

Social and Emotional Screening Pilot Project

2014

This report will explain the rationale, method and steps for moving forward with the 2013-2014 Social and Emotional Screening pilot project.

A program of the
American Academy of Pediatrics

CATCH[™]

Community Access to Child Health

Rationale

According to *Center for Disease Control and Prevention: Children's Mental Health Report (May, 2013)*, roughly 21% of children in the United States struggle with a diagnosable mental health concern. However, an estimated 70% of these children do not receive mental health services. According to Feeney-Kettler et al., 2010, "Awareness of risk status for future mental health problems" is imperative for young children's mental health (pg. 218). Without intervention, mental health problems can negatively impair children's academic, personal/social, and career development (Feeney-Kettler et al., 2010).

Albers, Kratochwill, & Glover 2007 discussed how youth frequently receive delayed prevention measures until failure is observed. As a result, Albers et al. discussed how these students often need more intense interventions than those youth who had been identified and treated with early prevention measures. This reactive approach can impact key development areas in children. For example, Schanding & Nowell, (2013) reported that the lack of identification of mental health concerns in children can serve as a "disruption of functioning at school paired with academic underachievement" (p.105). In addition, youth with severe mental health challenges are at high risk for school dropout (Bradley, Doolittle, & Bartolotta, as cited in Schanding & Nowell, 2013).

In the fall of 2012, the Scott County Kids Health Committee, comprised of school nurses and other health professionals, recognized the need to assess the social and emotional health of students in Scott County schools. In response to this need, an Advisory Group, (Appendix A) was formed to discuss possible solutions.

The Advisory Group's charge became to develop a school-based systemic approach to identify students who need social/emotional support services. Currently, Scott County schools do not have a school-based systemic approach in place to identify students who need social/emotional support services. In order to create this systemic approach, the Advisory Group

needed baseline data on the social/emotional health of students. Once data was gathered, further conversation on the social and emotional health of Scott County students and any needed interventions and services at a school and community level could occur.

In January 2013, Dr. Linda DeLessio, a pediatrician on the Advisory Group, submitted an application to the American Academy of Pediatrics Community Access to Child Health (CATCH) Grant Program. CATCH grants support pediatric residents in the planning and/or implementation of community-based child health initiatives. The grant was awarded in the amount of \$12,000 to plan for social and emotional screening in Scott County elementary schools.

Instrument

The Advisory Group researched a variety of screening tools over several months. It was important the tool selected was an evidence-based tool, was easy for teachers to use, age appropriate and had options for parents and youth to complete the screening. The Advisory Group selected the Strengths and Difficulties Questionnaire (SDQ) (Appendix B) as it encompassed all of the desired criteria. The SDQ consists of five scales measuring “emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behavior” with five corresponding items (Stone, p. 255). The SDQ is a brief, easy to use screening instrument for children aged three to sixteen “of psychosocial problems for children and worded more positively compared to other common questionnaires” (Stone et al., 2010, p. 255). Additionally, the SDQ is free and available at www.sdqinfo.org. The SDQ screens for psychosocial problems and strengths (ex. behavior) and is available in teacher, parent and student formats (Stone et al.). The assessment consists of 25 questions, taking approximately five minutes to administer per student (Stone et al.).

The SDQ has “become one of the most utilized screening instruments because it is able to measure both problem behavior and competencies at an early age” (Stone et al, p. 255). The SDQ is available in over 60 languages and features online scoring (Stone et al.). Research reported

reliability was consistent over time and agreement between parents and teachers was “relatively high” (Stone et al., p. 268).

Universal Screening

Research indicates that the early intervention and identification of mental health concerns in youth can lessen the severity for future problems (Albers et al., 2007). With this knowledge, the Advisory Group selected students in fourth grade as the target population for universal screening during this project. This timing allows for the opportunity to identify needs and intervene appropriately before the critical transition to middle school. One way that schools currently address needs in an effort to achieve early identification is through Response to Intervention (RTI).

RTI is a multi-tiered system of supports and interventions to assist all students. RTI is a process by which schools use data to identify the academic and behavioral supports each and every student needs to be successful in school and leave school ready for life. RTI operates on a three-tiered model of prevention. Tier 1 addresses all students with school-wide prevention measures, aimed for 80% of students to respond (Schanding & Nowell, 2013). Tier II, provides to the estimated 15% of youth that do not respond to the previous universal measures (Schanding & Nowell). Lastly, Tier III responds to the approximate 5% of students who need intense interventions. (Schanding & Nowell).

An important first step in the school RTI process is to begin to identify student mental health concerns. Data can be obtained with universal screenings implemented in the school setting. According to Feeney-Kettler et al., (2010), “The rationale for screening all children is that effective, universal screening can be a proactive step leading to (a) further screening and/or (b) early intervention and prevention programs that can ameliorate problems before they progress into diagnosable disorders” (pg. 219). This project sought to enhance the RTI

screening process; giving schools a standard, research based tool to be the foundation for their universal social and emotional health screening.

Method

In August 2013, focus groups were completed to gather information from groups who would be impacted and involved in this project, specifically parents, school personnel, local service providers and pediatricians. Focus groups were conducted to answer the following questions (Appendix C):

- Do stakeholders believe this was a relevant project;
- Do community service providers and pediatricians have the resources to serve identified students;
- Do parents feel it was appropriate for their child to participate in the screening and if the parent should complete a screening;
- How do we develop a school friendly process?

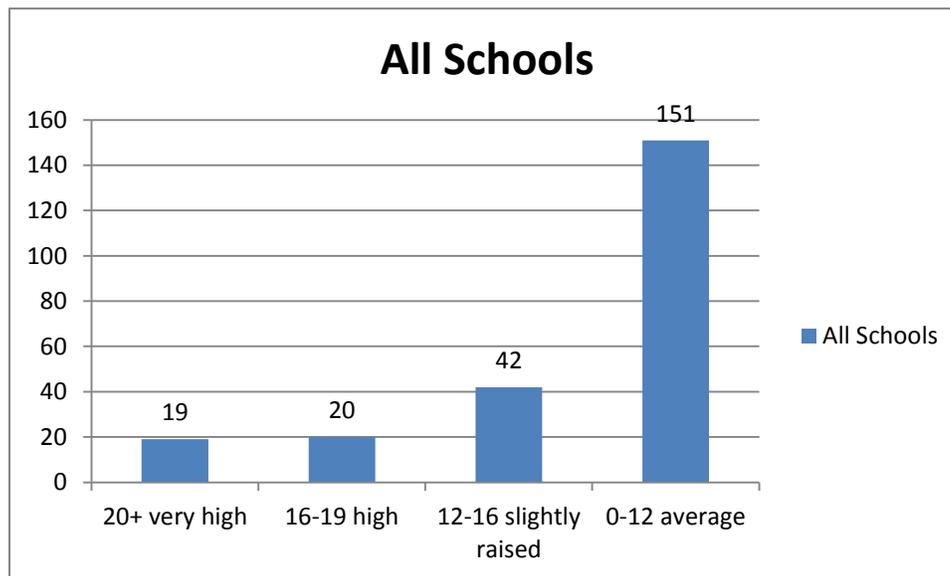
Based upon the feedback received the Advisory Group developed guidelines for the screening process and completed focus groups with each of the four elementary schools. These focus groups were to explain the guidelines and gather any additional feedback from school personnel. In December 2013, fourth grade teachers from the selected pilot schools administered the SDQ to students. Teachers completed an online SDQ for each student in their classroom and were instructed to complete all questions based on their observation of the student's typical behavior over the past four months. If a student spent a significant amount of time with staff outside of the fourth grade classroom, teachers were encouraged to collaboratively fill out the screening questionnaire with other professionals.

Schools were encouraged to convene their RTI teams after all the screenings were completed to discuss the results and needs of each student. Additionally, school personnel were encouraged to separate out those students scoring high and discuss interventions. For example, schools were instructed to utilize school-based interventions first. If it was determined that community interventions were needed, school teams were suggested to have team discussion on

appropriate resources. If it was decided to contact the parents/guardians, it was recommended that the professional school counselor be the point of initial contact via phone contact or in-person meeting. School personnel were encouraged to discuss their own knowledge of resources and share local contact information for community supports. The participating schools completed a data sheet (see Appendix D).

Data Analysis

Data from the individual SDQs and regarding the process were compiled by each school and provided to the Advisory Group for final tabulation.



The data from the screenings shows nineteen students scoring above 20 (very high), twenty students scoring between 16-19 (high), forty two students scoring between 12 -16 (slightly raised) and one hundred fifty one students scoring 0-12 (average). According to this data 17%, those scoring the “high” and “very high” on the SDQ, are in high need of social/emotional supports. Of those scoring above 20 “very high”, 2%, or 3 students, were not receiving services. Thirty-five students scoring below 20 (anywhere from average to high) were identified as needing services, but were not.

Participant Data					
School/District	School A	School B	School C	School D	TOTAL
Number of 4 th grade children screened	35	94	54	49	232
Number of 4 th grade classrooms	2	4	2	3	11
Number of participants scoring 20 or above on the SDQ	5 (14%)	10 (11%)	3 (6%)	1 (2%)	19 (8%)
Number of participants scoring 20 or above who are not receiving services	N/A	2	0	1	3 (2%)
Number of participants that scored below 20 on the SDQ and have an identified need	2 (6%)	7 (7%)	5 (9%)	21 (43%)	35 (15%)

Teacher/Administrative Feedback

The data from the teachers provided insights into the challenges faced when conducting universal screening. There were six completed surveys representing both individual and team responses returned to the Advisory Group (Appendix E).

- Two surveys indicated they have or plan to use classroom interventions as a result of the screenings.
- Five of the six surveys indicated that the screening does not fit into their usual schedule.
- Four surveys indicated that teachers felt prepared or have adequate resources to handle the social/emotional needs of their students.

Teacher Feedback (6 surveys)	Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
The information gathered from the screenings was helpful		3 (50%)	2 (33%)	1 (17%)	
I was surprised by some of the results of the screenings	1 (17%)	2 (33%)	1 (17%)	2 (33%)	
Based on the results of the screenings, I have or plan to use classroom interventions	1 (17%)	1 (17%)	3 (50%)	1 (17%)	
I found the questions in the screening to be relevant and appropriate		4 (67%)	2 (33%)		
Completing the screens fit into my usual work schedule			1 (17%)	3 (50%)	2 (33%)

Additional Teacher Feedback					
How much time, per student screening, did it take for you to complete?	1 (17%) responded 0-5 minutes	5 (83%) responded 5-10			
Do you feel prepared or do you have adequate resources to handle the social needs?*	Yes 4 (67%)	No 1 (17%)			

* One of the six surveys received did not answer this question.

In an effort to gain additional insight into the responses from the teachers regarding the project and its process, a meeting was held in February 2014 with all participating schools that included teachers, counselors and principals. Discussion was held as to how the process of screening went and recommendations for moving forward. Several common themes came out of this meeting:

- The teachers felt the SDQ tool and process were helpful in identifying students needing social/emotional support services.
- Teachers and school personnel would like more training and resources on classroom interventions for behavior as well as for mental health in general.
- There is a great need, after the students are identified, for an individual to help follow-up with families, meet with them on available community resources and assist them in connecting with those resources. This need is beyond current school staff capacity.
- Teachers requested the ability for parents to fill out the appropriate version of the SDQ. This would be done when the teacher feels it would be important to compare behaviors in the home and at school.
- Teachers and Administrators would like a database that allows for data to be compiled and revised as well as have the ability to look at the overall social/emotional health of classrooms, schools and districts. The online SDQ does not allow teachers to stop, change and/or revise data. Only a re-assessment would be available. For example, when schools meet to discuss social and emotional benchmarks, school personnel like to see a program that allows the student data to be stored, updated, and viewed as needed.

Discussion/Recommendations

Taking into account all three sets of data, the Advisory Group has several recommendations. It was clear from the data that students, approximately 17% scoring “very high” or “high”, have a need for social/emotional supports- some of whom are not currently receiving services. The Advisory Group recommends the continuation of the project to include the current four involved schools and to expand the project to an additional four schools within Scott County. The continuation of the pilot project would include the following improvements and considerations.

1. Collect data so we have specific data points for the range of 16-19 and to better define the students scoring below 20.
2. A database that allows for easy data entry as well as the ability to revise, generate reports, etc will be explored.
3. Create a team of professionals to explore solutions for school personnel to receive professional development on behavioral interventions in a school setting and youth mental health.
4. Allow teachers to involve parents in the screening process as they deem it necessary. Schools are encouraged to create a procedure on what constitutes the need for parents to complete the survey.
5. Provide the participating schools with a liaison and/or outreach worker to assist teachers and school personnel with connecting to families.

References

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- Feeney-Kettler, K., Kratochwill, T. R., Kaiser, A. P., Hemmeter, M. L., & Kettler, R. J. (2010). Screening young children's risk for mental health problems: A review of four measures. *Assessment for Effective Intervention, 35*(4), 218-230. doi:10.1177/1534508410380557
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Appendix A

Social/Emotional Screening Advisory Committee

Dr. Robert Anderson - Genesis Pediatrician
Mary Cashman – Mississippi Bend AEA
Dr. Linda DeLessio - Genesis Pediatrician
Christine Gradert - Family Resources
Ann Harris - Pleasant Valley Schools
Kim Hoffman - Bettendorf Schools
Joan Jutting - Davenport Schools
Dawn Knutson - Scott County Kids
JaNan Less - Community Member
Jo Mecham - Bettendorf Schools
Joyce Morrison - Vera French
Molli Nickerson - Scott County Kids
Ellen Reilly - Davenport Schools
Jean Simpson – Mississippi Bend AEA
Amy Thoreson - Scott County Health Department

Appendix B

Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help

Appendix C

Provider/Pediatrician Focus Group Questions

1. This screening is not for diagnostic purposes; only to identify a possible need and to refer to the professionals and/or other community resources. Knowing this, would you want to view the results of the screening? Why or why not?
2. We are unsure how many children who are not currently receiving services will be identified, however we do anticipate referring new children to community resources and their Pediatricians for further evaluation. Can you accept another referral for your practice and/or services?
3. Often additional community resources are needed to enhance the child's potential. Do you feel you know enough about community resources and if not, what ways can we help to increase your knowledge of community resources?
4. How would a consultation about this screening affect your current resources, waiting lists and practices?
5. How will the need to increase your services affect your funding streams? What funding streams are needed to meet the possible increased need?

Appendix D

Social and Emotional Screening Pilot Project
School Data Sheet

Date:

School:

Instructions: Each school is to fill out the information below. Please turn in this sheet with copies of your screenings. Please remember to “black-out” each student’s name.

1. Total number of 4th Grade children screened _____
2. Total number of 4th Grade classrooms _____
3. Of those screened, number of children scoring 20 or above on overall stress. _____
4. We would like to capture those children who scored above 20 that are not receiving services and of those who did score over 20, what services they are receiving. Of those who scored over 20, please provide the **number** of children receiving each of the following services:
 - a. School Interventions:
 - i. Counseling Services _____
 - ii. IEP _____
 - iii. 504 Plans _____
 - iv. Behavioral Plans _____
 - v. Other (specify) _____
 - b. Services available in the school setting
 - i. School-based therapy _____
 - ii. Behavioral Health Intervention Services _____
 - iii. Other _____
 - c. Community-Based Services
 - i. DHS Services _____
 - ii. Therapy _____
 - iii. Psychiatric Services _____
 - iv. Other _____
 - d. No current services _____
 - e. Unknown _____
5. Of those students who scored over 20 on the screening, how many students are in need of additional resources outside the school’s capacity? _____
6. If your RTI Team discussed student screenings that had scores below the “20” benchmark, how many of those students will you be following-up with for new services? _____
7. Of those students who were identified as having a social and emotional need, please provide the **number** of students for each service you will or would refer to.
 - a. School Interventions:
 - i. Counseling Services _____
 - ii. IEP _____

- iii. 504 Plans _____
- iv. Behavioral Plans _____
- v. Other (specify) _____

- b. Services available in the school setting
 - i. School-based therapy _____
 - ii. Behavioral Health Intervention Services _____
 - iii. Other _____

- c. Community-Based Services
 - i. DHS Services _____
 - ii. Therapy _____
 - iii. Psychiatric Services _____
 - iv. Other _____

8. Other Comments:

Appendix E

Teacher Survey

Name (optional):

School:

Your input is very important to us. Please rate the following statements based on your experience with this project.

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strong disagree

1. The information gathered from
the screenings was helpful.

2. I was surprised by some of the results
of the screenings

Additional Comments:

3. Based on the results of the screenings,
I have or plan to use some classroom interventions.

4. I found the questions in the screening
to be relevant and appropriate.

5. Completing the screens fit into the
my usual work schedule

6. Approximately how much time per student screening did it take for you to complete? Circle one:

0-5 minutes

5-10 minutes

10 -20 minutes

20+ minutes

7. Do you feel prepared and/or have adequate resources (e.g., curriculum, positive behavior supports, PBIS, etc.) to handle the social emotional needs?

If no, what resources would you like to see more of?

8. What changes would you suggest for the future when implementing this project?
9. What do you believe are the benefits of universally screening your students for social and emotional health?

Additional Comments:

Can we contact you for further input or future development of this project?

Name:

Email:

Phone #