

Exploring the school-age social, emotional, and behavioral health landscape

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How you interact, how you feel, and how you act: The three basic tenants of social, emotional, and behavioral health are simple concepts,



yet they can be some of the strongest predictors of well-being as children grow into adulthood. While a large number of children and adolescents meet the diagnostic criteria for mental health disorders, only a fraction actually receive needed services—and it often takes a crisis situation to initiate access to that help.

Because prevention and early intervention are key, schools are increasingly turned to as the primary identifiers of social, emotional, and behavioral needs, and though numerous screening tools exist, gaps remain between school-based screening initiatives and receipt of services. Through a four-year federally funded project, UConn researchers looked at school districts across the country to better understand how screening tools are being employed, and what factors influence their use.

"I think that there's a shifting perspective that schools can and must be a critical resource in meeting student needs in social, emotional, and behavioral domains," says Sandra Chafouleas, a Board of Trustees Distinguished Professor in the Department of Educational Psychology at UConn's Neag School of Education. Chafouleas is the co-director of the UConn Collaboratory on School and Child Health (CSCH) and served as the project director and co-principal investigator of the National Exploration of Emotional/Behavioral Detection in School Screening, or NEEDS², project.

In addition to Chafouleas, the NEEDS² project team included UConn alumna Amy Briesch, co-principal investigator from Northeastern University; D. Betsy McCoach, co-principal investigator with Neag's Department of Educational Psychology; Jennifer Necci Dineen, from UConn's Department of Public Policy; and project manager Helene Marcy, from the Collaboratory on School and Child Health.

"The majority of kids that receive behavioral health services get their



access through schools," Chafouleas says. "So our main task in the project was about getting a national landscape of what's happening—about people's perceptions, their beliefs about behavior as a whole, and then what that means in terms of their approaches to identifying and supporting student needs."

NEEDS² is an exploration project that examined federal, state, and local government administrative data to first identify the extent to which state departments of education have provided specific guidance on social, emotional, and behavioral health screening approaches. The project also conducted extensive nationwide surveys to look at current screening approaches and at how educators and families think about the options available for addressing social, emotional, and behavioral health.

"We hypothesized that if schools used more proactive screening approaches, there would be more comprehensive programming and service delivery to meet those needs, which would lead to better outcomes," Chafouleas says. "What we found was that it's actually a bit flipped, and that school leader knowledge and attitudes may be an important lever. That is, the more that school leaders viewed social, emotional, and behavioral problems as a concern that should be prioritized and addressed, the more likely their districts were to engage in using more proactive programs—like teaching Social and Emotional Learning (SEL) or implementing school-wide Positive Behavioral Interventions and Supports (PBIS) - as well as preventive approaches to risk identification."

As part of its exploration, the NEEDS² research team reviewed states' departments of education websites and coded the level of guidance provided by each state on social, emotional, and behavioral health screening. The team identified 124 unique documents across 50 states and the District of Columbia specifically related to the use of screening practices in K-through-12 settings.



Findings published by the project in 2018 noted that although most state websites included some mention of universal screening, in nearly half the cases, information was limited to a brief definition, or the information provided was not necessarily specific to social, emotional, and behavioral health. Over half the states did not mention universal screening, or only provided vague references to screening. In more than a third of the states, documentation included a reference to universal screening, but the level of guidance was minimal.

The team also created a multi-stakeholder, multi-state survey that reached 1,130 district administrators and looked at the alignment of policy and practice around social, emotional, and behavioral health screening between states and local school districts. Of those 1,130 districts, 911 had policy manuals available, which were then reviewed for references to screening; eighty-seven included references to screening.

A report published this week in the *Journal of School Health* explored the impact of state-level policies on district-level policies and practices. This review found that only 20 percent of states were identified as containing districts with social, emotional, and behavioral screening policies. While some consistency existed across district policies within the same state, the level of social, emotional, and behavioral screening guidance provided in district policies varied across states.

Inconsistencies were also found between state and district policies; in half the states, district-level policies provided more detailed social, emotional, and behavioral screening guidance than the state-level document.

"[T]here is a need to identify the primary influences on district and building-level social, emotional, and behavioral screening practices," the researchers wrote. "Researchers, policymakers, and educators would



then be able to direct attention to these influences in an effort to reduce the gap between the need and receipt of mental and behavioral health services among children and adolescents."

In follow-up interviews to the initial survey, state officials indicated that administrators recognize that universal social, emotional, and behavioral screening is important, but acknowledge that schools have not been proactive in addressing it.

"What we found was that, across all stakeholders, across all the different groups we surveyed, everyone pretty much agreed that schools have an important role in screening for social, emotional, and behavioral needs," says Chafouleas. "But I hope that the findings from this project aren't interpreted to say, well, everybody needs to be doing this screener. This leads to the question of, well, do we need more measures, or do we next need to figure out how we help schools put this in place in an efficient way?"

The group found some limitations in the alignment of federal data, and Chafouleas cautions that their work represents a snapshot of the social, emotional, and <u>behavioral health</u> landscape. With changing trends and renewed focus, the landscape might look significantly different if the work were to be repeated in five or ten years, she says.

But the implications for state and local policymakers and school administrators are important, and implementing workable, usable social, emotional, and behavioral <u>screening</u> policies that then identify appropriate responses and interventions should be a priority.

"We have a lot of work to do in terms of how to we build capacity to be able to think more holistically in a prevention framework about social, emotional, and behavioral spaces for kids," she says. "When we screen we're doing early identification, as opposed to waiting for the student to



throw the chair out the window or exhibit impaired coping ability. There will always be kids that need more intensive help, and we need to think strategically about how we partner in <u>school</u> with our community resources as well as what we have within our schools."

More information: Emily R. Auerbach et al, Exploring the Alignment of Behavior Screening Policies and Practices in US Public School Districts, *Journal of School Health* (2020). DOI: 10.1111/josh.12872

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