

# Exploring Directions for Professional Learning to Enhance Behavior Screening Within a Comprehensive, Integrated, Three-Tiered Model of Prevention

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## Abstract

Integration of multitiered academic, behavioral, and social-emotional efforts, such as the implementation of a Comprehensive, Integrated, Three-Tiered (Ci3T) model of prevention, is critical for supporting student development across domains of functioning. In particular, universal behavior screening has been shown to predict outcomes across these domains and as such is foundational to integrated systems. Thus, districts and schools are committed to continuing to learn how to implement behavior screening effectively and efficiently. As such, the purpose of this first qualitative study of systematic screening for behavior was to explore perspectives on benefits, challenges, and opportunities in behavior screening as gathered from members of school- and district-based leadership teams who were currently implementing Ci3T. Both individual interviews and focus groups were conducted, and thematic analysis was employed to identify themes that could be used to enhance the implementation and use of behavior screening. Ci3T Leadership Team members indicated knowledge about behavior screening procedures and relayed challenges with respect to using behavior screening data. Taken together, a need emerged for broader professional learning for all school staff members around increasing knowledge and use of behavior screening data. We discuss limitations and directions for future research.

## Keywords

school-based behavior screening, Ci3T, integration, prevention, tiered models

At the foundation of an effective multitiered system of supports (MTSS) is the implementation of universal screening. Within universal screening, all students in the school are assessed using brief, psychometrically defensible tools to (a) evaluate and monitor the effectiveness of Tier 1 supports and (b) identify students who need targeted (i.e., Tier 2) or intensive (i.e., Tier 3) supports beyond what Tier 1 provides. Surveys have found most schools in the United States conduct screening for academic concerns (Briesch et al., 2021; Bruhn et al., 2014), and research has shown the proactive identification of reading concerns through universal screening may lead to improved student outcomes (e.g., Speece et al., 2003; VanDerHeyden et al., 2003). Similarly, within the behavioral domain, universal screening data can assist in the early identification of students struggling with emotional and behavioral concerns, and behavior screening data have been shown to predict academic performance (e.g., curriculum-based measures, grade point average [GPA], and grade/

course retention) for K–Grade 12 students in addition to performance on social and behavioral measures (e.g., office discipline referrals [ODRs], suspensions/expulsions; Lane, Oakes, Cantwell, Common, et al., 2019; Lane, Oakes, Cantwell, Royer, et al., 2019).

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Although the rationale for behavior screening has been demonstrated, recent work suggests knowledge and use of behavior screening are inconsistent across the United States. At a national level, implementation of universal behavior screening is extremely low, with only 9% of school building administrators reporting use as compared with 70% to 80% across health and academic domains (Briesch et al., 2021). Among the factors hypothesized to contribute to low rates of universal behavior screening have been the work involved in carrying out the assessment, the potential for stigmatization of students, and the capacity of schools to connect identified students with needed supports (National Academies, 2009). In surveying district- and building-level administrators directly, Bruhn and colleagues (2014) found schools most frequently explained they did not implement universal behavior screening due to a lack of (a) awareness (i.e., did not know measures existed), (b) money (i.e., could not afford measures), and/or (c) access (i.e., could not locate/obtain measures). Although work to date has been useful in highlighting potential barriers to initial adoption, far less is known about the experiences of those schools going from knowledge development to knowledge utilization and implementing universal behavior screening. One target population that may provide important insights are those schools implementing a Comprehensive, Integrated, Three-Tiered (Ci3T) model of prevention, given their historic role as early adopters of systematic screening.

### *Universal Behavior Screening Within a Ci3T Model of Prevention*

The Ci3T model of prevention offers a coordinated framework to engage evidence-based approaches for supporting academic, behavioral, and social development for all students (Lane et al., 2016). The integration of efforts is foundational, given acknowledgment of reciprocal and synergistic effects across domains of student functioning. Externalizing behaviors (e.g., calling out and physical aggression), for example, often disrupt access to instruction both for the student engaging in the behavior and for their peers, along with disrupting the teacher's ability to deliver instruction (Jennings & Greenberg, 2009; Skibbe et al., 2012). In addition, students at risk of or demonstrating challenges with externalizing behavior are also at risk of poorer academic outcomes, as are students with internalizing behaviors (e.g., shy and anxious) who are less apt to be recognized by their teacher, given these more covert behaviors rarely impede instruction (Nelson et al., 2004). The Ci3T model addresses the need for an integrated approach by bringing together evidence-based principles of tiered intervention supports broadly, positive behavioral interventions and supports (PBIS) specifically, and the inclusion of social skills curricula to facilitate social and emotional well-being within structures for monitoring data, intervention effectiveness,

and progress toward goals at the system, school, and student level (Lane et al., 2016).

After securing commitments from district and school building leaders, schools interested in designing a Ci3T model of prevention engage in a training and building year to prepare for implementation. Across the course of the academic year, members of the Ci3T Leadership Team attend a fully manualized professional learning series of six sessions and work to iteratively develop their Ci3T Implementation Manual using feedback obtained from all faculty and staff (see Lane, Menzies, et al., 2020; Lane et al., 2018). Although each Ci3T blueprint must contain several features essential to an effective MTSS, Ci3T is not a prepackaged plan. Rather, some decisions are made at the district level regarding intervention and assessment practices both across tiers and across academic, behavioral, and social domains (essential components), with other strategies, practices, and programs decided upon by the school's Ci3T Leadership Team with faculty and staff input. Within the behavioral domain, for example, schools engaging in Ci3T conduct universal behavior screening 3 times per year; however, the district may select from among several validated screening measures. Beyond the professional learning series, all Ci3T schools engage in during the building year, a data-informed approach is used to identify individualized professional learning needs to support ongoing implementation. Given both the structure and the flexibility provided within the Ci3T model, exploring perspectives regarding the benefits and challenges to universal behavior screening is an important goal.

### *Purpose*

Research on universal behavior screening has largely focused on understanding barriers to initial adoption. In contrast, specific inquiry into the features necessary to install and maintain universal behavior screening in schools, such as acceptability, consultative support, and knowledge, is still developing (Briesch et al., 2020; Miller et al., 2014). In particular, work is needed to identify necessary supports that extend beyond the installation of behavior screening tools to the effective use of data to inform decisions about needed supports. Participatory methods are one way to engage stakeholders in discussion that informs enhancement of professional learning around the purpose, value, and necessary resources of behavior screening. Such research is needed to explore these issues and drive the development of professional learning supports in behavior screening.

To date, one study has provided initial insights into the experiences of schools implementing universal behavior screening (Briesch, Lane, et al., 2021). A total of 165 Ci3T Leadership Team members representing five school districts across three geographic regions of the United States completed an online survey designed to understand what universal behavior screening practices looked like and how

**Table 1.** Demographics of Participating School Buildings by District.

District	Number of participating schools	Geographic region	Enrollment (M)	Grades taught	% Non-White students	% Students with disabilities	% Economically disadvantaged
1	6	Midwest	468	PK–6	25.8	13.6	38.9
2	6	Midwest	448	PK–5	53.5	25.2	74.5
3	4	Midwest	356	K–5	33.3	14.8	39.8
4	4	Northeast	304	PK–6	8.3	17.3	74.6
5	5	Northwest	327	K–9	90.3	17.9	86.9

they were viewed by stakeholders. Although respondents generally reported the screening procedures were well understood and feasible to implement, results highlighted two areas in which continuing professional learning may be beneficial: (a) integrating the results of a behavior screener with other sources of data and (b) utilizing the resultant data to inform intervention planning. Although the use of closed-ended questions within a self-reported survey format allowed for broad stakeholder participation, it did not allow for deeper probing within the identified target areas.

The purpose of this study was to identify and more deeply probe those areas in which Ci3T Leadership Team members might benefit from additional professional learning around universal behavior screening. Through interviews and focus groups conducted with members of school- and district-based Ci3T Leadership Teams, we aimed to answer two primary research questions:

**Research Question 1:** What benefits have Ci3T Leadership Team members experienced in implementing universal behavior screening?

**Research Question 2:** What challenges or barriers have Ci3T Leadership Team members encountered in implementing universal behavior screening?

## Method

### Participants

Within a prior study (see Briesch, Lane, et al., 2021), research team members invited all 238 district- and building-level Ci3T Leadership Team members from five partner districts participating in a larger grant project to complete a survey related to their school's implementation of behavior screening practices. These five school districts were located in the Midwestern ( $k = 3$ ), Northeastern ( $k = 1$ ), and Northwestern ( $k = 1$ ) United States. All 27 invited elementary buildings had either designed or implemented their Ci3T model during the prior academic year (i.e., 2018–2019), and all had adopted the Student Risk Screening Scale for Internalizing and Externalizing (SRSS-IE; Drummond, 1994; Lane & Menzies, 2009) as their universal behavior screener. Eight schools were in their first year of

implementation, three were in their second year, three were in their third year, eight were in their fourth year, and five were in their sixth year of implementation.

From the pool of 165 survey respondents, the research team then recruited one representative per school building to participate in a semi-structured interview and between five and seven individuals per district to participate in focus groups. Two different purposeful sampling strategies were used to obtain these two samples. Criterion sampling was used to recruit potential interview participants in that the research team asked each building Ci3T Leadership Team to identify the individual(s) within the building who had the greatest knowledge about the behavior screening process. As the goal of the focus groups was to understand the perspectives of the average member of the Ci3T Leadership Team regarding behavior screening, typical case sampling was used (Palinkas et al., 2016). Specifically, the research team asked each building Ci3T Leadership Team to identify a volunteer who would be willing to participate and had not participated in the individual interviews (i.e., did not possess the greatest knowledge about screening processes). In total, 27 leadership team members were invited to participate in semi-structured telephone interviews, and 21 interviews were completed (77.8% response rate). Ultimately, 28 people were invited to participate in focus groups and 17 completed (60.7% response rate). Nearly all ( $k = 25$ ; 92.6%) invited buildings were represented across the interviews and focus groups (see Table 1 for demographic characteristics of participating buildings). Most participants across interview and focus groups were White (89.5%) and female (86.8%), with roles including district administrators, building administrators, general educators, special educators, related service providers, and staff (see Table 2 for participant characteristics).

### Procedures

Researchers held meetings with the Ci3T Leadership Teams in which they explained the purpose of this project and the timeline for interview and focus group completion. Each potential participant was contacted via email to solicit active consent for participation. The consent form was posted in Qualtrics with a button to click to indicate interest

**Table 2.** Demographics for Ci3T Study Participants.

Demographic category	Individual interview ( <i>n</i> = 21), %	Focus group ( <i>n</i> = 17), %
Gender		
Male	14.3	5.9
Female	81.0	94.1
Not reported	4.8	0
Age		
20–39	33.3	17.6
40–59	61.9	70.6
60+	0	5.9
Not reported	4.8	5.9
Race/ethnicity		
Black	0	0
White, non-Hispanic	85.7	94.1
Hispanic	9.5	0
Other	0	0
Not reported	4.8	5.9
Highest degree attained		
Bachelor's	0	11.8
Master's	47.6	41.2
Master's + 30	33.3	41.2
Doctoral	9.5	5.9
Not reported	9.5	0
Years of experience, <i>M</i> ( <i>SD</i> )	16.95 (9.53)	20.06 (8.14)
Ci3T Leadership Team role		
Building administrator	28%	12%
District administrator	0%	6%
General educator	14%	47%
Related service provider	24%	12%
Special educator	5%	24%
Staff	14%	0%
Not reported/other	5%	0%

in participation (yes or no). If respondents clicked yes (agree to participate), they were then asked to provide basic demographic information (e.g., role, years teaching, gender, race/ethnicity, highest degree) and scheduled for either the interview or the focus group. If the individual did not respond to the initial scheduling request, they were contacted up to three additional times before being removed from the list.

Semi-structured interviews and focus group questions were created specifically for this project by the co-PIs with input from advisory board members and Ci3T district and school-site leaders. Interview questions were designed to gain a better understanding of (a) the most pressing behavioral needs within respondents' school buildings, (b) perceived strengths and limitations/barriers to use of adopted behavior screeners, (c) how behavior screening data are used at the building level, and (d) what professional learning would be beneficial for school staff regarding universal behavior screening. All interviews were conducted between October and December 2019 by a graduate

research assistant over the telephone and took an average of 19 min (range = 11–34 min). All interview participants received a US\$10 gift card in appreciation for their time.

Focus group questions were designed to explore (a) participants' understanding of the behavior screening process, (b) perceived usability of behavior screening practices, (c) benefits and challenges experienced in behavior screening, (d) potential areas for professional learning, and (e) the roles of building/district leadership and university partners in supporting implementation (specific questions are available upon request). Five focus groups (one per district) were conducted in November and December 2019, which lasted an average of 65 min (range = 30–84), and participants received a US\$50 gift card in appreciation of their time. All focus groups were led by project personnel who had not been involved in prior Ci3T training efforts and therefore did not have an existing relationship with the schools, so as to prevent issues associated with social desirability concerns. Interviews and focus group sessions were recorded on a digital device and transcribed for analysis. In

both contexts, semi-structured interviewing techniques were used to balance covering predetermined topics and to elicit information from Ci3T Leadership Team members regarding particular concerns or interests to better understand the variables and contexts impacting the implementation of behavior screening in Ci3T models.

### Data Analysis

The data corpus for this study included both semi-structured interviews and focus group responses obtained from the participants. We used thematic analysis (TA; Braun & Clarke, 2006) to inductively identify themes across participants' responses to the predetermined research questions. After conducting an initial review of the data, two independent researchers generated and applied codes to the semantic content of each participant's response. Codes refer to "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, p. 63), and the generation of codes was data-driven. Next, we organized similar codes into initial themes. To be considered a theme (or subtheme), it was decided at a minimum two participants needed to provide a similar pattern of response. Codes not organized into larger themes were classified in an "Other" category. After the independent coders identified, refined, and finalized themes, the first and second authors met to cross-check individual analyses, resolve discrepancies, and interpret finalized themes. Thematic analysis was conducted sequentially in that themes were first identified independently within the interviews and focus groups and then we sought to identify "repeated patterns of meaning" (Braun & Clarke, 2006, p. 86) across the data set as a whole.

### Results

Through thematic analysis of the individual interview and focus group responses, three primary themes were identified. The first two themes (both consisting of multiple subthemes) related to perceived benefits and barriers in conducting universal behavior screening using the SRSS-IE. Extending beyond the behavior screening process specifically, an additional theme related to the perceived need for training and resources to address behavior concerns. Finally, participants provided recommendations for those school buildings considering the implementation of universal behavior screening.

#### *Perceived Benefits in Conducting Behavior Screening With the SRSS-IE*

Across both interviews and focus groups, participants described the benefits of conducting behavior screening

using the SRSS-IE, with three subthemes identified: (a) assists with early identification of students who may be struggling, especially with internalizing behaviors; (b) helps to understand building functioning and needs; and (c) normalizes the process for determining intervention needs.

*Identify Students Earlier.* First, participants described how early identification of students through universal screening has been successful in helping students receive support earlier and in better understanding students. One focus group participant reported a strength of conducting regular behavior screening was "just to be able to be proactive about grouping kids and targeting them right away . . . a kid doesn't have to enter into a crisis before the counselor will see them." A small group of respondents indicated the SRSS-IE was useful in identifying students with externalizing behaviors, such as one participant noting, "I think it does a really good job with the kids who are acting out, that we see, that everybody can see." However, several others said the screener was merely confirming what they knew in this regard. One participant stated, "I think, a lot of the times, it just confirms what we already know about a student. So, it's not necessarily providing us new information."

In addition, a handful of respondents said the SRSS-IE was most useful for identifying students with internalizing concerns who may otherwise be overlooked. As one interviewee shared: "I do think it allowed us to identify, maybe, some students who had internalized behaviors and that might be at risk or not at risk that we may not have picked up beforehand." Similarly, one focus group participant noted that "it does really also give you information about that internalizing . . . to me it's huge. And I wish we did more with it because I just think that's such a driving force for so many kids." Participants mentioned how in the past they had not thought as much about students with internalizing behavior patterns. As one shared, "Well, I think the internalizing piece. I think that that has been overlooked in the past, and so I really think that that is a good change that we're looking now at [it]."

*Understand Building Functioning and Needs.* Participants also discussed the usefulness of the screening data in looking at behavior schoolwide and in understanding and monitoring the functioning of the system. One interviewee described looking at the building's SRSS-IE data being "more of a 35,000-foot kind of deal, an overview of our school, to see how things are going. That might help us make some decision in terms of additional support for professional development needs across the building." Other participants noted the SRSS-IE data were useful in looking at changes in behavior over time, not only at the individual level but also at the school level. As one focus group participant noted,

Some of the successes is that we've been able to use the data to say, OK, we need to do something more as a building. What are we doing? What are we doing to address some of the high need?

#### *Normalize the Process for Determining Intervention Needs.*

Finally, a couple of focus group participants noted universal screening helped to normalize or destigmatize the process for systematically looking for students who may need additional supports. As one participant indicated, “. . . it's another way for teachers to ask for assistance for kids without saying, 'I need help'. It's just a way to say, 'Hey, these are my kids I really need to focus on'.”

#### *Perceived Barriers to Implementing Behavior Screening With the SRSS-IE*

In addition to the perceived benefits of conducting universal behavior screening using the SRSS-IE, participants described several potential barriers to implementation across both interviews and focus groups. These subthemes included (a) inconsistencies across respondents, (b) need for better understanding to improve buy-in, and (c) limited understanding of coordinated data use.

*Inconsistencies Across Respondents.* One of the most frequently voiced concerns related to the potential for inconsistency of screener results from different teachers. As one interviewee commented,

That's where I feel like sometimes the data is a little skewed when I know certain teachers have specific mindsets and already opinions in place about students . . . I feel like the data we might get from that might not be accurate.

In some cases, participants noted teachers were aware of the potential for inconsistency. For example, one interviewee noted, “I had a teacher a few years ago express concern that she felt like she was answering the SRSS information differently than maybe a colleague is answering the SRSS.” However, in other cases, responses seemed to suggest teachers were not aware of this issue. As one focus group participant noted, “one barrier is let's say you have a teacher who is overly optimistic. Well, they might screen students lower than a teacher who rates every kid as [in need of] Tier 3.”

Several focus group participants noted teachers would benefit from more professional learning on how to complete the screener to promote consistency in implementation across classrooms. Some leadership team members noted they had not completed the measure themselves and that going through the process would likely be helpful not only to teachers but also to Ci3T Leadership Team members. As one participant stated

I think the more we can teach them how to do the screener . . . because sometimes mine will get hung up in the “how long do

I take to think about this . . . .” It's sometimes more of those black-and-white thinkers . . . . You know, it's just your overall concern, not do they have five [ODRs] . . . . Maybe just really talking about how to fill it out.

Some participants suggested further directions for completing the measure (e.g., what counts as a behavior and how often is often) might help to address the problem of inconsistency. For example, as one focus group participant voiced, “Like when you say ‘lie, cheat, steal,’ what do you mean? One time? Several times? That kind of a thing . . . a little more direction on those, how severe?”

In addition, the potential for inconsistencies in rating severity both across and within teachers (e.g., depending on the time of day and mood) was highlighted by some respondents. As one focus group participant explained, “It's true because sometimes you might mark it differently at the end of the day or in the middle—you know, like, after you've had a kid explode.” As a way to address this, a participant in a different focus group suggested, “Maybe there can be a question at the top. Are you in a mindset to think objectively about these—are you comfortable? Are you glass half full right now?”

*Limited Understanding Affects Buy-In.* An additional barrier to implementing behavior screening identified across interviews and focus groups related to a lack of buy-in, believed to stem from a limited understanding of behavior screening (e.g., research base and purpose). Several participants noted staff often did not understand why screening was being done or how the data could or would be used. As one respondent whose building was just beginning to conduct universal behavior screening noted: “I heard some people wondering, what are we going to do with this? . . . like, what meaning does this have? . . . What's the purpose? . . . now what?”

Participants stressed the importance of making the purpose of screening clear to all stakeholders to ensure successful implementation. Within the school buildings, it was recommended professional learning should be conducted with all building staff to ensure the purpose of screening was well understood. One participant stated,

It provides . . . the research to back up why we're doing what we're doing. It, again, speaks to data is leading us in the direction that we're going, not just on a whim or this grand idea, but we are basing it off of years of research.

This need for professional learning was particularly noted to be true for buildings or individual staff new to Ci3T. As one teacher noted,

Because being new to the district, not new to teaching, I filled this screener out. I thought, “What are we going to do with this? What's the purpose of this?” And I never really got any answers. And so, I just knew I had to do it.

Beyond targeting school staff, participants also described the need to better explain the purpose of the screener and how it is used by parents for the process to run smoothly. One participant remarked,

You're not going to get 100% right away or ever, but you have to give the "why . . ." I would say build the "why" with your parents too . . . I got less flak about that screener . . . because teachers understand it. But my parents were the ones that had trouble with why.

As another focus group participant shared, "I think parents see it as a reflection upon themselves too. And, you know, we haven't always been at the place where we talk about mental illness . . . so that has been a shift for our parents as well."

Finally, several participants discussed the importance of having district-level consistency and a "company line" that can help explain the screener purpose and help the leadership teams respond to those who may not perceive behavior screening as important. For example, participants noted wanting clearer expectations set by administration, such as emphasizing the importance of analyzing screening data and how principals could share results with staff as well as across schools to help generate ideas about how to use data. One participant stated,

I kind of like setting the expectation, just being consistent. Because not all principals are delivering the same message . . . So I think just having that clear expectation—this is what you need to do when you go back to your building—this and this and this . . . and this is the deadline.

*Limited Understanding of Coordinated Data Use.* A final barrier related to implementing behavior screening noted across interviews and focus groups was limited understanding of how best to use and share the SRSS-IE data. One participant stated,

I've always been driven just a little crazy about how our building doesn't use all the information to the extent that it could be used . . . and so I just feel like it's information that's right at our fingertips that we don't share well.

Participants described a need for training on how to use the SRSS-IE in combination with other sources of data to both (a) identify students and (b) inform intervention decisions. Reference was made by several participants to the interplay between academic and behavioral concerns and how both sources of data were needed to understand the whole child. As one participant shared,

I can look to support those two pieces, internalizing, externalizing, but how do we as a school address the whole child instead of segmenting? . . . All the interventionists get

together, and they determine from the [academic screening] data who's going into what groups . . . but I don't think the SRSS-IE plays into any of that. So that's my thing. How can we be less segmented and more inclusive?

The coordination across personnel and investment of time needed to simultaneously explore multiple dimensions of student functioning was noted to be a barrier. One focus group participant commented,

I don't think they look at that first and then say, "Oh, maybe this is affecting that" . . . there's so much more digging deeper that we could do. I just don't—I feel like some people feel that it's a burden. It's one person's particular job to do that. And I think that maybe some professional development around that would be good to see.

### *Need for Training/Resources to Address Behavior Concerns*

Although both interviews and focus groups purposively focused on exploring strengths and limitations of the behavior screening process, a clear theme across interviews and focus groups was the need for additional professional learning and resources to address what were perceived to be increasing behavioral needs among students. When asked to identify the most pressing social, emotional, and behavioral concerns within their school building, four themes were identified across the interview and focus group participants: (a) intensity of externalizing behaviors (i.e., disruptive, eloping), (b) noncompliant/disrespectful behavior, (c) internalizing behaviors, and (d) emotional regulation (i.e., physical/verbal aggression and outbursts). Participants perceived a rise in the number of students entering school having experienced adverse events at home or in the community, which they connected to an increased frequency of both extreme externalizing behaviors and internalizing behaviors in recent years. Several respondents indicated their most pressing concern was the nature of severe problem behaviors (e.g., physical aggression toward others or toward school property, verbal aggression toward students and staff), often referencing students receiving Tier 3 supports. For example, one participant shared,

I feel like the social-emotional of the Tier 3 of the externalizing behaviors are what people are feeling the most . . . Tearing apart rooms. Hitting. Self-harm. Yelling. Swearing. Just more aggressive behavior than what we've ever seen in the past.

Another related pressing issue for respondents was what was perceived as noncompliant or disrespectful behavior. For example, as one respondent indicated, "So we have a few fifth graders who really don't respond at all to adult direction . . . And I've tried pretty much all of the . . . interventions, and nothing—they don't seem to be responding to

me.” Several respondents also noted a rise in the number of students experiencing internalizing behaviors such as anxiety or depression. For example, one noted, “In our [school], we’re seeing more concerns that are internalizing such as anxiety, withdrawal, just kind of some of those internal things.” The specific language that was frequently used to explain or interpret the problem behaviors observed was the student’s need for emotional regulation. One participant shared, “I think the biggest thing right now is that we have a lot of kids that don’t know how to regulate emotions.”

When asked about professional learning they might need with regard to the behavior screening process, respondents expressed they were interested in learning how to address behavior and what interventions to use, as opposed to needing any training on the screener. As one participant noted,

I think if we could have more professional development with identifying the differences between internalizing and externalizing behaviors and . . . how [they] can be addressed differently and how they’re going to need different interventions or resources or support for the different behaviors.

A couple of participants specifically mentioned needing information about how to help support internalizing concerns. For example, one individual noted, “I mean, there really isn’t a large emphasis placed on strategies for [internalizing concerns]. Whereas I feel like it’s heavier with tools for [externalizing concerns].” Relatedly, a few respondents reported the screener data highlighted their limited resources to respond to student need. For example, one participant noted, “We don’t need additional data. We need the resources to help us implement interventions.”

### **Recommendations for Schools Adopting Universal Behavior Screening**

Finally, focus group participants were asked what they would recommend to other districts that would like to conduct behavior screening. In addition to noting the need to generate buy-in, as previously discussed, two primary sub-themes were identified in response to this question: (a) figuring out systems early on and (b) taking implementation slow. Participants suggested spending time upfront to figure out systems for data collection, analysis, and sharing, as well as setting up an organizational structure with goals and timelines. As one respondent stated, “You have to build a system to collect the data . . . but what are you going to do with it after you receive it? How are you going to share it out to your teachers, your staff, your parents?” Participants also recommended pacing the process, being patient, and celebrating the successes. As one shared, “It is a process. Step by step, and don’t try to tackle it all . . . Certain things have to be in place in order to go to the next step. And don’t

rush it . . . So stepping back and just stick with it.” Another respondent added,

And celebrate the successes. They have to see that you’re making progress and growth . . . and actually, I’d venture to guess they’re going to see some—from our first year to our second year, it was a significant difference.

## **Discussion**

Building upon an initial survey designed to understand the experiences of those implementing universal behavior screening with the SRSS-IE in Ci3T schools (see Briesch, Lane, et al., 2021), the purpose of this study was to explore the benefits, barriers, and challenges involved in the implementation in greater depth to identify priority areas for enhancing professional learning resources. Consistent with the benefits touted in the literature, both interview and focus group participants within this study emphasized the ways in which conducting universal behavior screening had helped their schools to identify and provide needed supports to students much earlier than in the past. This was particularly noted to be true for those students struggling with internalizing behavior patterns. In addition, participants noted the benefits of being able to better understand and monitor the behavioral health and functioning of the school system and highlighted routine screening provided a structured and destigmatized way for teachers to seek out help in addressing social-emotional and behavioral concerns. At the same time, however, findings add to the knowledge base regarding issues in the implementation of universal school-based behavior screening, along with the importance and benefits of a Ci3T model to meet student needs (e.g., Lane, Oakes, Cantwell, Common, et al., 2019; Lane, Buckman, et al., 2020). Through different sources, common themes were identified that can be considered in directing future efforts to support Ci3T schools in universal behavior screening implementation, with lessons learned holding the potential to inform screening and intervention efforts in other integrated tiered systems.

Given that research to date has largely focused on understanding barriers to the initial adoption of universal behavior screening, we were most interested to learn about participants’ concerns and perceived barriers to actual implementation. Although time and resources needed to complete a screener have been hypothesized to be potential barriers to implementation (e.g., National Academies, 2009), such concerns were not expressed by this group of participants. This is consistent with prior research that indicated schools consider the SRSS-IE to be a feasible behavior screening tool with respect to cost (free access), the amount of time it takes to complete the measure, and the tool’s user-friendliness (Oakes et al., 2016). Rather, the most commonly voiced concerns centered on the potential

for inconsistencies in rating across teachers with a brief screening tool utilizing individual informant ratings. Several participants expressed concern regarding the influence of rater effects on the data, such as when a particular teacher's ratings appeared to be overly lenient or severe. The presence of rater variance has been confirmed in some prior research examining behavior screening data (Anthony et al., 2021) yet not confirmed in other studies (Lane, Kalberg, Bruhn, et al., 2008). However, it has also been noted that training may help to attenuate these effects (e.g., Splett et al., 2018). Participants in the current study offered suggestions regarding how teachers might be prompted to ensure they are in a headspace where they can think objectively about their students and the behaviors they have observed before completing the screening measure (e.g., not completing the measure when feeling personally or professionally fatigued). It is also important to take into consideration that variability in rating may reflect differences in teachers' self-efficacy for, or skill in, supporting student behavior, which can be another malleable target for intervention.

A second major theme identified among participant responses was the idea that school personnel may benefit from additional guidance regarding how to use multiple sources of data to identify students and inform intervention decisions. This includes considering data from a behavior screener such as the SRSS-IE data alongside other behavioral data (e.g., ODR, attendance), as well as considering academic and behavioral data together to understand multiple dimensions of student functioning. A few participants noted the process of linking screening data to intervention was under the purview of a specific individual or group (e.g., mental health team, school counselor) as opposed to being done by all members of the Ci3T Leadership Team. This suggests that teams may benefit from additional professional learning focused on highlighting the mechanisms by which students are connected to targeted supports. Within Ci3T schools, Tier 2 and Tier 3 intervention grids provide detailed directions for how to use screening data (e.g., schoolwide data entry criteria) to connect students to supports, yet these more targeted supports appear to be underutilized. For those schools implementing MTSS outside the Ci3T framework, there is likely an even greater need for procedural guidance around the linking of assessment data to subsequent intervention efforts.

The final major subtheme related to perceived barriers emphasized the importance of generating initial buy-in for universal behavior screening among all stakeholders. Participants noted it was important not only for the Ci3T Leadership Team members to understand why universal behavior screening was being conducted and how the data would be used but also to ensure this information was

shared with teachers, staff, and families to promote buy-in (see Rollenhagen et al., 2021). Public administrative support for universal behavior screening was stressed as being particularly important to ensure consistency of implementation both within and across buildings. This is salient, as buy-in and leadership support are related to the uptake and implementation of evidence-informed practices (Pinkelman et al., 2015).

In addition, it is notable that although both interviews and focus groups focused on understanding perceptions of assessment procedures, one of the major themes identified related to the need for intervention supports. The desire for additional training and resources regarding how to provide behavioral supports was a recurrent theme, and the ability of schools to provide more intensive supports was identified as a desired need. This is consistent with prior work indicating that teachers require more training on how to support student behavior (von der Embse et al., 2018). In addition, a perceived need for resources to meet students' behavioral needs (e.g., interventions and trained personnel) has often been cited as a barrier to the implementation of universal behavior screening (Briesch et al., 2018).

### *Study Limitations and Future Directions*

This present study is not without limitations. For one, the participants represented a sample of those already engaged to some degree with Ci3T. Although some schools were only in their first year of implementation, several schools had been implementing for 4 or more years. Ci3T Leadership Team members within these buildings may have been more favorable toward the use of universal behavior screening, given it was an established part of regular district and school practices. A longitudinal exploration of those schools in their first year of Ci3T implementation to evaluate changes over time may be beneficial to better understand the implementation of behavioral screening practices. In addition, a deeper dive to provide data that allow for more precise inspection of effects for those schools who are new and experienced implementers, along with those who have had differing levels of external supports, is critical to inform professional learning.

Relatedly, the extension (generalization) of these findings to schools not implementing a Ci3T model is unknown. Schools implementing Ci3T within the current study had completed the professional learning series to build their Ci3T Implementation Manual and had access to ongoing implementation supports provided by the Ci3T Leadership Team (see <https://www.ci3t.org/pl>). All schools had adopted the use of the SRSS-IE as their primary behavior screener, and, therefore, findings cannot be assumed to generalize to the use of other screening measures. It would be helpful for

future work to explore whether these findings hold for schools implementing other universal behavior screeners or that screen in the absence of broader tiered system of supports and/or the availability of implementation supports as described here.

### Conclusion and Implications

Overall, the purpose of this study was to explore factors involved in the implementation of behavior screening and to determine priority needs for professional learning. Ci3T Leadership Team members were overall knowledgeable about the procedural aspects of screening and indicated they found the process of completing the SRSS-IE and obtaining the data to be feasible. At the same time, responses suggest ongoing professional learning may be warranted for supporting Ci3T Leadership Team members in developing skills to collect, interpret, and use multiple sources of data to inform intervention. Relatedly, there is a need for broader professional learning for all faculty and staff in Ci3T schools to build knowledge around how data from behavior screeners are utilized by individual teachers as well as teams, as data review and intervention selection are often conducted directly by teachers to support their students, in addition to teams (e.g., mental health teams and Ci3T Leadership Teams). As such, there may not always be a broader understanding of team practices and processes. Increasing knowledge for all can also minimize barriers (e.g., buy-in) and can empower those who are not involved in leadership teams to take responsibility for behavior screening practices.

### Authors' Note

David James Royer is now affiliated with the University of Louisville.

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### References

- Anthony, C. J., Styck, K. M., Cooke, E., Martel, J. R., & Frye, K. E. (2021). Evaluating the impact of rater effects on Behavior Rating Scale score validity and utility. *School Psychology Review*. Advance online publication. <https://doi.org/10.1080/2372966X.2020.1827681>
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. SAGE.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Briesch, A. M., Chafouleas, S. M., & Chaffee, R. K. (2018). Analysis of state-level guidance regarding school-based, universal screening for social, emotional, and behavioral risk. *School Mental Health*, 10, 147–162. <https://doi.org/10.1007/s12310-017-9232-5>
- Briesch, A. M., Chafouleas, S. M., Dineen, J. N., McCoach, D. B., & Donaldson, A. (2021). School building administrator reports of screening practices across academic, behavioral, and health domains. *Journal of Positive Behavior Interventions*. Advance online publication. <https://doi.org/10.1177/10983007211003335>
- Briesch, A. M., Cintron, D. W., Dineen, J. N., Chafouleas, S. M., McCoach, D. B., & Auerbach, E. (2020). Comparing stakeholders' knowledge and beliefs about supporting students' social, emotional, and behavioral health in schools. *School Mental Health*, 12, 222–238. <https://doi.org/10.1007/s12310-019-09355-9>
- Briesch, A. M., Lane, K. L., Common, E. A., Chafouleas, S. M., Iovino, E. A., Abdulkarim, N., Sherod, R. L., Oakes, W. P., Lane, K. L., Royer, D. J., & Buckman, M. (2021). *Exploring the professional learning needs of Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention leadership team members related to universal behavior screening implementation*. Manuscript submitted for publication.
- Bruhn, A. L., Woods-Groves, S., & Huddle, S. (2014). A preliminary investigation of emotional and behavioral screening practices in K-12 schools. *Education and Treatment of Children*, 37, 611–634.
- Drummond, T. (1994). *The Student Risk Screening Scale (SRSS)*. Grants Pass, OR: Josephine County Mental Health Program.
- Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79(1), 491–525. <https://doi.org/10.3102/003465430832569>
- Lane, K. L., Buckman, M. M., Oakes, W. P., & Menzies, H. M. (2020). Tiered systems and inclusion: Potential benefits, clarifications, and considerations. In J. M. Kauffman (Ed.),

- On educational inclusion: Meanings, history, issues, and international perspectives* (pp. 85–106). Routledge/Taylor & Francis.
- Lane, K. L., Kalberg, J. R., Bruhn, A. L., Mahoney, M. E., & Driscoll, S. A. (2008). Primary prevention programs at the elementary level: Issues of treatment integrity, systematic screening, and reinforcement. *Education and Treatment of Children, 31*, 465–494.
- Lane, K. L., Kalberg, J. R., Parks, R. J., & Carter, E. W. (2008). Student Risks Screening Scale: Initial evidence for score reliability and validity at the high school level. *Journal of Emotional and Behavioral Disorders, 16*, 178–190.
- Lane, K. L. & Menzies, H. M. (2009). *Student Risk Screening Scale for Early Internalizing and Externalizing Behavior (SRSS-IE)*. Screening scale. Available at Ci3t.org/screening.
- Lane, K. L., Menzies, H. M., Oakes, W. P., & Kalberg, J. R. (2020). *Developing a schoolwide framework to prevent and manage learn and behavior problems* (2nd ed.). Guilford Press.
- Lane, K. L., Oakes, W. P., Cantwell, E. D., Common, E. A., Royer, D. J., Leko, M., Schatschneider, C., Menzies, H. M., Buckman, M. M., & Allen, G. E. (2019). Predictive validity of Student Risk Screening Scale for Internalizing and Externalizing (SRSS-IE) scores in elementary schools. *Journal of Emotional and Behavioral Disorders, 27*(4), 221–234. <https://doi.org/10.1177/1063426618795443>
- Lane, K. L., Oakes, W. P., Cantwell, E. D., & Royer, D. J. (2016). *Building and installing comprehensive, integrated, three-tiered (Ci3T) models of prevention: A practical guide to supporting school success V1.2*. KOI Education.
- Lane, K. L., Oakes, W. P., Cantwell, E. D., Royer, D. J., Leko, M., Schatschneider, C., & Menzies, H. M. (2019). Predictive validity of Student Risk Screening Scale for Internalizing and Externalizing scores in secondary schools. *Journal of Emotional and Behavioral Disorders, 27*, 86–100. <https://doi.org/10.1177/1063426617744746>
- Miller, F. G., Chafouleas, S. M., Riley-Tillman, T. C., & Fabiano, G. A. (2014). Teacher perceptions of the usability of school-based behavior assessments. *Behavioral Disorders, 39*, 201–210.
- National Academies. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* (M. E. O'Connell, T. Boat, & K. E. Warner, Eds.). Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions.
- Nelson, J. R., Benner, G. J., Lane, K., & Smith, B. W. (2004). Academic achievement of k-12 students with emotional and behavioral disorders. *Exceptional Children, 71*, 59–73. <https://doi.org/10.1177/001440290407100104>
- Oakes, W. P., Lane, K. L., & Ennis, R. P. (2016). Systematic screening at the elementary level: Considerations for exploring and installing universal behavior screening. *Journal of Applied School Psychology, 32*(3), 214–233.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2016). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*, 533–544.
- Pinkelman, S. E., McIntosh, K., Rasplica, C. K., Berg, T., & Strickland-Cohen, M. K. (2015). Perceived enablers and barriers related to sustainability of school-wide positive behavioral interventions and supports. *Behavioral Disorders, 40*(3), 171–183.
- Rollenhagen, J., Buckman, M. M., Oakes, W. P., & Lane, K. L. (2021). *Screening coordinator training manual: A guide for installing the Student Risk Screening Scale-Internalizing and Externalizing in your school or district*. <https://www.ci3t.org/wp-content/uploads/2021/03/SRSS-IE-Screening-Coordinator-Training-Manual-2021-03-03-F.pdf>
- Skibbe, L. E., Phillips, B. M., Day, S. L., Brophy-Herb, H. E., & Connor, C. M. (2012). Children's early literacy growth in relation to classmates' self-regulation. *Journal of Educational Psychology, 104*, 541–553. <https://doi.org/10.1037/a0029153>
- Speece, D. L., Case, L. P., & Molloy, D. E. (2003). Responsiveness to general education instruction as the first gate to learning disabilities identification. *Learning Disabilities Research and Practice, 18*, 147–156.
- Splett, J. W., Smith-Millman, M., Raborn, A., Brann, K. L., Flaspohler, P. D., & Maras, M. A. (2018). Student, teacher, and classroom predictors of between-teacher variability of students' teacher-rated behavior. *School Psychology Quarterly, 33*, 460–468.
- VanDerHeyden, A. M., Witt, J. C., & Naquin, G. (2003). Development and validation of a process for screening referrals to special education. *School Psychology Review, 32*, 204–227.
- von der Embse, N. P., Kilgus, S. P., Eklund, K., Ake, E., & Levi-Neilsen, S. (2018). Training teachers to facilitate early identification of mental and behavioral health risks. *School Psychology Review, 47*(4), 372–384.