

# Data-Driven Interventions: Using a Behavioral-Emotional Screener to Identify & Support Struggling Students

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# Introduction

- Alicia Ziolkowski: School Counselor at Monroe High School
- Libby Strunz: School Counselor at Monroe Middle School

# School District of Monroe

- MMS enrollment: 568 students
- MHS enrollment: 735 students
- Free and reduced lunch: 41%
- Demographics by race/ethnicity:
  - White: 86.0%
  - Hispanic/Latino: 9.4%
  - Black: 0.9%
  - Asian: 1.0%
  - Two or more races: 2.7%



# What is the BESS?

BASC-3 Behavioral and Emotional Screening System (BESS)

“The BASC-3 Behavioral and Emotional Screening System (BASC-3 BESS) offers a reliable, quick, and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in preschool through high school.”

- Developed by Pearson
- Administered and scored electronically
- 28 questions
- Screening assessment, NOT diagnostic assessment
- No specialized training required to administer

# What Questions Are on the BESS?

- Students respond never, sometimes, often, or almost always to each question

11. I worry but I don't know why.



12. I talk while other people are talking.



13. I feel like my life is getting worse and worse.



14. My parents are proud of me.



15. I get along with my teacher.



# How is the BESS Scored?

- Students are given an overall score (BERI T score) that indicates how far their score is from the average of the norm group.
- The average BERI T score for the BESS is 50. The classification ranges for the BERI T score are:
  - **Normal:** 60 or lower
  - **Elevated:** 61-70
  - **Extremely Elevated:** 71 or higher

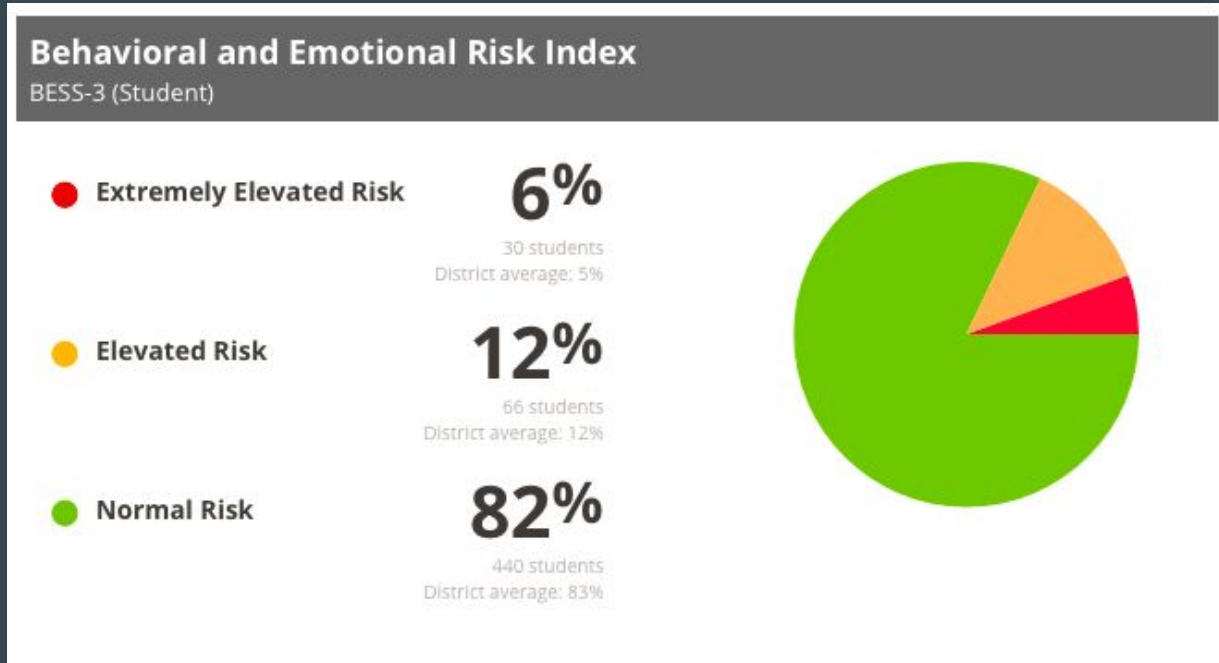
# What Does the BESS Measure?

BERI	SRI	IRI	PRI
● 69	● 11	● 21	● 15
<i>Percentile: 95</i>			

- **Self-Regulation Risk Index** – This index consists of items associated with self-control, including behaviors from the hyperactivity and attention problems domains that are most directly associated with ADHD symptomatology.
- **Internalizing Risk Index** – This index consists of a collection of items associated with internalizing behaviors including locus of control, social stress, anxiety, depression, and sense of inadequacy domains.
- **Personal Adjustment Risk Index** – This index consists of items associated with relations with parents, interpersonal relations, self-esteem, and self-reliance domains. These skills assess characteristics that are important for establishing good relationships with others, as well as a healthy view of oneself.

# MMS BESS Results

Results can be disaggregated by grade, gender, and ethnicity

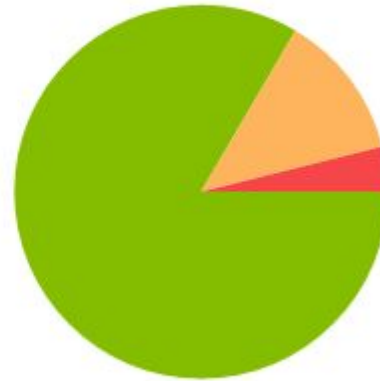




# MHS BESS Results

## Behavioral and Emotional Risk Index

BESS-3 (Student)



# How Much Does the BESS Cost?

- \$1 per student per year
- \$500 implementation support fee per year
- Approximately \$2000 annual cost for the School District of Monroe.
  - Note: These numbers are based on costs for the School District of Monroe and may vary.

# Administering the BESS: Consent

- Prior to each administration of the BESS, an email is sent to all parents of students in grades 4-12. This email gives a description of the BESS and asks parents to contact us if they DO NOT want their student to participate (passive consent).
  - 4.5% of students opt out at the middle school
  - 8.4% of students opt out at the high school
- Parents only need to opt-out their child once, not for each administration. Students who have been opted-out are noted on spreadsheet that all pupil services staff members can access.

# Administering the BESS: Who and When?

- All students in grades 4-12
  - 1,450 students take the BESS
  - Exceptions: Students who have been opted-out by parents and students in the intellectual disabilities special education program
- Twice a year (October and March)
- Completed during homeroom using Chromebooks; typically takes less than 15 minutes
- School District of Monroe started administering BESS in 2012

# Administering the BESS: Logistics

- Each student is assigned a unique survey login code, which is distributed in homeroom on the day of the test. Students are also emailed a link to log in to the survey.
- In homeroom, teachers read the test directions to students.
- Using their Chromebooks, students follow the emailed link, enter their unique code, and complete the survey.
- Results are available to pupil services staff through the online portal instantly (score, subscores, and full report w/ each answer).
- Make-ups are conducted for absent students in days after the survey.

# Follow-Up

- We generate a spreadsheet of all **elevated** and **highly elevated** students.
  - Name, grade, T score, elevated in past?, receiving services?, general category of concern, meeting person and date, parent contact, follow-up plan/interventions, and notes
- Parents of students who are already “receiving services” are mailed a letter. We use BESS results to inform future work with these students, but do not have a separate meeting with them just to discuss the BESS.
  - Receiving services could include individual check-ins, groups, school-based mental health, special education case manager support, or other services that have put a student on our radar.

# Follow Up (cont.)

- We meet individually with all elevated and highly elevated students that aren't receiving services. This process can take several weeks.
  - We use BESS results as a springboard for the conversation, but do not discuss every question.
  - We also discuss interventions/supports/next steps with students.
- After meeting with each student, we reach out to parents. We work to involve the student in this process and share enough information to help guide parents in providing support to students without giving so many details that student trust is breached. Parent communication is a key part of this process!
  - No additional follow-up needed/false positive: Send letter
  - More serious concerns: Phone call

# Follow Up Example

PARENT CONTACT	FOLLOW-UP	NOTES
Talked to dad and left VM for mom 10/17	J will contact Libby to check in if needed	J reports that lately he has been feeling worried about his grandpa due to some health issues he has been having. Other than this, J reports that he has no worries and is liking middle school so far. He states that he has a good group of friends that he trusts and feels good about his grades and classes.

PARENT CONTACT	FOLLOW-UP	NOTES
Talked to mom 10/24	Participation in girls group, every other week check-in w/ Libby, referred to SBMH program	A reports that she is struggling with several family issues including her relationship with her step-mom and not knowing her biological dad. She is also struggling with whether or not to come out to her parents. She exhibits several symptoms of depression and has been engaging in daily self-harm; this has increased in frequency recently. Discussed healthy coping strategies and supports and made a safety plan.



# Interventions

- Communication w/ teachers about educational supports
  - Fidget list
  - Breaks in pupil services
  - “Handle with care”
- Small group, academic check-ins during FLEX (intervention time)
- Individual check-ins
  - As needed
  - Regularly scheduled
- SBIRT
  - Screening, Brief Intervention, and Referral to Treatment
  - Student-centered goal setting using motivational interviewing
  - 4-6 sessions

# Interventions (cont.)

- Small groups
  - Middle school level: More general groups focused on self-esteem, healthy coping skills, and friendship/social skills
  - High school level: Groups focused on specific skills such as interpersonal relationships, self-esteem, stress/resiliency, and social skills
  - Partnerships with Greenhaven (domestic violence agency) and Green County Human Services

# Interventions (cont.)

- School-based mental health program
  - Partnership with four area mental health agencies
  - Licensed mental health counselors provide regularly-scheduled therapy appointment to students at school
  - Billed through insurance
  - No cost to school district other than creation of therapy spaces and reimbursement for case consultation time (covered by grant)
  - Regular case consultation ensures collaboration between therapists and pupil services teams/administrators

# Challenges

- Some students may not accurately/honestly answer questions; limitations to self-reporting
- Time it takes to follow up with each student and contact parents
- Providing parents with enough information without providing so many details that student trust is breached
- Lack of parent engagement
- Limited intervention options

# Successes

- Helps to put kids on our radar that otherwise would not be
  - Students who may not advocate for themselves
  - Students whose academic and behavioral success masks social/emotional struggles
- Creates an evidenced-based pathway for students to receive additional supports
- Provides information to help us focus effort/time on students with the highest needs
- Provides information to help us make “big picture” programming decisions and helps us to see large-scale trends

# Questions?

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