

Student Universal Wellness Screener

Research Foundation

A brief overview of the research foundation, reliability, and validity



The Importance of Universal Screening

What is Screening

Screening is one of the three critical processes to a Multi-Tiered System of Support (MTSS) model. The exact origin of MTSS in schools is not found in a review of the literature. Consensus suggests the model was first developed when practitioners were concerned with the rising numbers of students classified as the Learning Disabled. This took place after the implementation of the Education for All Handicapped Children Act in 1975. The approach was seen as an alternative to traditional classification methods.

The use of academic screening, progress monitoring and multi-level prevention systems, the three key components to this alternative classification system, came to be known as Response to Intervention (RTI). Around the same time, a behavior approach known as Schoolwide Positive Behavior Supports (SWPBIS) was implemented in parallel. Both are data driven approaches relying on universal screening processes, first seen in public health models. The common threads in the models, namely universal screening, progress monitoring and multi-level preventions led to the more contemporary term Multi-Tiered System of Supports (MTSS). MTSS is the umbrella term used when referring to a tiered system of academic and behavioral supports. For a sampling, see Sugai and Horner (2009), and <https://mtss4success.org/>.

Universal Screening is the bedrock of the MTSS system. Most of us remember being in school and once a year receiving a scoliosis (if you are of a certain age), hearing and vision screening. Vision screening illustrates how a school nurse, or other staff with minimal training, can quickly determine which students fall into the normal vision range and need no further diagnosis or prescription. As students are identified as outside of the range, they receive additional time and attention. This method is an efficient way to get help to those who need it without overwhelming the experts with the burden of screening an entire population.

Looking at academic, social and behavioral traits by using a screener provides the same efficiencies in student identification. A well-constructed screener enables behavior experts to diagnose, develop treatment plans and treat students who are in greatest need of help.

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Why a Social Emotional Screener

Pre the COVID-19 pandemic, approximately a sixth of U.S. children had a developmental disability diagnosis and between one in four and one in five had a mental health disorder. Timely diagnosis and intervention play a critical role for these students. Prevention is the best treatment available. The longer a disorder persists untreated, the worse the life outcomes. See the Journal of Applied School Psychology (August 2017).

<https://files.eric.ed.gov/fulltext/ED603746.pdf>

Children with multiple Adverse Childhood Experiences (ACEs)

<https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/> require more school services, are more likely to become addicted, be incarcerated, require more medical services, and die earlier than their peers. Catching the issues early through screening and implementing school and community-based treatments changes lives for the better and unburdens our systems of healthcare, law enforcement and corrections over time. The ability to screen and formulate treatments was an urgent matter before the pandemic. With child mental health concerns increasing in part from the isolation caused by the pandemic, the need has become greater.

Origins of Social Emotional Screeners in Schools

School Behavioral Health services were introduced in the 1980s and are increasing in scope. SWPBIS has been around even longer. However, there are major mental health service delivery gaps in the U.S. This is especially prevalent in the treatment of child, and specifically adolescent mental health issues. Many of our children in need of mental health services do not receive them and for those who do, the school setting either provides or refers for the majority of service recipients (Siceloff et al., 2017).

How services are conveyed to children in the school setting and accessed by the students, varies broadly. Some schools use data-based practices, and other schools simply use a triage model whereby the student who is hurting the most and possibly expressing themselves the loudest gets access to a coveted and scarce service.

The lack of standard practice can lead to some children who need services, but do not display extreme overt behaviors, to be left out of consideration. This demonstrates the need for a screener, and a screener measuring not only behavior (externalized), but social and academic concerns as well.

Only by screening an entire student population and looking through multiple lenses (social, behavior and academic) can a school identify those children most at risk, further diagnose as needed and develop treatment plans. Failure to do so, at the earliest opportunity (one might even argue before Kindergarten), leads to untreated children. Children needing treatment and lacking access to it, become harder to treat the older they become and ultimately strain our country's already burdened social safety net and related services.

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Review of Comparable Instruments

The need for a highly reliable and valid screening tool, targeting social, behavior and academic concerns is compelling. Yet few tools exist and those in use often lack third-party validation. For example, there is only one screener reviewed on the Behavior Screening Tools Chart at the [National Center on Intensive Intervention](#).

Furthermore, the reviewed tool lacks a K-2 component, critical to comprehensive screening for the early years. This is especially important based upon our understanding that the earlier a diagnosis can occur, and treatment can begin in the life of a child, the more likelihood of successful intervention.

Flexibility of student self-administration versus teacher administration and parent involvement is also lacking. Giving students autonomy, teachers flexibility and parents the opportunity to engage with their student's teacher with a comparable screening instrument is imperative.

Additionally, no existing suite of tools offers a trio including staff wellness, family wellness and student social emotional screener. All of which are a requirement of the Reopening Washington Schools 2020 District Planning Guide (Miller et al., 2017). As a result, CEE, with over two decades of survey expertise, endeavored to build a suite of tools congruent with best measurement practices, but unlike anything market research revealed.

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Universal Student Screener Development Methodology

Heading into the fall of 2020, schools across the nation faced the unprecedented challenge of assessing the impact of the COVID-19 world-wide pandemic on the social and emotional wellbeing of students without the ability to directly monitor or interact with these students. To address this dilemma, CEE performed extensive research on the foundation, function, and limitations of Social Emotional Learning (SEL) screening tools as well as the existing screening tools available to districts. As districts make screener selections based on a tradeoff between Technical Adequacy, Usability and Feasibility, and Contextual Appropriateness (Romer et al), CEE has put forth a best effort to meet school needs on all three fronts.

Technical Adequacy

The development process utilized a collaborative expert team to operationalize research surrounding the constructs of behavior, social and academic performance. After discussing research findings and possible frameworks with school and district level practitioners, the final framework was established, and survey items drafted. These items were then refined through an iterative process of practitioner and researcher review until agreement was achieved.

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Construct Validity

Each item created in each scale accurately and consistently measures the theoretical foundation of the research.

- The team followed the *Standards for Educational and Psychological Testing*, published by the American Education Research Association, the American Psychological Association, and the National Council on Measurement in Education. The team also solicited feedback from experts and current practitioners.
- Data collected in the fall of 2020 allowed for reliability analysis of the individual items and constructs to verify the research and development process. Based on the first 20,000 responses, cut points were adjusted to align with 5% tier III identification and a 20% Tier II identification. Participant feedback in the summer of 2021 informed the decision to add a new construct to address the presence of students' feelings of belonging.

Usability and Feasibility

The largest obstacle to universal screening in the fall of 2020 is access to students. The CEE Universal Screener is specifically designed to be administered remotely via an internet link connected to individual students. Accommodations are made for students from kindergarten to high school with age-appropriate vocabulary, translations, narration, and even a pictorial Likert scale for younger students. The results are tabulated real-time with a graphic user interface that provides relevant information at the student, classroom, school, and district level.

In addition to a single cut point, the interactive interface allows for a scoring mechanism more congruent with the descriptors in the contemporary MTSS triangle; namely, at risk, some risk, no risk. This is accomplished using sliders to enable districts to adjust cut points and ultimately develop local norms or identify percentages of students in groupings.

Contextual Appropriateness

With the pandemic having an impact on all children, it was determined the screener needed to address some of the issues related to social isolation in addition to traditional screener items. Therefore, the tool is specifically designed to gather relevant information over the 2020-2021 school year on students' social and emotional states. Possible future modifications will be considered as the pandemic and its related impacts evolve over the months ahead.

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Factor Analysis

The goal of the student screener instrument is to provide a value (cut point) to show risk versus not at risk. This approach was selected for the student screener and the two inventories to facilitate ease of use and efficient administration methods, all in the name of flagging most at risk. This approach is congruent with the tool reviewed on the Behavior Screening Tools Chart at <https://charts.intensiveintervention.org/bscreening>.

Note

CEE is industry leading at modifying and enhancing its surveys as new research becomes available, as well as through reliability and validity testing. For more details, the Educational Effectiveness Survey Research Foundation can be found here <https://www.effectiveness.org/>.

Citations

Barr, R. & Gibson, E. (2013). *Building a Culture of Hope*. Bloomington, IN: Solution Tree.

Kamphaus, R.W. & Reynolds, C.R. (2015). BASC-3 Behavioral and Emotional Screening System Retrieved from <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Comprehensive/BASC-3-Behavioral-and-Emotional-Screening-System/p/100001482.html?tab=product-details>

Babbie (1992). *The Practice of Social Research*. Belmont, CA: Wadsworth.

Behavior Screening Tools Chart. (2020, June). Retrieved from <https://charts.intensiveintervention.org/bscreening>

CEE. Educational Effectiveness Survey Research Foundation. Retrieved from <https://www.effectiveness.org/>

Chandler, Michael. Achievement Gap Starts at Infancy Report Shows. (2015) Retrieved from https://www.washingtonpost.com/news/education/wp/2015/12/10/achievement-gap-in-d-c-starts-in-infancy-report-shows/?utm_content=bufferfe198&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Children's Defense Fund. The state of America's Children 2020 (2020). Retrieved from <https://www.childrensdefense.org/the-state-of-americas-children-2020/>

EDRESEARCH FOR RECOVERY. Retrieved from <https://annenberg.brown.edu/recovery>

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Fowler, F. (1995). *Improving Survey Questions: Design and Evaluation*. Sage Publications, Thousand Oaks, CA.

Fraenkel, J.R. & Wallen, N.E. (2000). *How to Design and Evaluate Research in Education*. Boston, MA: McGraw-Hill.

Gresham, F.M. & Elliott, S. N. SSIS Social-Emotional Learning Edition. Retrieved from <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/SSIS-Social-Emotional-Learning-Edition/p/100001940.html>

Harris, Nadine. (2014). The Chronic Stress of Poverty: Toxic Children. Retrieved from <https://shriverreport.org/the-chronic-stress-of-poverty-toxic-to-children-nadine-burke-harris/>

Hattie effect size list - 256 Influences Related To Achievement. Retrieved from <https://visible-learning.org/hattie-ranking-influences-effect-sizes-learning-achievement/>

Hattie, John. (2009). *Visible Learning A Synthesis of Over 800 Meta-Analyses Relating to Achievement*. London, England: Routledge

Holcomb, E. L. (2001). *Asking the Right Questions: Techniques for Collaboration and School Change, 2nd Edition*. Thousand Oaks, CA: Corwin Press.

The Importance of Social and Emotional Screening. (2015, July 8). Retrieved from <http://www.urbanchildinstitute.org/articles/updates/the-importance-of-social-and-emotional-screening>

Isaacs, Julia. Starting School at a Disadvantage: The School Readiness of Poor Children (2012). Retrieved from <http://www.brookings.edu/research/papers/2012/03/19-school-disadvantage-isaacs>

Jensen, E. (2009). *Teaching with Poverty in Mind: What Being Poor Does to Kids' Brains and What Schools Can Do About It*. Alexandria, VA: ASCD.

Kluger, J. (2020, July 23). The Coronavirus Seems to Spare Most Kids From Illness, but Its Effect on Their Mental Health Is Deepening. Time. Retrieved from <https://time.com/5870478/children-mental-health-coronavirus/>

Miller, M. W., Dr., Jeffries-Simmons, T., & Rockholt, C., NBCT. (2020). *Reopening Washington Schools*

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2020 District Planning Guide. Retrieved from

<https://www.k12.wa.us/sites/default/files/public/workgroups/Reopening%20Washington%20Schools%202020%20Planning%20Guide.pdf>

Newell, R., & Van Ryzin, M. (2007). *Growing Hope as a Determinant of School Effectiveness*, Phi Delta

Pennell, A., Lynch, J., & Garrish, S. (2020). Behavior Menu of Best Practices and Strategies - OSPI. Retrieved September from [https://www.k12.wa.us/sites/default/files/public/lap/pubdocs/2019 Behavior Menu with ADA Final-complete.pdf](https://www.k12.wa.us/sites/default/files/public/lap/pubdocs/2019%20Behavior%20Menu%20with%20ADA%20Final-complete.pdf)

Putnam, R. (2015). *Our Kids: The American Dream in Crisis*. New York, NY: Simon and Schuster.

Rebell, M., Wolff, J., We Can Overcome Poverty's Impact on School Success (2012). Retrieved from

<http://www.edweek.org/ew/articles/2012/01/18/17rebell.h31.html?tkn=OSMFeVuUEJK7KsyeTYKBRM227cyO6y2uXVX%2B>

Reeves, D. (2006). *The Learning Leader How to Focus School Improvement for Better Results*. Alexandria, VA. ASCD.

Reunite, Renew and Thrive: SEL Roadmap for Reopening School. Retrieved from <https://casel.org/reopening-with-sel/>

Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from <https://smhcollaborative.org/wp-content/uploads/2019/11/universalscreening.pdf>

Screening. Retrieved from <https://mtss4success.org/essential-components/screening>

Siceloff, E., Bradley, W., & Flory, K. (2017). Universal Behavioral/Emotional Health Screening in Schools: Overview and Feasibility. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6350819/>

Standards for Educational and Psychological Testing (2014). American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education. Washington, DC.

Sugai, G., & Horner, R. H. (2009). Responsiveness-to-Intervention and School-Wide Positive Behavior Supports: Integration of Multi-Tiered System Approaches. *Exceptionality*, 17(4), 223-237.

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Sullivan-Dudzic L., Gears, D., & Leavell, K. (2010). *Making a Difference: 10 Essential Steps to Building a PreK-3 System*. Thousand Oaks, CA: Corwin Press.

Systematic Screening. Retrieved from <http://www.ci3t.org/screening#srss>

University of Minnesota (2011). Early childhood education program yields high economic returns. *Science Daily*. Retrieved from <http://www.sciencedaily.com/releases/2011/02/110204091258.htm>

Wadas-Willingham, Val (2014). Childhood Mental Health Disabilities on the Rise. Retrieved from <http://thechart.blogs.cnn.com/2014/08/18/childhood-mental-health-disabilities-on-the-rise/>

What is an ACE? (2015) Retrieved from: <https://www.health.state.mn.us/communities/ace/index.html> (ACES list)