

Implementing Systematic Screening for Behavior Disorders within a Comprehensive System of Behavior Support in PBIS-NH and MAST-NH Schools

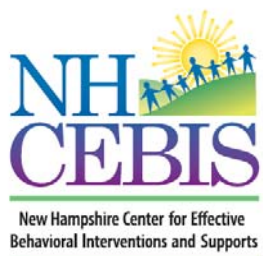
Summer Institute

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New Hampshire System of Care and Education Sponsors

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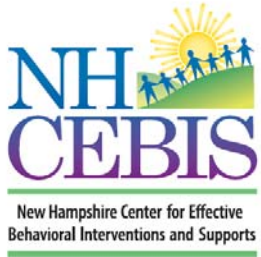
Funding for NH RESPONDS: Professional Development for Excellence in Education Initiative is provided by the US Department of Education, Office of Special Education and Rehabilitation Services (2007-2012).

Agenda

1. Welcome and Introductions
2. Setting the Context
3. Why systematic screening for behavior disorders is necessary?
4. What is screening?
5. What makes for a valid and reliable screening process?
6. Multi-gate Systematic Screening Using SSBD and BASC2-BESS
7. System Issues
8. Planning Time

Outcomes for Today

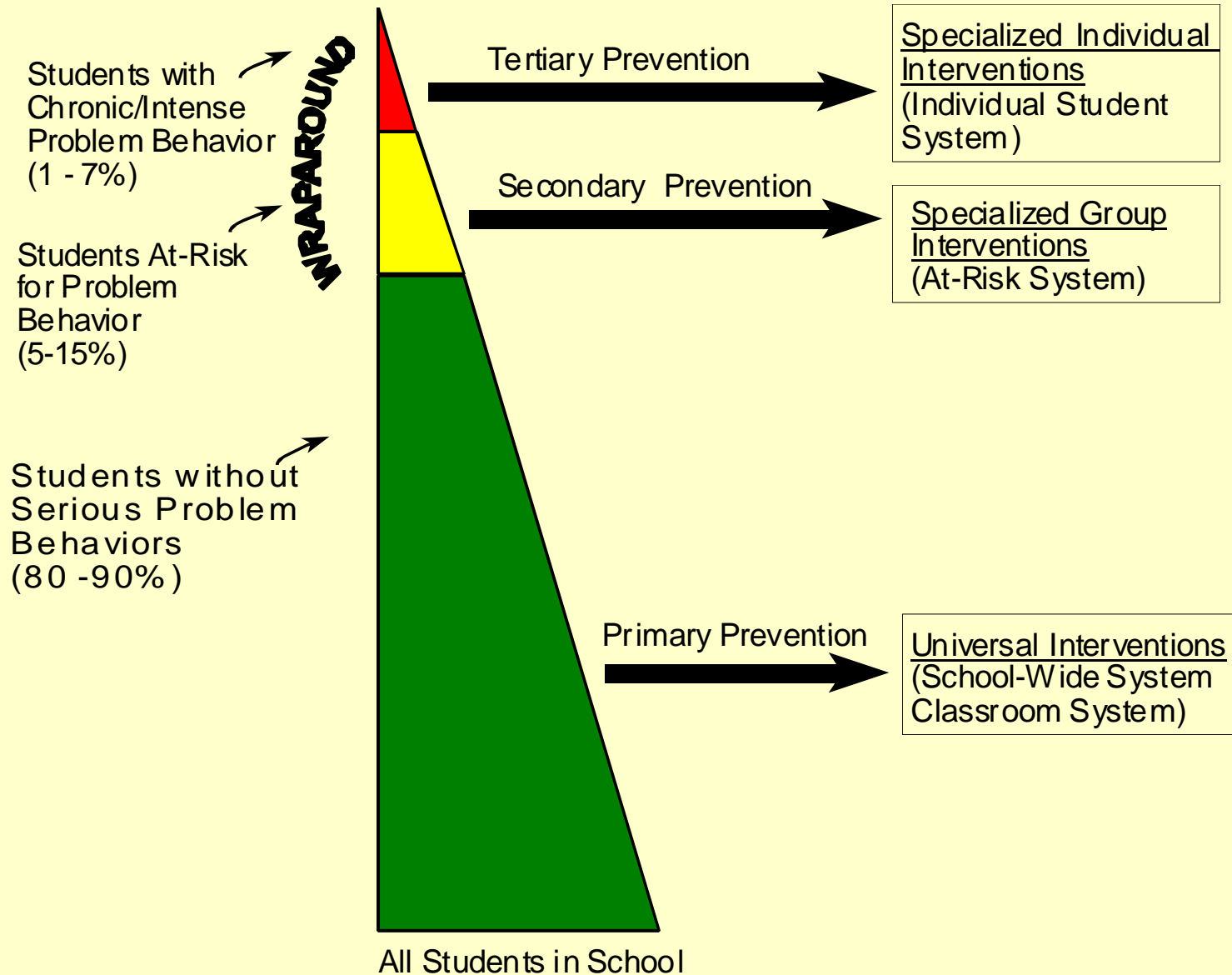
1. To learn how systematic screening fits into a three-tier model of behavior support and why it is an important feature of the primary prevention system
2. To learn the practices, scoring and decision criteria associated with a multi-gated approach using the part of the Systematic Screening for Behavior Disorders program and the BASC2- BESS.
3. To begin to describe the systems features inherent in implementing systematic screening including training, TA, and response capacity.
4. To action plan next steps for discussing implementation with key stakeholders in your school/district.



Positive Behavioral Interventions and Supports Muscott & Mann (2007)

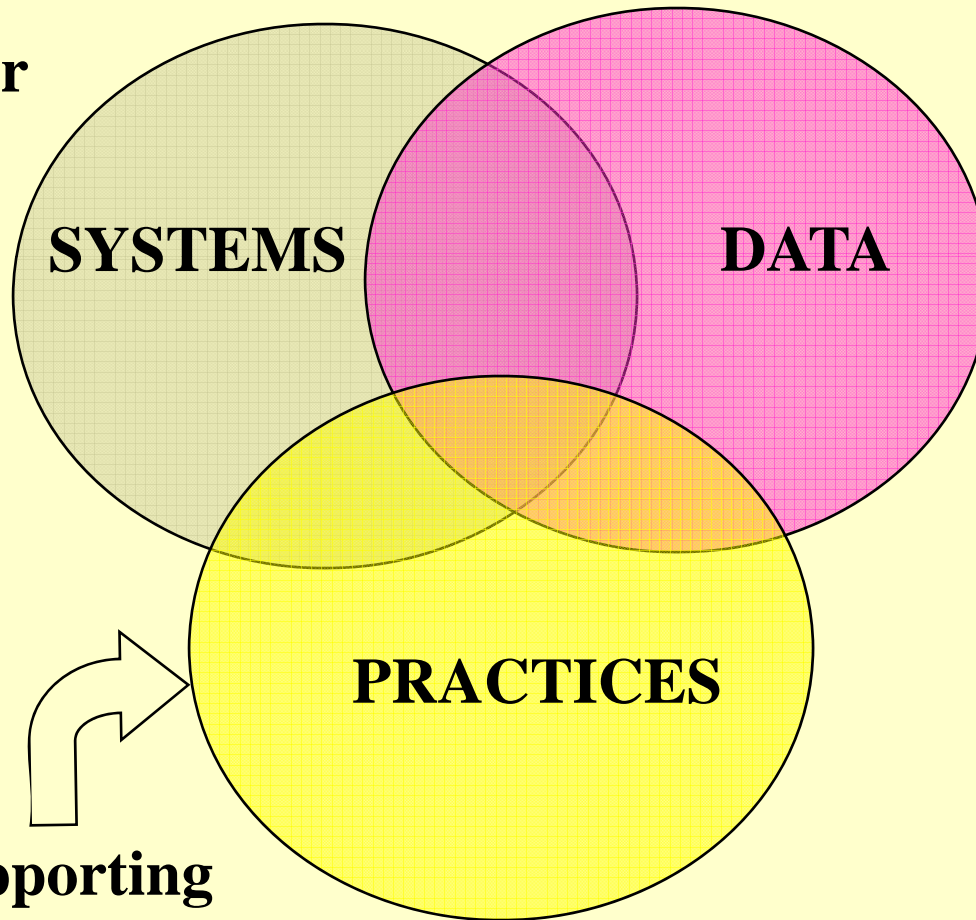
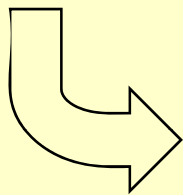
- PBIS is a systematic framework for improving valued social, emotional, behavioral and learning outcomes for children in K-12 schools.
- PBIS uses a broad set of evidence-based systemic and individualized strategies to effectively prevent and respond to problem behavior.
- PBIS is a strategic approach in which collaborative teams use effective group processes and data-based decision-making to achieve desired outcomes.

Continuum of Positive Behavior Interventions and Support

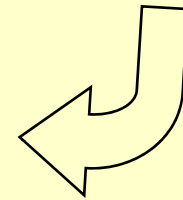


PBIS Support Systems

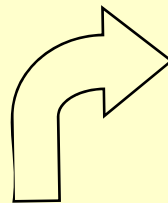
**Supporting
Staff Behavior**



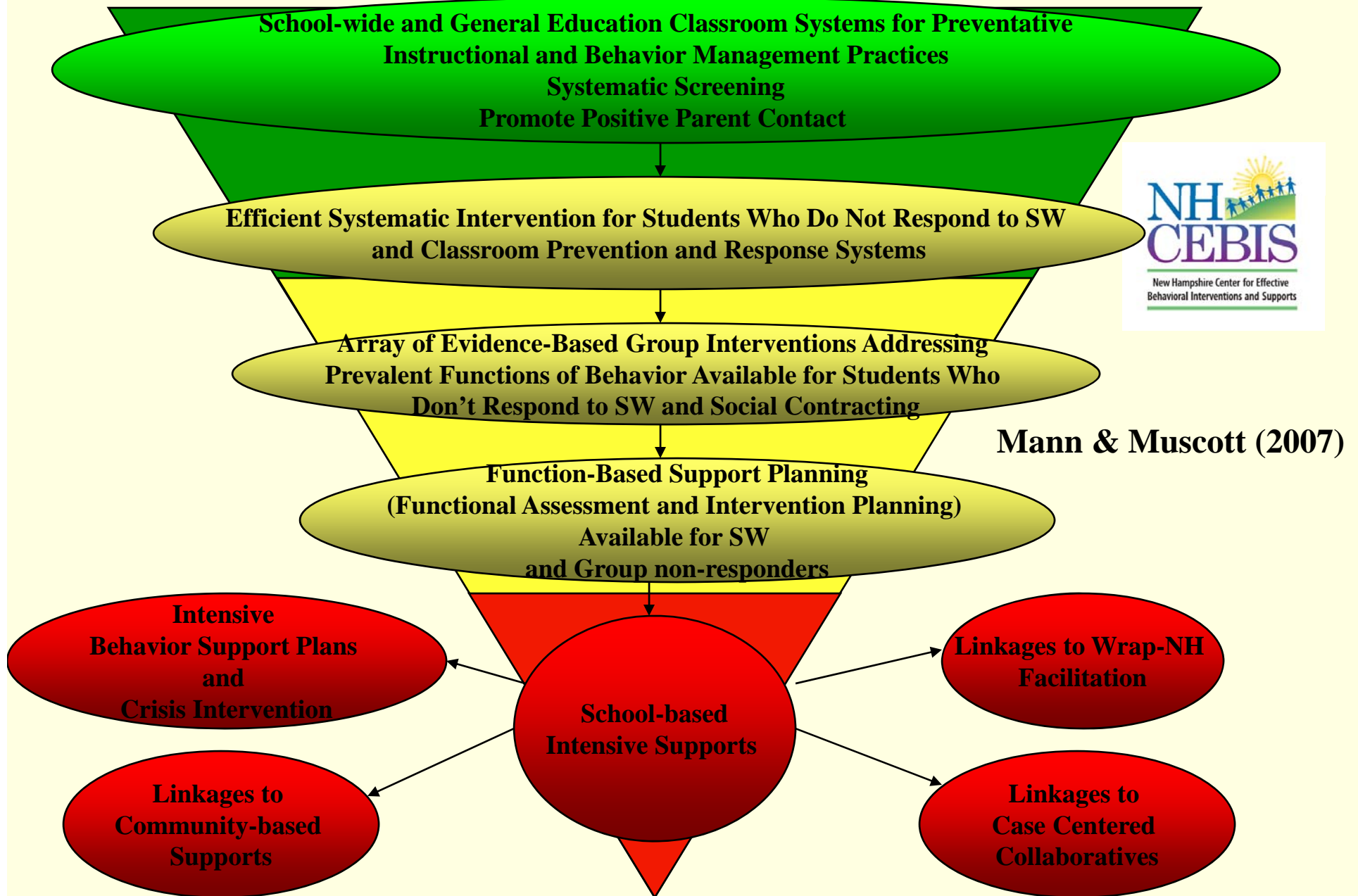
**Supporting
Decision
Making**



**Supporting
Student Behavior**



Continuum of Behavior Supports: New Hampshire's System of Care and Education



SYSTEMS

1. Universal Team
and Processes

2. Communication
with Staff and
Families

Primary Prevention: Universal Approaches

8. Systematic
Screening

3. Schoolwide
Expectations for
All Locations

DATA

7. Responding to
Problem Behavior

9. Data-Based
Decision Making

4. Classroom
Management

PRACTICES

6. Recognize
Students for
Exhibiting Expected
Behaviors

5. Teach
Expectations
in Locations

Muscott & Mann (2006)

SYSTEMS

- 1. Targeted Team And Processes
- 2. Early Identification and Referral Processes

DATA

- 8. Data-Based Decision Making

Secondary Prevention:

Targeted Approaches

Muscott & Mann (2007)

- 3. Communication with Staff and Families

- 4. Social Contracting

- 7. Behavior Support Plans

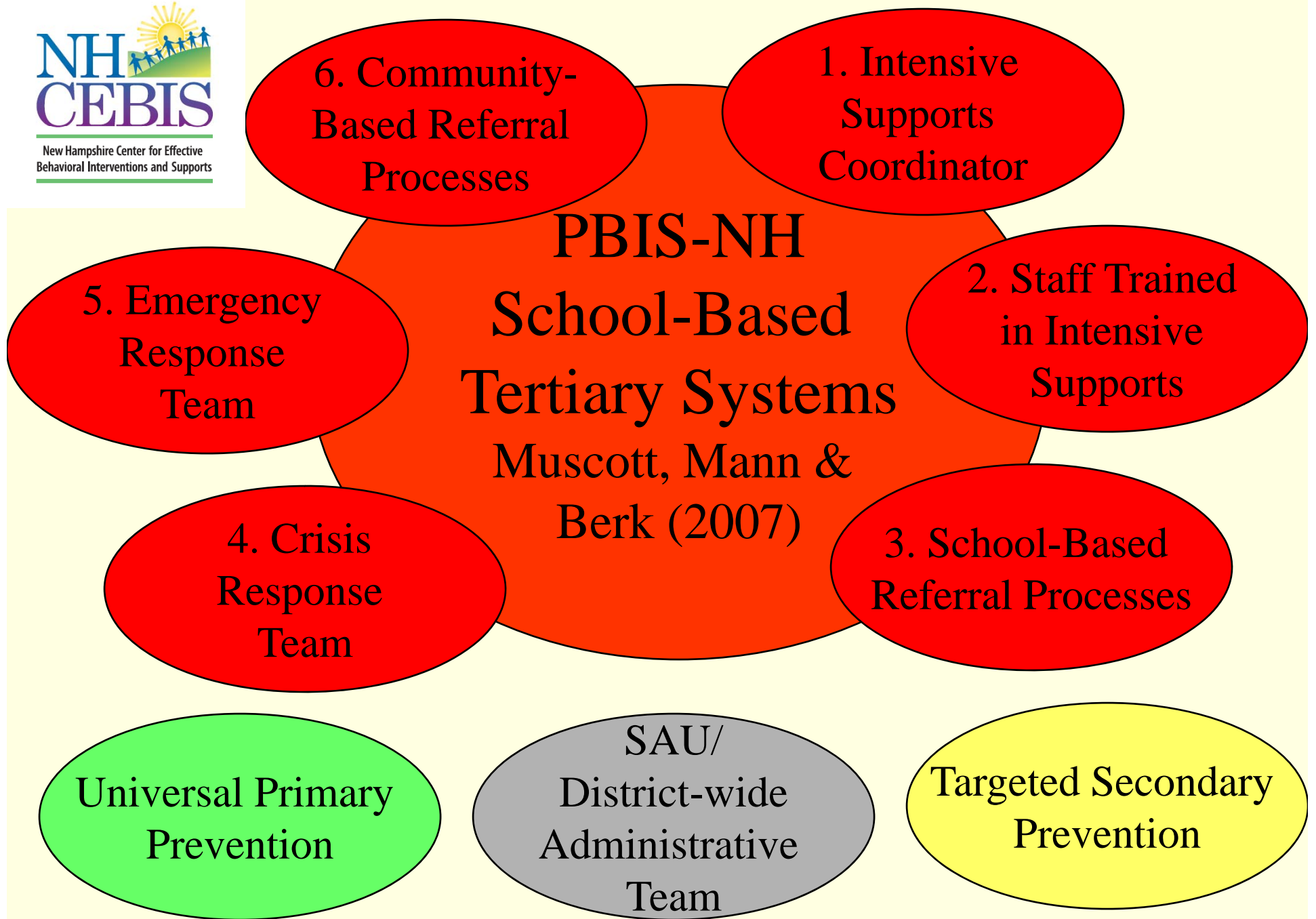
- 6. Targeted Group Interventions

- 5. Functional Assessment

PRACTICES

- Universal Primary Prevention

- SAU/District-wide Administrative Team



1. Conflict Cycle

**PBIS-NH
School-Based
Tertiary Practices**
Muscott, Mann
& Berk (2007)

2. Escalating
Behavior Cycle

3. Intensive
Functional Based
Assessments

4. Intensive Behavior
Support Plans

5. Life Space Crisis
Intervention

6. Communicating
with
Families

7. Person-Centered
Planning

Building Relationships

Who Comes To School?

10% of US children and adolescents suffer from a serious mental disorder that causes significant functional impairment at home, at school and with peers

21% of US children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment and behavioral challenges

Sources: Mental Health: A Report of the Surgeon General (1999); Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000); Kessler et al., (2005)

The proportion of preschool children meeting the criteria for the clinical diagnosis of ODD (Oppositional Defiant Disorder) ranges from 7% to 25% of children in the United States, depending on the population surveyed.

(Webster-Stratton, 1997)



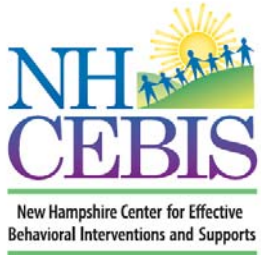
Center for Evidence Based Practice: Young
Children with Challenging Behavior
www.challengingbehavior.org

Children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficulties into adolescence.



Campbell & Ewing, 1990; Egeland et al., 1990; Fischer, Rolf, Hasazi, & Cummings, 1984

Center for Evidence Based Practice: Young
Children with Challenging Behavior
www.challengingbehavior.org



Antisocial Children are More at Risk Feil

- Peer rejection
- Delinquency
- Poor employment
- Poor academics
- Substance abuse
- Disrupted marriages

**Early appearing
aggressive behaviors are
the best predictor of
juvenile gang
membership
and violence.**

(Reid, 1993)

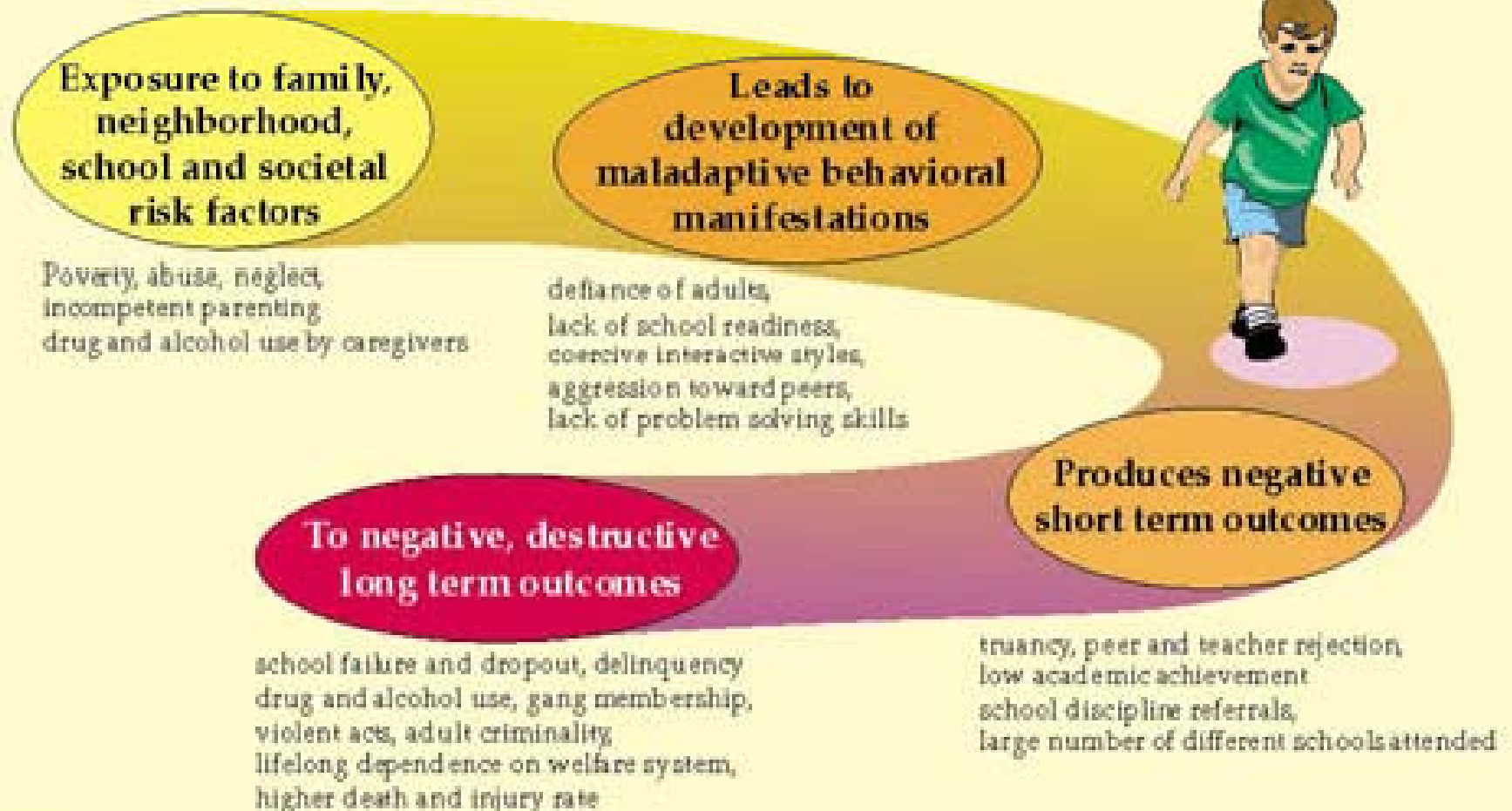


**Center for Evidence Based Practice: Young
Children with Challenging Behavior
www.challengingbehavior.org**

Antisocial Behavior Feil

- Antisocial behavior by grade 4 should be treated as chronic condition like diabetes (not cured but managed)
- Early intervention in school, home, and community is best hope for diverting from the path

The Path From Risk Factor(s) Exposure to Long Term Negative Outcomes

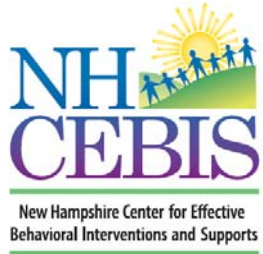




Of the young children who show early signs of problem behavior, it has been estimated that fewer than 10% receive services for these difficulties.

Kazdin & Kendall, 1998

Center for Evidence Based Practice: Young
Children with Challenging Behavior
www.challengingbehavior.org



Many Students Not Getting Needed Supports

We know that ½ of all mood, anxiety, impulse-control and substance-use disorders start by age 14...

... But, in any given year, it is estimated that only 20% of children with any type of mental disorder are identified and receive mental health services

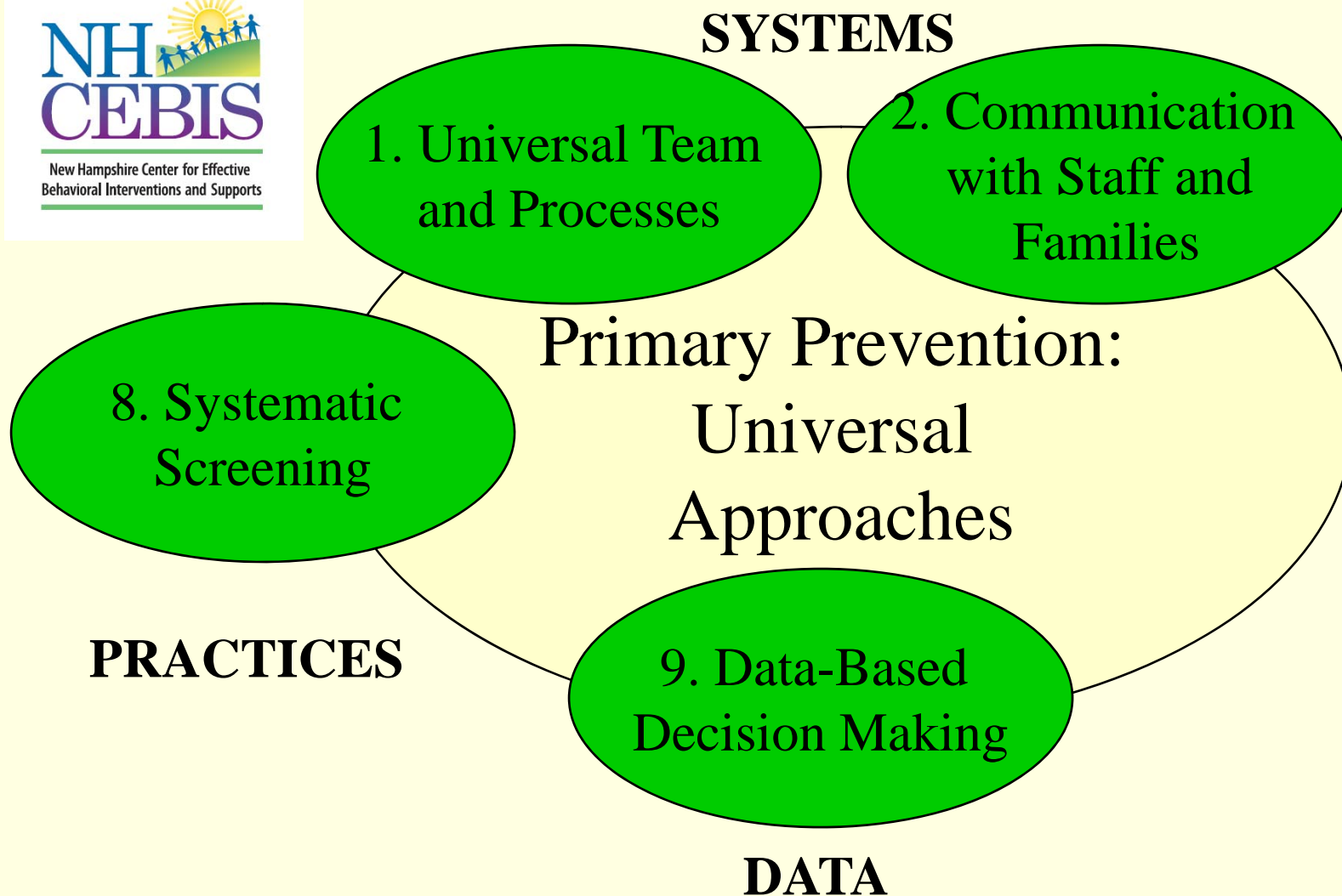
Sources: Mental Health: A Report of the Surgeon General (1999); Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000); Kessler et al., (2005)



There are evidence-based practices that are effective in changing this developmental trajectory...the problem is not what to do, but rests in ensuring access to intervention and support

Center for Evidence Based Practice: Young
Children with Challenging Behavior
www.challengingbehavior.org

Systematic Screening for Behavior Disorders



On Early Identification

“The task, therefore, is to prevent a wastage of human beings by helping to make one of our key integrative systems, the school, a more effective system. Bringing the word emotional into the hallowed halls of learning is not suggesting that schools be anything other than they are or do anything other than they do. It does seem fairly clear that children are unable to neutralize their feelings about learning and about the tasks and values espoused by the school and the greater society. When they succeed in a meaningful task, they feel good. When they feel good about a task, they often succeed. The purpose of the process of early identification is not to hasten children to child guidance clinics as early as possible, but to hasten them into more effective learning and behavior programs in school.”

Eli Bower

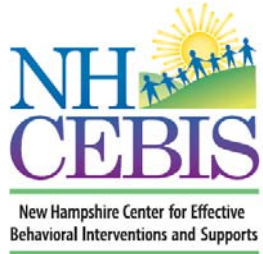
What is Screening?

Salvia & Ysseldyke (1988)

- Screening is an initial stage of assessment in which those who may evidence a particular problem, disorder, disability, or disease are sorted out from among the general population.
- We speak of individuals who perform poorly on screening measures as being “*at-risk.*”
- We describe individuals who perform poorly on screening measures and later do well on follow-up assessments as “*false positives.*”
- Sometimes individuals do well on initial screenings but later evidence the very problems for which screening was conducted. These are called “*false negatives.*”

Effective Screening Programs

- A *screening*-identification program to be considered effective, it must insure acceptable levels of accuracy, cost efficiency, and consumer acceptance.
- Accuracy implies that the *screening* process provides reliable and valid information for the purposes of making decisions (Hartmann, Roper, & Bradford, 1979).
- Cost efficiency means that, relative to the outcomes produced or achieved, the system's implementation does not consume too much professional time.
- Acceptance implies that such a system would be adopted by professionals and used repeatedly over time.



Why Screen for Behavior Disorders? It's Costly Not To!

- Indicators of problem behaviors are evident in preschoolers and elementary age students
- Internalizers are missed with other approaches
- Early intervention matters
- Schools are the only place where we have universal access
- Recommended by the President's New Freedom Commission and Special Education Task Force, Surgeon General, Safe Schools/Healthy Students as an evidenced-based practice

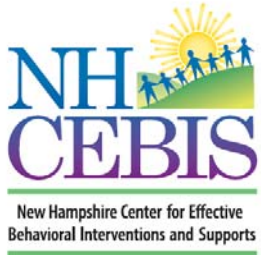
Aren't ODRs are Sufficient as a Screen?

Cheney, et al.

- Office discipline referrals typically involve acting out, noncompliance, and disruption, which are known as externalizing types of behaviors
- Thus, students with less disruptive, more internalizing behavior problems such as extreme shyness, withdrawal, and depression, who are equally in need of supports and intervention, are often not identified

Youth with Internalizing Disorders

- Are not as easily identified as those with acting-out or externalizing disorders and
- Represent a significant population
 - Results from 2003 Youth Risk Behavior Survey of HS Students found 16.9% had seriously considered attempting suicide; 16.5% had made a suicide plan; 8.5% had attempted suicide one or more times and 2.9% had made an attempt requiring medical attention
- Are under the radar
 - Studies have shown that these students were not known to or detected by school personnel
- Even when identified, 90% of *successful* suicides involve a student with a mental health challenge but not receiving treatment



Aren't ODRs are Sufficient as a Screen? Cheney, et al.

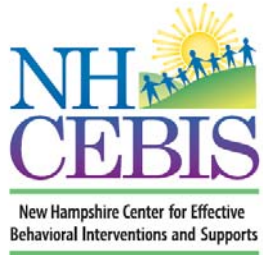
- Finally, this process perpetuates the reactive practice of focusing interventions only on chronic problem behaviors.
- This results in a number of students experiencing a series of discipline problems, further entrenching their problem behaviors.
- This creates a cycle of failure for the students and ongoing disruption to the learning environment.

Features of an Evidence-based Screening Practice

- Good psychometric properties
 - Reliability
 - Validity
- Screening selects true positives and minimizes false negatives
- Multi-source and multi-method assessment and intervention are the most accurate and effective.
- Factors associated with long term outcomes
- Efficient to implement
- Low cost
- Intervention and services are targeted for the appropriate child

Health Screens in NH

- Consistency in screens statewide
- Health screenings
 - Hearing, vision, height, weight, scoliosis, lice, dental, fitness, lead and TB
- Create inventory of screens – who does them, how implemented, process and protocols
- Nurse a key source of info – nurse’s logs, etc.



Academic Screens/Data in NH

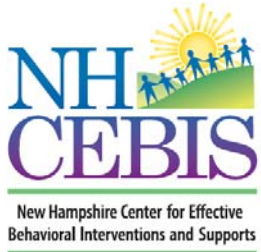
- DIBELS
- MAP (NWEA and NECAP)
- PALS (Kindergarten screening)
- Rigby PM Benchmarking
- File review – not really a universal tool but great for follow-up on kids with difficulties
- Youth Risk Assessments
- Follow the Child/My Voice
- Dial Screen
- Child Find

Why No Behavior Screens in NH?

- Office Discipline Referral forms – is this a universal screening?
Catches primarily students who act out. Do kids have equal access to being written up? Externalizers versus internalizers. Is it reliable given variation in teacher reporting? (Psychometrics and fidelity of implementation)
- Not commonly used because
 - Behavior not as easily observed objectively
 - Confidentiality
 - Effectiveness of behavior management (context matters – is it the environment or the behavior)
 - Tend to be a reactive society with respect to behavior
 - Concern about profiling/stigmatizing (for kids and parents)
 - Widespread impression that kids will “grow out of it”
 - Behavior is seen as purposeful as opposed to incidental or environmental

Why No Behavior Screens in NH?

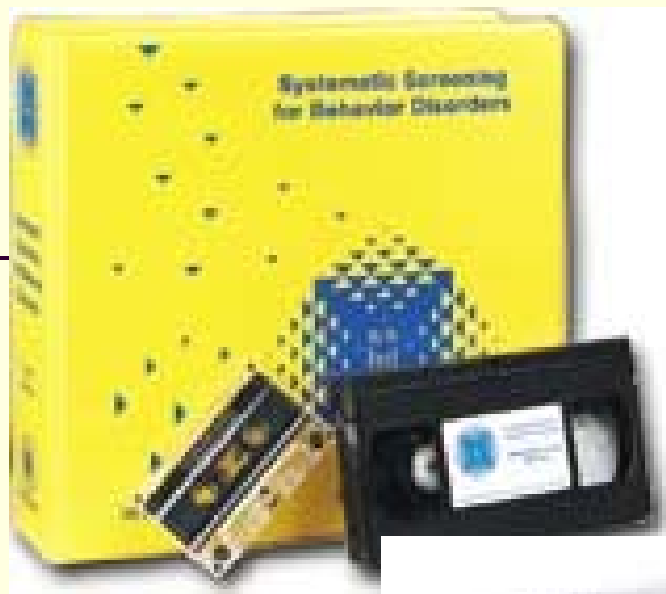
- Not commonly used because
 - Behavior is seen as purposeful as opposed to incidental or environmental
 - Systems skill set – do we know how to respond to behavior as opposed to academic or environmental?
 - Easier to screen and ID vision (for example) because the response falls in the realm of the parents
 - Political realities of managing parent reactions to behavior screenings and IDs



A Systematic Screening Process for Behavior Disorders

- Use a multistage, multigated screening process to identify students at-risk for developing ongoing behavior concerns that takes into consideration teacher judgments and uses national norms to assess the level of risk
- At each stage, the level of risk is determined
- Those with an elevated risk who may require additional assessment or services continue to the next stage
- Those who don't have an elevated risk “exit” the system.

A Systematic Screening Process for Behavior Disorders



Multiple Gate Screening

- Stage 1 involves teacher nomination and rank ordering of students along two dimensions of behavior disorders – internalizing & externalizing.
- Stage 2 requires that teachers complete the BASC-2 Behavioral Emotional Screening System for each of the nominated students.
- Students whose elevated scores exceed the established cut off are candidates for Stage 3.
- At Stage 3, the student is referred to the appropriate school-based team to determine additional diagnostic assessments and appropriate interventions



Implementation Procedures Stage One: Rank Ordering Students

- The overall purpose of Stage One is to evaluate ALL the students in your class on two dimensions of behavior problems commonly observed in the school setting.

Systematic Screening for Behavior Disorders

- The areas of concern are externalizing and internalizing behavior problems
- The dimensions of externalizing and internalizing account for nearly all of the behavior problems that underlay child adjustment problems in school and for which students are commonly referred to school psychological services

Externalizing



- Aggression
- Antisocial acts
- Social-skill deficits
- Hyperactivity
- Lack of attention

Internalizing

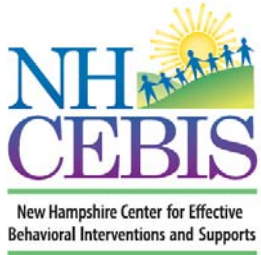
- Socially withdrawn
- Social skill deficits
- Anxious
- Inhibited

Implementation Procedures: Stage One Goals

1. To provide standards, definitions, and criteria for teacher use in the screening process;
2. To provide a structure for teachers to use in referring students who may be in need of either comprehensive evaluation(s) and/or exposure to intervention services
3. To reduce the likelihood that a particular student in need of specialized services will not be referred; and
4. To give each student an equal chance of being referred for disruptive acting-out behavior problems and problems associated with social isolation, withdrawal and depression.

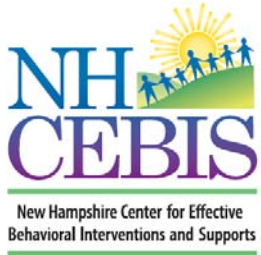
Implementation Procedures Stage One: Rank Ordering Students

1. Identify groups of students in his/her classroom that closely match the internalizing and externalizing profiles
2. To rank order students in the two groups according to the degree or extent to which each one matches the behavioral profile



Implementation Procedures Stage One: General Procedures

- Screenings are recommended twice a year in October and February
- Group administration at a faculty meeting or training is efficient – allow 90 minutes for Stage One and Two
- Classroom teachers complete Stage One on all students in their class they have known for at least one month
- A class list is needed



Implementation Procedures Stage One: Step One

- Carefully study the definitions and examples of externalizing and internalizing behavior problems provided on Stage One forms
- Start with externalizing
- Repeat process for internalizing
- Keep in mind that selections are to be made based on how students behave
- Lists must be mutually exclusive

SSBD Stage One

Nominating Externalizing Students

- Externalizing refers to all behavior problems that are directly outwardly, by the student, toward the external social environment.
- Externalizing behavior problems usually involve behavioral excesses (i.e., too much behavior) and are considered inappropriate by teachers and other school personnel.

Stage One

Nominating Externalizing Students

- Displaying aggression towards objects or persons
- Forcing the submission of others
- Defying the teacher
- Being out of seat
- Not complying with teacher instructions or directives
- Arguing
- Having tantrums
- Being hyperactive
- Disturbing Others
- Stealing
- Not following teacher or school-imposed rules

Implementation Procedures Stage One: Step Two

- Select an externalizing group of 10 from the pupils in your class and list them in Column One of the externalizing form

Systematic Screening for Behavior Disorders

Hill Walker
Herb Severson
Oregon Research
Institute

Figure 2 (Example)
Externalizing Behavior Disorders Ranking Form

Teacher _____ Class _____ Date _____

Rank Ordering on Externalizing Dimension

Externalizing refers to all behavior problems that are directed outwardly, by the child, toward the external social environment. Externalizing behavior problems usually involve behavioral excesses, (i.e., too much behavior) and are considered inappropriate by teachers and other school personnel. **Non-examples** of externalizing behavior problems would include all forms of adaptive child behavior that are considered appropriate to the school setting.

Examples include:

- displaying aggression toward objects or persons,
- arguing,
- forcing the submission of others,
- defying the teacher,
- being out of seat,
- not complying with teacher instructions or directives,
- having tantrums,
- being hyperactive,
- disturbing others,
- stealing, and
- not following teacher or school imposed rules.

Non-Examples include:

- cooperating, sharing,
- working on assigned tasks,
- making assistance needs known in an appropriate manner,
- listening to the teacher.
- interacting in an appropriate manner with peers,
- following directions,
- attending to task, and
- complying with teacher requests.

COLUMN ONE
List Externalizers

	Student Name
Most Exemplifying Externalizing Behavior	Billy Smith
	Jane Zimmer
	Sherris Rowe
	Tom Lehner
	Britt Kirsten
	Rebecca Brown
	John Townsend
	Ray Beck
	Stuart James
	Brent Davis

COLUMN TWO
Rank Order Externalizers

	Student Name
1	Britt Kirsten
2	Sherris Rowe
3	Stuart James
4	Billy Smith
5	Ray Beck
6	Brent Davis
7	Tom Lehner
8	Rebecca Brown
9	Jane Zimmer
10	John Townsend

Instructions:

1. Review the definition of externalizing behavior and then review a list of all students in your class.
2. In Column One, enter the names of the ten students who characteristic behavior patterns most closely match the externalizing behavioral definition.
3. In Column Two, rank order the students listed in Column One according to the degree or extent to which each exhibits externalizing behavior to the greatest degree is ranked first and so on until all 10 students are rank ordered.

SSBD Implementation Procedures

Stage One: Step Three

- Rank order the students on each of your externalizing lists using the SSBD rank ordering form for Stage One
- Rank the student who *most* exemplifies the externalizing pattern Number ONE
- Rank the student who least exemplifies the externalizing pattern Number TWO

Systematic Screening for Behavior Disorders

Hill Walker
Herb Severson
Oregon Research
Institute

Figure 2 (Example)
Externalizing Behavior Disorders Ranking Form

Teacher _____ Class _____ Date _____

Rank Ordering on Externalizing Dimension

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Examples include:

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Non-Examples include:

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- making assistance needs known in an appropriate manner,
- listening to the teacher.
- interacting in an appropriate manner with peers,
- following directions,
- attending to task, and
- complying with teacher requests.

COLUMN ONE
List Externalizers

	Student Name
Most Exemplifying Externalizing Behavior	Billy Smith
	Jane Zimmer
	Sherris Rowe
	Tom Lehner
	Britt Kirsten
	Rebecca Brown
	John Townsend
	Ruf Beck
	Stuart James
	Brent Davis

COLUMN TWO
Rank Order Externalizers

	Student Name
1	Britt Kirsten
2	Sherris Rowe
3	Stuart James
4	Billy Smith
5	Ruf Beck
6	Brent Davis
7	Tom Lehner
8	Rebecca Brown
9	Jane Zimmer
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Instructions:

1. Review the definition of externalizing behavior and then review a list of all students in your class.
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Stage One

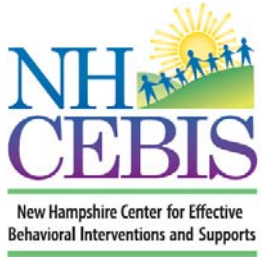
Nominating Internalizing Students

- Internalizing refers to all behavior problems that are directly inwardly (i.e., away from the external social environment) and that represent problems with self. Internalizing behavior problems are often self-imposed and frequently involve behavioral deficits and patterns of social avoidance.

Stage One

Nominating Internalizing Students

- Having low or restricted activity levels
- Not talking with other children
- Being shy
- Timid and/or unassertive
- Avoiding or withdrawing from social situations
- Preferring to play or spend time alone
- Acting in a fearful manner
- Not participating in games or activities
- Being unresponsive to social initiations by others and
- Not standing up for one's self.



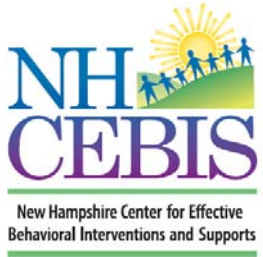
Systematic Screening Implementation Procedures Stage Two

- The overall purpose of Stage TWO is to describe and measure specific behavior problems and behavioral deficits exhibited by the three highest ranked students identified in Stage ONE for externalizing and internalizing, respectively



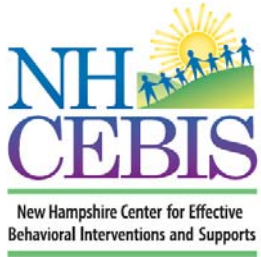
BASC-2 Behavioral and Emotional Screening System

Randy Kamphaus &
Cecil Reynolds
Pearson Publishers



Stage Two: Administration of BASC-2 Behavioral Emotional Screening

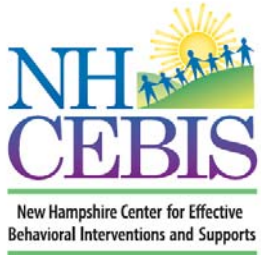
- Administer the BASC-2 BESS Teacher Form Level Child/Adolescent (K-12)
- 27 Questions – 5-10 minutes
- Each item rated Never, Sometimes, Often and Almost Always
- Rater must be familiar with student – daily contact for a month or more
- Never means that you have not observed it
- Mark every item with best estimate



BESS 2: Implementation Procedures

Stage Two: General Information

1. Complete the checklist in relation to your observations of the students who passed gate 1 over the past month
2. Think in terms of the full time during the day the student is under your supervision



Stage Two: Scoring the BASC-2 Behavioral Emotional Screening

- Sum the score for each item to obtain the Raw Score Table 2.2 on page 11 of manual – including adjustment for missing items
- Transfer the Raw Score to the Score Summary Section on page 4 of the test
- Use the norm tables in Appendix B to determine T score and percentile (Mean=50; SD=10)
- Assign a classification level to denote risk of having or developing behavior disorder (Normal=1SD or below 60, Elevated 1-2 SD or 61-70, Extremely Elevated over 2SD or 71+)

Stage Three: Referral to Appropriate School-Based Team

- Students who are deemed at elevated risk or extremely elevated risk should be referred to the appropriate school-based team
- A screening team as a subgroup of the school-based team can be considered to address students with elevated, but not extremely elevated risk or students where respondent's F-scores are 3 or more

F Index

- F index is a measure of the respondent's tendency to be excessively negative when rating
- Scored by counting the number of times the respondent answered Almost always to negative items and Never to positive ones.
- On teacher and parent forms, index scores of 0-2 are acceptable; 3 caution and 4 or more extreme caution

Assessing Current Screening Practices

- List the screening practices
- Who is the point of contact in the school
- Is it a district practice or school practice?
- Who are the screeners
- Who reviews the data against norms
- Are procedures in writing?
- Are policies for family consent in place and in writing.
- How is consent obtained?

Universal Screening A No Brainer? Think again

Controversy and Challenges

1. Worries about government mandates and a family's rights to privacy

Yet, mandatory universal screening has never been recommended –

Parents should always have the right to opt out

Family engagement and consent

Universal Screening

A No Brainer? Think again

Controversy and Challenges

2. Building effective and efficient systems (building and district level) to support the practice
3. Training and Technical Assistance Capacity
4. Availability of interventions and supports for students picked up by the process
5. Strategic planning processes to address policy and liability issues.

Systematic Screening Readiness

1. The need for systematic screening to identify non-responders to primary prevention has been established and is connected to the mission, priorities and school improvement plan.

Systematic Screening Readiness

2. The person or team who can authorize systematic screening has been identified and approval has been obtained to design and implement the process.

Systematic Screening Readiness

3. A team exists that can support the student and family in determining what response, if any, should be taken for students who are identified as at-risk.

Systematic Screening Readiness

4. School and community-based supports for responding to students identified have been identified and are adequate to serve the need.

Systematic Screening Readiness

5. The current policy and procedures for screening in non-behavior areas has been identified (including parent notification) and is used to inform the development of systematic screening for behavior.

Systematic Screening Readiness

6. An evidenced based multi-gated systematic screening tool with appropriate psychometric properties and norms has been identified.

Systematic Screening Readiness

7. The policies and procedures for behavior screening have been developed and they include decision rules for key steps as well as parental notification and rights.

Systematic Screening Readiness

8. The policy and procedure for general behavior screening has been shared with families in advance of the initiation of systematic screening along with information about their rights to opt out and procedures for doing so.

Systematic Screening Readiness

9. The policy and procedure for notifying families that their child has been referred to the instructional support team exists and has been shared with families and personnel in advance of any specific referral.

Systematic Screening Readiness

10. A point of contact at the early childhood program or school who will take responsibility for oversight of the systematic screening has been identified.
11. A point of contact at the district level who will take responsibility for oversight of the systematic screening has been identified.

Systematic Screening Readiness

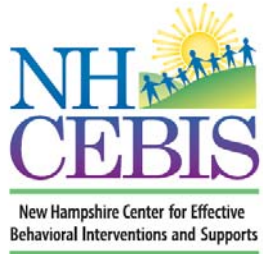
12. Resources (personnel, materials, and professional development) have been identified to support systematic screening.

Systematic Screening Implementation

1. Make key decisions about Stage 1 Teacher Screening on Internalizing and Externalizing Dimensions Using SSBD
 - Determine whether to screen both types or just internalizers
 - Determine whether to administer in a group setting such as a faculty meeting or individually by teacher
 - In departmental middle and high schools, determine which teacher completes the screening

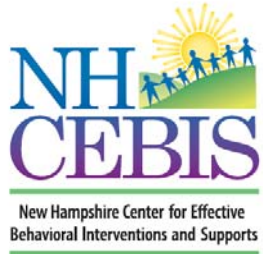
Systematic Screening Implementation

2. Determine procedure for notifying families of results
 - Determine whether to send a letter to families of students who are identified after Gate 1



Systematic Screening Implementation

3. Make key decisions about Stage 2
Teacher Ratings on BASC-2: BESS for
those students who pass criteria on
Gate 1
 - Determine who and how to notify
families



Systematic Screening Implementation

4. Determine procedure for referral to appropriate team for decision-making with family
 - Determine how to involve families in the process

Systematic Screening Implementation

5. Determine course of action for individual students with families (monitor, community-based support, school-based support) and monitor progress.
 - What are the available in school results?
 - What's the process for referral to community supports?
 - How long in between monitoring progress?

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