



School Mental Health Practice Brief

Universal Screening for Social-Emotional and Behavioral Health

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Social-emotional-behavioral health (SEBH) includes a spectrum of protective and risk factors that are associated with positive and negative life outcomes, including a future diagnosis of a mental health disorder.

Screening for SEBH is a foundational component of comprehensive multi-tiered systems of support (MTSS) as it provides quick and efficient information to educators that informs instruction and intervention. Taking into consideration resource availability, the implementation of universal screening requires systems to meet the needs of schools and students. This brief provides an overview of considerations when conducting universal SEBH screening.

Universal screening of SEBH in children and adolescents has been promoted as a proactive solution to identify and intervene before SEBH problems become resistant to change. Universal screening is a preventative practice to address an estimated 50% of youths with unmet mental health needs (Whitney & Peterson, 2019).

Screening data provides the necessary information to recognize the SEBH needs of students and to facilitate systems-level continuous improvement (Mahoney et al., 2021; Romer et al., 2020). Universal screening offers several advantages over targeted methods of identification by: (1) identifying students before problems become resistant to change, (2) identifying students that would have been previously unnoticed, (3) providing data at the system-level, and (4) monitoring progress over time (Romer et al., 2020).

What is Social-Emotional and Behavioral Health?

SEBH includes both symptoms associated with psychological problems (e.g., internalizing and externalizing problems) and the presence of psychological well-being (e.g., prosocial and adaptive skills; Kamphaus, 2012).

SEBH screeners that are conducted in schools should also contain items that promote academic success (e.g., work completion and attention; Kamphaus, 2012).

As such, the state of Iowa defines SEBH as “social, emotional, behavioral, and mental well-being that...contribute to resilience and to how one relates to others, responds to stress and emotions and makes choices...that support positive wellbeing and academic success” (IAC §281–14.7).

Identification/Assessment Strategies

The first step before conducting universal SEBH screening is to identify a broader mission or vision of SEBH screening and its relationship to a comprehensive MTSS framework. The broader mission or vision should identify the goals/objectives of the school or district and its relation to how the data will be used.

For example, SEBH screening data may be used to identify students in need of additional supports or to monitor the functioning of system-wide interventions. The goals/objectives and the SEBH screening tool must be aligned with instructional and intervention practices.



When and How Often Should Universal SEBH Screening Be Conducted?

When teachers are completing screeners about their student, ample time is needed for the teacher to get to know the students (e.g., one month for most screening tools). Allowing for teachers to have sufficient time to observe their students should be balanced with early identification before problems become resistant to intervention. If the goal/objective is to identify students in need of SEBH intervention, then screening should be conducted in the fall after at least one month has passed, but not long after that time.

While there is no definitive number of times SEBH screening should be conducted (Romer et al., 2020), it typically occurs three times per school year. Research indicates SEBH risk status remains relatively stable; however, additional students would be identified during subsequent screening periods (Miller et al., 2019). Screening multiple times per year also allows for systems-level progress monitoring and decision-making such as resource allocation.



Who Will Provide the SEBH Information?

Teachers, parents, and students may provide information on student SEBH functioning. School and district teams should consider the costs and benefits of each source of data (Glovers & Albers, 2007). Teachers can provide reliable information for universal SEBH screening data, especially when identifying externalizing behaviors and academic enablers (Dowdy & Kim, 2012). School teams may elect for students to provide self-reports on SEBH skills starting in adolescence when rates of internalizing problems increase (Romer et al., 2020). Lastly, parents offer a unique perspective by being able to provide information based on the years of development in multiple contexts. They can also provide information before key transitions (e.g., start of kindergarten; Glovers & Albers, 2007).



School and district leadership should also consider how students, parents, and teachers will be informed and consent to SEBH screening. The Individuals with Disabilities Education Improvement Act (IDEA) and the Protection of Pupil Rights Amendment (PPRA) are two federal laws related to SEBH screening. The IDEA (2004) indicates that screening for the purposes of identifying instructional strategies is not considered an evaluation requiring parental consent (34 CFR § 300.302) or evaluations administered to all students do not require parental consent (34 CFR § 300.300[d][ii]). The PPRA (2002) states that schools cannot require students to complete surveys related to “mental or psychological problems” without prior written consent (34 CFR Part 98).

In general, universal SEBH screening that has opt-out procedures would not require prior written consent; however, schools and districts should consult with their legal team. In addition, schools and districts should consider how state laws may impact SEBH screening (e.g., prior written consent is required in the state of Iowa if the school is contracting with an outside agency to conduct SEBH screening; IAC §280A.2).

How Will Data Be Collected and Stored?

Districts and schools must consider how universal SEBH screening data will be collected and stored to ensure student privacy and appropriate access to the data. District and school personnel should consult with their legal counsel to ensure appropriate data storage and access practices are in place.

Prior to decision-making, schools should inspect the data to ensure it was properly collected (e.g., missing and duplicate data). Individuals with access to the data should be able to analyze the results quickly and easily. This can be facilitated by being integrated with other data systems (e.g., office discipline referrals [ODRs], grades, and other screening data) and viewed at different levels of specificity (i.e., student-, class-, grade-, school-, and district-level).

Lastly, the school or district should consider how data will be shared with key stakeholders, specifically parents. Particular care should be taken when individual student data are shared to ensure proper interpretation of SEBH risk rather than mental health diagnosis, as screeners are NOT used to diagnose students.

How Should Screening Data Be Used to Inform Intervention Selection?

First, before conducting SEBH screening, schools should determine their capacity for providing intervention. Determining the capacity for intervention allows schools to identify the range and types of students that can be served in a meaningful manner (Romer et al., 2020). This includes creating a problem-solving team (PST) that will examine and make data-based decisions on the data. Members of the PST will depend on each school, but should include administrators, teachers, and individuals with expertise in SEBH at a minimum (Romer et al., 2020).

After screening, PST should examine system-wide data to determine if Tier 1 supports are functioning adequately (i.e., less than 20% of students have SEBH risk). If screening data identifies significantly more students than the maximum capacity for intervention or greater than about 20% of students are at risk, then Tier 1 interventions must be considered or changed. Next, PST may examine information available to identify individual students in need of intervention. Multiple pieces of information from different perspectives should be used when identifying students in need of intervention (e.g., ODRs, attendance, and grades; Romer et al., 2020).



What Universal SEBH Screening Measures Should I Use?

A comprehensive evaluation of available SEBH screening measures is beyond the scope of this brief; however, a list of some assessment tools is provided. For a more comprehensive list of SEBH assessment tools readers are forwarded to the [RAND Education Assessment Finder](#). Screening measures should be selected based on the match between domains evaluated and domains of interest, appropriateness for the students of interest, accuracy of information, feasibility of administration, and utility of outcomes (Glover & Albers, 2007).

Caution should be taken by schools against selecting SEBH screening methods based primarily on feasibility (i.e., teacher nominations and ODRs). Limitations to teacher nominations and ODRs as a universal screener for SEBH risk preclude recommending their use in isolation. Teacher nominations and ODRs are more likely to be biased toward historically marginalized students, misidentify or underidentify students with internalizing problems, wait for significant SEBH problems to occur, and misalign with the goals of SEBH screening (Eklund & Dowdy, 2014; Gregory et al., 2021; McIntosh et al., 2010; Raines et al., 2012). Using brief behavioral rating scales (BBRS) as a method of universal SEBH screening can help increase the feasibility of collecting screening data from multiple sources.

Brief Behavioral Rating Scales (BBRS)



BBRS are short surveys that are completed for all students. Each student is rated on the same criteria, leading to more objective identification practices (Raines et al., 2012). School teams should consider the goals/objectives of SEBH screening based off their unique needs to identify the appropriate SEBH screening tool.

For example, a high school may be more interested in identifying students with internalizing problems; therefore, they should select a BBRS that measures internalizing problems via self-report. Alternatively, an elementary school may be interested in identifying relationship skills in their students through teachers as informants.

BASC-3 Behavioral and Emotional Screening System (BESS)

The BESS can be completed by teachers, parents, or student self-report, and is available for students in grades K through 12. The teacher and parent versions include a total Behavioral and Emotional Risk Index, Externalizing Risk Index, Internalizing Risk Index, and Adaptive Skills Risk Index. The student index has an Internalizing Risk Index, Self-Regulation Risk Index, and Personal Adjustment Risk Index. Students are categorized into Normal Risk, Elevated Risk, and Extremely Elevated Risk. The BESS is available in Spanish for parents and students. The BESS may be purchased from Pearson for \$1.50 per student (as of June 2023) and may be used with Pearson's QGlobal or aimswebPlus.

Devereux Student Strengths Assessment (DESSA)-Mini

The DESSA-mini is a teacher, parent, or other child-serving agency survey that takes about 1 minute per student to complete. There is a K through 8 version and a high school version. The DESSA-mini provides a Social and Emotional Total score. Students are categorized into Need for Instruction, Typical, and Strength. The full DESSA can be administered as a follow up, which is a comprehensive assessment that provides more detailed information, which may be helpful to learn about some students that score as Need for Instruction. The DESSA-mini is also available in Spanish. The DESSA-mini may be purchased through Aperture Education for \$8.50 per student (as of June 2023 with lower prices for more students) and comes with the full DESSA for schools that prefer to collect additional data on some students. The DESSA-mini also comes with recommended interventions.

Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)

The SAEBRS is a teacher and student self-report form that takes about 2 minutes per student to complete. The teacher version can be used for students in grades K through 12 and the self-report can be used for students in second grade and above. The SAEBRS provides scores on Total Behavior, Social Behavior, Academic Behavior, and Emotional Behavior. Students are placed into one of three risk categories on each of the scales: Low, Some, and High Risk. The self-report version is available in Spanish. The SAEBRS may be purchased for \$3 per student through Illuminate Education or Renaissance Learning (as of June 2023). The SAEBRS requires additional onboarding costs of about \$2,000, which include system management and teacher professional development.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a teacher, parent, or student self-report survey that takes about 5 minutes to complete per student. The teacher and parent versions can be completed for children ages 2 to 17 and the self-report version can be completed for ages 11 to 18 or older. The SDQ provides a Total Difficulties scale, Emotional Symptoms subscale, Conduct Problems subscale, Hyperactivity/Inattention subscale, Peer Relationship Problems subscale, and Prosocial Behavior subscale.

There is a three and four-category scoring method for identifying risk. The three-category method groups students into Normal, Borderline, and Abnormal categories and the four-category method groups students into Close to Average, Slightly Low/Raised, Low/High, and Very Low/High categories. The SDQ has been translated into over 75 languages. SDQ is offered for free for noncommercial purposes or may be purchased for \$1.00 per student (as of June 2023) at SDQplus.org for online administration.



Student Risk Screening Scale-Internalizing Externalizing (SRSS-IE)

The SRSS-IE is a teacher-completed rating scale that takes about one minute per student to complete. The SRSS-IE has an elementary version and middle/high school version. The SRSS-IE identifies students at-risk for antisocial behavior and internalizing behavior. Students are placed into one of three categories: Low, Moderate, and High Risk. The SRSS-IE is only available in English. The SRSS-IE is provided free of charge and the developers provide a Microsoft Excel template to score the measure. However, additional data management may be required to aggregate data across classrooms to conduct data-based decision-making.

Key Implications for Practice



District/school team leaders and key stakeholders (e.g., parents and community members) identify the goals/objectives for conducting universal SEBH screening



Select a screening tool that aligns with the identified goals/objectives, has adequate accuracy, and will be feasible to implement



Identify other pieces of information to support screening data



Use screening data to inform individual and system-wide interventions

Related Resources

- [Supporting Child and Student Social, Emotional, Behavioral, and Mental Needs - U.S. Department of Education](#)
- [National Center for School Mental Health](#)
- [RAND Education Assessment Finder](#)
- [School Mental Health Collaborative](#)



References

Dowdy, E., & Kim, E. (2012). Choosing informants when conducting universal screening for behavioral and emotional risk. *School Psychology Forum*, 6(4), 98-107.

Eklund, K., & Dowdy, E. (2014). Screening for behavioral and emotional risk versus traditional school identification methods. *School Mental Health*, 6(1), 40-49.

Glovers, T. A., & Albers, C. A. (2007). Considerations for evaluating universal screening assessments. *Journal of School Psychology*, 45, 117-135.

Gregory, C., Graybill, E., C., Barger, B., Roach, A. T., & Lane, K. (2021). Predictive validity of the Student Risk Screening Scale-Internalizing and Externalizing (SSRS-IE) scores. *Journal of Emotional and Behavioral Disorders*, 29(2), 105-112.

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Kamphaus, R. W. (2012). Screening for behavioral and emotional risk: Constructs and practicalities. *School Psychology Forum*, 6(4), 89-97.

Mahoney, J. L., Weissberg, R. P., Greenberg, M. T., Dusenbury, L., Jagers, R. J., Niemi, K., Schlinger, M., Schlund, J., Shriver, T. P., VanAusdal, K., & Yoder, N. (2021). Systemic social and emotional learning: Promoting educational success for all preschool to high school students. *American Psychologist*, 76, 1128-1142.

McIntosh, K., Frank, J. L., & Spaulding, S. A. (2010). Establishing research-based trajectories of office discipline referrals for individual students. *School Psychology Review*, 39(3), 380-394.

Miller, F. G., Chafouleas, S. M., Welsh, M. E., Riley-Tillman, T. C., & Fabiano, G. A. (2019). Examining the stability of social, emotional, and behavioral risk status: Implications for screening frequency. *School Psychology*, 34(1), 43-53.

Protection of Pupil Rights Amendment, 20 U.S.C. § 1232h (2002).

Raines, T. C., Dever, B. V., Kamphaus, R. W., & Roach, A. T. (2012). Universal screening for behavioral and emotional risk: A promising method for reducing disproportionate placement in special education. *The Journal of Negro Education*, 81(3), 283-296.

Romer, N., von der Embse, N. P., Eklund, K., Kilgus, S. P., Perales, K., Splett, J. W., Suldo, S., & Wheeler, D. (2020). Best practices in social, emotional, and behavioral screening: An implementation guide. Version 2.0.

Whitney, D. G., & Peterson, M. D. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389-391.