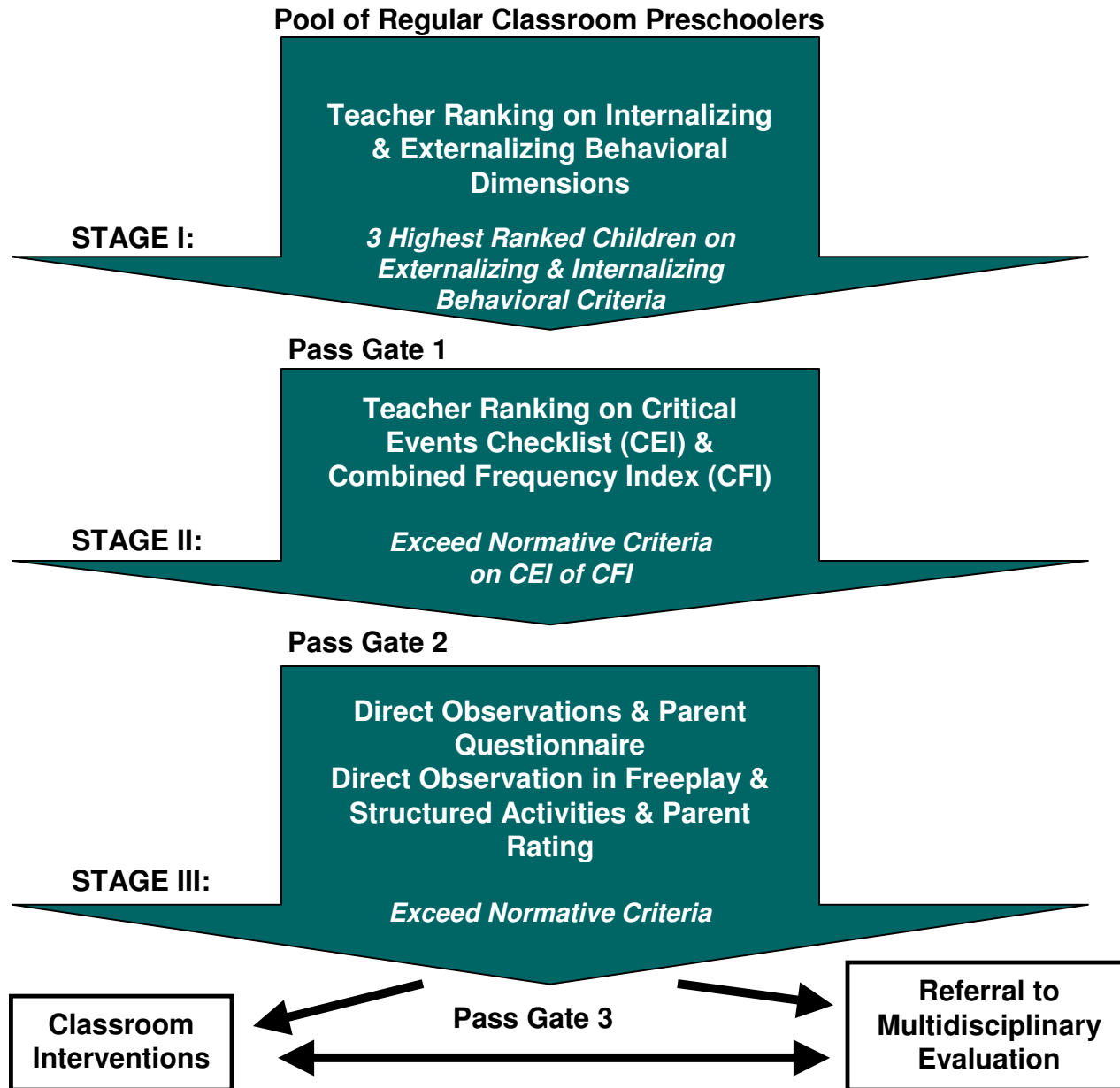
- ; K-Grade 2
- ; Preschool – Ages 3-5



Systematic Screening for Behavior Disorders (SSBD) Provides

- i Uniform behavioral standards
- i All students-an equal opportunity
- i Early identification – early prevention
- i Systematic monitoring
- i Improved basis for designing interventions

Multiple-Gating Assessment Procedure for Identification



Adapted from: Feil, E., Severson, H., & Walker, H. (1994) Early screening project: Identifying preschool children with adjustment problems. *The Oregon Conference Monograph, Vol 6.*



SSBD Measures

- i Gate One
 - 1 Teacher nomination of Externalizing and Internalizing Students
 - 1 Rank ordering of Externalizing and Internalizing Dimensions
 - 1 Top 3 ranked students on each dimension move to screening stage 2

- i Gate Two
 - 1 Teacher Ratings on:
 - i Critical Events Checklist (33 items)
 - i Adaptive Behavior Scale (12 items)
 - i Maladaptive Behavior Scale (11 items)

- i Gate Three
 - 1 Direct Behavioral Observations Recorded in classroom and playground settings
 - i AET in the classroom
 - i PSB on the playground



SSBD Norms

Stage Two 4,500 Subjects
Adaptive Behavior
Maladaptive Behavior
Critical Events

Stage Three Observations 1,275 Subjects
Classroom
Playground

Six Census Zones

Eight States

Oregon

Washington

Utah

Illinois

Wisconsin

Kentucky

Florida

Rhode Island



Internalizing Behavior

- Excessively shy
- Withdrawn
- Not participating with peers
- Unresponsive to social initiations
- Unhappiness or depression
- Inability to build or maintain relationships
- Develop physical symptoms or fears



Externalizing Behavior

- i Aggressive behavior
- i Non-compliance
- i Rule breaking behavior
- i Hyperactivity
- i Extreme, distractibility
- i Defying the teacher
- i Not following school-imposed rules
- i Having tantrums
- i Stealing



SAMHSA Initiative to Develop a Preadolescent Screening Inventory

- i Gate One – School Engagement Index
- i Gate Two – Teacher & Parent Rating of Aggression and Internalizing Problems
- i Gate Three
 - 1 School Archival Records Search
 - 1 Self-Report of Attitudes and Beliefs
 - 1 Analysis of Risk and Protective Factors



Barriers to Acceptability of Universal Screening

- i Cost to provide services to identified students
- i Lack of relationship to academic outcomes
- i Parental approval and support
- i Concern about privacy, confidentiality, and possible labeling of students
- i Concern about potential lawsuits



State of Science and Needed Research

- i How can we effectively market the benefits of systematic screening & relate this to improved school success?
- i Evaluate the acceptability of different screening procedures with schools and parents
- i Document the predictive validity of early screening
- i Develop assessment of risk-protective factors for students who fail indicated interventions
- i Conduct research on comparative accuracy and predictive validity for different screening systems on diverse samples of school children



Recommendations for Practice

- i Educate school personnel and parents about benefits of screening and early intervention
- i Increase awareness of under-identification of internalizing disorders
- i Integrate screening for mental health in support of the educational mission of schools
- i Restructure the role of school psychologists to work collaboratively on screening, identification, progress monitoring and early interventions