



# A Critical Review of Common Social Emotional Screeners

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## Introduction

- Many school psychologists can relate to the growing mental health needs of the children they serve. In fact, estimates by the U.S. Department of Health and Human Services (1999) suggests that roughly 20% of American children and adolescents exhibit symptomology of mental health challenges. This problem, coupled with the nation-wide drive for schools to make better data-based decisions, suggests that schools may need to consider gathering social emotional data on all of their students. In the state of Illinois for example, state lawmakers have enacted state-wide social and emotional learning standards (Illinois Children's Mental Health Act, 2003). Therefore, it may be advantageous for Illinois practitioners to implement a social-emotional screener.
- Current initiatives focusing on mental health promotion suggest the need for school psychology practitioners to explore the use of social emotional screeners. Therefore, there appears to be a need for an examination of universal, school-wide social-emotional screening instruments to best find and intervene with mental health problems that affect academic behavior.
- Social-emotional screeners are instruments that purport to aide in the identification of students at-risk for social-emotional problems. Early intervention based on this screening information allows for effective strategies to improve social emotional skills that in turn, are related to improved academic achievement (Fleming et al., 2005). Targeting students who are most in need of support, and delivering effective support to these students significantly improves the overall effectiveness of prevention programs (Greenberg et al., 2003). Moreover, monitoring students' response to social emotional interventions provides formative assessment information that may be used to guide effective practice. Thus, social-emotional screeners may be an important addition to a school's universal screening agenda.
- Best practice research (Ikeda, Neessen, & Witt, 2008) suggests that universal screening tools are
  - administered to all students in the school,
  - used to inform instruction,
  - used to indicate potential problems,
  - quantitative in nature,
  - cost effective,
  - aligned with instruction, and
  - easily administered, scored, and interpreted.

## Selected References

Fleming, C. B., Haggerty, K. P., Catalano, R. F., Harachi, T. W., Mazza, J. J., and Gruman, D. H. (2005). Do social and behavioral characteristics targeted by preventative interventions predict standardized test scores and grades? *Journal of School Health, 75*, 342-349.

Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., and Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist, 58*, 466-474.

Ikeda, M. J., Neessen, E., and Witt, J. C. (2008). Best practices in universal screening. In A. Thomas and J. Grimes (Eds.), *Best practices in school psychology, fifth edition* (103-114). Bethesda, MD: The National Association of School Psychologists.

Screener Name	Practical Considerations		Best Practice Components					Research Support	
	Brief Description	Advantages/Disadvantages	Administration	Aligned with and Inform Instruction	Problem Indication	Quantitative Results	Cost Effective	Psychometric Properties and Normative Data	Peer-Reviewed Articles
<b>BASC-2 Behavioral and Emotional Screening System (BESS)</b>	<ul style="list-style-type: none"> <li>Universal screening system for measuring behavioral strengths and weaknesses</li> <li>Parent, Teacher and Self-Report versions</li> <li>Teacher and Parent forms have 2 levels: Preschool (ages 3-5) and Child/ Adolescent (K-12)</li> <li>Self-Report has 1 level: Child/Adolescent ( for grades 3-12)</li> <li>25 to 30 items (all forms)</li> <li>Results in scales: internalizing problems, externalizing problems, school problems, and adaptive skills</li> <li>Spanish-language versions of Parent and Self-Report forms available</li> </ul>	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Multiple perspectives gathered</li> <li>Easily administered</li> <li>Is designed for use by schools, mental health clinics, pediatric clinics, communities, and researchers to screen for behavioral and emotional problems</li> <li>Spanish versions available</li> <li>Audio recordings on CD are available for limited readers</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Is not designed to be a progress monitoring tool</li> <li>Expensive, non-reproducible forms</li> </ul>	<ul style="list-style-type: none"> <li>Takes 5 minutes or less to complete forms</li> <li>Requires no formal training for administrators or raters</li> <li>Forms are designed for use with the <i>BASC-2 Behavioral and Emotional Screening System ASSIST™</i> software</li> <li>Responses can be scanned</li> <li>ASSIST™ software available for Windows® and Macintosh®</li> <li>Available scoring services can generate group-level aggregate reports that can track progress over several years' time</li> </ul>	<ul style="list-style-type: none"> <li>Studies show that Teacher, Parent, Student Forms are predictive of academic performance for at least 4 years after their completion</li> <li>No accompanying curriculum available</li> </ul>	<ul style="list-style-type: none"> <li>Classification levels are provided: normal, elevated, and extremely elevated risk ranges</li> <li>Cut scores are customizable, based on desired T-scores, or the number of children in a specific outcome category</li> <li>A roster listing of students and their scores also available</li> <li>Is a universal screening measure and provides a classification of risk status only; does not diagnose, assess, or confirm the presence of a problem</li> </ul>	<ul style="list-style-type: none"> <li>T scores and percentiles both provided.</li> <li>Presents a single Total Score and corresponding risk classification (normal, elevated, extremely elevated) that are reliable and accurate predictors of a broad range of behavioral, emotional, and academic problems</li> <li>Includes validity indices that identify overly negative or inconsistent responses</li> </ul>	<ul style="list-style-type: none"> <li>Teacher, Parent, Self-Report Forms-25 pack (English/Spanish) = \$27.50</li> <li>Teacher, Parent, Self-Report Forms-100 pack = \$101</li> <li>Audio CD = \$35</li> <li>Header Sheets for group scanning (25 pack) = \$23.20</li> <li>ASSIST™ Scoring &amp; Reporting software = \$589</li> <li>Manual = \$60</li> </ul>	<ul style="list-style-type: none"> <li>Normative sample closely matches recent U.S. census population characteristics</li> <li>Satisfactory internal consistency, test-retest reliability, and inter-rater reliability (based on U.S. sample)</li> <li>Split-half, inter-rater, and test-retest reliability estimates are above .70 Correlation values measuring inter-rater reliability range from .71 to .83 across all forms.</li> <li>Validity studies show high correlations between BASC-2 BESS Total Score and other measures of behavioral and emotional problems (e.g., BASC-2 scales, ASEBA).</li> </ul>	<ul style="list-style-type: none"> <li>DiStefano &amp; Kamphaus (2007)</li> <li>Kamphaus et al. (2007)</li> </ul>
<b>Systematic Screening for Behavior Disorders (SSBD)</b>	<ul style="list-style-type: none"> <li>Screens and identifies at-risk students in 3 stages:</li> <li>Stage 1 = Teacher ranks 10 students who meet descriptors for internalizing &amp; externalizing, Top 3 ranked students in each category move to next stage</li> <li>Stage 2 = Teacher rates 6 students using critical events index &amp; brief adaptive-maladaptive rating scales</li> <li>Stage 3 = target student is assessed using Academic Engaged Time &amp; Peer Social Behavior, parent questionnaire &amp; rating</li> <li>Appropriate for K-6<sup>th</sup> grade</li> </ul>	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Screens for internalizing &amp; externalizing concerns</li> <li>Uniform behavioral standards</li> <li>Uses teacher judgment &amp; direct observation</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>No accompanying curriculum</li> <li>In high-risk schools more than 6 students may need identification</li> <li>Students with comorbid concerns are not identified</li> </ul>	<ul style="list-style-type: none"> <li>45 minutes – 1 hour per class for stages 1 &amp; 2, 15-30 minutes per class to score</li> <li>Average time to identify a student was estimated to be 5.5 - 6.5 hours</li> </ul>	<ul style="list-style-type: none"> <li>Designed to provide a reliable &amp; valid means of early identification of young children for possible emotional and/or behavioral difficulties as early as possible, which improves identification of children in need of school-based intervention</li> <li>No accompanying curriculum</li> </ul>	<ul style="list-style-type: none"> <li>All students are considered by the teacher to determine if they are at risk for behavior disorder</li> </ul>	<ul style="list-style-type: none"> <li>Teacher ratings compared to national normative data</li> <li>User's manual contains normative criteria &amp; cutoff percentages</li> </ul>	<ul style="list-style-type: none"> <li>\$127.49 for Kit (3 manuals, 80 minute training video, audiotape for observation, &amp; reproducible forms)</li> <li>\$15.49 for Screening Forms</li> </ul>	<ul style="list-style-type: none"> <li>Multiple field trials have demonstrated strong evidence of differentiation between children with externalizing, internalizing, and typically developing students.</li> <li>Coefficient <math>\alpha</math> values computed with standardization sample &gt;.90</li> <li>National normative database: N=4500 for Stage 2 &amp; N=1275 for Stage 3</li> </ul>	<ul style="list-style-type: none"> <li>Walker &amp; Severson (1990)</li> <li>Walker &amp; Severson (1992)</li> <li>Walker &amp; Severson (1994)</li> <li>Lane et.al. (2009)</li> <li>Trout et. al. (2006)</li> <li>Severson et. Al. (2007)</li> <li>Walker, Cheney, Stage, &amp; Blum (2005)</li> <li>Walker, Severson, Seeley (2007)</li> </ul>
<b>Strengths and Difficulties Questionnaire (SDQ)</b>	<ul style="list-style-type: none"> <li>Parent, Teacher and Self-Report versions</li> <li>25 items (all versions)</li> <li>Appropriate for ages 4-16 (preschool version available)</li> <li>Results in scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior</li> </ul>	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Impact supplement available to supplement quantifiable data</li> <li>Post intervention questions</li> <li>Multiple perspectives gathered</li> <li>SPSS, SAS, STATA scoring syntax available</li> <li>Online scoring and reporting</li> <li>Free or very low-cost</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Poor sensitivity with single informant version</li> <li>Most research conducted on a British sample.</li> </ul>	<ul style="list-style-type: none"> <li>Parent, teacher, and self-report versions can be administered by paper or through the internet (<a href="http://www.sdqscore.net">www.sdqscore.net</a>).</li> <li>Scores can be entered into Excel, although no on-line storage of data is available.</li> <li>Scores are grouped into low, medium, high risk</li> </ul>	<ul style="list-style-type: none"> <li>Does not align with a specific instructional program</li> <li>Can provide evidence and alignment with IL social emotional standards.</li> <li>Scores can inform the degree of severity, which may indirectly inform instruction.</li> </ul>	<ul style="list-style-type: none"> <li>Not diagnostic in nature, instead gives information for screening, hypothesis generating during clinical assessment, research, and evaluating programs.</li> </ul>	<ul style="list-style-type: none"> <li>Quantifiable scales, with 3 risk categories resulting from subtotals on each scale</li> <li>US norms available for parent version</li> <li>Qualitative indicators can be added as part of an impact supplement and follow up-questions.</li> </ul>	<ul style="list-style-type: none"> <li>Free</li> <li>Can be administered by paper or on a computer through the internet.</li> </ul>	<ul style="list-style-type: none"> <li>Means, SD, and frequency distribution of parent report scores provided on website</li> <li>Norms on parent version available, taken from a sample of 9,878 US respondents</li> <li>Confirmed 5 factor structure, satisfactory internal and test-retest reliability (based on a British sample)</li> <li>Good specificity and sensitivity when using a multi-informant format</li> </ul>	<ul style="list-style-type: none"> <li>Janssens &amp; Deboutte (2009)</li> <li>Bourdon et. al. (2005)</li> <li>Goodman (2001)</li> <li>Goodman, Meltzer, &amp; Bailey (1998)</li> <li>Goodman &amp; Scott (1999)</li> <li>Goodman et al., (2000)</li> </ul>
<b>Behavior/Emotional Screen System Tracking (BESST WEB)</b>	<ul style="list-style-type: none"> <li>Universal screener and progress monitoring tool for behavior and social/emotional learning.</li> <li>Two distinct but complementary data tools: The Benchmark Assessment Tool (BAT) and the Performance Assessment Tool (PAT)</li> <li>For use with K-8<sup>th</sup> grade students</li> <li>Teacher and self-report versions</li> </ul>	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Directly aligned to IL state standards</li> <li>Data warehouse system that tracks student scores</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Psychometric properties are in the process of being established therefore at this time, there is very little research on the tools.</li> </ul>	<ul style="list-style-type: none"> <li>Online version</li> <li>Paper version</li> <li>BAT takes about a minute to complete on each student. Teachers complete the BAT on all of their students.</li> <li><a href="http://besstweb.com/?p=index">http://besstweb.com/?p=index</a></li> </ul>	<ul style="list-style-type: none"> <li>BAT &amp; PAT are aligned to the Illinois Social-Emotional Learning Standards</li> <li>PAT can be used to inform social emotional instruction for Tier 2 students</li> </ul>	<ul style="list-style-type: none"> <li>BAT Used only as a screening measure</li> <li>PAT is meant to be more diagnostic</li> <li>PAT is also meant to be a progress monitoring tool</li> <li>PAT is completed by teachers for any student in Tier 2 interventions. Done every 8 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Provides composite scores for each student as well as a mean and standard deviations for each class</li> <li>Can compare class, school, and district-level data</li> </ul>	<ul style="list-style-type: none"> <li>Free to use for one year. Must sign up and register the school district.</li> </ul>	<ul style="list-style-type: none"> <li>Preliminary data indicates satisfactory reliability and validity</li> <li>Studies currently in progress to establish psychometric properties.</li> </ul>	<ul style="list-style-type: none"> <li>None have been published at this time.</li> </ul>