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Schools Must Use Effective Practices to Screen and then Validate Students' Mental Health Status (Part I)

YES: Teachers Should Help Screen Students for Social, Emotional, and Behavioral Challenges

NO: That's NOT Where the Screening Process Ends

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<https://www.projectachieve.info/schools-must-use-effective-practices-to-screen-and-then-validate-students-mental-health-status-part-i/>

Dear Colleagues,

Introduction

For a variety of Pandemic and Not-Pandemic reasons, students across the country are demonstrating more social, emotional, and behavioral challenges this year than ever before.

As such, teachers have—appropriately—needed to consciously integrate social, emotional, and behavioral training and discussion into many of their school days.

Moreover, mental health professionals (counselors, school psychologists, and social workers) have needed to provide more strategic (Tier II) and intensive (Tier III) services to students in-need—including many more threat, suicide, self-injury, and other, related assessments.

Finally, administrators have needed to balance their responses to an increasing number of office referrals—making the difficult differentiation between “discipline” problems and “social, emotional, or mental health” problems.

Given this, states and districts have re-emphasized the importance of an informal and formal behavioral health screening continuum that—within a school—begins in the classroom with general education teachers.

Training Teachers to be Mental Health Screeners

This month, an [Education Week](#) article (April 4, 2022; “With Students in Turmoil, Teachers Train in Mental Health”) discussed how some states and districts are handling the increase in students’ social-emotional needs.

[\[CLICK HERE to Read the Original Article\]](#)

The article highlights include the following:

- Students are exhibiting more social, emotional, and behavioral upsets in school: increased childhood depression, anxiety, panic attacks, eating disorders, fights, and thoughts of suicide.
- These upsets appear to be more pronounced for low-income students who concomitantly have/are experiencing additional stresses related to where and how they live.
- The national shortage of counselors, school psychologists, and other mental health professionals has decreased the availability of school-based intervention and support—requiring community mental health referrals that parents and students sometimes ignore, and that also involve long waiting lines.
- Some states and districts are using professional development funding to train teachers to identify the warning signs of students’ mental health problems and/or involvement in substance abuse.
- One course, “Youth Mental Health First Aid,” was highlighted in the article, but this course is not easy to access by individual educators. It is typically sponsored by school districts; it covers only a limited number of possible mental health challenges; and it does not provide individualized instruction for specific local or regional challenges, nor on-site consultation or coaching to facilitate implementation.
- In California, which began offering the “Youth Mental Health First Aid” course in 2014, only 8,000 teachers, administrators, and school staff out of a possible 600,000 K-12 staff have been trained.

The implications here include:

- Districts and schools need to write (or update their) comprehensive Multi-Tiered Mental Health Needs Assessment, Screening, Implementation, and Evaluation Plan.
- This development, implementation, and evaluation of this Plan should involve the ongoing participation of the District’s mental health staff, as well as community-based mental health agency and service representatives.
- The Plan should include resources and trainings like the “Youth Mental Health First Aid” course, but it should not be dependent on any single course to fully prepare teachers and other staff in this important area.
- Any social, emotional, or mental health professional development should include “Case Study” practice, ongoing consultation and coaching, and an explicit screening process so that students in need are accurately identified in objective, data-based, and timely ways.
- All of the implementation processes should be overseen by each school’s Multi-Tiered Services (Child Study, or Student Assistance) Team which (a) includes the best trained academic and social, emotional, behavioral assessment and intervention specialists in or available to the school; and (b) meets on a regular basis to address the needs of students in the school who are exhibiting academic and/or behavioral challenges.

Ten Essential Practices in an Effective Mental Health Screening-to-Services Process

A sound and effective mental health screening-to-services process is important to differentiate between (a) students having minor, moderate, or significant social, emotional, and behavioral challenges versus (b) students demonstrating concerns that are more momentary, transient, developmentally expected, or situational in nature.

While general education teachers often are the first educators to identify student behavior that is concerning, an effective mental health screening-to-services process requires the use of what are called “multiple-gated steps.”

This process also involves the use of (a) multiple assessment approaches or tools; (b) completed by multiple raters (including the student him or herself); and (c) that assess student behavior across multiple settings. As with any data-based process, it is important that the ratings, observations, and data are reliable, and that the results are valid.

In Part I of this two-part Blog series, we will describe the ten essential practices to guide a school’s effective mental health screening-to-services process.

In our next Part II, we will describe the six ways to collect social, emotional, and behavioral student data in the most reliable and valid ways.

The ten essential practices to guide a school’s effective mental health screening-to-services process include the following:

- Practice 1. Multiple gating procedures need to be used during all social, emotional, and behavioral universal screening activities so that the screening results are based on (a) reliable and valid data that (b) factor in false-positive and false-negative student outcomes.

Too many screening procedures go from screening to intervention—without considering whether the initially-derived results are accurate. Part of this process is determining if the screening procedures have “identified” students who actually do not have significant problems (i.e., “false-positive” results), or have not identified students who actually do have problems (i.e., “false-negative” results).

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- Practice 2. After including false-negative and eliminating false-positive students, identified students (who have been “red-flagged” by a screening procedure) receive additional diagnostic or functional assessments to determine their strengths, weaknesses, social-emotional knowledge and skill gaps, and the underlying reasons for those gaps.

When screening procedures do not exist or are not accurate, Practices 5 and 6 below should occur with all students who are demonstrating social, emotional, or behavioral concerns in any school setting.

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- Practice 3. When screening students for social, emotional, or behavioral challenges, the potential impact of a student’s academic status should be considered as part of the diagnostic or functional assessment. This “catches” students who are demonstrating behavioral problems due to academic frustration or skill deficits.

While it may target ways to help students effectively control, decrease, or communicate their frustration, intervention plans here must address the root cause of the problem: remediating students’ academic deficiencies so that the sources of their frustration is moderated or eliminated.

Part of the diagnostic assessment should also differentiate current problems that are Pandemic-specific or related, and problems that existed before the Pandemic began in early 2020.

- Practice 4. All students should be taught—from preschool through high school—social, emotional, and behavioral skills as an explicit part of the school’s formal Social-Emotional Learning/Positive Behavioral Support System.

These skills should be taught through an articulated, scaffolded, and systematic scope and sequence curriculum map—by general education teachers at the Tier I level—using methods grounded in social learning theory. The social, emotional, and behavioral skills taught should be applied to facilitate students’ academic engagement and self-management, and their ability to interact collaboratively and prosocially in cooperative and project-based learning groups.

Many students with social-emotional challenges have never been systematically taught social skills. These skill deficits typically are not present when schools implement an effective Tier I social skills curriculum.

- Practice 5. Before conducting diagnostic or functional assessments (see Practice 2 above), comprehensive reviews of identified students’ cumulative and other records/history are conducted, along with (a) student observations; (b) interviews with parents/guardians and previous teachers/intervention specialists; (c) assessments investigating the presence of medical, drug, or other physiologically-based issues; and (d) evaluations of previous interventions.

- Practice 6. Diagnostic or functional assessments should evaluate students and their past and present instructional settings. These assessments evaluate the quality of past and present instruction, the integrity of past and present curricula, and interventions that have already been attempted. This helps determine whether a student’s difficulties are due to teacher/instruction, curricular, or student-specific factors (or a combination thereof).

- Practice 7. Diagnostic or functional assessments to determine why a student is not making progress or is exhibiting concerns should occur prior to any student-directed academic or social, emotional, or behavioral interventions.

These assessments should occur as soon as students with apparent behavioral challenges are screened and recognized (that is, during Tier I). These assessments should not be delayed until Tier III (unless the student’s case is immediately escalated to that level).

Said a different way: The goal of the screening-to-services multiple-gated process is to (a) accurately identify the students with significant social, emotional, or behavioral needs; (b) determine the depth, breadth, and root causes of their challenges; (c) link the assessment results to high probability of success services, supports, and interventions; and (d) reduce or eliminate the original challenges as soon, quickly, and efficiently as possible.

When interventions are attempted prematurely and in the absence of the functional assessment (that some schools delay until Tier III), they typically have a low probability of success, and when they fail, they often exacerbate the problem and make it more resistant to change.

- Practice 8. Early intervention and early intervening services should be provided as soon as needed by students. Tier III intensive services should be provided as soon as needed by students.

Students who are “failing” in Tier I, should not be required to receive (and fail in) Tier II services, in order to “qualify” to receive Tier III services or supports. If students who are struggling in the general education classroom need immediate Tier III services, supports, or interventions, they should immediately receive these through the multi-tiered, multiple-gated process.

Multi-tiered service delivery should occur on a needs-based and intensity-driven basis.

Critically, early intervention, Tier I services may include—based on the diagnostic or functional assessment results—the use of assistive supports, the remediation of specific social-emotional skill gaps, accommodations within the instructional setting and process, and curricular modifications as needed.

General education teachers and support staff need to be skilled in (a) the different strategies that may be needed within these service and support areas (i.e., remediation, accommodation, and modification), and (b) how to strategically choose these different strategies based on diagnostic or functional assessment results. A school’s mental health staff may need to directly consult with and coach general education teachers in these areas.

Tier II and III services include strategic or intensive interventions (a) that are still implemented in a student’s general education classroom, and/or (b) that involve social, emotional, attributional, behavioral, or mental health interventions taught individually or in small groups that are then generalized to students’ 24/7 school and personal lives.

- Practice 9. When (Tier I, II, or III) interventions do not work, the diagnostic or functional assessment process should be reinitiated, and it should be determined whether (a) the student’s problem was identified accurately, or has changed; (b) the assessment results correctly determined the underlying reasons for the problem; (c) the correct instructional or intervention approaches were selected; (d) the correct instructional or intervention approaches were implemented with the integrity and intensity needed; and/or (e) the student needs additional, different, or reprioritized services, supports, strategies, or interventions.

That is, it should not immediately be assumed—without validation—that the interventions should have worked, and did not work because the student has a more significant problem that will require more intensive and specialized services (although, based on data, that may be the case).

- Practice 10. The “tiers” in a school’s multi-tiered system of supports reflect the intensity of services, supports, strategies, or interventions needed by one or more students.

The tiers are not defined by the percentage of students receiving specific intensities or services, nor do they reflect the organization (i.e., small group or individual), delivery setting or place, or expertise of the primary providers of those services.

Instead, individual school’s Tier II and Tier III services and supports vary from school to school as they reflect the mental health and related services personnel, skills, expertise, and resources within each school.

For example, if the schools in one district each have their own highly-skilled full-time counselor, school psychologist, and social worker, those schools will be able to provide some social, emotional, or behavioral services and supports at the Tier II level.

If a different district has the same number of schools but only one school psychologist and one social worker for the entire district, the more strategic or intensive services and supports needed by their students may have to be delivered by a local community mental health agency—something most schools would classify as a “Tier III” service.

Summary

At this point, there is no debate that many more students are demonstrating social, emotional, behavioral, and/or mental health difficulties in our schools. . . for a variety of reasons.

Given this, some districts and schools are training their general education teachers to recognize the “early warning indicators” of such difficulties, and others are being encouraged to formally screen all of their students for these difficulties—often by the authors, publishers, or companies that have developed on-line assessment programs.

Unfortunately, for many schools this is the end of the process.

That is, they are collecting their data, assuming it is accurate, and putting the “identified” students into, sometimes generic, intervention groups or categories that are either unnecessary or have limited prospects for success.

Moreover, as they are using their screening strategies or programs to identify students in social-emotional need, they are not validating (a) whether the students actually have the challenges (false-positives); (b) they are missing students who legitimately have challenges (false-negatives); and (c) they are not completing root cause analyses or functional assessments to connect the reasons underlying the students’ challenges with high-probability-of-success strategic or intensive services, supports, or interventions.

This Blog (Part I of a two-part series) discusses the screening-to-services multiple-gating process that all schools should be using to identify and serve students with social, emotional, behavioral, and mental health challenges. The discussion is framed in ten effective practices that will help schools to avoid faulty decisions, unethical practices, and interventions that may make some students’ challenges worse or more resistant to change.

In the next Part II, we will describe the six ways to collect social, emotional, and behavioral student data in the most reliable, valid, and intervention-related ways.

What we are suggesting is nothing less than what a good medical doctor, mechanic, or electrician does when providing sound services. While doctors certainly screen their patients for a variety of possible illnesses, it is only through a data-based functional assessment process that they both validate any illnesses or medical problems that emerge from the screening, and begin to link the problems to medical treatments and/or solutions.

As a school psychologist who works in many schools across the country—often for up to forty days per year and five years at a time, I understand the increase, diversity, and intensity of the student-related social, emotional, behavioral, and mental health issues that schools are experiencing.

But I also understand that some of the “quick fixes” that are being used—especially in the absence of the sound, multi-tiered practices discussed in this Blog—are doing a disservice to everyone. . . students, staff, schools, systems, and communities.

Use your mental health professionals. . . . do your research. . . . develop your plans and processes. . . .
and let's get this right the first time!

Best,

Howie