Editorial

Introduction to the special issue: How can universal screening enhance educational and mental health outcomes?

Academic failure, social–emotional and behavioral difficulties, and mental illness have become part of our educational lexicon. The increasing recognition of these difficulties has resulted in calls for early identification and intervention services as a mechanism for enhancing educational and mental health outcomes. However, there is limited information available to school personnel about the use and utility of universal screening techniques for identifying children in need of early intervention services and its connection to improved outcomes. In recognition of this shortcoming, the Journal of School Psychology has dedicated this special issue to the role of school-based academic, behavioral, social–emotional, and mental health universal screening. In this special issue, the authors discuss universal screening with specific procedures that can be utilized to identify children who are at-risk and need early intervention services. The articles present (a) a conceptual framework for evaluating, selecting, and using universal screening methods to identify students in need of early intervention services; (b) specific examples of academic, behavioral, social–emotional, and mental health universal screening procedures; (c) an example illustrating the integration of universal screening within a response-to-intervention (RTI) model to identify students eligible for early intervention services; and (d) a discussion of needs and next steps for future universal screening development.

Extent of academic, behavioral, social–emotional, and mental health challenges

A significant number of children are at-risk for or experiencing academic failure and/or mental health difficulties. Results from the National Assessment of Educational Process (NAEP; National Center for Education Statistics, 2004) indicate that of fourth grade students who participated in the NAEP, 32% performed at or above the proficient level in reading, 32% performed at or above the proficient level in mathematics, and 28% performed at or above the proficient level in writing. Behavioral, social–emotional, and mental health disorders afflicting school-aged children, including internalizing behavior problems (e.g., anxiety, depression, and social withdrawal) or externalizing disorders (e.g., conduct, attention, hyperactive, aggressive, and other behavioral disorders), affect approximately 20% of school-
aged children (United States Department of Health and Human Services, 1999), with only 30% of these children receiving mental health services (United States Public Health Service, 2000). Although this finding is discouraging, there is emerging evidence that early identification, when combined with early and comprehensive prevention and intervention services, can decrease the likelihood of academic failure and future life difficulties (e.g., Dickson & Bursuck, 1999; Lane & Menzies, 2003; Simmons et al., 2002; Walker & Shinn, 2002).

**Universal screening and early intervention**

According to the traditional “wait-to-fail” model for service delivery within an educational setting, students are not provided with services until they have experienced failure, distress, or have reached a critical juncture in their schooling or development. Recent alternatives to this traditional model involve identifying students at-risk and providing prevention and early intervention services to minimize the impact of risk factors or to inhibit the further development of academic, behavioral, social–emotional, or mental health difficulties. The ability to identify these individuals sufficiently early allows for the provision of evidence-based prevention and early intervention services delivered through a multi-tiered intervention approach (e.g., Kratochwill, Albers, & Shernoff, 2004).

Policymakers and educational professionals have begun to acknowledge the shortcomings of the traditional service-delivery model and the need for universal screening and early intervention services. For example, the President's Commission on Excellence in Special Education (United States Department of Education Office of Special Education and Rehabilitative Services, 2002) and the No Child Left Behind Act of 2001 (NCLB; United States Department of Education, 2001) strongly recommend that early identification (i.e., screening), prevention, and early intervention programs be implemented to prevent and intervene with young children who have or are at risk for academic and behavioral difficulties. The U.S. Public Health Service (2000) recommends that early indicators of mental health problems be identified within existing preschool, childcare, education, health, welfare, juvenile justice, and substance abuse treatment systems. In examining the issue of minority representation in special education, the National Research Council (NRC; Donovan & Cross, 2002) “...recommends that states adopt a universal screening and multitier intervention strategy [italics added] in general education to enable early identification and intervention with children at risk for reading problems” (p. 315) and that research be conducted to “test the plausibility and productivity of universal behavior management interventions, early behavior screening [italics added], and techniques to work with children at risk for behavior problems” (p. 317).

The Individuals with Disabilities Education Improvement (2004) (IDEA, 2004) includes provisions related to early identification, prevention, and early intervention services for addressing children’s learning and behavioral needs. According to IDEA 2004, up to 15% of federal funds allocated for special education services can be utilized to develop and implement prevention and early intervention services. In addition, pre-referral services, including those provided within an RTI framework, are recommended as a method for (a) serving students with academic and behavioral difficulties, and (b) reducing inappropriate identification of learning disabilities and referral to special education (also see Fuchs, Mock, Morgan & Young, 2003; Gresham, 2004; Reschley, 2004; Vaughn & Fuchs, 2003).
Contents of the special issue

Contributions within this special issue focus on the importance of universal screening and early identification in guiding service delivery to enhance educational, behavioral, social–emotional, and mental health outcomes. In the first article, Glover and Albers provide a framework to assist school psychologists and educators in examining, selecting, and implementing universal screening procedures. The authors discuss indicators of the appropriateness, technical adequacy, and usability of various screeners, and provide a general assessment of the current state of science related to universal screening.

In the second article, Elliott, Huai, and Roach provide a conceptual framework of academic target behavior and skills, including academic enabling behaviors, in key content areas. They examine the use of teacher rating scales and curriculum-based measurement as methods of universal screening and introduce the Brief Academic Competence Evaluation Screening System (BACESS) as a potential tool for identifying students in need of early interventions for academic skills difficulties or concerns with various academic enabling behaviors. Elliott et al. conclude with a discussion of future directions for academic screening, including the need for a downward extension of current approaches to include preschool-aged students.

Severson, Walker, Hope-Doolittle, Kratochwill, and Gresham provide a synopsis and critical analysis of current practices and tools used in school-based universal screening for behaviorally at-risk students. They summarize an expert panel review, funded by the U.S. Department of Education Office of Special Education Research, of the behavioral screening and assessment literature. In addition, they provide an overview of current best practices, the training implications, and recommendations for future research related to behavioral screening.

Levitt, Saka, Romanelli, and Hoagwood examine the status of universal screening designed both to identify mental health concerns and to guide intervention in a school setting. The authors highlight ethical and practical implications related to school-based mental health treatment and provide a framework for integrating mental health screening into a continuum of services.

VanDerHeyden, Witt, and Gilbertson provide a conceptual basis for understanding the integration of universal screening within an RTI framework. The authors explore outcomes associated with the application of a specific model, the System to Enhance Educational Performance (Witt, Daly, & Noell, 2000), in identifying and serving students academically at risk or with learning disabilities.

Finally, in the concluding article, Albers, Glover, and Kratochwill provide a synopsis of the state of science related to universal screening and the early identification of individuals at-risk. The authors discuss (a) strengths and weaknesses of screening approaches; (b) the potential contribution of universal screening to improved academic, behavior, and emotional outcomes; and (c) the need for future research.

References


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