Systematic Screening for Behavior Disorders in Professional Development Schools: A Social Validity Study

Paul Caldarella, Brigham Young University
Pamela R. Hallam, Brigham Young University
Lynnette Christensen, Brigham Young University
Gary Wall, Brigham Young University

ABSTRACT: Professional learning communities (PLCs) are an increasingly popular strategy for improving schools. While PLCs routinely implement universal academic screening, they seldom screen for emotional and behavioral problems. This is unfortunate, as the early signs of emotional and behavioral disorders can be identified and interventions developed. The purpose of this study was to examine the social validity of the Systematic Screening for Behavioral Disorders (SSBD) implemented in three professional development elementary schools in an intermountain state of the U.S. After using the SSBD in their schools for one year, 75 teachers were surveyed. Results suggested that participants (a) valued the SSBD process, (b) considered screening to be feasible and acceptable, (c) expanded their knowledge and skills regarding student emotional and behavioral issues, but (d) needed more training and support for planning appropriate interventions for at-risk students. Implications and limitations of this study are addressed.

NAPDS Essentials Addressed: #1/A comprehensive mission that is broader in its outreach and scope than the mission of any partner and that furthers the education profession and its responsibility to advance equity within schools and, by potential extension, the broader community; #3/Ongoing and reciprocal professional development for all participants guided by need; #4/A shared commitment to innovative and reflective practice by all participants; #8/Work by college/university faculty and P–12 faculty in formal roles across institutional settings

Introduction

Professional learning communities (PLCs) are an increasingly popular strategy for improving schools and sustaining growth in student achievement (DuFour & Eaker, 1998; DuFour, Eaker, & DuFour, 2005; Schmoker, 2005). Generally, PLCs have focused on academics, overlooking the important role of students’ emotional and behavioral needs. While they routinely implement universal academic screening, they have not routinely
screened for emotional and behavioral problems. This omission is unfortunate, as the early signs of emotional and behavioral disorders (EBD) can be identified through observation and reliable screening instruments (Kauffman, 2013; Lane, Menzies, Oakes, & Kalberg, 2012), and behavior screening outcomes can predict student academic performance (Lane et al., 2012) and guide appropriate interventions.

This article will describe how an emotional and behavioral screening tool, the Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1992), was used in implementation of a federal grant-funded project by PLCs in three elementary professional development schools (PDS) in an intermountain state of the U.S. Results of a social validity survey examining the impact of using SSBD data in PLCs to develop appropriate behavioral interventions for students will be discussed.

Prevalence and Risks of Problem Behaviors

Schools are responsible for supporting students’ behavior to promote an environment where all students can learn. Some schools respond to this challenge with tough discipline policies and procedures, including no-tolerance policies, suspension, and expulsion (Skiba & Peterson, 2000). Traditionally, students with behavior problems are referred to the principal’s office for discipline if the behavior continues or escalates. Skiba and Peterson (2000) noted that these reactive approaches rarely solve problems, and they do not promote academic achievement for the students involved. Unfortunately, the majority of at-risk students are unlikely to be identified or receive intervention for their problem behavior until after the behavior has become difficult to manage and resistant to intervention efforts (Lane, Givner, & Pierson, 2004).

The prevalence of classroom behavior problems in early elementary school students has been found to be between 7% and 10%, rising to as high as 30% through later elementary and secondary school years (Beaman, Wheldall, & Kemp, 2007). Many teachers and principals report feeling under-prepared in effective behavior management practices (Reinke, Stormont, Herman, Puri, & Goel, 2011), especially for students with special needs. Deficiency in these skills is commonly reported as a reason for leaving the profession (McIntosh, Brown, & Borgmeier, 2008). Often out of frustration, “rather than integrating these segments and seeing the contributions of prevention programming to academic as well as social and emotional development, educators... make the false choice to emphasize academics only” (Greenberg, Weissberg, & O’Brien, 2003, p. 472).

Many teachers are limited in the knowledge, training, and support needed to intervene with students with behavioral problems, and they view challenging behavior as having an adverse effect on their classrooms (Adelman & Taylor, 2005; Westling, 2010). Disruptive classroom behavior reduces academic learning for all students with its negative effects on the safety and productivity of the learning environment (Carter & Pool, 2012). Also, time spent managing problem behavior means less time teaching (Mitchem, Young, West, & Benyo, 2001), thus reducing the general learning engagement of all students in the classroom (Griffiths, Sharkey, & Furlong, 2009). Students with behavior problems need intervention because persistent misbehavior may lead to EBD (Walker, Ramsey, & Gresham, 2004).

Students with EBD are often classified according to two manifestations: externalizing and internalizing (Achenbach & McConaughy, 1992; Kauffman, 2013). Externalizing problems are “acting out” behaviors, including physical and verbal aggression, anger, irritability, and defiance. Internalizing problems, which are often overlooked and untreated in schools, include depression, anxiety, shyness, social withdrawal, sadness, fear, and difficulty with social assertion.
In students without identified disabilities, such behaviors are usually less intense but can be more frequent than problem behaviors of students with disabilities (Liaupsin, Jolivette, & Scott, 2004). EBD have an estimated point prevalence of 12% and cumulative prevalence of 25% among school-age children (Forness, Kim, & Walker, 2012).

Once a student develops EBD, research suggests his/her risk increases for a variety of negative school outcomes, including absenteeism, suspension, expulsion, or dropout (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). Problem behavior paired with educational disengagement significantly increases the likelihood of school dropout (Jimerson, Reschly, & Hess, 2008) and referral to special education. These challenges are further complicated if the teacher has little or no expertise in managing students with behavioral and emotional problems (Walker et al., 2004). To prevent negative outcomes for students exhibiting externalizing and/or internalizing behaviors, best practice is for school teams to use data to identify student problems (Hallam, Young, Caldarella, Wall, & Christensen, 2010; Walker et al., 2004; Young, Caldarella, Richardson, & Young, 2011).

Data Use in PLC Teams

School teams have developed increased interest in using data-based decision making (DBDM) to enhance student outcomes (Eisenberg et al., 2005; Marshall et al., 2006). DBDM refers to teachers and administrators collecting and analyzing various types of data to guide decisions to improve the success of students and schools. Evidence supports the impact of access to and use of data on student outcomes (Stringfield, Reynolds, & Schaffer, 2001). When teachers and administrators track student data systematically, they can recognize students’ academic, behavioral, and emotional needs early and adjust practice to bring about measurable improvements (Peterson, 2007).

Although DBDM has been used successfully to improve student outcomes, school-level data use is difficult because many schools lack necessary systemic supports (Stringfield et al., 2001). In addition, primary emphasis on academic data (e.g., criterion referenced tests, national examinations) often excludes emotional and behavioral data (Malecki & Demaray, 2007). Collaborative teams can provide the type of systemic support needed as part of a school-wide network of PLCs.

At their most basic level, PLCs are “self-managing teams” or “collaborative communities” in which professionals work toward common goals (DuFour & Eaker, 1998; DuFour et al., 2005; Schmoker, 2005). But the improvements achieved by some PLCs do not occur merely because administrators provide time for teachers to meet, but rather because PLCs focus on answering the right questions. Table 1 lists the four essential questions traditionally emphasized in PLCs

### Table 1. Traditional Questions Asked in a PLC Compared With Questions Focused on Student Behavior and Emotions

<table>
<thead>
<tr>
<th>Traditional PLC Questions Emphasized by DuFour, Eaker, &amp; DuFour, 2005 (p. 15)</th>
<th>Additional PLC Questions to Address Student Behavior and Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is it we want students to learn?</td>
<td>1. How do we want students to behave and feel?</td>
</tr>
<tr>
<td>2. How will we know when each student has mastered the essential learning?</td>
<td>2. How will we know when each student has developed appropriate social behavior and emotional skills?</td>
</tr>
<tr>
<td>3. How will we respond when a student experiences initial difficulty in learning?</td>
<td>3. How will we respond when a student experiences behavioral or emotional difficulties?</td>
</tr>
<tr>
<td>4. How will we deepen the learning for students who have already mastered essential knowledge and skills?</td>
<td>4. How will we deepen the learning for students who have already developed appropriate social and emotional skills?</td>
</tr>
</tbody>
</table>
(DuFour et al., 2005), along with four related questions we recommend regarding students’ behavior and emotions.

Research supports educator collaboration as an efficient way to use student data to improve education (Schmoker, 2004). Collaborative teams work and learn together by using data to improve and sustain academic and behavioral outcomes for all students (DuFour, 2004). Vesico, Ross, and Adams (2008) concluded in their review of literature on PLCs, “The collective results of these studies offer an unequivocal answer to the question about whether the literature supports the assumption that student learning increases when teachers participate in PLCs. The answer is a resounding and encouraging yes” (p. 8).

However, a PLC must consciously work on both academic and behavioral issues. Boyer and Bishop (2004) lamented that “driven by schedules and time constraints, and preoccupied with achieving academic standards, educators may forget to address the emotional, physical, and social needs of students” (p. 11). Many educators entering the profession do not anticipate issues such as student violence and self-destructive behaviors, but these issues occur and must be addressed (Walker et al., 2004). PLCs that focus on all students’ emotional and behavioral needs are more likely to create conditions needed for all students’ academic success as well as social-emotional competence (Young, Marchant, & Wilder, 2003). Many schools have adopted a multi-tiered system of support (MTSS) that provides increasing levels of support depending on the identified needs of at-risk students (Lane, Menzies, Oakes, & Kalberg, 2012). This process is enhanced when educators first use systematic screening procedures to identify students at risk for EBD.

**EBD Screening Data**

While schools routinely screen for academic problems using student grades, criterion referenced test scores, and curriculum-based assessment results, they seldom proactively screen for EBD. This is unfortunate since the early signs of EBD can be identified as soon as kindergarten or primary grades through careful observations and reliable screening instruments (Kauffman, 2013). Many of the factors that contribute to the development of EBD can be assessed and remediated early (Sprague & Walker, 2000). Systematic screening identifies which students will likely benefit from interventions and may, with appropriate treatment, have less chance of EBD developing and worsening over time (Caldarella, Young, Richardson, Young, & Young, 2008; Walker et al., 2004). Unfortunately, many students are not identified until they have experienced serious behavioral and academic problems for years (Kauffman, 2013). As noted by Hallam and colleagues (2010), “The essence of effective screening is to use data as they become available to help identify at-risk students and make data-based decisions to prevent further decline in academic and behavioral performance” (p. 824). The general education teacher is the link between at-risk students and the screening, assessment, and intervention services they may need (Walker & Severson, 1992).

Under IDEA, prevention and early intervention have been emphasized through the response to intervention (RTI) and positive behavior support (PBS) models (U.S. Department of Education, 2004). Both RTI and PBS require early screening and identification as part of a multi-tiered system of support (primary, universal interventions; secondary, targeted interventions; tertiary, individual interventions) to prevent difficulties and create positive school environments (Hallam et al., 2010). Thus, adequate screening leading to early intervention for both academic and behavior concerns is warranted and should be included in the PLC process. For such strategies to be implemented in schools, educators must view them as acceptable and feasible or socially valid (Lane, Kalberg, & Menzies, 2009; Marchant, Heath, & Miramontes, 2012).
Social Validity of EBD Screening

Measuring social validity involves obtaining teachers’ perceptions regarding the acceptability and feasibility of the goals, procedures, and outcomes of intervention strategies (Lane, Kalberg, & Menzies, 2009; Wolf, 1978), revealing why research-based approaches may or may not be utilized. Teachers who do not view the goals as worthy, the procedures as reasonable, and the desired changes as important may lack the motivation to implement prevention and intervention strategies as designed (Lane & Beebe-Frankenberger, 2004). As noted by Marchant and colleagues (2012), “In the current climate of evidenced-based intervention, we often lose sight that it is not solely the proposed intervention that leads to desired change, it is the buy-in of stakeholders” (p. 221). By examining acceptability, social validity assessment can provide information about why research-based interventions are not utilized: The more socially valid the strategy, the more likely it will be implemented (Lane, Beebe-Frankenberger, Lambros, & Pierson, 2001).

Thus, in implementing screening strategies leading to intervention, we must assess social validity (Finn & Sladeczek, 2001) to know whether educators (a) see value in the screening process, (b) view it as feasible and acceptable, and (c) use screening results to plan interventions. Social validity can be measured through a variety of methods including surveys whereby teachers rate statements or questions using a Likert-type scale. We used such a social validity survey to assess elementary school teachers’ perceptions of screening for EBD in a PDS context.

Method

PDS Context

This study was conducted in the Brigham Young University-Public School Partnership (BYU-PSP; see Christensen, Baugh, Caldarella, & Losser, 2013 for a full description), which serves almost a third of Utah’s students. This 30-year partnership involves a tripartite relationship between the BYU’s David O. McKay School of Education, the arts and sciences colleges at BYU, and five public school districts. Part of the mission of the BYU-PSP includes the development of programs, practices, and procedures for research to support high standards of student achievement. The mission also includes the charge to extend the knowledge of effective educational practices to ensure their implementation in public education. The focus on implementation of the products of research is a shared commitment to evidence-based, innovative educational practices in the partnership schools.

For the mission of BYU-PSP to become reality, both university faculty and P-12 faculty have different but equally important roles. Most university faculty have the expertise to obtain grant funding and are well equipped to design deliberate investigations of practice, while their counterparts in the public schools are most often implementation experts. One of the benefits of the longevity of the partnership is the relationship between university and school personnel who make efforts to bring research to practice a shared commitment.

Participating Schools and Teachers

This study was conducted in three elementary PDSs in three separate school districts in the BYU-PSP. The participating schools included kindergarten through 6th grade, with an average of 734 students in each school (range 594–962). The average ethnic makeup of these schools was 83% Caucasian (range 80%-89%), 12% Hispanic (range 6%-18%), and 5% other (range 2%-7%). Students qualifying for free or reduced price lunch averaged 37% (range 26%-48%). Two schools were located in suburban areas and one in a rural district.
Of the 75 total teachers at these three schools, 55 (73%) participated in this social validity study. Their average age was 41 (range 38–45). They included 49 females and 6 males; 50 Caucasian, 1 Native American, and 1 Pacific Islander; 9 teaching kindergarten, 27 teaching grades 1–3, and 15 teaching grades 4–6. In addition, 3 administrators, an instructional facilitator, and a school counselor who were involved in the screening process also participated. The average years of teaching experience for participants was 14 (range 11–17).

Prevention Plus Grant-Funded Project

This study was conducted as part of Prevention Plus, a project funded by a grant from the U. S. Office of Juvenile Justice Delinquency Prevention (OJJDP). The purpose of Prevention Plus was to train school PLCs how to respond to and utilize academic and behavioral data to prevent juvenile delinquency. The grant was written and implemented to address a perceived need in the BYU-PSP for more proactive ways to identify and intervene with at-risk students. Early screening and identification was an essential component in order to encourage the institutionalization of proactive, preventative efforts, rather than wait for students to fail before addressing their academic and behavioral needs (Albers, Glover, & Kratochwill, 2007). PLCs were to be enhanced in three functions: (a) collection and access to academic and behavioral data via use of data systems, (b) early identification (screening) of academically and/or behaviorally at-risk students, and (c) promotion of faculty data-based decision making skills for using appropriate interventions for at-risk students. For the purpose of this article, only the second goal will be highlighted with a focus on screening for EBD.

Training. To build sustainability, Prevention Plus incorporated a train-the-trainer model (Anderson, Russo, Dunlap, & Albín, 1996). This model is based on the tenet of adult learning theory that people who train others remember 90% of the material they teach, and the finding of innovation theory that people adopt new information through their trusted social networks (UCLA Center for Health Policy Research, 2008). Prevention Plus first developed a cadre of skilled school-based trainers (school coordinators), who in turn trained others in their school on how to plan and conduct project components, including screening for EBD.

To initiate participation, each public school administrator selected a school coordinator to work closely with the assigned university program coordinator to implement training. The school coordinators co-taught training sessions with the university program coordinator and also provided ongoing on-site support. The university program coordinator collaborated closely with school coordinators to ensure training fidelity, component implementation, and participant consultation and support. Within this training context, teachers learned how to complete screening forms, freely asking questions as they identified and rated at-risk students during a one-hour fall faculty meeting. Screening score report summaries were later shared with each PLC for the purpose of developing and implementing action plans for identified at-risk students.

Student screening. As a component of Prevention Plus, students were screened for EBD risk using the SSBD (Walker & Severson, 1992), a multi-gated instrument standardized, normed, and widely used in elementary schools. Considered by many as the “gold standard” of emotional and behavioral screening tools (Lane et al., 2009), the SSBD is the only commercially available screening instrument designed to identify both externalizing and internalizing behavior problems (Kauffman, 2001).

Stage 1 of the SSBD requires teachers to nominate and rank order students from their class who exhibit internalizing or externalizing behaviors. The three top ranked students in each category then move to Stage 2, which includes a Critical Events Index (CEI) and a
Combined Frequency Index (CFI). The CEI is a list of internalizing and externalizing behaviors on which the teacher indicates the presence or absence of each. The CFI has two subscales—Adaptive Behavior and Maladaptive Behavior—on which they rate items on a 5-point Likert-type scale. The Adaptive subscale includes items related to following established classroom rules and initiating positive social interactions with peers. The Maladaptive subscale contains items such as refusing to participate in games and activities with other children and using coercive tactics to force peers to submit.

Only SSBD Stages 1 and 2 were used in this study. The third stage provides data via a 15-minute observation of student classroom and playground behavior; however, this stage is more time and resource intensive than this study could accommodate. Others using only Stages 1 and 2 of the SSBD have found students accurately identified as at risk for EBD (see, e.g., Caldarella, Adams, Valentine, & Young, 2009; Walker, Cheney, Stage, & Blum, 2005).

Social Validity Survey

To determine the social validity of the SSBD, we developed a 23-item survey based on a similar survey created to examine the social validity of school-home notes (Adams, Womack, Shatz, & Caldarella, 2010). The survey contained 21 statements regarding participants’ perceptions of (a) the value of SSBD screening, (b) the feasibility and acceptability of the process, (c) the use of SSBD results to plan interventions for at-risk students, and (d) the use of the SSBD results as part of the PLC function. Participants rated their level of agreement with these statements using a 5-point Likert-type response scale: 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), and 5 (strongly agree). The survey also included two open-ended questions asking participants about specific interventions implemented in response to SSBD data and soliciting additional comments. The survey was constructed and administered using Qualtrics (http://www.qualtrics.com), an online survey tool. In the spring, a link to the survey was sent to school principals, who forwarded it to their school faculty to complete anonymously without remuneration.

Analysis of Survey Responses

Data analysis consisted of calculating the percentage of agreement with each survey question, as well as completing a qualitative summary of open-ended questions. In calculating percentages and frequencies of agreement with survey items, agreement was defined as a response of 4 (agree) or 5 (strongly agree) on the 5-point scale. Two members of the research team then qualitatively analyzed participants’ responses to the two open-ended questions to ensure inter-rater agreement. A framework analysis approach (Ritchie & Spencer, 1994) was used to analyze the first open-ended question (What specific interventions were used for the identified at-risk students?), as the analysis concluded at the level of description or simple interpretation. An inductive approach (Strauss & Corbin, 1990) was used to analyze the second question (Please list any other comments regarding the use of the SSBD in your school). This method was chosen to attempt to let the ideas and relationships emerge from the data. During open coding the researchers read through the transcripts several times to identify topics, ideas, or concepts. Notations with key words were made in the text margins. Next, the topics, ideas, and concepts were recoded into representative themes by sorting and then cutting and pasting the text that aligned under a certain theme. As the text under each theme was read over and over again, understandings emerged which were tested against the data. Differences in opinion were discussed until consensus was reached (i.e., check coding; Miles & Huberman, 1994).
Results and Discussion

Survey results will be discussed in terms of the four areas examined in the social validity survey. Analysis revealed that participants valued the SSBD process (see Table 2), with 71% believing that students should be systematically screened and identified for emotional and behavioral problems and 69% considering the SSBD an effective way to identify emotionally or behaviorally at-risk students. Relating to their individual knowledge, 53% indicated that the SSBD had improved their ability to identify students with internalizing problems, though only 26% reported that the screening improved their ability to identify students with externalizing problems. This makes sense, as students’ externalizing behaviors (e.g., physical aggression, tantrums) are much more visible and easily identified (Whitcomb & Merrell, 2013).

Feasibility and Acceptability

A large number of participants also considered the SSBD to be feasible and acceptable; 78% reported the instrument was easy to use, and 69% considered the time required to be reasonable and the one-hour training for completing SSBD forms to be sufficient. These findings are important, as methods that educators find feasible and acceptable are far more likely to be implemented in schools (Marchant et al., 2013). Participants disagreed regarding how often the SSBD should be administered, with 53% indicating it should be used more than once per year.

Although 60% of the participants believed the SSBD results helped them to implement appropriate interventions to improve at-risk students’ emotions and behaviors, 56% reported that their school had
adequate resources to both develop and implement appropriate interventions for at-risk students, suggesting that what they needed was more support for addressing student needs. This was also a theme in the qualitative results, as shown in Table 3.

Effects on Teachers, PLCs, and At-Risk Students

The researchers were not surprised that only 55% reported that using the SSBD expanded their knowledge and skills for using screening data to improve students’ emotional or behavioral outcomes and 49% felt that it helped them to improve academic outcomes. These findings were somewhat expected, as the SSBD is only a screening instrument for EBD—not a guide to specific interventions for the at-risk behaviors identified. Targeted professional development is needed to help educators understand interventions that are appropriate in terms of the screening results. Lane, Menzies, Bruhn, and Crnobori (2011) noted that many teachers lack the time and research expertise needed to select evidence-based practices to address students’ behavioral needs. These authors encourage the use of resources such as the What Works Clearinghouse (http://ies.ed.gov/ncee/wwc/), which provides results of rigorous reviews of the literature on a variety of behavior intervention strategies and programs. Such instruction would likely have helped teachers in the current study to identify and implement evidence-based strategies for at-risk students identified by the SSBD.

Concerning PLC application, 58% of respondents reported that before their schools

<table>
<thead>
<tr>
<th>Table 3. Participants’ Responses to Open-Ended Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open-ended Questions</strong></td>
</tr>
<tr>
<td>What specific interventions were used for the identified</td>
</tr>
<tr>
<td>at-risk students?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Please list any other comments regarding the use of the</td>
</tr>
<tr>
<td>SSBD in your school.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
began using the SSBD their PLCs had discussed emotional and behavioral needs of at-risk students. The reaction of 60% was that SSBD results were not highly valued as part of the PLC process and thus not actively used in PLC discussions. At first, this finding seemed to challenge the social validity of the SSBD, but further analysis of the open-ended responses revealed a common theme concerning the need for more support in developing and implementing interventions based on the screening results. As noted by one participant, “I think it’s a good thing, but I think…more training on what interventions work with which types of kids would be good…I feel I could use more training in this area as well.”

Despite this expressed desire for more expertise and support for planning appropriate interventions for responding to SSBD data, 60% of teachers did implement interventions for the identified students and 51% perceived positive results on students’ emotions and behavior. The most common interventions implemented were behavior plans for individual students, strategies to improve teacher-student relationships, and positive reinforcement for appropriate student behavior (see Table 3). This finding was encouraging, particularly given that most teachers and principals report feeling underprepared in effective behavior management practices (Reinke et al., 2011). Without interventions, many students at risk for EBD are likely to worsen over time (Kaufmann, 2013). Participants seemed to find in the SSBD an extra tool for identifying and intervening with students who might otherwise not have been identified.

Implications

Study results suggest that teachers were capable of identifying at-risk students through screening and that most found the process of using the SSBD to be socially valid. With proper support teachers can become more confident in intervening early instead of ignoring student problems or waiting until behavior worsens, increasing negative consequences and/or intensity of services required. When teachers begin to recognize that interventions that are successful for one student who has been screened with internalizing or externalizing behaviors may work for other students, then successful interventions are more likely to increase. Learning to use emotional and behavioral screening data as part of the PLC discussion is an ongoing process. Previously, four questions were posed focusing on student emotions and behavior, in contrast to the typical academic focus common in a PLC (see Table 1). We now attempt to briefly illustrate how these questions can be attended to in PDS.

How do we want students to behave and feel? Teachers know how they would like their students to behave, but emotions are a little harder to discern. Research suggests that students who have appropriate behavioral and emotional skills are able to recognize and manage their emotions, establish healthy relationships, set positive goals, meet personal and social needs, and make responsible and ethical decisions (Elias et al., 1997; Payton et al., 2000). Caldarella and Merrell (1997) derived an empirically based taxonomy of student social skills, which educators can use to identify social skills for targeted teaching and development.

How will we know when each student has developed appropriate social and emotional skills? Understanding students’ emotional and behavioral needs is important, but realizing when the needs have been appropriately met is essential. Schools must use effective screening tools to identify students’ emotional and behavioral needs, just as they identify academic needs, and PLCs should be able to use this information to design appropriate interventions for at-risk students. The SSBD has a long history of successful use in schools for identifying students who are at risk for internalizing and externalizing behaviors (Walker et al., 2013).
2005). Using the SSBD or similar instruments is essential for understanding which students are at risk for EBD and for tracking their progress over time.

**How will we respond when a student experiences behavioral or emotional difficulties?** The screening results must be the basis for action. During PLC team meetings, teachers and other school professionals (counselors, psychologists, special education teachers, etc.) should review and discuss the SSBD screening data and develop an appropriate intervention plan for each student identified as at risk. Options include assistance or support from peer teachers, counselors, or other school specialists; individual student contracts; additional time for assignments or projects; additional targeted academic and study skill development; and more frequent communication between the teachers and parents. PLC team members can also specifically teach and reinforce student social and emotional skills during the school day (Young et al., 2011). To facilitate this expanded role required of teachers and other school specialists, targeted professional development, consultation, and supervision must be provided (Felner et al., 2001).

**How will we deepen the learning for students who have already developed appropriate social and emotional skills?** All students can benefit from continued learning and strengthening of social and emotional skills. Peers exert considerable influence on the success of at-risk students as well as on the collective success of the school (Zins, Bloodworth, Weissberg, & Walberg, 2004). Therefore, students with well-developed social and emotional skills can help by modeling and facilitating a culture of learning in their school and in individual classrooms. In addition, Zins et al. (2004) suggested using a variety of instructional strategies that promote social and emotional skills. For example, cooperative learning has been found to increase learning enjoyment as well as help develop negotiation, conflict resolution, and other social skills that support academic achievement (Johnson, Johnson, & Holubec, 1993).

**Limitations and Areas for Future Research**

This study had some limitations. First, the sample size was relatively small: three schools with a total of 55 participants. The sample also lacked variety: Most educators were Caucasian, and almost all were female. Future surveys should utilize larger and more diverse populations across multiple districts. Another weakness was that the findings did not link directly to student outcome data. Future work should examine the impact of using the SSBD on student outcomes. We also suggest further attempts to integrate SSBD results into PLCs. Adding emotional and behavioral issues to the PLC discussion is essential in helping to ensure success for all students.

**Conclusions**

A successful PDS must ensure high levels of learning for all students providing support for students at risk for EBD. Generally, PLC teams have focused on academic issues, ignoring the impact of emotional and behavioral issues on student academic performance. We believe that increasing efforts around student emotional and behavioral needs via screening can strongly impact students' healthy development and achievement. Osher, Quinn, and Hanley (2002) noted, “Once frustrated by feelings of working in isolation to help students with emotional or behavioral problems learn, educators can now benefit from collaboration and shared problem solving” (p. 6). Including emotional and behavioral screening is important to this endeavor.

The work presented in this study aligns with four of the nine PDS essentials. First, the
Prevention Plus grant was developed by an established school-university partnership with a mission that has been broader in its outreach and scope than the mission of any partner and that furthers the education profession and its responsibility to advance equity within schools and the broader community. The goal of the grant was to prevent juvenile delinquency by helping school PLCs do a more effective job of identifying and intervening with at-risk elementary school students. Second, professional development was guided by perceived need. Prevention Plus was developed in response to observed needs for more proactive attempts to identify and intervene with at-risk students. Third, partners shared a commitment to innovative and reflective practices. Proactive screening for EBD is innovative and research driven, and the grant-funded project fostered reflection on practice by assessing social validity of the screening process. Finally, college/university faculty and P-12 faculty worked together in formal roles across institutional settings. The university provided staff and training materials for the grant to the public schools. In turn, the schools provided site coordinators who interfaced directly with the university, resulting in a win-win outcome benefiting the public school teachers, students, and university faculty.

Authors’ Note

Activities related to this article were funded in part by grant from the U.S. Office of Juvenile Justice and Delinquency Prevention. The first and second authors shared equally in the preparation of this manuscript.

References


Paul Caldarella is the Director of the Positive Behavior Support Initiative and an Associate Professor of Counseling Psychology and Special Education at Brigham Young University. His research interests include assessment and intervention for at-risk students.

Pamela R. Hallam is an Associate Professor in the Educational Leadership and Foundations Department and Director of the School Leadership Program at Brigham Young University. Her research interests include leadership and professional learning communities.

Lynnette Christensen is the Associate Research Director for the Center for the Improvement of Teacher Education and Schooling at Brigham Young University. Her research interests include positive behavior support and applied behavior analysis.

D. Gary Wall is a Research Associate at the Brigham Young University Positive Behavior Support Initiative and Adjunct Professor in Educational Leadership at Western Washington University. His research interests include school-based mentoring and school improvement.