



# PBIS Universal Screeners



WSCA 2018



# Presenters

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<http://bit.ly/2Gj44VA>

# Overview of Session

- What is Universal Screening?
- Connection between mental health and PBIS
- Screening considerations
- Types of screeners
- Overview of screening process in Waunakee Schools
- Resources

# What is Universal Screening?

**“Universal screening is the systematic assessment of all children within a given class, grade, school building, or school district, on academic and/or social-emotional indicators that the school personnel and community have agreed are important.”**

Source: Ikeda, Neessen, & Witt, 2009

## Academic Systems

### Intensive, Individual Interventions

- Individual Students
- Assessment-based
- High Intensity

1-5%

### Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

5-10%

### Universal Interventions

- All students
- Preventive, proactive

80-90%

## Behavioral Systems

### Intensive, Individual Interventions

- Individual Students
- Assessment-based
- Intense, durable procedures

1-5%

### Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

5-10%

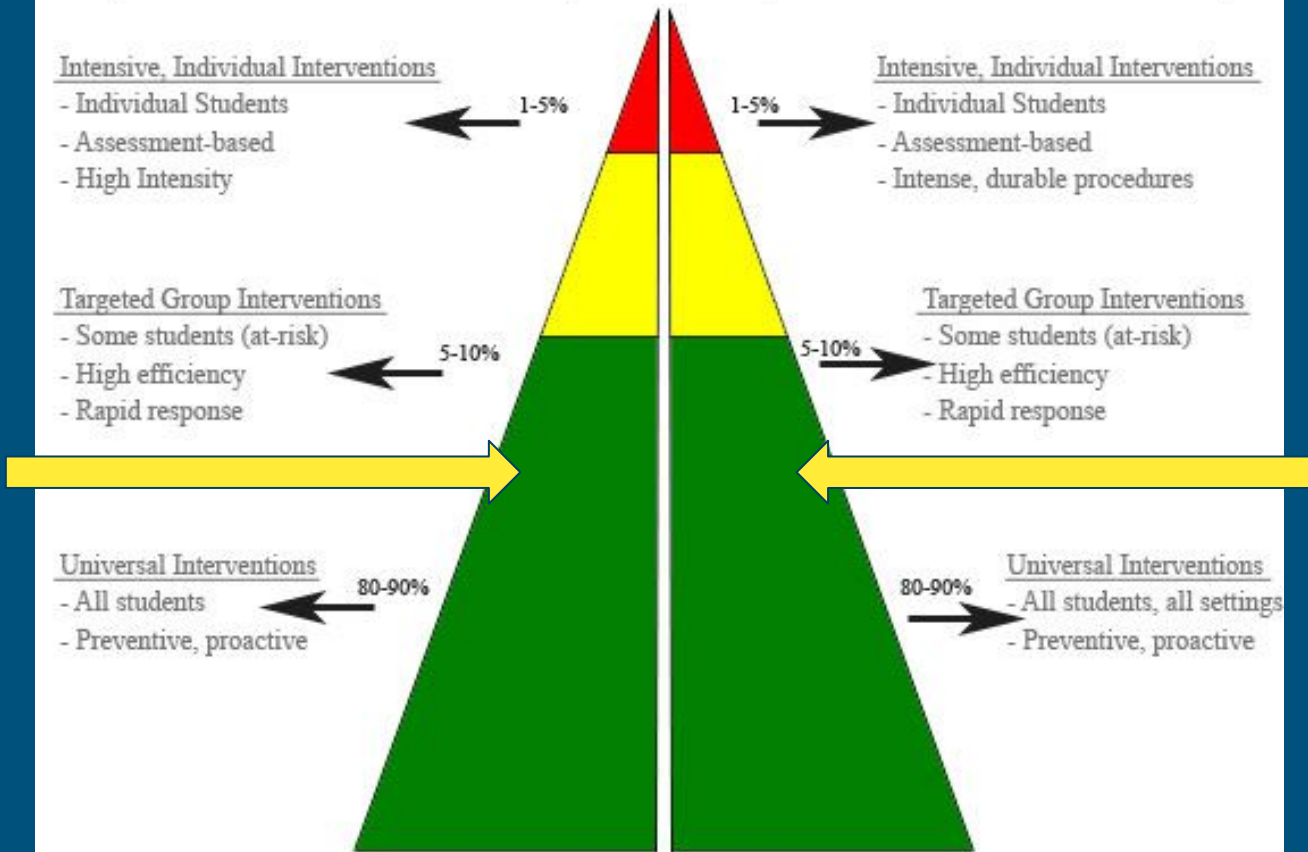
### Universal Interventions

- All students, all settings
- Preventive, proactive

80-90%

**Academic  
Universal  
Screening**

**PBIS  
Universal  
Screening**





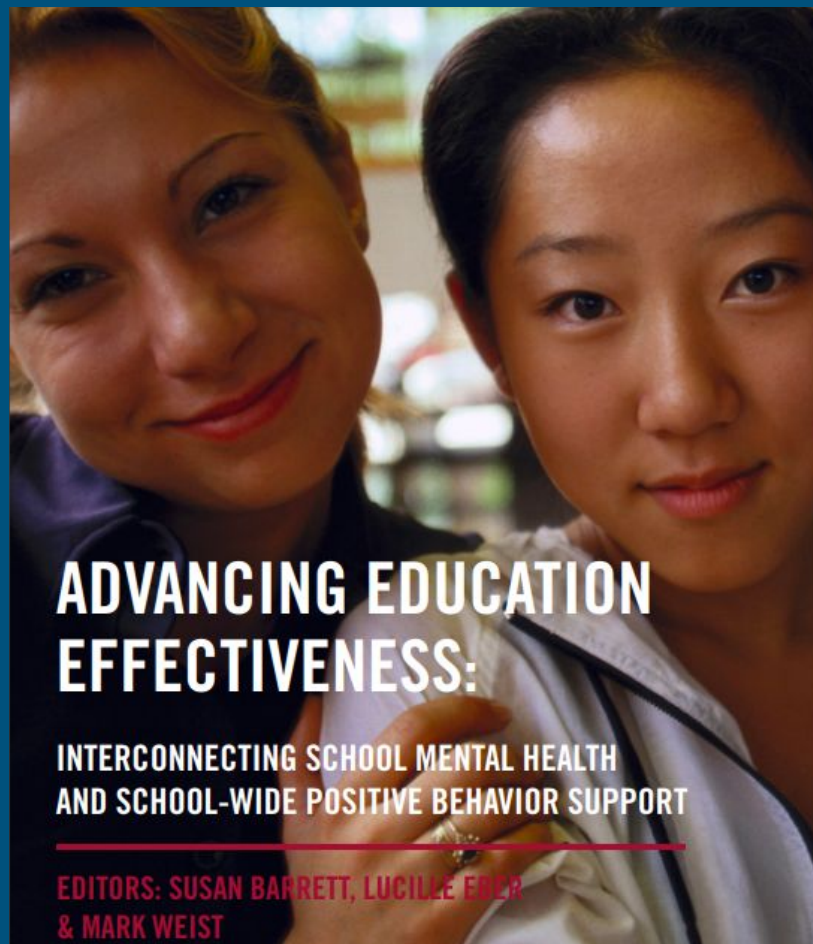
**Wisconsin Council on Children and Families**  
WisKids Count Policy Brief // Spring 2016

**Meeting the Mental Health Needs of Wisconsin's Children**

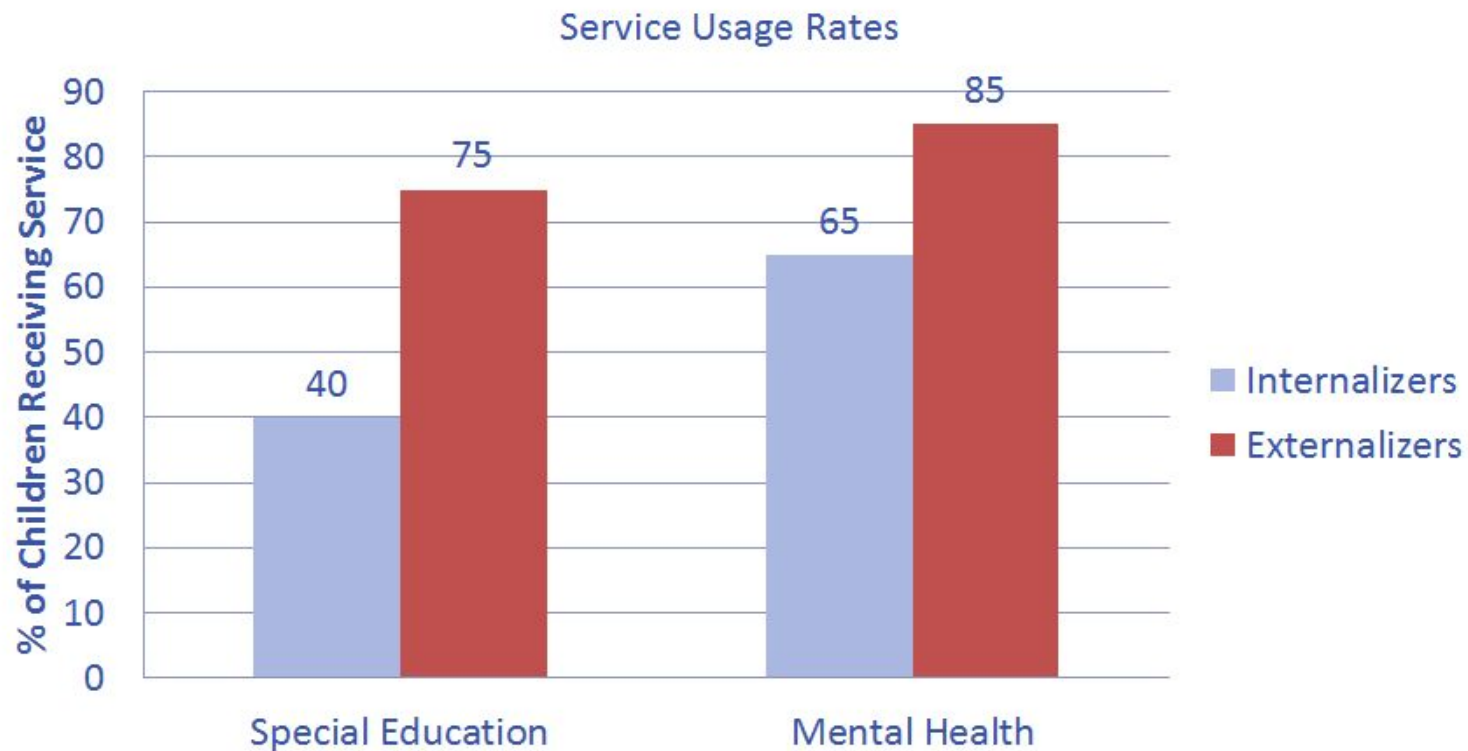
[http://kidsforward.net/assets/2\\_-Mental\\_Health\\_Needs\\_Children.pdf](http://kidsforward.net/assets/2_-Mental_Health_Needs_Children.pdf)

# **Connection between Mental Health and PBIS**





<https://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>



Source: Bradshaw, Buckley, & Jalongo, 2008

# What are the needs in your school?

- Mental Health Issues - Anxiety, Depression
- Trauma
- Peer Relationships/Social Skills
- AODA
- Behavior

# How will you use the screening data?

## **PBIS**

- Inform your universal practices at Tier 1
- Provide Tier 2 interventions
- Identify possible Tier 3 students

## **Mental Health/AODA**

- Provide direct interventions for students
- Inform mental health/AODA supports needed in district
- Share with families/outside providers to obtain needed supports

# Screening Considerations

# PBIS Considerations

## PBIS

- **Tier 1**
  - Have good communication in place with T1 teams
- **Tier 2**
  - Is your system ready to handle an influx of students identified other than by typical ODR's and teacher referrals?
  - Do you have resources to provide additional Tier 2 supports beyond CICO?
- **Tier 3**
  - Do you have a Tier 3 system in place? If not, what will you do with any students identified with significant needs?

# Mental Health Considerations

## Mental Health

- Will you have active or passive consent?
- Will you share data from mental health screening with PBIS team?
- What resources do you have within your district and what capacity to you have in your schools to address identified student needs?
- What interventions might you offer for identified students?
- What partnerships do you have to work with in your community?

# Types of Screeners

## Pediatric Symptom Checklist-17 (PSC-17)

Parent/Teacher Completing this Form \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Please mark with the number that best describes your child.

	NEVER	SOME TIMES	OFTEN	1	2	3
1. Fidgety, unable to sit still						
2. Feels sad, unhappy						
3. Depressed too much						
4. Refuses to share						
5. Does not understand other people's feelings						
6. Feels hopeless						
7. Has trouble concentrating						
8. Fights with other children						
9. Is down on him or herself						
10. Blames others for his or her troubles						
11. Seems to be having less fun						
12. Does not listen to rules						
13. Acts as if driven by a motor						
14. Talks others						
15. Worries a lot						
16. Thinks things that are not true about him or her						
17. Distracted easily						

(Scoring Instructions)

**Scoring:**  
 1. Add the number in each column.  
 2. "Never" = 1, "Some times" = 2, "Often" = 3.  
 3. Add the column totals.  
 4. PSC-17 subscale scores are sum of columns 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17.  
 5. PSC-17 subscale scores are sum of columns 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17.  
 6. PSC-17 Total Score is sum of all 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17.  
 7. PSC-17 Total Score is sum of all 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17.



## Spence Children's Anxiety Scale - Parent (SCAS-Parent)

**Instructions:**  
 Below is a list of items that describe children. For each item please tap the response that best describes your child. Please answer all the items.

	Never	Sometime	Often	Always
1. My child worries about things	0	1	2	3
2. My child is scared of the dark	0	1	2	3
3. When my child has a problem, what happens or having a funny feeling in his/her stomach	0	1	2	3
4. My child complains of feeling afraid	0	1	2	3
5. My child would feel afraid of being on his/her own at home	0	1	2	3
6. My child is scared when s/he has to take a test	0	1	2	3
7. My child is afraid when s/he has to use public toilets or bathrooms	0	1	2	3
8. My child worries about being away from us / me	0	1	2	3
9. My child feels afraid that s/he will make a fool of him/herself in front of people	0	1	2	3
10. My child worries that s/he will do	0	1	2	3
11. My child has trouble going to school in the morning because s/he feels nervous or scared	0	1	2	3
12. My child is scared of dogs	0	1	2	3



## BESS Behavior & Emotional Screening System

Manual

Randy W. Kamphaus, PhD  
 Gail R. Reynolds, PhD



## Strengths and Difficulties Questionnaire (SDQ)

Originally developed by Robert Goodman (1997)

Consists of 25 items in five different domains:

1. Conduct
2. Hyperactivity
3. Externalizing Behavior
4. Peer Problems
5. Prosocial Behavior

Similar versions for different informants

Strengths and Difficulties Questionnaire

For each item, please tick the box that best describes your child.

	Not true	True
1. My child is a naughty misbehaver	<input type="checkbox"/>	<input type="checkbox"/>
2. My child is a bit of a troublemaker	<input type="checkbox"/>	<input type="checkbox"/>
3. My child is often out of control	<input type="checkbox"/>	<input type="checkbox"/>
4. My child is often the one to start arguments	<input type="checkbox"/>	<input type="checkbox"/>
5. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
6. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
7. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
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16. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
17. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
18. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
19. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
20. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
21. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
22. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
23. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
24. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>
25. My child is often the one to be naughty	<input type="checkbox"/>	<input type="checkbox"/>

**GAIN**

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS  
 SHORT SCREENING (GAIN-SS)





# Other Considerations

- Look for instrument that is a good fit in your setting.
- Over-identification
- Trauma

# **Screening Overview**

## **Grades 3-6**

# Elementary/Intermediate Screening Tool

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- b.e.s.t (Behavioral Emotional Social Traits) Screener
  - Grades 3 - 6
  - Classroom teacher completes screener for each student in fall
  - Follow up screening in spring (varies by building)
  - 26 questions - takes ~45 minutes to complete for a class
  - 6 point scale (Never; Seldom; Sometimes; Often; Frequently; Always)
  - Report shows 3 scales: (C) externalizing, (P) internalizing, (G) overall

# Example Report

## Student Report for Brit Doty

Name

Id

Address

City

State

Parent

School

Grade

DOB

Educator

## Screening Details

Screening Date 10/31/2017

Age at Screening

## Comments

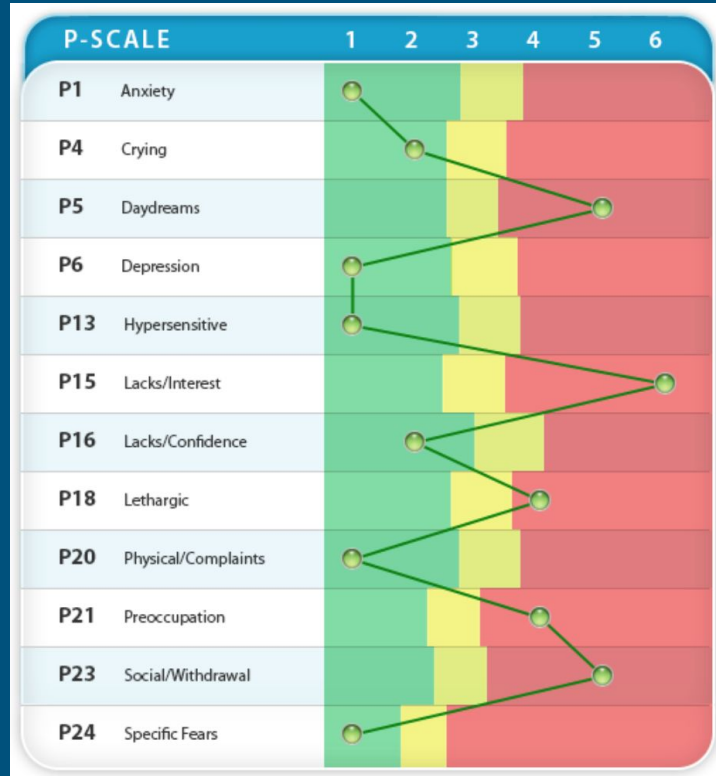
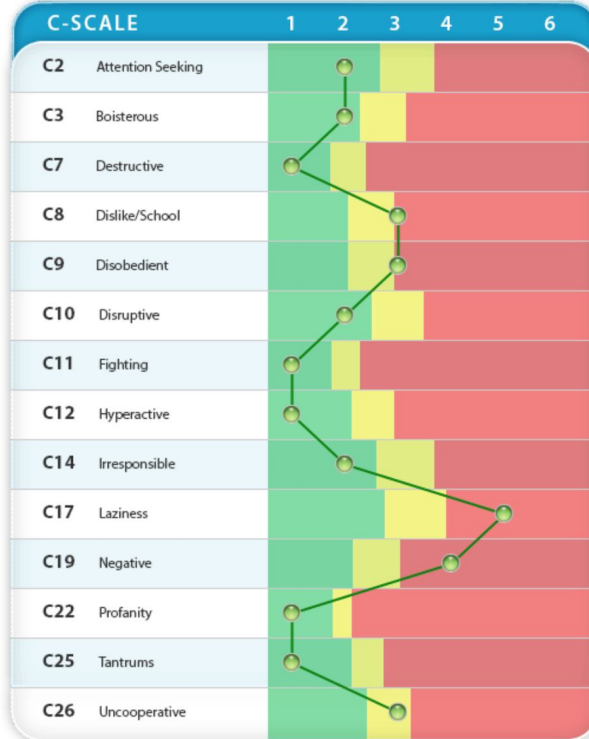
 Interventions

 Print

## Conduct/Personality Scale Profile

Compare this Student to a Core Behavior Student: ☒

Click any Green Dot within a Yellow or Red area to open the Interventions specific to the student's behavior.



# Example Report

0 - 84 percentile  
85 - 94 percentile  
95 - 100 percentile

## SCORES / PERCENTILE

	Raw Score	Standard Score	Percentile Rank
C-SCALE	31	119	90
P-SCALE	33	124	93
G-SCALE	64	123	92

Dashboard

Reports

Interventions

## Interventions

Select a Class

Select a Student

Suggested Interventions

All Interventions

Talk to an Expert

C-Score : 129

P-Score : 94

G-Score : 113

Suggested Interventions :

[Praise](#)

[Ways to Compliment Children](#)

[Consistency](#)

[Positive Transitions](#)

[Shaping Towards Cooperative Interaction](#)

[The Use of Cue Words](#)

[Reflection of Feelings](#)

[Commands vs Requests](#)

[Imagination](#)

[Listening](#)

[Mood Change](#)

[Foreshadowing](#)

# Example Report

[Dashboard](#)[Reports](#)[Interventions](#)[Mood Change](#)

## Mood Change

### What

Mood change is an interruption of low-level poorly-defined, surly behavior.

### When/Why

Whining, bickering, complaining, whimpering and pouting are the kinds of low-level negative behavior which may require a mood change. Often this behavior is the beginning of temper tantrums or oppositional behavior. When the behavior is interfering with pleasant interactions, a time away from the troublesome situation is in order.

### How

1. Be matter-of-fact in stating what you want, use language that is clear and understandable.
2. Send the child to a designated location, for example a quiet part of the classroom, so your time and attention are not rewarding surly, unacceptable behavior.
3. Go to the child in a short time to check the general mood. A question about the topic will give you a clue if the child is more receptive to social interaction.
4. A re-statement of the need to change moods may have to be given to the child before you can proceed with the initial conversation or task. "When you are a bit more settled I will come back and we can talk"

### Follow-up

Reflecting how the child feels if they have not settled down after an occasional check may help to separate feelings – state how they need to behave at that time. Remember, a word or smile of praise for efforts at cooperating is helpful to consider.

# Why screen (b.e.s.t. website)

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- Describe a child's social-emotional functioning
- Determine which variables within the instructional context interfere with or enhance the child's participation in instruction
- Facilitate an efficient team process that would lead to both a short-term plan for immediate classroom accommodations and a long term plan for facilitating the child's social emotional development

# Key Point

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“Interventions can be more effective if their primary focus is on ways in which the instructional context (e.g., teaching methods, staff-student ratios, time, nature of directions, ratios, etc.) can be altered, rather than on how the child's challenging behavior can be changed.

Alterations in the learning context can, at least in the short-term, provide rapid improvements for the child, a sense of accomplishment for the teacher, and, at times, improvement in the instruction of other children in the classroom.”



# Screening Overview

## Grade 7-12

# Middle/High School Screener Info

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- **B.E.S.S. - Behavioral & Emotional Screening System**
  - 7th & 9th graders
  - Given in October during Homeroom/Advisory
  - Passive consent letter sent home to all families prior
  - Student-directed after adult introduction (Teacher or Student Services)
  - Took about 10-15 minutes to administer
  - Sample results report (Behavioral and Emotional Risk index)
  - <https://images.pearsonclinical.com/images/Assets/BASC-3/BASC-3-BESS-Report-Sample.pdf>

# Middle/High School Screener Info

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- **Outcomes and Follow-Up**

- Immediate electronic results (individual and group data)
- Summary info compiled to determine student follow-up needs
- Identifies more internalizing behaviors
- Potential outcomes:
  - CICO through our Tier 2 PBIS team
  - Individual or Small Group sessions
  - Create a need for changing Developmental Guidance topics
  - Parent contact to gather more information or suggest referrals

# Questions

# Screeners Resources

## DPI

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

## b.e.s.t.

<https://www.bestuniversalscreening.com/>

## B.E.S.S.

<https://www.pearsonclinical.com/education/products/100001482/basc3-behavioral-and-emotional-screening-system--basc-3-bess.html#tab-details>

## Center for School Mental Health Resources

<http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/ClinicianTools/Summary-of-Free-Assessment-Measures---And-Google-Doc-Link-to-Measures-Saved.pdf>