Systematic Screening *for* Behavior Disorders (SSBD)

Administrator's Guide

Universal Screening for PreK–9

Hill M. Walker, Ph.D.
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Edward G. Feil, Ph.D.

SECOND EDITION

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Dedication

To Jan and Seth, whose support and encouragement over so many years have made it all possible.

Hill Walker, Ph.D.

To Bonnie McQueen Severson, dedicated and skilled teacher, who has provided perspective and support for that long journey from idea to reality.

Herb Severson, Ph.D.

To Jocelyn Warren, for her support, advice, encouragement, and partnership.

Ed Feil, Ph.D.

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Hill M. Walker, Ph.D., is professor of Special Education, codirector of the Institute on Violence and Destructive Behavior, and former director of the Center on Human Development in the College of Education, University of Oregon. He is also a senior research scientist at the Oregon Research Institute in Eugene, Oregon.

Dr. Walker has a longstanding interest in behavioral assessment and in the development of effective school-based interventions for students with a range of behavior disorders. His research interests include social skills assessment, curriculum development and intervention, longitudinal studies of aggression and antisocial behavior, and the development of universal early screening procedures and targeted interventions for detecting and addressing the problems of students who are at risk for social-behavioral adjustment problems and/or later school dropout.

Dr. Walker is the lead author of the 1996 *Journal of Emotional and Behavioral Disorders* article in which the Institute of Medicine's taxonomy of primary, secondary, and tertiary prevention was applied to schools as a framework for allocating resources to address the needs of students at differing levels of severity in their behavioral challenges. This article has been widely cited, and its impact has registered broadly at school,

district, state, and federal levels. The Positive Behavior Intervention and Supports (PBIS) approach is based on this reconceptualization of how schools accommodate all students.

Dr. Walker has more than 175 publications and is the author or coauthor of 19 books. In addition to developing Systematic Screening for Behavior Disorders and the Early Screening Project, Dr. Walker was the lead investigator of research and development for the *First Step to Success* early intervention program. He is coeditor of *Interventions for Academic and Behavior Problems in a Three-Tier Model Including RTI* (2010) and co-editor of the *Handbook on Research With Emotional and Behavioral Disorders in School* (2014).

Dr. Walker is the only faculty member to receive the University of Oregon's highest honor, the Presidential Medal, awarded in 2000 for outstanding service to the institution. He is the 1993 recipient of the CEC Research Award and was the first recipient of the new CEC Distinguished Researcher Award in 2013.

Herbert H. Severson, Ph.D.

Dr. Herbert H. Severson received his Ph.D. from the University of Wisconsin and is currently a senior scientist at Oregon Research Institute. He is a licensed psychologist with more than 40 years of experience in intervention and prevention research. He directed the School Psychology and Counseling Psychology programs at the University of Oregon and has been director of the Oregon Research Institute.

Since 1979, Dr. Severson has been an investigator on more than 50 National Institutes of Health (NIH) grants researching the development of effective screening, identification, and early interventions to prevent behavior disorders in young children. In addition, he has developed and evaluated numerous tobacco prevention and cessation interventions. He is a contributing author of five Surgeon General Reports and the *Global Report on Smokeless Tobacco* published by the Center for Disease Control (2014).

In addition to more than 140 articles in professional journals, Dr. Severson has authored numerous prevention and cessation books and over 30 video, computer, and web-based training programs and interventions.

Principal Developer of SSBD Prekindergarten–Kindergarten Screening

Edward G. Feil, Ph.D.

As an educational psychologist and research scientist, Dr. Feil has been conducting research and developing intervention tools since 1993. He has authored papers on early intervention assessment methodology, interactive Internet interventions, and early child psychopathology. Dr. Feil has served as principal investigator and co-investigator on several Department of Education, National Institute of Health, Head Start/ACYF, Center for Disease Prevention, and foundation grants. His research includes a randomized controlled trial of the Internet-adapted PALS program for low-income parents of infants at risk for maltreatment (R01 HD064870) and a multisite randomized control study to adapt a school-home intervention for preschoolers with disruptive behaviors in order to increase its effective use with early childhood programs serving low-income children (R01 HD055334). Dr. Feil is especially interested in incorporating Internet technology into the delivery of evidence-based interventions to hard-to-reach populations. He is president of the board of Head Start of Lane County and serves as a consultant to several local service agencies and national research centers.

PREFACE

Historically, arguments against proactive behavioral screening have centered on two major themes: students' *presumed need* and *stigma*. The first argues that we shouldn't screen and identify students for whom adequate services do not currently exist, and the second argues that targeting individual students for referral and early intervention may socially stigmatize them. Today, such arguments are not considered credible. Proactive detection of problems early in a student's school career, combined with positive behavior supports, is now considered a best practice for preventing the long-term negative outcomes associated with behavioral challenges in our school-aged youth.

During the past 15 years or so, we have seen a sea change in attitudes and a corresponding advocacy of universal screening tools to identify students who have behavioral and emotional challenges (Kettler, Glover, Albers, & Feeney-Kettler, 2014; Lane, Menzies, Oakes, & Kalberg, 2012). We have recently provided excellent and comprehensive reviews of these developments in screening and early detection. The emergence and widespread acceptance of Positive Behavioral Intervention and Support (PBIS) approaches, the development of school reform initiatives, the large numbers of students who have mental health problems, the strong demand for prevention initiatives through early screening and intervention, and the continuing tragedies involving school violence have all coalesced to create an advocacy for better decision making regarding students in general and at-risk students in particular.

In the next years, we are hopeful that universal screening with early intervention for students at risk of behavior problems will not only be viewed as a best practice but also emerge as a routinely implemented procedure. Early detection can provide a gateway to school success and a healthier social-emotional path for our most troubled children.

UNIVERSAL SCREENING

Early detection can provide a gateway to a healthier social-emotional path for our most troubled children.

Updates to SSBD Section Edition

The success of any systematic screening program rests in part on the adequacy with which important technical and practical dimensions are addressed in the screening tools used. In their model for universal screening activities, Glover and Albers (2007) outline these dimensions to serve as guideposts for further development and refinement of universal screening tools:

- Screening appropriateness (compatibility with local needs, alignment with constructs of interest, compliance with best-practice standards)
- Technical adequacy (psychometric properties, adequacy of norms, empirical integrity)
- Usability (consumer acceptance and satisfaction, feasibility)

Ongoing work on the SSBD is governed by careful consideration of these dimensions. Revisions are designed to make the SSBD an even stronger tool—contextually relevant for use in elementary and middle schools, reliable and valid, user friendly, and considerate of the limited resources characteristic in most of today's schools. Users of the original SSBD will notice several updates in this second edition that stem from feedback by practitioners in the field and ongoing research.

The following features are new in the second edition of the SSBD:

- Nearly 7,000 new cases have been added to the SSBD database from districts representing the Northwest, Mountain West, Southwest, Midwest, Southeast, South, and Eastern regions of the United States. Norms derived from this updated database closely mirror the original norms derived during development of the first edition of the SSBD. This consistency establishes the relevance of the original norms in today's decision making regarding youth at risk for behavior problems.
- The SSBD now has only two screening stages: Stage 1 (Nominating and Rank Ordering Students) and Stage 2 (Critical Events Index and Combined Frequency Index for Adaptive and Maladaptive Behavior). Stage 2 for PreK–K also includes the Social Interaction and Aggressive Behavior Scales. Previously, students in grades 1–9 who qualified as at risk based on Stage 2 screening

criteria continued on to Stage 3 measures. The Stage 3 measures for grades 1–9 are now part of the more comprehensive Screening, Identification, and Monitoring System (SIMS; see below).

- Students in prekindergarten through Grade 9 can now be screened. After its initial application with elementary-age students in the early 1990s, the SSBD was extended for use with students in a wider age range, including preschool and middle school students. Validation studies have confirmed SSBD's applicability to middle and junior high settings. For PreK–K students, the second edition of SSBD adds screening procedures (the Early Screening Project) adapted from the original SSBD under the leadership of Ed Feil specifically for young children (ages 3 to 6).
- Online and print versions of SSBD are now available. SSBD Online provides user-friendly electronic administration and automatic scoring of SSBD protocols. The web-based version of the SSBD was developed under the leadership of Herb Severson through a federal grant from the National Institutes of Health. SSBD Online automatically generates individual student, school, and district reports for students at risk of externalizing or internalizing behavior problems.

  The SSBD Portfolio includes paper protocols that are completed and scored manually. This *Administrator's Guide,* relevant to users of both the print and online versions of SSBD, provides practitioner-friendly administration and scoring instructions, a staff training outline, and sample interpretations of SSBD results.

PREK–K MEASURES

Stage 3 measures for students in kindergarten and preschool are available from Oregon Research Institute at esp.ori.org.

Screening , Identification, and Monitoring System (SIMS): A Multi-Tiered Assessment for Behavior Problems and Social-Emotional Needs

SSBD is now a part of SIMS—a comprehensive multi-tiered social-ecological assessment system comprising multiple resources. It is designed to achieve a series of important goals related to improving the overall adjustment, achievement, and school success of students at risk of behavior problems.

These goals include:

1. Universal screening of all students in elementary and middle school grades regarding their risk status for either externalizing or internalizing behavior problems.
2. Identification of social-emotional needs and adaptive forms of behavior that contribute to school success and the development of positive peer relationships.
3. Targeting of critical behavioral events and maladaptive forms of behavior that disrupt school adjustment and the classroom atmosphere.
4. Sensitive, short-term evaluations of school interventions.
5. Progress monitoring of classroom performance and playground social behavior.
6. Identification of students who may have an elevated risk for school dropout.

The SIMS resources can be used in concert with each other to address the above goals or as stand-alone measures to achieve specific individual goals such as mounting prevention initiatives, preventing school dropout, and evaluating intervention outcomes. The SIMS portfolio includes:

Systematic Screening for Behavior Disorders (SSBD)
The SSBD, the gold standard of universal screening, provides an evidence-based system for identifying students at risk of internalizing and externalizing problems. Characterized by its multiple-gating approach to screening and reliance on teacher judgment of student behavior, the SSBD allows school staff to implement early interventions and supports before problems become intractable and crisis situations erupt. The second edition of SSBD is available both in print and as a web-based tool (see the description in "Updates to SSBD Section Edition," p. xii).

SIMS Behavior Observation Codes

The SIMS Behavior Observation Codes include Academic Engaged Time (AET) and Peer Social Behavior (PSB) codes. These measures were designed originally as an optional third SSBD screening stage; however, they have proven to be useful for progress monitoring and are sensitive outcome measures of school-based interventions. The SIMS Behavior Observation Codes include training procedures and an instructional DVD with classroom and playground scenes for trainee coding practice. Expert codings are provided for comparison.

The national norms for the AET and PSB codes (N = 1,219) are provided in an appendix and organized by gender, grade level, and type of disorder to allow normative comparisons and the evaluation of coding outcomes.

School Archival Records Search (SARS)

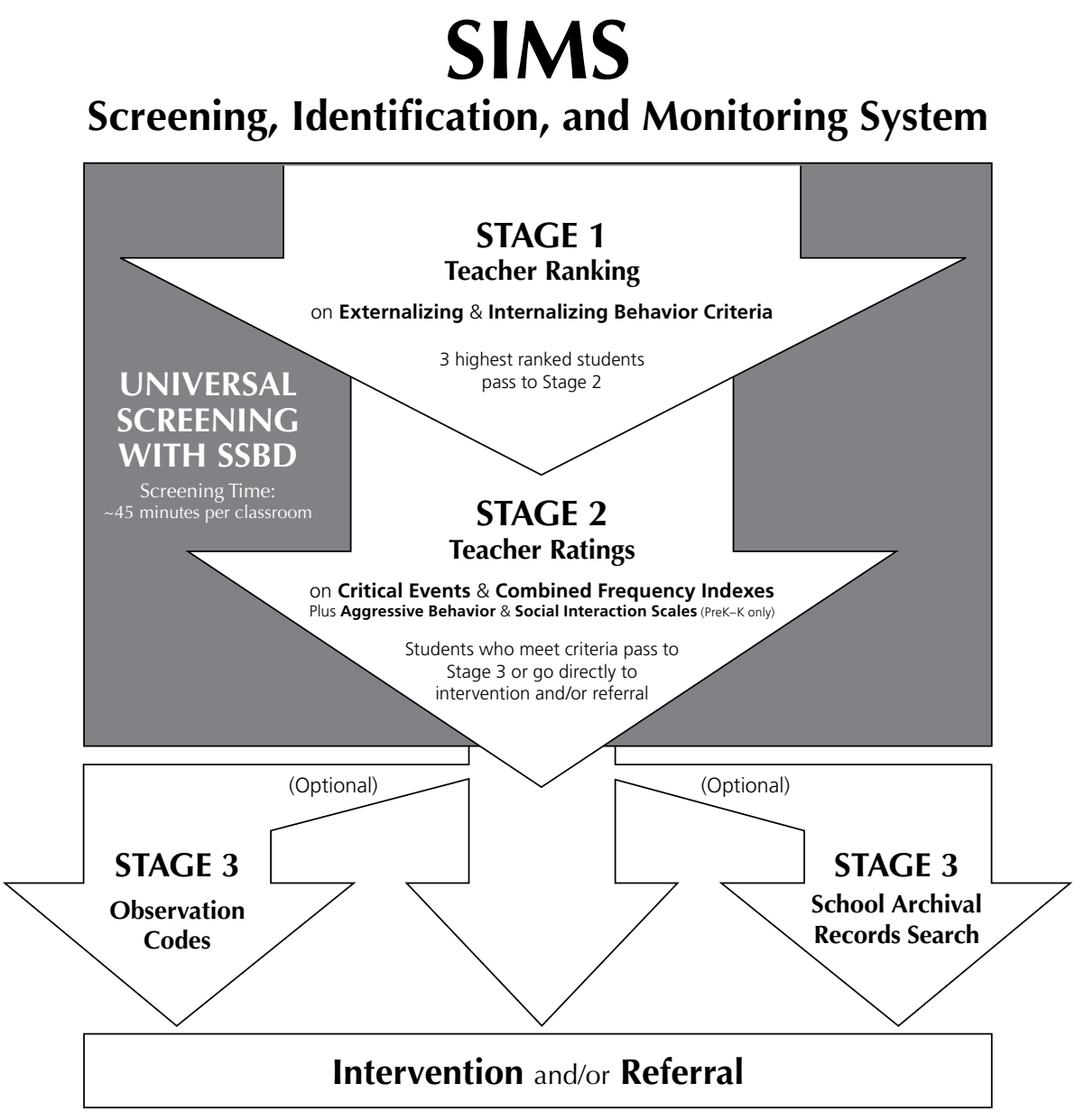
The SARS allows school personnel to mine existing school records using a standardized procedure for quantifying an individual student's past school behavior and academic performance. Originally designed as an optional third screening stage, the SARS can be used to a) determine a student's at-risk status for school dropout, b) comply with federal requirements to systematically examine a student's history during eligibility decision making for special education certification, c) longitudinally track student progress for research or service delivery purposes, and/or d) supplement universal screening procedures as an additional assessment tool.

Figure 1 on the next page provides a graphic overview of the SIMS Assessment System.

The SIMS Portfolio

Collectively, the SIMS resources can provide a comprehensive profile of the behavioral and academic status of at-risk students who find schooling to be challenging, who are not adequately supported in regard to school engagement, and who struggle with the ordinary demands of schooling. These resources have potential to play a key role in preventing and developing workable solutions to these challenges.

Figure 1 *SIMS Assessment System*



SIMS: Screening, Identification, and Monitoring System by Hill M. Walker, Ph.D. & Herbert Severson, Ph.D.

Universal Screening With SSBD (Stages 1 and 2; Grades PreK–9) by Hill M. Walker, Ph.D., Herbert Severson, Ph.D. & Edward G. Feil, Ph.D.

Stage 3: SIMS Behavior Observation Codes (Grades 1–9) by Hill M. Walker, Ph.D. & Herbert Severson, Ph.D.

Stage 3: School Archival Records Search (Grades 1–9) by Hill M. Walker, Ph.D. , Alice Block, Ph.D., Bonnie Todis, Ph.D.& Herbert Severson, Ph.D.

ACKNOWLEDGMENTS

SSBD First Edition

A large number of professionals made important contributions to the research and development of the original version of the SSBD assessment system. Project staff members and colleagues of the authors who participated directly in the research process on the SSBD were Bonnie Todis, Alice Block-Pedego, Maureen Barckley, Greg Williams, Norris Haring, and Richard Rankin. Their contributions and dedication always met the highest standards of professionalism.

The SSBD system was field-tested in a number of sites around the country in order to develop its normative database and test its efficacy. In particular, Vicki Phillips, Marilyn McMurdie, and Gayle Richards of the Kentucky Department of Education and the State of Utah made enormous contributions to this process. Their generosity, dedication, and contributed time were outstanding and are greatly appreciated.

Fulvia Nicholson of the Jordan School District in Utah conducted a full-scale year-long study of SSBD and strongly replicated our SSBD findings. Her skill, professional dedication, and generosity were instrumental in making this a highly successful replication. The authors are indebted to her for these consistently high-quality efforts. Linda Colson and Lisa York of Illinois also cooperated with the authors and their staff in testing the SSBD over a year-long period. Our thanks and gratitude are also extended to them for the quality and generosity of their efforts.

Other individuals who made important contributions to the SSBD's development include Ken Reavis, Steve Kukic, Steve Forness, Bill Jenson, Mike Nelson, Ken Sturm, Ray Lamour, Kathy Ludholtz, Gary Adams, Hyman Hops, Lew Lewin, Peter Nordby, Bob Hammond, Bob Lady, and Kathy Keim-Robinson.

The validation and norming of the SSBD was supported in part by a field-initiated research grant to the authors from the U.S. Office of Special Education Programs. Following its completion, the SSBD instrument was submitted to the federal Program Effectiveness Panel

for review, evaluation, and certification. The result of this process was that the SSBD received validation as an effective program, which allowed the SSBD authors to apply for a dissemination grant to train professionals.

Early Screening Project (ESP)

The second edition of the SSBD includes the Early Screening Project (ESP), a modification of the first edition of SSBD specifically for young children in preschool and kindergarten classrooms. As such, we wish to acknowledge the large number of professionals who made important contributions to the research and development of the ESP. Project staff members and colleagues of the authors who participated directly in this research process are Wesley Becker, Mary (Zoe) Brady, Christine Lorenz, Roland Good, Ruth Kaminski, and Ramona McCoy. Thanks also to Laura Akers for her editing.

The ESP was field-tested at many sites around the country to develop a normative database and test its efficacy. In particular, Charles H. Ashcraft of the Salt Lake City Schools, Doug Cheney of Keene State College in New Hampshire, Georgia Layton of the Early Education Program in Oregon, Laura McCullough of the Kentucky Department of Education, Pat Sheppard of Educational Environments in Oregon, Gail Szubinski of CPC East Lake Hospital in Louisiana, Ivan Vance and Nancy DeStephano of the Region 10 Educational Service Center in Texas, and Sue Wilbur of the Lane County Head Start Program in Oregon made enormous contributions to this project. Their generosity, dedication, and contributions of time were outstanding and are greatly appreciated.

The validation and norming of the ESP was supported in part through grants from the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Research in Education of the Handicapped Program: Student-Initiated and Field-Initiated Research; and from the U.S. Department of Health and Human Services, Administration for Children and Families: Head Start Research Fellows Program.

SSBD Second Edition

A number of professionals have supported and contributed to the development of the second edition of the SSBD. Kathleen Lane of the University of Kansas has been noteworthy in this regard. Her advocacy and implementation of the SSBD over many years have been of inestimable value in its acceptance and adoption by professionals. In addition, she has generously shared with the authors her extensive knowledge of the SSBD in addition to her research databases, for which we are most appreciative. Other colleagues who have shared their research and practice databases with the authors include Doug Cheney, Lucille Eber, Gale Naquin, Jen Rose, Jason Small, Scott Stage, and Rich and Ben Young, along with their colleagues. Their support and generosity in this regard are greatly appreciated.

The authors owe a special note of thanks to Mark Shinn and Kathleen Lane for providing detailed reviews of SSBD Online during its development. Their feedback and advice were invaluable in moving the product to the next level. Like Kathleen, Mark has been a longtime advocate of the SSBD, and his promotion of it is greatly appreciated.

Finally, the authors would like to extend their appreciation to Steve Forness, UCLA Emeritus Professor, who has been an invaluable source of support and advocacy of the SSBD as a best practice for many years. His impact on the SSBD's acceptance by related services professionals in general education, the behavior disorders field, and school mental health has been truly instrumental.

This second edition of SSBD is published by Pacific Northwest Publishing, a highly respected publisher of assessment, instruction, curriculum, and behavior management materials that are widely adopted by professionals and school districts across the country. Pacific Northwest Publishing has a strong focus on producing and disseminating programs that are evidence based and carefully adapted to the conditions of today's schools. We regard Pacific Northwest Publishing as the perfect publishing host for the SSBD and for universal screening approaches generally.

The SSBD authors have received outstanding professional support, consultation, and editing services from Pacific Northwest Publishing in developing and producing the revised second edition of the SSBD and the larger SIMS package. Contributions of this staff are greatly appreciated, were invaluable, and have resulted in a higher quality overall resource for schools.

HOW TO USE THIS GUIDE

Preface

The preface introduces additions and changes to the second edition of SSBD. This section is relevant to users interested in learning about updates and improvements in the newest version of the SSBD.

Section 1: Overview

Section 1 provides an overview of the key features that distinguish SSBD as the gold standard of universal behavioral screening. It briefly describes the SSBD process, using as examples a completed Grade 1–9 screener for an internalizing student and a completed prekindergarten-kindergarten (PreK–K) screener for an externalizing student. This section also includes a user's introduction to the SSBD's validation procedures and technical adequacy. (The *SSBD Technical Manual* is provided on the accompanying CD for those wishing to more closely review the psychometric properties and validation process behind the SSBD.) Finally, SSBD's rationale and assumptions that undergird its use in school settings are reviewed.

Online Users: SSBD Online features a short video, *SSBD Introduction for School Administrators*, and accompanying transcript. The overview provided in Section 1 enhances the video with more in-depth information and supporting citations. In addition, examples of completed screeners allow an opportunity to study the subscales included in the SSBD.

Section 2: Getting Started

Section 2 will help users ensure that they have adequately established a context for effective SSBD administration. Like all data-based tools, the SSBD has the potential to be used to collect data simply for the sake of data collection, without linking results to a schoolwide system of supports. On the other hand, the SSBD's results can set in motion highly beneficial supports for both students and staff. Read this section to learn about forming an SSBD Team, identifying a coordinator, and effectively using the SSBD results to improve student outcomes.

Online Users: Read Section 2 in this guide to understand the context of online screening—including determining staff responsibilities, assessing screening readiness, scheduling screenings, and using results at various times during the school year. (Parent consent issues are covered in this guide and in the online Parental Consent tab accessible through the District and School Administrator dashboards.)

Section 3: Administration and Training

Section 3 covers the role of the teacher in identifying students who need school-based evaluation and/or intervention to achieve success in a school setting. This section provides step-by-step instructions for administering the SSBD, including Stage 1 nomination and rank ordering, and Stage 2 rating scales. Finally, PowerPoint slides are included to facilitate staff training in SSBD administration. These slides provide an overview of the SSBD process for staff, addressing the following questions:

- Why screen students for behavioral risk?
- What will be done with the results?
- Why use the SSBD?

The slides also guide staff through their first SSBD administration.

Online Users: Review the online video *SSBD Introduction for School Administrators* and the PowerPoint slides in Part 1: SSBD Overview. Determine whether you would like to have staff review the video only or supplement with selected slides from Part 1.

Note: SSBD Online users should *not* follow instructions in Section 3 for conducting Stage 1 and Stage 2 screenings. Instead, they should watch the *SSBD Teacher Overview* video and follow the directions provided as they proceed through the online screening process.

Section 4: Scoring

Section 4 provides step-by-step scoring instructions for both the Grade 1–9 and the PreK–K screeners. Scoring involves calculating raw scores for each measure and applying risk criteria to the scores to identify which students are at risk for externalizing or internalizing behavior problems.

Online Users: SSBD Online automatically calculates scores and reports on those students who are identified as being at risk for externalizing or internalizing behavior problems. By reading this section, users of SSBD Online will gain an understanding of the process for calculating scores and applying risk criteria to determine a student's risk status.

Section 5: Interpretation

Section 5 helps SSBD users determine the severity or degree of risk for each student who passes exit criteria (and is thus identified as at risk) at screening Stage 2. Procedures for using percentile rankings to compare an individual student's behavior with peers extend SSBD results beyond simple risk designations to provide a more fine-tuned understanding of risk level. Considerations for prioritizing need and levels of support are discussed. This section also offers individual student reporting options and guidelines for initiating contacts with parents of students identified as at risk. Case examples are included.

Online Users: Section 5 will assist you in interpreting scores and prioritizing student needs. SSBD Online provides information about risk status based on Stage 2 scores, but doesn't present scores in terms of percentile rankings. Users of SSBD Online may find Section 5 helpful in guiding more in-depth interpretation of scores on Stage 2 measures.

Section 6: SSBD School Applications

Section 6 reviews different school-based uses for the SSBD:

1. Proactive screening and identification tool
2. Added information source for comprehensive evaluation processes
3. Program evaluation and research tool
4. Information source for determining staff training priorities and ongoing technical assistance

This section is useful for guiding applications of the results of both SSBD Print and SSBD Online administrations.

Section 7: Development, Rationale, and Validation

Section 7 presents a conceptual overview of the emergence of behavioral screening and the development of the SSBD. This section covers the rationale for multiple-gating screening, the cross-validation of the SSBD screening stages, and the accuracy and cost effectiveness of the SSBD.

Appendix A: Grades 1–9 Stage 2 Conversion Tables and Subtest Norms

Appendix A presents normative tables to support interpretation of SSBD Stage 2 scores, allowing the user to determine how an individual student compares with his or her peers. The tables convert raw scores on each Stage 2 measure to percentiles, standard scores, and risk categories for reporting. Also included in Appendix A are item means and standard deviations for externalizers and internalizers on both the Adaptive and Maladaptive scales.

Appendix B: PreK–K Stage 2 Conversion Tables

Appendix B presents normative tables to support interpretation of SSBD Stage 2 scores, allowing the user to determine how an individual student compares with his or her peers. The tables convert raw scores on each Stage 2 measure to percentiles, standard scores, and risk categories for reporting.

Appendix C: Resources for Next Steps

Appendix C lists resources to guide next steps for addressing the needs of students identified as at risk by SSBD screening. These next steps might include referral, additional assessment, or intervention. Resources include classroom and schoolwide prevention approaches, group and individual interventions, and additional assessment and progress-monitoring options.

CD

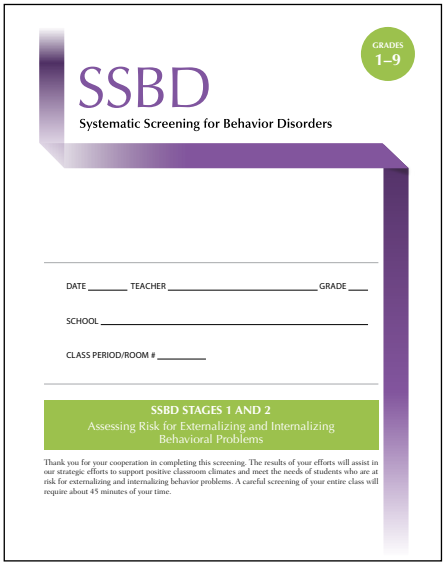
The CD includes the *SSBD Technical Manual* for those interested in studying the validation procedures and technical adequacy of the SSBD. The CD also contains forms you can use in scoring and interpreting the SSBD results, including scoring charts to determine Stage 2 risk status and individual student summary forms to report more detailed results for students identified as at risk for behavior problems.

Schools that purchase SSBD can reproduce any form labeled "Reproducible Form" solely for the purpose of scoring and interpreting the SSBD. Any further reproduction of the forms is strictly prohibited.

The CD forms are provided as fillable PDFs that can be saved electronically, or they can be printed and filled out by hand. See the "Using the CD" file on the CD for a full list of forms and more details on using the fillable forms.

Protocols

The SSBD Portfolio includes 10 copies of the Grades 1–9 Classroom Screening Packet and 2 copies of the PreK–K Classroom Screening Packet. Additional copies are available in any quantity for Grades 1–9 (Product ID 066-5) and for PreK–K (Product ID 067-2). Order at www.pacificnwpublish.com.



Online Users: Print protocols can be useful in supplementing online administration of the SSBD. Additional protocols can be completed for students who transfer into schools after online screening has concluded, and may also be used when teachers wish to complete Stage 2 measures for more students than prescribed by the SSBD standard instructions (i.e., more than three externalizing students or three internalizing students).

Note: Results of any screenings done using paper protocols will not automatically appear in the SSBD Online school and district screening reports. You can add the results manually after you export the school or district screening results from the Reports tab to an Excel spreadsheet.

SECTION 1

Overview

In this section, you will learn about universal behavioral screening and the SSBD:

- Introduction
- Description
- Validation
- Rationale

The 20th century was about intervention.
The 21st century is about prevention.

INTRODUCTION

In the past two decades, the landscape of early identification and intervention for students who struggle in school has changed considerably. For those students whose schooling challenges are due primarily to behavioral or emotional problems, our field has moved from a position of reluctance to identify them to one in which there is broad professional recognition that early behavioral screening and intervention can lead to impressive positive outcomes for our most vulnerable youth.

Students who display school-related behavior disorders and/or are at risk for school dropout are among the highest priority but least served segments of the public school population (Wagner, 2014). Some professionals estimate that up to 20% of today's K–12 students have a diagnosable mental health disorder for which they are in need of services and supports (Centers for Disease Control and Prevention, 2013). Student dropout rates approach 40% of the school population in many areas of the country. These rates are often attributable to emotional and behavioral problems. Traditionally, the responses of the public school system to these problems have tended to be reactive rather than proactive. That is, specific action is taken only after a teacher refers a student for displaying serious behavioral problems or a student's attendance becomes so erratic as to functionally define him or her as a school dropout. However, these practices are undergoing significant and positive changes.

We have the means to respond effectively to students with emotional and behavioral problems. However, school professionals need to know who these students are *well before* their problems become so severe that they leave school or develop serious adjustment problems that are detrimental to their self-esteem, peer relations, and academic achievement. As long as we resort to a reactive, crisis-oriented approach to these problems, they will continue to plague the daily operation of the schooling process and result in the massive waste of human potential, with all its attendant social problems.

As long as we resort to a reactive, crisis-oriented approach to these problems, they will continue to plague the daily operation of the schooling process and result in the massive waste of human potential, with all its attendant social problems.

In many instances, it is possible to prevent the development of such severe behavior disorders and the occurrence of school dropout. However, it

cannot be done in the absence of proactive strategies that begin with screening and evaluating students' behavioral and emotional risk status. Through universal screening, it becomes possible to intervene early, match student needs with school-based services and supports, and influence school success.

DESCRIPTION

This second edition of SSBD is designed to be a key resource in addressing student behavioral challenges and in achieving important goals governing more effective schooling. Proactive identification and early intervention can help provide a safer and more supportive environment for the learning, achievement, and social-emotional development of all students and youth.

SSBD is a universal screener in that every student is given an equal chance to be identified for either externalizing or internalizing behavior problems and disorders.

Externalizing Behavior

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

Internalizing Behavior

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

Students who display externalizing behavior patterns and disorders in school create difficulties for themselves and others that require intervention procedures designed to reduce their behavioral excesses and maladaptive behavior. In contrast, internalizing students require the application of intervention procedures designed to remediate skills deficits and increase their appropriate pro-social behavior (i.e., participating in peer-controlled activities). Most of the problems that challenge school success, achievement, and social-behavioral adjustment can be grouped under the two broad dimensions of this bipolar classification (Achenbach, 1991; Ross, 1980).

BIPOLAR BEHAVIOR DIMENSIONS

Most behavior disorders seen in the school setting can be grouped as either externalizing or internalizing.

SSBD provides schools with an accurate, reliable, time-efficient, and cost-effective tool for detecting these behaviorally at-risk students. The second edition adds preschool/kindergarten screening and middle/junior high school screening to provide a comprehensive universal screening system.

Prekindergarten–Kindergarten Screening

When young children enter preschool, they face two developmental milestones: 1) learning to interact socially with a large number of peers, and 2) learning to conform to teachers' expectations and classroom structure. Failure to successfully negotiate these two developmental tasks can have profound implications for a child's adjustment. Early school adjustment problems tend to be stable over time as well as predictive of future learning problems. Without early intervention, adjustment problems continue to disrupt the preschool socialization process. Negative developmental outcomes include more severe behavior problems, attention deficits and hyperactivity, speech and language difficulties, learning disabilities, and impaired cognitive ability (Fischer, et al., 1984; Kohn, 1977; Patterson, et al., 1992).

Without access to intervention, many young children with behavior disorders develop increasing levels of long-term social maladjustment. In many instances it is possible to prevent the development of severe behavior disorders; however, it cannot be done in the absence of strategies that screen and evaluate young children.

SSBD Stages 1 and 2 for Prekindergarten-Kindergarten (PreK–K) is a specially designed screener for use in identifying at-risk children in the preschool and kindergarten age range (three to five years old). Originally published as the Early Screening Project (ESP; Walker, Severson, & Feil, 1995), this screener was designed as a downward extension of the first edition of SSBD (grades 1–6).

Grade 7–9 Screening

Just as young children face developmental milestones as they enter a prekindergarten or kindergarten environment, students moving into and through the middle school or junior high years face new challenges: 1) physical changes of adolescence; 2) new peer relationships and pressures; 3) multiple teachers, fewer connections with adults, and less adult supervision in general; and 4) major changes in the structure of the school day and the size of the student body. The failure of many students to successfully negotiate these challenges can be observed in behavioral issues such as increases in truancy and chronic absenteeism (Balfanz & Byrnes, 2012) during these years. The middle school years are a critical time to provide positive behavior supports for those most at risk of both externalizing and internalizing behavior problems as well as for those who develop at-risk profiles that may not have been present earlier.

Following numerous queries from school staffs about extending SSBD into the middle school years, we examined the available public research on this issue. There is now sufficient research and demonstration of the SSBD's efficacy to justify this extension for the adolescent student population. (See the summary of SSBD's applicability to the adolescent population and supporting research by Caldarella, Lane, Brenner, and others in the *SSBD Technical Manual*, included on the CD.)

The Screeners

The SSBD (2nd ed.) has two separate but parallel protocols—one for students in grades 1–9 and a separate form for PreK–K. Figures 1.1 and 1.2 show a full-page sample of a completed grade 1–9 protocol for a student at risk of internalizing problems. Figures 1.3 and 1.4 show a completed PreK–K protocol for a student at risk of externalizing problems.

SSBD Stages 1 and 2: Grades 1–9

The Systematic Screening for Behavior Disorders (SSBD) is a two-stage screening procedure for use in identifying behaviorally at-risk students. In Stage 1, the classroom teacher identifies a small group of students who demonstrate the *most* risk for externalizing or internalizing problems. In Stage 2, the classroom teacher evaluates these students' behavior in more detail, using checklists and rating scales to verify or confirm their risk status. Those students who meet a research-based cutoff in Stage 2 are considered at risk for developing externalizing or internalizing problems. This approach to screening, called *multiple gating,* is characterized by two interrelated screening stages that use a combination of assessments to select a small pool of individuals from a larger one (e.g., a classroom of students).

Stage 1. In Stage 1, teachers are given clear, research-validated descriptions of externalizing and internalizing behavior problems. Using these profiles, teachers separately evaluate all students in their classes on the dimensions of externalizing and internalizing behaviors. Teachers nominate five different students on each dimension and then rank order the nominated students according to how closely their characteristic and observed behavior patterns correspond to the two behavioral profiles. See Figure 1.1 on the next page for an example of a completed Stage 1 screening for internalizing students.

Stage 2. In Stage 2, teachers further screen the three highest ranked students identified in Stage 1 as being most at risk for externalizing disorders and the three highest ranked students identified as being most at risk for internalizing disorders. Normative criteria and cutoff points on the Stage

2 instruments are used to determine whether any of the rated students are considered to be at risk for externalizing or internalizing behavior problems and so qualify for further assessment or intervention planning.

The Stage 2 SSBD measures include:

- **Critical Events Index (CEI)**

  This is a 33-item list of behaviors. The teacher indicates whether each has been displayed by the student since the beginning of the school year or since the last evaluation. Critical events marked by the teacher identify target behaviors that have serious implications for a student's long-term adjustment. The critical events represent "behavioral earthquakes" because they involve generally low frequency but highly significant behavioral events that indicate very serious adjustment problems. Positively checked critical events should be examined carefully for their adjustment implications, and the student should be considered for either referral or intervention.

- **Combined Frequency Index for Adaptive and Maladaptive Behavior**

  This 23-item list of descriptors provides information on the specific content of the student's adaptive (or positive) behavior pattern as well as the magnitude or severity of his or her maladaptive (or emotional-behavioral) problems. The Adaptive and Maladaptive Behavior rating scales provide valuable information on both the specific nature or content of identified behavioral deficits and behavioral excesses and their magnitude or severity.

ADAPTIVE BEHAVIORS

Adaptive behaviors are desired by teachers and peers and support social-behavioral adjustment.

MALADAPTIVE BEHAVIORS

Maladaptive behaviors are not desired by teachers and, for the most part, peers. They hinder the student's ability to adapt to the demands of life and function in social groups.

(continued on p. 14)

Figure 1.1 *Stage 1 Screening for Internalizing Students, Grades 1–9 (completed sample)*

STAGE 1 SCREENING FOR INTERNALIZING STUDENTS

Rank Ordering on Internalizing Dimensions

STEP 1. Carefully study the definition of internalizing behavior below and then review your class roster.

Internalizing refers to all behavior problems that are directed inwardly (i.e., away from the external social environment) and that represent problems with self. Internalizing behavior problems are often self-imposed and frequently involve behavioral deficits and patterns of social avoidance. Non-examples of internalizing behavior problems would be all forms of social behavior that demonstrate social involvement with peers and that facilitate normal or expected social development.

Examples include:

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

Non-examples include:

- Initiating social interactions with peers
- Having conversations
- Playing with others, having normal rates or levels of social contact with peers
- Displaying positive social behavior toward others
- Participating in games and activities
- Resolving peer conflicts in an appropriate manner
- Joining in with others

STEP 2. In Column One, enter the five students whose characteristic behavior patterns most closely match the internalizing behavior definition.

STEP 3. In Column Two, rank order students you have listed in Column One according to the degree or extent to which each displays internalizing behavior. The student who exhibits internalizing behavior to the greatest degree is ranked first and so on until all five students are rank ordered. The three highest ranked students will be rated on Stage 2 measures.

Most Exemplifying INTERNALIZING BEHAVIOR	COLUMN ONE List Internalizers
	Student and/or ID No.
	Hayden B. Thomas
	Kendall Rivertree
	Nikia Chavez
	Mizil Milkwater
	Walter Graham

INTERNALIZING (Most ▲ ▼ Least)		COLUMN TWO Rank Order Internalizers
		Student and/or ID No.
	1	Hayden B. Thomas
	2	Mizil Milkwater
	3	Kendall Rivertree
	4	Walter Graham
	5	Nikia Chavez

Rank Ordering

For each dimension (internalizing or externalizing), teachers nominate 5 students who—compared with peers—most match the relevant behavioral description. The top three of these students proceed to Stage 2 screening.

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Figure 1.2 *Stage 2 Screening for Internalizing Students, Grades 1–9 (completed sample, p. 1 of 4)*

STAGE 2 SCREENING FOR INTERNALIZING STUDENTS

Date 4-3-14 Teacher Mary J. Krantz School Latham Middle School

Student and/or ID No. Hayden B. Thomas Sex ___ F _X_ M Grade 6

SSBD Stage 1 Rank: _X_ 1 ___ 2 ___ 3

Critical Events Index

Critical Events Index

This checklist targets behaviors that have serious implications for long-term adjustment.

INSTRUCTIONS: Review each behavior from the list below. Then circle Y or N to indicate whether the student has displayed this behavior since the beginning of the school year or since the last screening.

Y (N)	1.	Steals.
Y (N)	2.	Sets fires.
Y (N)	3.	Vomits after eating.
(Y) N	4.	Has tantrums.
Y (N)	5.	Physically assaults an adult.
(Y) N	6.	Exhibits painful shyness.
Y (N)	7.	Exhibits large weight loss or gain over past three months. (Significant weight fluctuation would be in excess of 20% change in body weight.)
Y (N)	8.	Exhibits sad affect, depression, and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities.
Y (N)	9.	Is physically aggressive with other students or adults (hits, bites, chokes, or throws things).
Y (N)	10.	Damages others' property (academic materials, damages personal possessions).
(Y) N	11.	Demonstrates obsessive-compulsive behaviors. (Student can't get his/her mind off certain thoughts or obsessions.)
Y (N)	12.	Reports having nightmares or significant sleep disturbances.
Y (N)	13.	Engages in inappropriate sexual behaviors (masturbation, exposes self).
Y (N)	14.	Is self-abusive (biting, cutting or bruising self, head banging).
Y (N)	15.	Attempts to seriously physically injure another using weapons or objects.
(Y) N	16.	Suddenly cries or displays highly inappropriate affect in normal situations.

INTERNALIZING BEHAVIOR • Grades 1–9

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Figure 1.2 *Stage 2 Screening for Internalizing Students, Grades 1–9 (completed sample, p. 2 of 4)*

INTERNALIZING BEHAVIOR

Critical Events Index (continued)

(Y) N	17.	Complains of severe headaches or other somatic complaints such as stomachaches, nausea, dizziness, or vomiting.
Y (N)	18.	Talks of killing himself/herself. Reports having suicidal thoughts or being preoccupied with death.
(Y) N	19.	Exhibits thought disorders or gets lost in own thoughts.
Y (N)	20.	Ignores teacher warnings or reprimands.
Y (N)	21.	Makes lewd or obscene gestures.
Y (N)	22.	Shows evidence of physical abuse.
Y (N)	23.	Shows evidence of drug use.
Y (N)	24.	Reports being sexually abused.
Y (N)	25.	Uses obscene language or swears.
Y (N)	26.	Exhibits cruelty to animals.
(Y) N	27.	Is teased, neglected, and/or avoided by peers.
(Y) N	28.	Has severely restricted activity levels.
Y (N)	29.	Is enuretic (inadequate bladder control or bed wetting).
Y (N)	30.	Is encopretic (inadequate bowel control).
Y (N)	31.	Sexually molests other children.
Y (N)	32.	Has auditory or visual hallucinations.
Y (N)	33.	Has severe lack of interest in activities that were previously of interest.

The items are "behavioral earthquakes" because they involve low-frequency but highly salient behavioral events that indicate very serious adjustment problems.

Please specify any serious behavior not appearing on this list.

34. _____

35. _____

Mandatory Reporting: Items 22 and 24 are mandatory reportable events and Items 15 and 18 indicate that the student may be a threat to him/herself or others. If you checked one of these items and haven't already done so, please follow your school or district's reporting procedures.

TOTAL CRITICAL EVENTS 8

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Figure 1.2 *Stage 2 Screening for Internalizing Students, Grades 1–9 (completed sample, p. 3 of 4)*

Combined Frequency Index for Adaptive and Maladaptive Behavior

This index includes both problematic maladaptive behaviors and appropriate adaptive behaviors.

Adaptive Student Behavior Scale: Items rated high (4 or 5) indicate student strengths. Items ranked low (1 or 2) indicate deficits.

Combined Frequency Index for Adaptive and Maladaptive Behavior

ADAPTIVE STUDENT BEHAVIOR

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never		Sometimes		Frequently	
1	(2)	3	4	5	1. Follows established classroom rules.
1	(2)	3	4	5	2. Is considerate of the feelings of others.
(1)	2	3	4	5	3. Produces work of acceptable quality given her/his skill level.
1	(2)	3	4	5	4. Gains peers' attention in an appropriate manner.
1	2	(3)	4	5	5. Expresses anger appropriately, e.g., reacts to situation without being violent or destructive.
(1)	2	3	4	5	6. Cooperates with peers in group activities or situations.
(1)	2	3	4	5	7. Makes assistance needs known in an appropriate manner, e.g., asks to go to the bathroom, raises hand when finished with work, asks for help with work, etc.
1	(2)	3	4	5	8. Is socially perceptive, e.g., "reads" social situations accurately.
(1)	2	3	4	5	9. Does seat work assignments as directed.
(1)	2	3	4	5	10. Compliments peers regarding their behavior or personal attributes, e.g, appearance, special skills, etc.
1	(2)	3	4	5	11. Complies with teacher requests and commands.
1	(2)	3	4	5	12. Initiates positive social interactions with peers.

TOTAL ADAPTIVE BEHAVIOR SCORE 20

INTERNALIZING BEHAVIOR • Grades 1–9

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Figure 1.2 *Stage 2 Screening for Internalizing Students, Grades 1–9 (completed sample, p. 4 of 4)*

INTERNALIZING BEHAVIOR

Combined Frequency Index for Adaptive and Maladaptive Behavior

MALADAPTIVE STUDENT BEHAVIOR

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never		Sometimes		Frequently	
1	2	(3)	4	5	1. Requires punishment (or threat of same) before s/he will terminate an inappropriate activity or behavior.
1	2	3	4	(5)	2. Refuses to participate in games and activities with other children at recess.
(1)	2	3	4	5	3. Behaves inappropriately in class when corrected, e.g., shouts back, defies the teacher, etc.
1	(2)	3	4	5	4. Responds inappropriately when other children try to interact socially with him/her.
(1)	2	3	4	5	5. Tests or challenges teacher-imposed limits, e.g., classroom rules.
(1)	2	3	4	5	6. Uses coercive tactics to force the submission of peers, e.g., manipulates, threatens, etc.
(1)	2	3	4	5	7. Creates a disturbance during class activities, e.g., is excessively noisy, bothers other students, out of seat, etc.
(1)	2	3	4	5	8. Manipulates other children and/or situations to get his/her own way.
(1)	2	3	4	5	9. Is overly affectionate with others (peers and adults), e.g., touching, hugging, kissing, hanging on, etc.
(1)	2	3	4	5	10. Is excessively demanding, e.g., requires or demands too much individual attention.
1	2	3	4	(5)	11. Pouts or sulks.

TOTAL MALADAPTIVE BEHAVIOR SCORE 22

Maladaptive Student Behavior Scale: Items rated as high (4 or 5) indicate behaviors of concern.

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SSBD Stages 1 and 2: PreK–K

The SSBD PreK–K screening uses the same two-stage process as the SSBD screening system for grades 1–9. Stage 2 measures for PreK–K were modified from the original SSBD measures to be more age appropriate and specific to young children. The PreK–K screener also includes special scales that are unique to young externalizers and internalizers.

Stage 1. In Stage 1, teachers systematically nominate and rank order five children in their class who closely match externalizing behavior profiles and five children who closely match internalizing behavior profiles. See Figure 1.3 for a completed sample of a PreK–K Stage 1 screening for externalizing students.

Stage 2. In Stage 2, prekindergarten and kindergarten teachers complete several rating scales for the three highest ranked externalizing students and the three highest ranked internalizing students from Stage 1. These scales include the Critical Events Index and the Combined Frequency Index (Adaptive Student Behavior Scale and Maladaptive Student Behavior Scale) as well as the Aggressive Behavior Scale (for externalizers) and Social Interaction Scale (for internalizers).

The PreK–K screener provides normatively based decision rules for Stage 2 measures to help schools determine which students are at highest risk for developing externalizing or internalizing disorders. Students who meet Stage 2 risk criteria are considered to be at elevated risk and would likely benefit from increased intervention supports to address emerging maladaptive behavior patterns. See Figure 1.4 for a completed sample of a PreK–K Stage 2 screening protocol for externalizing students.

(continued on p. 20)

Figure 1.3 *Stage 1 Screening for Externalizing Students, PreK–K (completed sample)*

STAGE 1 SCREENING FOR EXTERNALIZING STUDENTS

Rank Ordering on Externalizing Dimensions

STEP 1. Carefully study the definition of externalizing behavior below and then review your class roster.

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

Examples include:

- Displaying aggression toward objects or persons
- Not listening to the teacher
- Arguing
- Having tantrums
- Being hyperactive
- Disturbing others
- Stealing
- Not following classroom rules

Non-examples include:

- Cooperating and sharing
- Listening to the teacher
- Interacting appropriately with other children
- Attending to the class activity (e.g., painting)
- Complying with teacher requests

STEP 2. In Column One, enter the five students whose characteristic behavior patterns most closely match the externalizing behavior definition.

STEP 3. In Column Two, rank order students you have listed in Column One according to the degree or extent to which each displays externalizing behavior. The student who exhibits externalizing behavior to the greatest degree is ranked first and so on until all five students are rank ordered. The three highest ranked students will be rated on Stage 2 measures.

Most Exemplifying EXTERNALIZING BEHAVIOR	COLUMN ONE List Externalizers
	Student and/or ID No.
	Wade Davidson
	Candace Michael
	Brooke Ortiz
	Isaac Molitor
	Christy M. Kennedy

EXTERNALIZING (Most ▲ Least ▼)		COLUMN TWO Rank Order Externalizers
		Student and/or ID No.
	1	Candace Michael
	2	Isaac Molitor
	3	Wade Davidson
	4	Brooke Ortiz
	5	Christy M. Kennedy

SYSTEMATIC SCREENING FOR BEHAVIOR DISORDERS (SSBD) 3

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Rank Ordering

PreK–K teachers follow the same procedures as grade 1–9 teachers. Descriptions for the PreK–K screener reflect age-appropriate concerns and examples.

Figure 1.4 *Stage 2 Screening for Externalizing Students, PreK–K (completed sample, p. 1 of 4)*

STAGE 2 SCREENING FOR EXTERNALIZING STUDENTS

Date 4-3-14 Teacher Derek Hogan School Rivertree Elementary
Student and/or ID No. Candace Michael Sex X F ___ M Grade Kinder
SSBD Stage 1 Rank: X 1 ___ 2 ___ 3

Critical Events Index

INSTRUCTIONS: Review each behavior from the list below. Then circle Y or N to indicate whether the student has displayed this behavior since the beginning of the school year or since the last screening.

(Y) N	1.	Exhibits painful shyness.
Y (N)	2.	Steals.
Y (N)	3.	Appears sad or depressed, or exhibits feelings of worthlessness so much that it interferes with normal peer and classroom activities.
Y (N)	4.	Is self-abusive (biting, cutting, bruising self, head banging).
(Y) N	5.	Tries to *seriously* physically injure another using weapons or objects.
Y (N)	6.	Sets fires.
Y (N)	7.	Shows evidence of physical abuse (repeated bruises or burns, or talks about being hit at home).
Y (N)	8.	Reports being sexually abused or touched in private areas.
(Y) N	9.	Has severely restricted activity levels.
Y (N)	10.	Has nightmares or serious sleeping problems.
(Y) N	11.	Complains of severe headaches, stomachaches, dizziness, vomiting, or nausea.
Y (N)	12.	Shows lack of interest in activities that he/she used to take part in.
Y (N)	13.	Is enuretic (inadequate bladder control, wets self, or bed wetting).
Y (N)	14.	Is encopretic (inadequate bowel movement control, soils self).
Y (N)	15.	Vomits after eating.
	16.	Describe other serious behavior: Wrestles other children

TOTAL CRITICAL EVENTS 4

Items 7 and 8 are mandatory reportable events and Items 4 and 5 indicate that the student may be a threat to him/herself or others. If you checked one of these items and haven't done so already, please follow your school or district's reporting procedures.

EXTERNALIZING BEHAVIOR • PreK–K

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Critical Events Index

The PreK–K screener includes a shortened version of the Critical Events Index with items that are relevant to young children.

Figure 1.4 *Stage 2 Screening for Externalizing Students, PreK–K (completed sample, p. 2 of 4)*

EXTERNALIZING BEHAVIOR

Aggressive Behavior Scale

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never		Sometimes		Frequently	
1	2	3	(4)	5	1. Has tantrums.
(1)	2	3	4	5	2. Physically assaults adults.
(1)	2	3	4	5	3. Is physically aggressive with other students or adults (hits, bites, chokes, or throws things).
1	(2)	3	4	5	4. Damages others' property (materials, personal possessions).
(1)	2	3	4	5	5. Suddenly cries or displays highly inappropriate feelings in normal situations.
(1)	2	3	4	5	6. Ignores teacher warnings or reprimands.
1	(2)	3	4	5	7. Makes lewd or obscene gestures.
1	2	(3)	4	5	8. Uses obscene language.
1	(2)	3	4	5	9. Is teased, neglected, and/or avoided by peers.

TOTAL AGGRESSIVE BEHAVIOR SCORE 17

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Aggressive Behavior Scale

The PreK–K screener includes two scales not included in the Grade 1–9 screener. Externalizers are rated on the Aggressive Behavior Scale and internalizers on the Social Interaction Scale.

Figure 1.4 *Stage 2 Screening for Externalizing Students, PreK–K (completed sample, p. 3 of 4)*

Adaptive Student Behaviors

Rating scales provide information on the frequency of desired behaviors.

Combined Frequency Index for Adaptive and Maladaptive Behavior

ADAPTIVE STUDENT BEHAVIOR

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never		Sometimes		Frequently	
1	2	3	4	(5)	1. Follows established classroom routines.
1	2	3	4	(5)	2. Gains other children's attention in an appropriate manner.
1	(2)	3	4	5	3. Expresses anger appropriately (reacts to situations without becoming violent or destructive).
1	2	(3)	4	5	4. Cooperates with other children.
1	2	3	(4)	5	5. Gains teacher attention in appropriate ways (e.g., raises hand to go to bathroom).
1	2	3	(4)	5	6. Participates well in group activities.
1	2	3	(4)	5	7. Follows teacher's directions.
1	(2)	3	4	5	8. Initiates positive social interactions with peers.

TOTAL ADAPTIVE BEHAVIOR SCORE 29

EXTERNALIZING BEHAVIOR • PreK–K

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Figure 1.4 *Stage 2 Screening for Externalizing Students, PreK–K (completed sample, p. 4 of 4)*

EXTERNALIZING BEHAVIOR

Combined Frequency Index for Adaptive and Maladaptive Behavior

MALADAPTIVE STUDENT BEHAVIOR

INSTRUCTIONS: The numbers 1 through 5 are a continuous scale used to indicate your estimate of the frequency with which each item occurs for a given student. Circle a number between 1 and 5 to represent the frequency of a given item. Complete the scale based on your observations of the student during the past 30 days.

Never		Sometimes		Frequently	
1	(2)	3	4	5	1. Refuses to participate in games or activities with other children during free (unstructured) play.
1	2	(3)	4	5	2. Behaves inappropriately in class when directed (shouts back, defies teacher, etc.).
(1)	2	3	4	5	3. Responds inappropriately when other children try to interact socially with him/her.
1	2	(3)	4	5	4. Tests or challenges teacher's limits/rules.
1	2	(3)	4	5	5. Creates disturbance during class activities (noisy, bothers other students, out of seat, etc.).
1	2	(3)	4	5	6. Is very demanding of the teacher's attention.
(1)	2	3	4	5	7. Pouts or sulks.
1	2	(3)	4	5	8. Needs redirection, removal, or threat of punishment before he/she will stop an inappropriate activity or behavior.
1	(2)	3	4	5	9. Is overly affectionate with others (touching, hugging, kissing, hanging on, etc.).

TOTAL MALADAPTIVE BEHAVIOR SCORE 21

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Maladaptive Student Behaviors

Rating scales provide information on the frequency of undesirable behaviors.

VALIDATION

Since its first publication in the early 1990s, the SSBD has been regarded by many professionals as the gold standard of universal screening for students at risk of behavioral problems. This second edition of SSBD is one of the few research-validated tools that screen for both *externalizing* and *internalizing* behavior problems and disorders.

The SSBD also demonstrates compelling technical adequacy unparalleled by other screeners and has been used by researchers as a validation criterion or standard against which other screeners are judged (Lane, Menzies, Oakes, & Kahlberg, 2012). As a result of this extensive usage, large databases have accumulated from SSBD screenings since the first edition was published in 1990. These data offer a wealth of empirical evidence for the reliability, validity, and utility of the SSBD in identifying students at risk for externalizing or internalizing disorders.

Normative levels on the SSBD have been well established to facilitate decision making in determining risk for externalizing or internalizing behavior problems. Original norms for the SSBD were developed in 1990 and derived from a sample of 4,463 students. In 2013, nearly 7,000 additional cases were added to the normative sample. These updated supplemental normative data provide important contextual support for the technical adequacy and practical relevance of the SSBD's use in today's schools. (See the *SSBD Technical Manual* on the CD for information that supports the validity, accuracy, and reliability of the SSBD screening system and essential information about the measures that make up the SSBD.)

Review of SSBD's Technical Adequacy

SSBD offers strong technical adequacy, allowing the practitioner to be confident in the screener's ability to detect and identify students in need. In the *Thirteenth Mental Measurements Yearbook*, Kelley (1998) concluded that the authors of the SSBD have:

- Carefully considered empirical, theoretical, and clinical reasons for item selection and measurement forms.

- Devoted considerable attention to establishing the psychometric properties of the SSBD.
- Ensured that the SSBD instrument is supported by adequate internal consistency, test-retest reliability, and good interrater agreement.
- Provided empirical support for the instrument's concurrent, discriminant, criterion-related, and predictive validity.

TECHNICAL ADEQUACY

The SSBD has strong technical adequacy with empirical support for its reliability and validity.

RATIONALE

The following assumptions undergird the SSBD Stage 1 and 2 screening practices in school settings.

1. **Externalizing and internalizing forms of behavior encompass nearly all of the behavior problems and disorders commonly seen in public school contexts.**

2. **Externalizing and internalizing behavior problems have been shown to have long-term deleterious effects on school success.**

   Numerous studies document the long-term stability of maladaptive behavior that involves social withdrawal, aggression, or conduct disorders (see Parker & Asher, 1987; Robins, 1966; Roff, Sells, & Golden, 1972; Waldrop & Halverson, 1975).

   Studies have shown that elementary-age students who are rejected by their peers on sociometric measures tend to have significant mental health problems up to 13 years later (Cowan, Pederson, Babigian, Izzo, & Trost, 1973).

   Teacher ratings of student attention as well as the display of internalizing *and* externalizing behavior problems at age 6 significantly predicted math and reading achievement at age 17 (Breslau, Miller, Breslau, Bohnert, Lucia, & Schweitzer, 2009).

3. **Teacher appraisal of student behavior is a valid, accurate, cost-effective, and greatly underutilized resource in the screening identification of the full range of EBD (emotional/behavior disordered) students in the school setting.**

   SSBD takes full advantage of the numerous opportunities teachers have to evaluate and make judgments about student behavior under different and similar conditions. Using relatively undemanding screening procedures, teachers can systematically screen each student enrolled in their classes and evaluate students in relation to the full range of behavior problems and disorders occurring in the school setting.

4. **Systematic screening provides an equal opportunity for students to be identified for both externalizing and internalizing types of behavior disorders.**

   Teachers, as a rule, are much more likely to refer students with aversive, externalizing behavior disorders than they are to refer those with less aversive or nonaversive internalizing disorders. Screening allows teachers to get ahead of crisis situations with externalizers and provides a systematic referral process for students identified with internalizing problems.

5. **A combination of assessment methods (i.e., teacher nominations, rank ordering, and ratings) is necessary to fully assess student behavior for the purposes of screening, identification, and determining eligibility.**

   Research generally shows that a combination of assessment measures produces better outcomes than a single assessment measure (Lane et al., 2012).

6. **Screening in school settings can be conducted with efficiency, accuracy, and validity.**

   Efficiency. The SSBD's multiple-gating screening procedure starts with a large pool of individuals (all students) and rapidly narrows this through a series of interrelated sequential assessments, or *stages* (sometimes referred to as *gates*). The screening pool is winnowed down at each screening gate with successive measures completed on smaller and smaller numbers of individuals.

Accuracy. Those who pass risk criteria and qualify at the completion of Stage 2 are very likely to display the conditions or characteristics that are assessed in the screening. We can estimate that only about two externalizers per classroom and one internalizer every two to three classrooms are likely to be identified as at risk at Stage 2.

Validity. The "screening survivors" (or identified students) typically have very serious problems and profiles on other independent measures, such as archival school records or direct observations in school settings.

Note: The *SSBD Technical Manual* is on the CD and also available online.

SCREENING SURVIVORS

Students who pass risk criteria in Stage 2 typically have serious externalizing or internalizing behavior problems.

Early detection can provide a gateway to school success and a healthier social-emotional path for our most troubled children.