School communities have faced the social-emotional impact of the COVID-19 pandemic, racial reckoning, natural disasters, economic hardship, and social isolation as students have had to engage in distance learning, often for prolonged periods of time. The ongoing COVID-19 pandemic has increased the number of students who need behavioral and mental health services at the same time that access to such services, particularly to school-based services, has been limited. During this time, there has been an increase in the prevalence of mental illness in children and adolescents, particularly symptoms of depression and anxiety. Furthermore, the rates of mental health concerns are predicted to continue rising, perhaps doubling or even tripling.

This brief summarizes key considerations and provides recommendations regarding the implementation of social, emotional, and behavioral (SEB) screening as the COVID-19 pandemic continues. The pandemic has led many schools and districts to intensify universal (Tier 1) interventions and to embed social and emotional supports into classrooms. Some schools have also implemented SEB screeners and/or other approaches designed to identify students with mental health needs.


What is SEB screening?

SEB screening is a systemic process for identifying students’ behavioral and social-emotional strengths and needs. SEB screening data are most often used for monitoring the effectiveness of Tier 1 intervention and for early identification of students who may benefit from additional SEB supports beyond Tier 1. The SEB screening process typically includes using a validated, universal screener for decision-making across tiers of intervention. As such, SEB screening is intended to be implemented within a multitiered framework in which teams engage in targeted problem-solving and action planning to fully implement an SEB screening system.

What are common concerns regarding SEB screening, particularly during distance learning?

During remote learning, behavioral and mental health professionals have been navigating the challenges of virtual service delivery, including using psychological assessment tools and practices. These challenges are impacting the entire continuum of behavioral and social-emotional assessment and raise concerns related to SEB screening, such as the following:

» SEB screening instruments were not developed for identifying behavioral or mental health concerns during a pandemic, and research is just beginning to examine their utility in this regard.

» Full implementation of a schoolwide SEB screening system can be resource-intensive, and during the COVID-19 pandemic, some schools and districts may not have the capacity and resources to develop an SEB screening system or meet the mental health needs of their school communities.

5 Key Takeaways

1. Allow time for students to settle back into school routines before relying solely on SEB screening data.

2. Prepare for elevated rates of SEB risk among students.

3. Consider universal social-emotional learning and classroom-wide behavioral supports as key to student success.

4. Equip and empower frontline providers (e.g., teachers, parents, administrators) with universal and targeted interventions as well as decision-making tools to best support children and youth during this time.

5. Put resources into more widespread services and support within a multitiered system of supports, as the system may be overwhelmed by a focus exclusively on targeted or intensive services.


» During remote instruction, teachers and students are interacting within a virtual context and generally spending less time together, posing additional challenges regarding how teachers might be able to observe and notice changes in student behavior.

» The SEB screening process alone is likely to be insufficient for identifying all students’ behavioral and mental health needs, given the ongoing and increased risk for students, so schools may need to look to other data sources to guide them in connecting students to necessary behavioral or mental health supports and services.
What are best practice recommendations for implementing an SEB screener during distance learning?

When most students are participating in school remotely, schools and districts should first consider universal (i.e., Tier 1) supports for students and staff and may wait to engage in SEB screening until students return to face-to-face instruction. Once students do return to face-to-face instruction, schools should allow ample time (e.g., 4–6 weeks) for students to adjust back to the brick-and-mortar context before expecting teachers to be able to better understand students’ SEB functioning. This point is especially relevant when using teacher report forms to assess student behavior.

Schools and districts may have increased capacity to implement SEB screening to meet students’ needs during distance learning if they have a history of having implemented SEB screening prior to the COVID-19 pandemic and/or have a well-established multitiered system of supports (MTSS) framework that includes decision-making and implementation systems to meet the needs of most students. Implementation of SEB screening within a multitiered mental health system during distance learning is likely to require adjustments such as the following:

» Clearly delineating how screening fits within the larger system of behavioral and mental health supports when students are not in school.

» Determining who are the most appropriate informants (e.g., parents, teachers), given that students are spending the majority of their time at home. This consideration is especially important for younger students, for whom schools typically rely on teachers to provide feedback on student behavior.

» Adapting the parental consent process to align with virtual SEB screening, identification, and service delivery procedures.

» Updating referral pathways and how SEB screening data will be used along with other student data being collected (e.g., attendance, grades) during remote learning to determine which students need additional supports and to inform decision rules for connecting students to behavioral and mental health supports and services via telehealth or other means.

» Clearly communicating to all stakeholders the purpose of SEB screening during remote learning, and communicating about how data will be used, as well as explaining other means of requesting and accessing behavioral and mental health services.

» Developing a plan for virtual training and support for educators and teams implementing an SEB screening system during remote learning.

» Using SEB screening data alongside school climate and other teacher, student, or caregiver surveys as a means by which to identify student needs and inform intervention planning.

» Utilizing behavioral and mental health expertise in a school or district to provide guidance on appropriate use of instruments and tools during the pandemic.

Examples from Project Cal-Well

SEB screening is a focus of California’s Project Cal-Well. While most of the partnering schools and districts have opted to delay SEB screening during remote learning, one has piloted the use of a parent form and another has continued to use a student survey as a means of identifying students seeking behavioral and mental health supports and informing intervention during distance learning.5

5 The authors of this brief extend their appreciation to Ken Fitzgerald (kfitzgerald@patterson.k12.ca.us) from Patterson Joint USD and Carrie Dawes (cdawes@pusdk12.org) from Paradise USD for sharing their districts’ piloting of these approaches to screening and identification of mental and behavioral support needs during the COVID-19 pandemic.
Patterson Joint Unified School District

Patterson Joint Unified School District (USD) piloted the Strengths and Difficulties Questionnaire (SDQ) parent form in fall 2020. The district selected the parent version of an SEB screener for several reasons, including the fact that teachers had limited contact with students during virtual instruction, an interest in identifying students with both internalizing and externalizing behaviors, and an assumption that parents might be able to best detect behaviors present at home during distance learning. Administration of the empirically supported SDQ was aligned with the district's multitiered system of supports in which screening data are used for informing a three-tiered continuum of intervention.

In early October 2020, parents were invited to complete the screener during a two-week online administration window. Once data had been collected, district staff generated reports for each school site. Mental health clinicians provided immediate follow-up to students identified as high and very high risk. Each school site report included guidance for teams on how to use the SDQ data to match students to available group and individual interventions. In the initial pilot, 16 percent of parents completed the SDQ, and of the students for whom the screener had been completed, 82 percent of students did not require any additional intervention, 12 percent were referred for Tier 2 supports designed for students with similar needs, and 6 percent were referred for Tier 3 individualized supports.

Paradise Unified School District

Paradise USD has had an ongoing process, which predates the current pandemic, of adapting to distance learning and coming together to address trauma and meet the behavioral and mental health needs of the school community. Less than two years before the start of the COVID-19 pandemic, the district experienced the deadliest wildfire in California’s history, which displaced thousands of students and their families while destroying campuses across the district. Paradise USD’s comprehensive behavioral and mental health identification, support, and response system has been implemented in collaboration with community partners, particularly the Butte County Office of Education (BCOE). Prior to the pandemic, Paradise USD’s referral pathways had included SEB screening with students and educators as well as student surveys administered through the Kelvin assessment system. Since the pandemic started, the district has continued using Kelvin to survey students about how they are doing and to seek their input on instruction and service delivery.

The district first started using Kelvin following the fire. Through Kelvin, the district administers a brief, four- to five-item survey that can be adapted to groups of students in 3rd grade and higher through a pop-up on students’ devices that works on any website. Examples of items that Paradise USD has included over the last couple of years include:

» In general, do you feel excited about your future?

» I think the WORST part of the A/B schedule is?
  The BEST part is?

» I can talk to a teacher or other adult at this school about something that is bothering me.

» Are you in contact with friends during quarantine?

» When life becomes stressful or sad, how likely are you able to stay calm and positive using the tools you have learned at school?

Conclusion

Educators have demonstrated creativity and resilience in meeting the unique needs of students and their families during this unprecedented period. SEB screening can be a valuable component of a school-based mental health service delivery system, though it requires careful consideration for adaptation during a time of prolonged crisis and during a period of delivering instruction and services virtually.

Additional Resources

Resources on SEB screening implementation and referral pathways:

» The School Mental Health Collaborative’s implementation guide focuses on best practices for establishing an SEB screening system.

» The School Mental Health Quality Guide: Screening from the National Center for School Mental Health provides background information on school mental health screening and action steps for implementation.

» The Wisconsin Department of Public Instruction developed a School Mental Health Referral Pathways Guide with guidance on developing mental health referral pathways.

Overviews of SEB measures:

» Ohio Department of Education, Miami University: Center for School-Based Mental Health Programs, and Ohio Mental Health Network for School Success have developed the Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium (2nd Ed).

» The Tools Index in Are You Ready to Assess Social and Emotional Learning and Development? from the American Institutes for Research provides an overview of measures to assess social-emotional competencies.

For more information on Project Cal-Well, contact Hilva Chan, Education Programs Consultant, California Department of Education, at hchan@cde.ca.gov.

This series of briefs is being developed based on information shared at the Project Cal-Well meetings at the California Department of Education (CDE). Funded by the Substance Abuse and Mental Health Services Administration, Project Cal-Well is designed to raise awareness of mental health and expand access to school- and community-based mental health services for youth, families, and school communities. Project Cal-Well was launched by the CDE in 2014. The University of California, San Francisco, School Health Services Research & Evaluation Team is evaluating the initiative. WestEd is providing technical assistance support to the project. More about Project Cal-Well can be found at https://ca-safe-supportive-schools.wested.org/project-cal-well/.

© 2021 WestEd. All rights reserved.

WestEd is a nonpartisan, nonprofit research, development, and service agency that works with education and other communities throughout the United States and abroad to promote excellence, achieve equity, and improve learning for children, youth, and adults. WestEd has more than a dozen offices nationwide, from Massachusetts, Vermont, Georgia, and Washington, DC, to Arizona and California, with headquarters in San Francisco. More information about WestEd is available at WestEd.org.