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Helene Marcy: Hello and Welcome to the CSCH Podcast. My name is Helene Marcy, Program Manager for the UConn Collaboratory on School and Child Health, or CSCH. The CSCH mission is to facilitate innovative and impactful connections across research, policy, and practice arenas relevant to school and child health. I invite you to take a look at our website at csch.uconn.edu.

Today I am here with Sandy Chafouleas and Amy Briesch. Sandy is Co-Director of the Collaboratory on School and Child Health and a Distinguished Professor of Educational Psychology at the University of Connecticut Neag School of Education and Amy is Associate Professor of Applied Psychology in the Bouvé College of Health Sciences at Northeastern University. She’s also a graduate of the UConn school psychology doctoral program. We’re going to talk about a recent project that Sandy and Amy worked on - with their team including CSCH affiliates Jennifer Dineen in the Dept of Public Health and Betsy McCoach in the Neag School. The project, called NEEDs2, looked at what school personnel and families think about social, emotional and behavioral screening.

So Amy, let’s start with you. First can you explain what social, emotional and behavioral screening is and why it’s necessary?

Amy Briesch: Sure, we know that social, emotional and behavioral skills, like being able to manage your feelings and behaviors or being able to build relationships with others, can have a profound impact on student's academic learning, and that they're also important to long term success of students. So we see the job of schools as being to help kids fill their backpacks with the tools that they need to do well socially, emotionally and behaviorally. The problem often though, is that we don't always know that kids are missing these tools in their backpacks until significant problems arise. And so what we're trying to advocate here is for the idea of being a little bit more proactive in terms of trying to look in kids backpacks a little bit earlier on. So knowing as they're coming in the classroom, that they're already missing those important materials or skills. And we do this through what we call screening. Screening is a systematic process by which we look at every kid's backpack to identify which tools they have and then which ones are lacking. I feel like screening is particularly important in the current COVID-19 context. We know on a typical day in the US that as many as one in five youth may be experiencing symptoms of a mental health disorder. However, we also know that there is a much higher likelihood of kids experiencing psychological symptoms following disasters, such as the pandemic that we find ourselves in. So as one example, depending on the student's age and their understanding of the pandemic, there's the possibility that students may exhibit specific fears that didn't exist previously, such as contracting the virus and becoming seriously ill. And unfortunately, there's also the likelihood that rates of post-traumatic stress may be increased as students residing in households in which abuse or neglect have occurred may have had no respite during these periods of lockdown.

So as schools begin to prepare for the start of the academic year and are trying to make decisions about how best to support students’ social, emotional and behavioral needs—particularly in light of COVID-19, having these screening data provide a data-informed way of determining how best to utilize resources.

Helene Marcy: Sandy, tell us about why you wanted to start the NEEDs2 project and what you did.

Sandy Chafouleas: So that's a great question because for many years, Amy and I had been working to develop and evaluate different kinds of assessments that tools could use to measure those social, emotional and behavioral skills. Particularly in the past decade, assessment researchers have done a tremendous job putting out different measures that are psychometrically sound, meaning they're reliable and valid for a variety of different uses in school settings. Psychometrics are really really important in part to choosing an assessment, but perhaps equally more important are features associated with the usability of that measure. So for example, a tool could have really strong reliability. But if the intended users don't have resources such as time, skill or money to be able to use it, or they don't believe it can provide important information, then those psychometrics probably don't mean very much in terms of helping to facilitate actual use. So this NEEDs2 project was all about figuring out what is the national landscape of social, emotional and behavioral screening in the US. We explored not only what and how screeners are being used, and if it matters in influencing important school outcomes, but we also looked at the viewpoints of different stakeholders. What do they think about the purpose, value and role for schools in social, emotional and behavioral identification and support. And by stakeholders, we looked at what district and building administrators, student support staff, such as school counselors, or school psychologists, teachers and parents think about. And of course, the data for our project was collected prior to the current situation related to COVID 19 pandemic so we might end anticipate that the stakeholders are even more interested in the roles that schools can and should play in supporting social, emotional, behavioral health of students as well as our staff.

Helene Marcy: That’s really interesting –Tell us a little more about what you did and how you did it in the project.

Sandy Chafouleas: Absolutely. We covered a lot of ground in the project, but we could summarize it really into two main parts. In the first part, we looked at Department of Education websites for documents that referenced social, emotional, and behavioral screening practices in K-12 settings. Then we did follow up telephone interviews with state officials in order to confirm and add to the information that we had gathered from those public websites. And then for those districts that participated later in our survey project piece, we reviewed their websites to look for alignment between what they said they were doing in practice, and then both district and state policy. In the second part of the project, we developed social, emotional, and behavioral surveys for those five different stakeholder groups I previously mentioned. We secured participation from a nationally representative sample of public school districts across the United States, and we created a really big database of lots of variables with different public sources combined with our survey data.

Helene Marcy: So tell us what the main findings were from these two parts of the project. Amy, I know you worked a lot on part one.

Amy Briesch: Yes. So in part one, again, we're looking at what was the guidance that was provided to local education agencies by state departments of education. And then what was the alignment between that state level policy and what districts were doing locally. So with regard to the review of state policy, we found that over half of the states didn't have any mention of universal social, emotional and behavioral screening on their websites or only provided a very vague reference. So they might have had the word that was mentioned somewhere, but not a whole lot of additional information beyond that. There was another third of states that had some reference to universal screening, but the level of guidance was really minimal. So they often would talk about the importance of doing academic and social, emotional, and behavioral screening, but much of the specificity of the guidance was related to academics as opposed to student behavior. And there were only six states in total that we were able to identify where they actually had a separate document or manual that was exclusively dedicated to talking about social, emotional and behavioral at-risk identification in supporting students. So certainly the minority. Of all 51 state departments of education, there was only one state that provided a mandate for universal screening within the state rule. But interestingly, when we went back to talk to district administrators in the state, none of them actually reported engaging in that practice. So there was clearly this discrepancy that existed between policy and practice there. There were additional 24 states that included policies which did recommend universal social, emotional and behavioral screening, but only 9% of the district level respondents that we talked to in those states actually reported engaging in it. So again, you know, overall in the landscape, a minority of states were actually providing this type of guidance. And even when they were there was often this gap between what was being provided at the state level and what districts were actually doing. So the big takeaway there being that the guidance is really limited at this point from states with regard to what social, emotional and behavioral screening should look like. And districts are really being left to make a lot of these decisions on their own.

Helene Marcy: And Sandy, tell us about the findings from part two, the survey part of the project, what did you learn there?

Sandy Chafouleas: Sure, I think probably the most important or most surprising lesson that we learned is that academic and physical health screening practices are much more established than practices in social, emotional and behavioral health. The school building administrators reported very high levels of both academic and physical health screening at both elementary and secondary levels. And by high I mean really the majority: over 90% were doing academic screening; over 70% said they were doing some type of physical health screening. But in contrast, only about one third reported using some form of social, emotional, and behavioral screening practice. And by the way, that same trend was found with regard to social, emotional, and behavioral standards in our district administrator surveys. That is those district administrators reported having academic standards almost always in place, yet less than half reported having standards for social, emotional, and behavioral spaces. A second most important lesson that we found, I think, is that even when you were engaging in some type of social, emotional, and behavioral practice, the approach to identifying and supporting those needs vary widely across participating settings. There wasn't a singular choice or a single way that we're going about doing this type of practice in supporting behavioral health. About half of our respondents indicated referral to an internal support team, but less than one in 10 engaged in what we call a universal screening practices, as Amy has mentioned previously, meaning an option in which everyone in that population is included in the screening. So for example, everyone in elementary or everyone in grade seven. So less than one in 10 were doing that type of universal practice. In general, both the district and the building administrators that were included, said they wanted to be doing something more proactive in terms of an approach to identifying and supporting social, emotional, behavioral health. Even if they weren't doing it right now, there was definitely a desire to catch those issues earlier and solve them in school settings.

Helene Marcy: So what findings interested or surprised you from the administrator surveys? As you said, you surveyed both district administrators and school building administrators, like principals.

Amy Briesch: Yeah, so what we saw in the responses provided, was that there were really these tensions for administrators between what approach they were currently taking to identifying and supporting students social, emotional and behavioral needs, and then what they felt like they probably should be doing. So most often the ideal approach could be categorized under what we would consider best practice. So the school is assuming responsibility for trying to proactively identify and support students. And they're doing so in this way that we've described that takes all students into consideration, through something like universal screening. The interesting thing was there was only a very small percentage of district and building administrators who reported using universal screening—it was about five to 6%, whereas slightly over a third of those respondents reported that school should be using universal social, emotional and behavioral screenings. I also want to note another interesting finding was that knowledge and beliefs of administrators really do have an important role in directions for social, emotional and behavioral services. Results suggested that there's more to the story about these predictors of outcomes and that leader perceptions may be a key piece of this puzzle. So although we know from previous literature and again in our study that district demographics are highly predictive of student outcomes, we also found that perceptions of social, emotional and behavioral concerns as being problematic in school and being a priority, something that schools should address, as well as administrator knowledge, their willingness to change practices, and the feasibility with which they view these screening approaches also play a really important role in predicting what approach schools are using to identify and support students. So this finding was an encouraging one because we know that administrator knowledge, attitudes and beliefs—these are all potentially malleable factors that can be targeted for change moving forward.

Helene Marcy: And what about the other stakeholders? You also surveyed school psychologists, teachers and parents. Amy, what were some of the most interesting findings in those responses?

Amy Briesch: I think one of the most surprising and positive findings was simply the level of agreement that there was across these different stakeholder groups. Stakeholders reported consistently strong agreement that they felt like students social, emotional, and behavioral problems were a concern. And that including universal screening procedures would be an important step towards addressing these problems at school. So they universally prioritized this, but also at the same time, everyone reported less confidence that students’ social, emotional and behavioral problems are actually being sufficiently addressed right now. So seeing this need to change the practices as they currently exist. When all of these groups were asked how they thought school should be going about the work of trying to identify and support students with social, emotional and behavioral needs, the two most popular endorsements across all five stakeholder groups were for the use of universal screening, which was roughly around 40% of respondents, or for referral of students believed to be at-risk to an internal support team within the school. And that was between 25 and 40% of folks. So certainly the majority, the overwhelming majority of respondents were favoring the school based problem-solving approaches. The other thing that we had asked was with regard to the types of things that school should be screening for. And district administrators, school building administrators, school support staff, teachers and parents—they all reported similar levels of agreement that schools should be screening for a range of different things. So this included internalizing behaviors like depression or being rejected by peers. It included externalizing behaviors and outwardly directed behaviors like aggression and hyperactivity, but it also included screening for things like the presence of strengths or personal competencies, so does a student have strong social skills or a personal sense of competence. And in addition screening for indicators of abuse, whether this be something that the student has personally experienced or living in a household where some type of abuse has occurred. So that was very interesting to us that there was this consistency in terms of everyone universally agreeing that this is— this should be the work of schools to try and identify these things earlier on. And so there was this strong support that existed prior to COVID. However, again, given the increased attention to the effects of the COVID pandemic, on our collective mental health, I can only imagine that we would even see stronger levels of support were we have to ask stakeholders these questions again, this period of time.

Helene Marcy: What would you say, Sandy, are the key takeaways from this study in light of where we are today with school decisions about supporting social, emotional, and behavioral health?

Sandy Chafouleas: Well, I think that's really the million dollar question. I go back to the beginning of our conversation today about what prompted us to do this project. When we set out to explore the landscape of what was happening nationally, around identifying and supporting students social, emotional and behavioral needs, I don't think our team ever would have predicted that we would be reporting results in the current situation that we're facing today. That said, our results do suggest that schools need our help to grapple with directions forward in supporting social, emotional and behavioral health. Prior to the current situation, our results suggest that there was strong support for a school role in identifying social, emotional and behavioral concerns across all of the different stakeholder groups. Yet, despite that support, the vast majority of schools were not using a proactive and systematic process for identifying and supporting student needs, and didn't have social emotional standards in place to help us benchmark where we wanted to go. But today, interest and demand for doing so, now we can see in daily media reports—every day we see something new—suggesting that we do have collective concern about social, emotional, behavioral health and think that schools have a very important role in providing those supports. But if you step back and look at our current findings, that may be a very big ask for schools to do in a very short period of time. So schools need our help to be able to make these decisions quickly and with the best information available.

As for my recommendations, in light of our findings and the current situation: First, I think we need to not panic. Schools do have structures in place that can be used to build on in strengthening identification and support in social, emotional, and behavioral areas. And we need to help them use those existing systems, such as multi-tiered frameworks or MTSS, if you've heard that word. Because if we try to put a whole lot of new stuff in place quickly, it's not likely to be successful for lots of reasons, mostly because they won't be ready to do it well. This is a very short period of time that we're talking about. The second thing we need to do, as researchers in particular, is to quickly move to work on implementation supports—meaning digging into how schools can successfully engage their structures in proactive and systematic ways in supporting social, emotional and behavioral health. So, for example, I'm asking myself questions like: what is the knowledge and skills needed by every school person in connecting with students and recognizing when there could be an issue? Where are the areas that needs strengthening? And how do we help families access help within the community? What resources and supports do district leaders and boards of education need to be able to put in place the resources that will facilitate success at school levels? There's a lot to do but it's not impossible through strong collaborations. Again, schools already do have structures in place that they can lean on with an eye towards strengthening rather than reinventing right now. Amy and I often talk about how the work that we tried to do in this NEEDs2 project help establish a baseline of where we are in the country, and then set an agenda as to what was needed to move forward in supporting school role and social, emotional and behavioral Health. And I certainly think that the current situation will accelerate the speed of movement forward. And hopefully in another decade, we'll be able to look back on it and see that our current situation has helped improve our overall school-based systems of support.

Helene Marcy: Thank you, Sandy and Amy for joining us today and telling us about this project. I look forward to seeing what happens over the next decade in terms of schools and social, emotional, and behavioral health.

Amy Briesch: Thank you.

Sandy Chafouleas: Thank you for having us.

Helene Marcy: For more information about the project visit needs2.org that's the number two. And let me remind our listeners that you can find information about Sandy and all of our affiliates at the CSCC website: csch.uconn.edu. You can also follow us on social media @UConnCSCH. Thanks for listening.

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