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Discussion Guide for Using Data From the Student Risk Screening Scale – Internalizing  
and Externalizing: A Qualitative Study

Justina Grubb

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Educational Specialist

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## ABSTRACT

### Discussion Guide for Using Data From the Student Risk Screening Scale – Internalizing and Externalizing: A Qualitative Study

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School-wide screening can be used to effectively identify students within schools struggling with Emotional and Behavioral Disorders (EBD), so that school teams can implement instructional strategies and interventions to provide early and timely supports for all students. While research has explored many aspects of screening within schools, the extant research lacks studies reviewing screening data interpretation process. This research study was designed to investigate how school teams could use a discussion guide to facilitate using their screening data. This involved having school leadership teams answer a series of guiding questions about data from the Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE). The SRSS-IE Discussion Guide was presented to teams to use as they reviewed their data and then explored the usefulness of the discussion guide in practical settings. This qualitative study sought to understand feedback from seven teams who used the Discussion Guide during their data interpretation meetings, inviting participants to share what they found helpful and what was not helpful as well as what they might add to the Discussion Guide. Content analysis was used to understand qualitative data gained through focus groups.

The results yield a variety of praise for the Discussion Guide, valuing its ability to guide teams through the data analysis process and focusing team discussions. Data from the focus group participants included changing the Discussion Guide to include ideas for strategies and supports that matched student needs, encouraging several meetings to review data and use the discussion guide, and adding charts for further student information organization and exploration in regard to higher risk students.

Keywords: school-wide screening, data analysis, social emotional learning, school teams

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## CHAPTER 1

### **Introduction**

Data-driven practices within schools have increased over time along with higher demand for accountability and student growth (Anderson et al., 2010). Educational policies such as the Every Student Succeeds Act (ESSA, 2015) require that schools ensure student progress by implementing early identification and intervention practices to address academic and behavioral needs (Severson et al., 2007). Student growth can then be monitored through continuous data collection and interpretation. Increased external influence to pursue data-driven practices has inspired schools to rise and meet the challenge (Anderson et al., 2010).

Increased focus on data-driven practices often requires structural and cultural changes within school systems. A few examples of these kinds of changes include increasing the capacity of school staff to use student data, providing additional district and state support, or ensuring access to appropriate collection and interpretation tools (Anderson et al., 2010). Additionally, a wide range of interventions may be implemented by district and school leaders to promote data-driven decision making and help teachers master this skill. These interventions range from providing tools and technology to designing specific workshops for teachers to understand and practice this skill (Marsh & Farrell, 2015). These are the strategies that need to be adapted by school systems to create an environment and culture of data collection and use.

While data collection activities may have increased, schools are still learning how to use data effectively, resulting in a widening gap between the volume of student data and knowledge of how to use it to improve student outcomes (Crone et al., 2016). Earl and Katz (2002) supported the increased effort in data collection but voice worry as data interpretation is not straightforward. Interpreting data are not as simple and objective as it is often presented. It



requires deep analysis and contextual understanding of people and data. Simply collecting data are not enough. To make this worthwhile and effective in generating positive change in schools, schools must decide how to use data to change instructional strategies that improve student outcomes.

The practice of school wide screening is being recommended as an integral part of implementing Multi-Tiered Systems of Support (MTSS; Shogren et al., 2017). School-wide screening allows school administration to collect information and is potentially helpful to school personnel in preparing various interventions targeting the whole student body or just the individual student, promoting positive behavior change and further academic success. While screening is taking place in schools, it is not yet known how screening data are being interpreted or if a list of questions could support school teams in using their data to improve student outcomes. This study seeks to explore if a discussion guide, a set of questions focused on using schoolwide social emotional screening data, is useful to school teams.

## CHAPTER 2

### Review of Literature

#### Multi-Tiered Systems of Support

The Multi-Tiered Systems of Support (MTSS) framework functions on the understanding that students have a continuum of needs, and supports and interventions also need to match those needs. The traditional three tiers within MTSS are described as universal or Tier 1, targeted or Tier 2, and intensive, which is Tier 3 (McIntosh & Goodman, 2016). A public health analogy may help explain how each tier functions. An MTSS approach to the flu would be as follows: The Tier 1 intervention is universal and meant for all to receive regardless of their health. This tier is strictly preventative. In regard to the flu, Tier 1 would include universal hygiene practices such as hand washing. These are encouraged for everyone, whether they do or do not have the flu, to prevent spreading and contracting the disease. Tier 2 is more focused, targeting at-risk individuals. This would manifest as a flu shot for the elderly or otherwise immunocompromised individuals. Those who need individualized supports and interventions participate in Tier 3 services. Tier 3 is to lessen the effect of the condition or to cure it, if possible. Interventions in this tier apply only to those currently requiring intensive individualized interventions. This is no longer prevention-based. In terms of the flu, this would look like bed rest for those who have already contracted the disease. These interventions are intended to lessen the symptoms and bring some relief to the individuals suffering (McIntosh & Goodman, 2016). The same concept is applied in schools but rather than dealing with the flu, MTSS is intended to address academic and behavioral problems.

There is heavy emphasis on providing Tier 1 and Tier 2 interventions in schools (Ruby et al., 2011), although implementation of preventative and early intervention practices with fidelity

is still evolving in schools. Historically, schools have implemented a wait-to-fail approach rather than providing systematic preventative efforts (Young et al., 2011). Providing earlier interventions are much more cost-effective than providing treatment for fully developed disorders, thus Tier 1 interventions such as screening for preventative purposes are financially wise (Levitt et al., 2007). It is important to remember that as the tiers move from universal to targeted to intensive, the number of students requiring those interventions decreases. The Florida Department of Education (2014) stated that the majority of students, often more than 80%, will be meeting standards after receiving only Tier 1 interventions if the Tier 1 strategies are robust, implemented with fidelity, and are supported by research.

The MTSS approach is crucial for students with or at-risk for Emotional and Behavioral Disorders (EBD) due to the wide range of both academic and behavioral issues associated with these disorders. This creates a wide continuum of services needed in schools to assist these struggling students. Without treatment or intervention EBD related behaviors, both internalizing and externalizing, will typically worsen over time (Benner et al., 2013), moving children into more intensive tiers of the MTSS model. With an MTSS model in place, schools can provide assistance to all students across the continuum.

Universal screening can also help school teams identify universal, school-wide Tier 1 strategies that match the needs of students. Marchant et al. (2009) stated Tier 1 strategies are more likely to match effective interventions that target student needs when they are accurately identified through proactive screening. These Tier 1 strategies can be developed using the information gleaned from school-wide screening. For example, if the school-wide data indicate that notable numbers of student are struggling with anxiety, the school leadership team could

work with school mental health providers and teachers to provide more opportunities for students to learn and practice effective coping strategies when they feel worried.

Schools are shifting away from a reactive approach and moving toward an antecedent-based design where students are taught expectations, given the opportunity to practice appropriate and healthy behaviors, and then students are rewarded when the school-wide expectations are met or exceeded (Lane et al., 2007). However, within this MTSS model for addressing the needs of students at-risk for EBD is a need for universal screening to identify students who may need Tier 2 and Tier 3 supports and what type of instructional strategies are needed in Tier 1. The research literature has not yet explored how school teams actually review and use screening data as they implement MTSS and address social, emotional, and behavioral needs of students.

### **Emotional and Behavioral Disorders**

Forness, Kim, and Walker (2012) defined Emotional and Behavioral Disorders (EBD) as “all emotional, behavioral, or psychiatric disorders listed in the psychiatric diagnostic manual that can affect children or adolescents” (p. 4). This excluded developmental disorders such as intellectual disabilities and language development disorders. Within the EBD umbrella, there is an educational disability category called emotional disturbance (ED). Emotional disturbance is defined as a condition lasting a long period of time, which negatively affects a child’s educational performance in one or more of the following ways: difficulty learning without an intellectual, sensory, or health factor explaining the phenomenon, inability to form relationships with both teachers and peers, poor behavior in normal situations, a lasting depressive or unhappy mood, or the development of physical symptoms linked to school or personal problems (Individuals with Disabilities Education Act, 2019). Students who are identified as ED qualify

for special education services in school settings. In this research EBD, as a broad category, will be considered over emotional disturbance.

Examples of EBD are depression, mood or anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant or conduct disorders, and schizophrenic and psychotic disorders (Forness, Kim, and Walker, 2012). EBD manifests behaviorally in two main categories: internalizing and externalizing. Internalizing behaviors are directed inward and are indicative of students who are withdrawn, shy, or lack assertiveness, as well as students who do not engage with their fellow classmates. Externalizing behaviors are more noticeable and disruptive. They include interrupting instruction, not remaining seated, aggression, and noncompliance. Students may display both internalizing and externalizing behaviors (Lane et al., 2007). This is known as comorbid manifestation. EBD can result in academic problems as well (Benner et al., 2013).

Students struggling with behavior issues often have academic problems and some students with academic problems display a range of behavioral concerns (Florida Department of Education, 2014). McIntosh and Goodman (2016) offered one explanation for these issues, which is increased behavior challenges in students leads to minimized teacher instruction. The academic problems associated with EBD include high likelihood of dropping out of high school, low grades, higher prevalence of failed classes, increased incidence of suspension and expulsion, and poor attendance (Young et al., 2011). These students are less prepared to learn, struggle socially, and are often unable to cope with the demands of school (Walker, 1998). Students with or at-risk for EBD often experience learning difficulties in both basic skills and content areas (Campbell et al., 2018). This includes science, social studies, math, writing and reading.

Forness, Freeman, et al.(2012) also found that the sixth-grade teachers working in low or middle-income schools had on average of three or four students in their classroom struggling with EBD on a moderate to severe level. These students received special education services only two to three times per year, leaving them in the classroom with a teacher who did not specialize in EBD. Harrison et al. (2012) conducted a study that identified the most common behavior problems reported by teachers. They divided behaviors into internalizing and externalizing categories. Not surprisingly, the list of internalizing behaviors was shorter than the list of externalizing behaviors, including just student anxiety in the form of worrying about making mistakes and overall worry. The externalizing behaviors identified included distractibility, hyperactivity, and disruptive behavior. These behaviors can make providing effective instruction difficult for teachers. Buttner et al. (2016) also expressed the difficulty teachers face as they try to engage students with EBD without interfering with other students' learning. Additionally, Lane and Walker (2015) expressed that students with EBD are most often the most difficult students to teach.

### **Universal Screening**

Screening is the first step in identifying students who demonstrate risk factors for social, emotional, and behavioral challenges so that interventions and instructional supports can be provided (Glover & Albers, 2007). Screening is intended to correctly identify students who are at risk, compared to students who are not at risk, of experiencing poor outcomes (Jenkins et al., 2007). School teams that make screening a priority can target these struggling students and design effective preventative interventions that can help them achieve academic success as well as guide school faculty in matching their needs with instructional supports and interventions. Screening can be challenging because the process is intended to identify problems that have not

completely developed yet (Clemens et al., 2016). However, identifying students who are at risk for social, emotional, and behavior problems through timely screening allows for targeted intervention and prevention strategies to be planned and implemented (Glover & Albers, 2007).

Screening is crucial to MTSS implementation as it helps identify how students' needs match the continuum of service provided to support struggling students. This helps teams to identify the appropriate intervention that will have a more promising, lasting effect (Young et al., 2011). The data yielded from screening helps match students' needs with specific interventions found in each tier. However, it is important to note that screening is not a tool to be used to label students or qualify them for special education. It is a tool to recognize difficulties students face and design interventions to help them learn and practice skills that lead to improved outcomes (Young et al., 2011). McIntosh and Goodman (2016, p. 16) put it this way, "... multi-tiered systems are used to describe the level of support that a student requires at that time, not something inherent in that student." A child identified as needing more support should not remain in the Tier 3 services forever. As data continues to be collected and data in their specific problem area changes, so will their support and need for intervention (McIntosh & Goodman, 2016).

### **Multiple Data Points**

MTSS is dependent on data to make decisions and implement interventions that effectively meet the needs of students no matter where they fall on the continuum (McIntosh & Goodman, 2016). In order to identify an effective intervention, using multiple points of data has proven to be most effective (Marchant et al., 2009). This is often called data teaming (Crone et al., 2016). School-wide EBD screening measures collect core data points essential to creating effective interventions. Additional points to consider might include attendance records, office

discipline referrals (ODRs), grades, standardized test scores, disciplinary action history, free and reduced lunch participation, and dropout rates. For many schools these types of data function alone as their screening data due to the fact that they are regularly collected and readily available (Sosa et al., 2016). Including a universal screening measure, such as the Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE; Lane et al., 2015) screening, with existing school data (e.g., attendance, ODRs, grades) can provide a comprehensive picture of student histories and needs (Young et al., 2011). Tobin and Sugai (1999) found that ODRs can be used to predict future aggressive behavior, chronic discipline problems, or school failure. Just one ODR for non-compliant behavior could support the development of an intervention to prevent further problematic behavior (Tobin & Sugai, 1999). All relevant data points should be used to enhance the decision-making process regarding interventions in schools (Newton et al., 2011).

McIntosh and Goodman (2016) recommended taking an integrated data systems approach by collecting and analyzing both academic and behavioral data when designing any kind of intervention for students. The implementation of an empirically sound academic intervention can improve both academic and behavioral success (Campbell et al., 2018). This allows teams reviewing data to adopt a whole-child perspective rather than the single story received from a one-dimensional data system approach. Data-based decision-making to address these needs has grown in popularity and has proven to be more effective in making decisions that lead to positive student outcomes (Crone et al., 2016). While the research literature has highlighted the importance of data-based decision making, scholars have not yet explored specific processes for examining data.



## **Best Practices in Screening**

Screening is an essential step in MTSS (Kilgus & Eklund, 2016) and needs to reflect best practices. While effective universal screening seems like an intensive practice to implement effectively, there are a few key aspects to keep in mind to ensure the best screening practices are addressed. Frequency is one important aspect of screening to consider in order to obtain the best results. Effective screening must be done periodically and an effective screening measure is repeatable (Mellard et al., 2009). Consistent screening allows administrators to be able to better predict behavior problems in their student body (Marchant et al., 2009). Most schools implement screening three times per year but this number does vary. For example, some schools only screen once per year while others screen four times per year or more (Mellard et al., 2009). MTSS requires frequent and continuous data collection to evaluate intervention effectiveness.

Effective screening must also be socially valid (Lane et al., 2009). Social validity considers factors such as cost, time, utility, and feasibility (Oakes et al., 2016). Ideally, it is inexpensive and quick, making it an easy, enjoyable task (Mellard et al., 2009). The less complicated the screening instrument is, the more likely it will occur at higher frequency in schools. Screening measures that are too cumbersome in preparation, administration, scoring, or interpretation will likely never be installed within a school or will never be maintained (Lane et al., 2015). Kilgus and Eklund (2016) described a brief and efficient screener as one that only requires an hour of a teacher to train and screen a classroom of about 26 students.

Using an instrument that has evidence of validity and reliability is crucial to effective screening (Levitt et al., 2007). Considering this, official screening tools are necessary. In the past, intervention teams have depended on teacher referrals to identify at risk students. However, Eklund et al. (2009) found that proactive screening was more effective in detecting struggling

students earlier than teacher referrals. Teacher referrals identified significantly fewer struggling students than screening instruments. Screening is a more reliable source of early detection of student issues. Screening must also have reliable and valid cut scores in order to correctly identify students who are and are not at risk (Lane et al., 2009).

### **Screening Outcomes**

The data collected from screening can lead to school teams using the data in a variety of ways. First, it allows schools to identify individual students at risk of school failure due to social, emotional, and academic difficulties. This would include reviewing the data, and identifying just a few students (one or two) out of the whole student body who are demonstrating severe behaviors and then provide intensive individualized supports. Second, it allows schools to identify school-wide trends (Lane et al., 2014). Instead of identifying just a few students who seem to be struggling, the data typically identifies students with similar behavioral difficulties (e.g., peer rejection, non-compliance, anxiety, social isolation) and targeted Tier 2 supports can be developed that align with student needs. Lastly, the data can be used to determine what the needs the entire school may have that can be met through effective Tier 1 prevention work (Marchant et al., 2009). Careful interpretation of school-wide screening data may allow schools to select appropriate interventions to target identified student struggles.

Universal screening can be used to correctly identify students who need further intervention based on social, emotional, and behavioral concerns (Sosa et al., 2016). When screening identifies students who have many at-risk behaviors and who likely need individualized supports, the team may decide to gather more data through a more thorough review of existing data or implementing interventions, and then determine if the student's progress is sufficient or if an individualized assessment is warranted (Young et al., 2011).

There are many screeners available to schools across the nation. The variety of these tools is wide, measuring academic and behavioral issues. School teams using the Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE) are the target of this research project.

### **Student Risk Screening Scale – Internalizing and Externalizing**

The Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE) (Drummond, 1994; Lane et al., 2015) screening instrument identifies students exhibiting internalizing behaviors and externalizing behaviors. This screener is a modified version of the SRSS, a seven-item screener developed by Drummond (1994) that takes teachers 10 to 15 minutes to complete for their entire class. Lane et al. (2015) added five items to identify internalizing behaviors, creating a twelve-item screener, capable of identifying students with either internalizing or externalizing concerns.

In a study that compared this screening measure to the Systematic Screening for Behavior Disorders (SSBD), Lane et al. (2009) found the SRSS-IE to take less time to administer than the SSBD. In comparing the cost of the SRSS-IE to the Social Skills Improvement System – Performance Screening Guide (SSiS-PSG), the SRSS-IE was preferred as it is a free resource (Oakes et al., 2016). The SRSS-IE has been found to have evidence of validity as well. When compared to the Strengths and Difficulties Questionnaire (SDQ) and SSBD, the SRSS-IE provided evidence of validity when assessing students in school settings (Lane, Menzies, et al., 2012). Lane et al. (2009) conducted a study comparing this measure to the SSBD and found that SRSS-IE is equally effective in terms of identifying students at risk for externalizing behaviors. During initial evaluation of reliability, two of the original seven items designed to identify

internalizing behavior were removed (Lane, Oakes, et al., 2012). After removing those two items, the alpha coefficient for internal consistency moved to .72.

### **Using Screening Data**

Problem solving teams serve as one of the most integral components for development, monitoring, and implementation of school-based interventions (Ruby et al., 2011). For MTSS to effectively be used in a school, stakeholders must be involved in a variety of critical activities such as the following: identifying student needs, implementing interventions, and evaluating those interventions (Florida Department of Education, 2014). Optimally, these teams should be the ones that analyze the universal screening data to determine individual or small group needs, as well as school-wide trends. Newton et al. (2011) suggested that these analyzing teams would be more effective if team members had a standardized process to carry out as well as a more defined definition or outcome that marks a successful meeting. These two core features are suggested as some problem-solving teams only meet once a month for about an hour (Newton et al., 2011). These meetings to analyze student data represent one of the few opportunities school personnel have to collectively review student progress, review student performance, and make data-based decisions in terms of interventions as well as evaluate current interventions (Crone et al., 2016).

The Problem-Solving Method (PSM) drives the decisions made in MTSS such as instructional and intervention decisions (Florida Department of Education, 2014). There are four steps of this model: (a) identifying the problem, (b) determining the cause of the problem, (c) implementing an intervention, and (d) evaluating the effectiveness of the intervention (Ervin et al., 2009). An example of problem identification is identifying a student in a second-grade classroom who struggles with reading. This student, when compared to his/her peers, will have

lower scores on reading assessments and lower reading performance. The problem identification statement clearly explains what the problem is, but does not hypothesize what has caused the problem or why it is occurring.

During the second step of problem solving, teams hypothesize what is causing the problem. After forming multiple hypotheses that consider potential issues with instruction, curriculum, environment, and the learner, data are collected to test which hypotheses may be causing the problem (Florida Department of Education, 2014). For example, referring to the example in the previous paragraph of the second-grade student who has lower reading scores than his peers, one might hypothesize that this is due to language acquisition, after reviewing English language scores if this student is an English Learning (EL) student.

Step three requires collaboration to design an intervention that will help the student or groups of students overcome the barriers preventing them from meeting the required level of performance. While an effective intervention has many parts, it is critical to remember interventions must be implementable. During the intervention step, data are collected to monitor progress, which will be used later during the evaluation step.

Data are reviewed in the fourth step to determine how well the intervention is working or if adjustments are needed (Ervin et al., 2009). Evaluating the effectiveness of the intervention requires progress monitoring (Marston et al., 2003). As progress is monitored and new data are collected, graphing the rate of progress and recalculating the gap between the student's performance and expected performance will help teams determine if more needs to be done for the student or if they no longer need the intervention (Florida Department of Education, 2014). The PSM is self-correcting in this aspect (Florida Department of Education, 2014).

Effective problem solvers display a variety of traits. These include being goal oriented, solution focused, committed to evidence-based practice, flexible, open, and responsive to new information and ever-changing circumstances (Ervin et al., 2009). One of the key skills required for successful problem solving is data interpretation.

### **Data Interpretation**

Interpreting data is a required skill for MTSS. The information gathered from screening efforts is used to determine the needs of the school or district and guide prevention plans (Lane et al., 2016) as well as matching students with supports that instruction that aligns with their needs. Teams will continue interpreting data as progress monitoring occurs to evaluate intervention effectiveness. School-wide screening data can inform these problem-solving teams regarding how effective Tier 1 interventions have been based on the number of low-risk, moderate-risk, and high-risk students identified (Oakes et al., 2016). Screening can also help school teams understand if students are demonstrating fewer problems by moving from tier 3 to tier 2 or tier 1 services, which implies that as students move down the tiers they need less intense services. Assuming screening is taking place in schools and the necessary resources are available to implement effective interventions, MTSS is dependent on problem-solving teams being able to properly interpret and use the data they are collecting. However, we do not yet know how teams are structuring their team meetings and using the problem-solving process to effectively use their screening data.

### **Statement of Problem**

Leaders in the MTSS implementation research indicate that screening is key to effective MTSS implementation (McIntosh & Goodman, 2016). However, a process for actually using screening data has not yet been thoroughly investigated in the research literature. McIntosh and

Goodman (2016) identified the difficulty of interpretation as a major concern regarding data collection in schools. This research project will explore the use of a set of guiding questions that can help teams successfully use their screening data. The Discussion Guide we have designed to aid problem solving teams to interpret SRSS-IE screening data will hopefully make this task manageable.

### **Research Questions**

1. What do teams that are reviewing screening data using the SRSS-IE report find useful, or not useful, about the Discussion Guide?
2. How does the Discussion Guide contribute to efficiently reviewing school-wide data?
3. What would teams add to the list of questions and what would they eliminate?

## CHAPTER 3

### Method

#### Participants

The participants for this research study were selected using a convenience sampling method in the mountain west region of the United States. All participants who participated in the research study were individuals who were implementing the SRSS-IE screening instrument in their school at the time of the study and had organized teams that met to review the screening data. The researcher reached out to interested participants via email who were planning to use the SRSS-IE Discussion Guide during the Fall screening data team meeting. Participants needed to be members of teams that reviewed screening data in schools in schools that were currently using the SRSS-IE.

There were 47 participants for this research project from seven different schools. Each focus group consisted of one school team that had just used the Discussion Guide to review the SRSS-IE. There was one middle school team and six elementary school teams.

Participants ranged in professional roles, though all were active members of the SRSS-IE data review teams. There were teachers, counselors, school psychologists, vice principals, principals, and district-level employees. Each school team had a different combination of participants involved in the data review process.

Of the participants, four (8.5%) were male and 43 (91.5%) were female. Participants were recruited from two separate districts with 37 (78.7%) coming from one district and 10 (21.3%) coming from the other. The professional roles of the participants consisted of seven (14.9%) school principals, two (4.3%) assistant principals, one (2.1%) administrative intern, four (8.5%) school counselors, three (6.4%) achievement coaches, one (2.1%) Positive Behavioral



Interventions and Supports (PBIS) coach, two (4.3%) school psychologists, one (2.1%) special education teacher, and 26 (55.3%) general education teachers. One of the school teams recruited worked in a junior high, allowing six (12.8%) of the participants to be secondary education faculty members and 41 (87.2%) to be elementary education faculty members.

Institutional Review Board (IRB) approval was obtained from the university as well as school districts before the research study began. Potential risk involved with this study was a breach of confidentiality to participants. Tracing their focus group information back to their name would be an issue in confidentiality. To minimize this risk, all participants were de-identified and assigned code names that then corresponded to their focus group. Additionally, all participants signed consent forms, indicating they understood the potential risks.

### **Procedures**

Two school districts that were selected due to their implementation of school-wide screening using the SRSS-IE were invited to participate in the research. Each district was asked to identify 3-5 teams that would be willing to participate in the research. Building administrators were contacted to determine if their teams would be willing to participate in the study. With those willing to participate, the following procedures were followed:

1. After the SRSS-IE data were collected and the teams scheduled a meeting to review the data, the researcher shared the Discussion Guide with the team and asked them to move through the questions as they reviewed their screening data.
2. After the team answered as many questions as they chose, the researcher conducted a focus group and asked the following questions:
  - a. What do teams that are reviewing screening data using the SRSS-IE report find useful, or not useful, about the Discussion Guide?

- b. How does the Discussion Guide contribute to efficiently reviewing school-wide data?
- c. What would teams add to the list of questions and what would they eliminate?

The focus group comments were recorded and transcribed.

Seven focus groups were conducted, achieving saturation. Saturation was achieved when the researcher did not receive any new information from the participants and the range of ideas had been heard (Krueger & Casey, 2014). All participants were given a \$25 Amazon gift card as compensation for participating in this research project.

### **Development of Discussion Guide**

The problem-solving model (Ervin et al., 2009) is the basis for the Discussion Guide. The Discussion Guide emphasized the first two steps of the problem-solving model: problem identification and problem analysis. The second, revised version of the Discussion Guide adds emphasis on the intervention, or call to action, step of the problem-solving model as well. While some questions on the Discussion Guide encourage teams to review current interventions and supports, the final step of the problem-solving model (evaluation) is not a concrete step included in the Discussion Guide at this time. Aspects of the discussion guide were focused on using the problem-solving model to analyze group data for students with externalizing concerns and for students with internalizing concerns. After group data were reviewed, the problem-solving process moved to using individual data to make instructional decisions.

Kathleen Lane developed some strategies for reviewing screening data (Ci3T, 2021) that were integrated into this Discussion Guide and the ideas from Lane were incorporated into the current Discussion Guide. The researchers involved in this worked together to organize the guide, pulling personal experience from working in schools combined with research explored

through the literature review process to create a tool that might prove useful. The result was a Discussion Guide that emphasized reviewing group data first, encouraging school teams to process school-wide data and consider school-wide supports that may need to be implemented. Following this, the Discussion Guide shifts to an individual data view, allowing teams to identify individual at-risk students in need of support. Through both of these sections, the Discussion Guide is designed to consider both internalizing and externalizing data, identify concerns in both categories.

### **Design**

A qualitative method was used for this study to allow an in-depth understanding of participant opinion and attitude toward the Discussion Guide when used in data interpretation meetings. Brantlinger et al. (2005) described exploration of attitudes and opinions as one of the purposes of qualitative research. As this project's purpose is to explore the attitudes and opinions of the participants in regard to the newly designed Discussion Guide, a qualitative design was beneficial. Neuman (2011) explained that exploratory research takes place when the researcher is studying a new subject. In this study, the Discussion Guide was new and had not yet been evaluated or researched in meaningful ways. Determining user perception about the Discussion Guide may help further improve the questions to encourage more efficient data interpretation related to the SRSS-IE.

This research project used focus groups to collect data. Focus groups not only allow the researcher to collect data from many individuals at one time (Onwuegbuzie et al., 2009), but also provide an environment that is a comfortable and safe place to share opinions, which is beneficial to the participants (Krueger & Casey, 2000). Collecting responses in this form is efficient, however it is important to consider the effect this has on individual responses. Sharing

in a group setting may be beneficial to participants, allowing a safe space to share, or it may create a different dynamic where only some team members feel comfortable sharing opinions. The facilitator noticed different degrees of participation between groups. Some groups appeared to provide a space where each member shared, while others relied on only a few to comment. The culture of the school, team dynamics and norms also may have influenced individual comments. The focus group sizes ranged from six people to 10 people. The shortest focus group lasted 3 minutes with the longest running for 15 minutes. The group that completed the focus group in just three minutes worked to quickly provide feedback, answering each question asked by the researcher in a meeting that occurred before school started.

Leung and Savithiri (2009) described focus groups as gatherings of people to explore attitudes toward a concept or product that are facilitated with open ended questions. The focus group setting is intended to be interactive, so discussion between members of the group was encouraged. The facilitator read each of the three questions separately, allowing each group time to discuss each one at length. The questions were read exactly as written and the facilitator did not participate in the discussion, leaving room for the participants to provide their commentary without further guidance.

### **Data Analysis**

The method that guided the data analysis for this research project is content analysis. In this method, content, which includes anything written, visual, or spoken, is analyzed. For this project, spoken comments during focus groups were recorded as the content. This content is broken into units that will be categorized, which may include word, word sense or phrase, sentence, paragraph, and document (Berg, 2001). Word sense or phrase were selected for this project. When data are analyzed, categories must be objective enough, systematically outlining

specific criteria, that another researcher, familiar with the method, but removed from the project would be able to accurately categorize codes, matching the original coder (Auster, 1956). The core behind this method is objectivity, in which all content is taken at face value, assuming to be exactly what participants intended.

All data from this research study came from the focus groups that were held after the teams met to review screening data yielded from the SRSS-IE with the assistance of the Discussion Guide. The researcher used content analysis to interpret data and determine results, staying grounded in positivism, as content analysis is objective and systematic (Auster, 1956). Holsti (1968) argues that content analysis requires the researcher to make decisions that are guided by rules, thereby minimizing subjectivity on the part of the researcher. Content analysis is completed as the researcher codes chunks of data, grouping similar data together, and counting how many pieces of data fall under each code (Onwuegbuzie et al., 2009). By grouping and counting like this, the researcher was able to determine common themes among the participants, between the seven focus groups.

All responses from each of the seven focus groups were transcribed by hand by one researcher who listened to each recording and typed word for word what was said and then all codable ideas were extracted. A codable idea was considered any phrase that presented an independent thought or idea. This could be a full sentence or a piece of a sentence. Each codable idea was then individually coded by two different researchers separately. Codes were developed and organized and considered appropriate when the researchers were able to attain an inter-rater reliability of 90% or higher. This process involved the researchers creating a number of codes and descriptions of the inclusive and exclusive criteria for each code. Then both researchers coded approximately 20 ideas in each question and inter-rater reliabilities (IRR) were

determined. If the IRR was below 90%, the researchers reviewed the coded items and looked for themes in their disagreements. The researchers reviewed how the data aligned with the themes once it was coded and refined the description of the theme and the inclusionary/exclusionary criteria. In a few instances, themes were eliminated or combined to better reflected the ideas in the data; when themes were changed, previously coded data was recoded to reflect the current themes. The researchers then coded approximately 20 more ideas and IRR was again determined. The researchers then discussed items that were coded differently until consensus was reached. This process was repeated until the researchers were able to separately code all of the items and attain an acceptable inter-rater reliability (i.e., 90%), indicating the codes matched the data.

Data was coded literally, meaning codable ideas were extracted and analyzed with the belief that the participant said exactly what they meant. An idea only met the criteria for a code if it was explicitly stated. Likewise, nods of agreement were not coded. If the whole group agreed with a statement one person made, it was only coded if participants verbally expressed that idea.

Each research question had a “not codable” category, which includes participants’ statements that did not apply to the questions asked by the researcher during the focus group. For example, question one asked what was useful or not useful about the Discussion Guide in terms of the team’s experience using it to interpret and organize SRSS-IE data. An appropriate response would respond to that question. A not codable response might be a comment about how much the team appreciates the SRSS-IE. While that is an idea that has meaning, it is directed toward the screener itself, instead of a response to the question asked by the researcher about the usefulness of the Discussion Guide.

## CHAPTER 4

### Results

#### Question 1

Question one, “What do teams that are reviewing screening data using the SRSS-IE report finding useful, or not useful, about the Discussion Guide?” yielded 120 codable ideas across seven focus groups with forty-seven participants. Refer to Table 1 for a complete list of codes and numerical information pertaining to each code.

A total of 35 (29.2%) ideas focused on the group SRSS-IE data, which included comments regarding SRSS-IE group data such as the percentage of students in the school who were identified as low, moderate or high risk in either the externalizing or internalizing area. For example, one participant shared, “I think it can be helpful to know what patterns we’re seeing school-wide.” This comment highlighted themes the team was able to see as they interpreted the screening data using the Discussion Guide. Another comment that also addressed seeing group needs, “...as we could see there were certain grades that had – were a little more elevated.” These comments indicated that the Discussion Guide helped the teams see group trends for social and emotional risk by grade level.

A total of 18 (15%) ideas were coded in the “Create an Action Items Section” category, which included any comments that indicated the need for a section in the Discussion Guide that identified follow up actions that the team needed to complete after the meeting. The codable responses focused on adding a section so that the team could to identify specific ways they would respond to the screening data. One example of a comment from this section was the statement, “maybe the next step would be knowing what we can do.” Again, “what are some

next steps that we can do,” which conveys the need for the Discussion Guide to include a section that guides the team to act on the analyzed SRSS-IE data.

A total of 15 (12.5%) of the codable ideas focused on having too much data to adequately review in one meeting. This broad category included ideas that expressed feelings of being overwhelmed or that there is too much data to review in one meeting. Comments that stated there is not enough time to consider all of the SRSS-IE data or there should be multiple meetings to review the data fell within this category. One example of a codable idea that matched this code is “You could have separate discussions in separate meetings with separate teams.” Another is “I think it’s too overwhelming.”

Eight (6.7%) responses were coded as indicating that the Discussion Guide directed the team discussion and prompted exploration of the data through effective questions. Responses in this category indicated that the participants viewed the questions as helping to direct the team’s discussion about the SRSS-IE data. Some examples of this are “Keep[s] the conversation moving” and “prompt some thoughts.”

A total of six responses (5%) shared a sense of general satisfaction with the questions. One example of this is “it’s kind of nice on the next page where it says like internalizing, externalizing – so actually, it gives you a space to list students.” Another comment, “I thought seeing the percentages was really helpful,” conveyed the same idea – a sense of general satisfaction with the Discussion Guide.

A few responses, six (5%), indicated that the Discussion Guide needed better visual organization such as including a graph that displayed grades and attendance for at-risk students. One participant shared the following, “So a graph ... would be helpful.” The focus group responses also indicated a desire to have a more comprehensive chart to fill out for at-risk



students with their SRSS-IE scores and other information such as ODR's and praise notes. This comment, "I just made...a little graph by each person. And then I can put the scores in and that would help organize my information" contributed to this idea.

Again, six (5%) codes matched the category "Need pre-meeting tasks for team members to come prepared." This category included any expressions of the need to prepare the data before the meeting when the Discussion Guide was used. One educator noted the following, "So, I think the form could be set up that way to say do this first [before the meeting] you know" and "And maybe that [listing high risk internalizing and externalizing students] doesn't have to be done in the meeting."

"Make this info more accessible to whole school or stakeholders" had four (3.3%) responses that related to this theme. These comments indicated a desire to store the data and then the interpretation of the data completed during the meeting so that other stakeholders could easily review or use the data. For example, one participant said, "I agree with sharing the so the whole school has engagement." In another focus group, one comment spoke to the need to share the data with important individuals at the school who would need to be involved in next steps when they said, "turn that into [our social worker – name omitted] or someone to show her."

Three of the categories had less than four ideas coded in each of them. These comments included discussions of when to use the Discussion Guide to be most effective, the value of tracking SRSS-IE data over time and the ability to match students' needs to appropriate interventions.

Finally, only 13 ideas (10.8%) were coded as "Not Codable" because topics other than the Discussion Guide were addressed. For example, comments were related to the actual SRSS-

IE data or the research process, e.g., “I also thought it was helpful frankly to have someone [the researcher] who doesn’t have such a personal connection to the data and the students.”

Inter-rater reliability for this question was 91% after both researchers coded each idea.

**Table 1**

*Code List and Statistics for Question 1*

Code Name	Count	Percentage
The needs of the students are identified in general themes and categories based on group data	35	29.2%
Create an action items section	18	15.0%
Too much on one sheet (need more time/separate meetings/steps)	15	12.5%
Not codable/not applicable	13	10.8%
Guides discussion and prompts conversation through effective questions	8	6.7%
General Satisfaction	6	5.0%
Need better visual organization	6	5.0%
Need pre meeting tasks for team members to come prepared	6	5.0%
Make this info more accessible to whole school or stakeholders	4	3.3%
Data review logistics (when to screen, when to meet to look at the data, etc.)	3	2.5%
Value being able to compare data over time	3	2.5%
Matching students to interventions	3	2.5%

**Question 2**

There were 44 codable ideas found within the responses to question two, “How does the Discussion Guide contribute to efficiently reviewing school-wide data?” Refer to Table 2 for a complete list of codes and numerical information pertaining to each code.

The most common response (38.6%,  $n=17$ ) to this question focused on the Discussion Guide being efficient and helping the team to be focused and have clear direction for the

discussion. Participants noted how efficiency, conversation, or flow were impacted in a positive manner by the Discussion Guide. “I think it’s always more efficient if you have an outlined agenda and have some questions” is one example of a statement that fits into this category. Another is, “It really helped – helped us look at the data.”

The next most common coding category included nine (20.5%) responses that indicated specific sections or aspects of the Discussion Guide that were especially helpful. “And it starts pretty broad then it makes you drill in [sic] so I really liked that” is one example of an idea that matches the criteria for this label. Another comment that demonstrates this idea is, “...those first four questions, that’s kind of what got us going.”

A total of six (13.6%) responses targeted organizational weaknesses in the Discussion Guide. One participant noted, “if the form was a little more in step one, step two.” Another example, “there needs to be more of a process” is a general call for better organization.

Four codable ideas (9.1%) highlighted the need to prepare for the meeting by doing “leg work” beforehand. This could include things that could be done individually or things that might be done as a group before the full team meets together. One example of this is “this meeting here would have been half the time had we done leg work ahead of time.” A more specific example of a comment that describes tasks that could be done outside of the meeting is, “that step one is the pre meeting work done by the data analyst.”

The two remaining categories contained less than four comments each. One of these categories was the “not codable” section that included comments that did not respond to the question asked. The code commented on the difficulty in connecting the Discussion Guide to the current data organizer the team uses for the SRSS-IE. The inter-rater reliability for question two was 95%.

**Table 2***Code List and Statistics for Question 2*

Code Name	Count	Percentage
Agreement of Discussion Guide creating more efficiency, direction and focused conversation	17	38.6%
Valued sections/discussion guide organization	9	20.5%
Need better organization/sections	6	13.6%
Need to do things outside of the meeting	5	11.4%
Not codable/not applicable	3	6.8%
Need way to standardize/store this information	2	4.5%
Difficulty connecting current SRSS-IE organizer with discussion guide	2	4.5%

**Question 3**

There were 64 codable ideas from participants taken from the responses to question three, “What would teams add to the list of questions and what would they eliminate?” Refer to Table 3 for a complete list of codes and numerical information pertaining to each code.

10 (15.6%) of the ideas for this question emphasized that there was too much to do at one meeting. Responses in this category conveyed feelings of being overwhelmed, not having enough time to complete the tasks at hand, or needing separate or additional meetings or steps. “I’m like, not only is that a little redundant, but...for me that’s overwhelming” is an example of an idea that fits this description. Another example of a comment that matches this code is, “I don’t know if this was intended to be as a – as one meeting. But I can see how this could potentially – we could spend hours on this.”

A total of 14.6% ( $n=9$ ) of the codable ideas again referred to developing and including a section to for developing action items. Respondents shared the following, “I think an action step

question. Or step or whatever. Like what to do next.” They also said, “we can identify the needs but how do we address them.”

Nine more codable ideas (14.6%) focused on including a variety of other sections such as a place to note services that students already receive. For example, “I wonder if it might be helpful to have a section to say what that student is receiving” conveys this. Additionally, “it could be checked off – are they on a 504?” These comments promote the idea of adding extra key sections to the Discussion Guide.

Similarly, nine (14.6%) of the responses requested changes in format and organization. This does not include ideas expressing a need for additional sections, just better organization and formatting. One example of this is includes the following comment, “We could have ranked them right here too. That’s what I started doing.” Another participant shared, “the other thing is we had no room to write our comments next to the questions so a space to be able to make notes and comments.”

Six of the codes developed for this section had less than four ideas in each of them. Two of these categories noted room for improvement for the Discussion Guide. They included the need to add a specific section to the Discussion Guide that allows teams to compare data over time more effectively, as well as comments about the challenges of the using the Discussion Guide with the current data management system that is used to being used to summarize the SRSS-IE data. Two additional categories found value in the Discussion Guide, offering comments that conveyed general satisfaction and explaining how the Discussion Guide provided a structure and focus to analyze the SRSS-IE data in a meeting. The last two sections with less than four comments in each were fairly neutral. One spoke to the standardization of data analysis and storage and the other discussed logistics for using the Discussion Guide such as when to use

it and how often the team should meet to review SRSS-IE data. The inter-rater reliability for question three, before discussing and agreeing on any disagreements was 91%.

**Table 3**

*Code List and Statistics for Question 3*

Code Name	Count	Percentage
Not codable/not applicable	14	21.9%
Too much on one sheet (need more time/separate meetings/steps)	10	15.6%
Need better format/organization	9	14.6%
Action guide section needed	9	14.1%
Add more questions/sections	9	14.1%
General satisfaction	3	4.7%
Add section to compare data over time	3	4.7%
Provides structure/guide/focus	3	4.7%
Value standardization	2	3.1%
Difficulty connecting current SRSS-IE organizer with discussion guide	1	1.6%
Discussion guide logistics (when to use, how often to use, etc.)	1	1.6%

## CHAPTER 5

### Discussion

#### **Purpose of Research Project**

The research, as shown in the literature review, explains that effective screening is a key component to successful MTSS implementation in schools (McIntosh & Goodman, 2016). Mellard et al. (2009) found that schools are screening their students fairly regularly when he surveyed 41 local school settings in Kansas, finding 23% of schools screening three times a year, 14% screening quarterly and biannually, and 14% screening one time per year. While screening is taking place, a gap is present in the research between administering screening instruments and effective analysis, interpretation and then use of the data. The purpose of this research study was to bridge that gap, taking the next step in guiding practitioners and school teams through the analysis and interpretation process in hopes that the screening data might lead to important school-wide actions to better respond to the social and emotional needs of the student body and meet the needs of individual students.

Participants were asked to use the Discussion Guide, which was designed to guide school teams through the analysis and interpretation process of SRSS-IE data, then met in focus groups to offer feedback about the guide. This feedback helped the researchers adjust and improve the Discussion Guide to better fit the needs of practitioners as they actively work to meet the needs of their student body. The following sections offer more detail of this feedback, discussing the praise offered for the Discussion Guide, the areas where improvement was recommended, and a logistical guide to using the Discussion Guide appropriately.

## **Group Data Versus Individual Data**

The Discussion Guide was designed to assist school teams as they reviewed screening data in a variety of ways. The original development of the guide was heavily influenced by the understanding that teams struggled to interpret and understand group data specifically. The Discussion Guide opens with questions to support teams as they review group data. Despite this focus, the researchers noticed that most comments shared during the focus groups were still focused on individual data instead of group data. Despite the effort to maximize discussion of group trends, teams still appeared most comfortable discussing individual students and their screening data. It will be important for the researchers to understand this and work together to find a way to better support teams as they strive to work more effectively with group data.

## **Praise for the Discussion Guide**

There were aspects of the Discussion Guide that were viewed as effective and helpful. One of these is its ability to function as a means to focus discussion and maintain conversation. It provides an outline to follow, allowing teams to move through the data analysis process effectively. Many participants commented on the specific manner in which the Discussion Guide led teams through the data, starting with school-wide, broad data, and then narrowing the focus to individual student needs.

Another characteristic of the Discussion Guide that received positive comments was its formatting and questions that allowed the team to identify the needs of their student body, identifying themes and shared characteristics of students. Being able to visually outline these needs by filling out the charts provided in the Discussion Guide as well as writing down responses to each question in the guide, then being able to discuss the data allowed teams to better understand their student body and even begin discussing supports for those groups of



students identified as at-risk. For example, when using the Discussion Guide, teams wrote down how many and what percentage of students were categorized as high-risk students when their teachers completed the SRSS-IE. This group data informed teams of the internalizing or externalizing patterns within their student body.

### **Recommended Areas of Improvement**

Participants provided a variety of recommendations for small changes to formatting or questions in the Discussion Guide. These changes were suggested to improve efficiency by adjusting visual formatting or rearranging the questions in a way that made more sense to teams. For example, one focus group recommended moving question four (i.e., How do your student supports, tiered interventions match the needs of students?) to the end of the document. Another focus group expressed dislike for the item on the Discussion Guide that asks for a ranked list of high-risk students. A few groups requested the inclusion of charts and graphs that displayed important information such as student attendance, Office Discipline Referrals (ODRs), grades and previous supports received.

Another area of improvement discussed throughout the focus groups addressed the immensity of the task the Discussion Guide poses. Participants expressed feelings of being overwhelmed by the amount of work needed to effectively analyze the SRSS-IE data. Many suggested breaking the Discussion Guide into parts, recommending more clear steps in each section, splitting the guide into clearly different tasks. For example, one team recommended having a clear separation between the interpretation and analysis of school-wide data and individual student data. They also expressed the need to break these parts into different meetings, explaining that their teams would not be able to complete the Discussion Guide in one meeting.

The final recommendation was to add another section to the Discussion Guide to identify follow-up actions. While participants expressed highly valuing the Discussion Guide's support in identifying and analyzing student needs, each group expressed not knowing how to meet student needs and find appropriate supports. They requested strategies ranging from a list of interventions that could be referenced for high-risk students or groups of students to another section within the document that walked teams through designing or finding appropriate interventions. The Discussion Guide lacks direction in terms of matching supports to student needs and leading teams through the process of acting on the data. While understanding the data are helpful and important, guidance to act on that data are critical.

### **Changes Made to the Discussion Guide**

The researchers revised the original Discussion Guide after analyzing the focus group data, which is in Appendix B. The Discussion Guide was broken into three meetings. Each meeting contains a section that is to be completed before the team gathers. A new chart was added to the second meeting for better visualization of critical information gathered for high-risk students. Finally, the third meeting includes the addition of a section to drive action and guide teams through identifying interventions that may sufficiently support their student body, small groups of students, and individual students.

### **Appropriate and Effective Use of the Discussion Guide**

The Discussion Guide was designed to function strictly with the SRSS-IE. It is not a universal document to be used to analyze and interpret data from any other screener, although it is possible that it could be adapted to work with other screening processes. The Discussion Guide is likely to be most effective if used closely after the SRSS-IE is completed, while data are current. If schools screen their student body multiple times a year, as best practice recommends

(Marchant et al., 2009; Mellard et al., 2009), the Discussion Guide should be used after each screening occurrence.

Meeting as teams to analyze the data are important. Mathews et al. (2014) explained that teams that effectively use data was a critical predictor to sustaining positive behavioral interventions and supports (PBIS) efforts in schools. It is recommended that teams work through the Discussion Guide in the order stipulated, carefully completing each step as the data are reviewed.

Storing the analysis data (e.g., on a secure shared drive) yielded from completing each step of the Discussion Guide is recommended so that all members of the team and important stakeholders can refer to this analysis. Means et al. (2009) reviewed data storage practices in schools and stressed the importance of data access. Without the ability to access data, it is difficult to make data-driven decisions. Allow the data to drive important decisions in regard to supports for the student body is critical (Young et al., 2011) and access to data may make this possible.

### **Implications for Practice**

When teams engage in a screening process that is intended to identify at-risk students, they may initially consider the cost of the instrument, the time needed to administer the measure, and then summarize the data. However, as teams move to analyzing and using their data to make instructional decisions, they may not realize the time intensive nature of understanding and integrating data, then using the data to match students to supports. Our participants indicated that actually reviewing and using their data required a great deal more time than they anticipated, and teams are encouraged to plan for several meetings and allot time before meetings to organize their data.

When using the Discussion Guide, teams are encouraged to have the data available for team members and to plan for at least two to three meetings to thoroughly analyze the data and plan for developing student supports. Several tasks (e.g., compiling SRSS-IE data and numbering categories) are best completed before each meeting to increase meeting efficiency. Deciding who will complete these pre-meeting tasks also contributes to effective use of all team members' time.

As teams establish routines for using the Discussion Guide, they are encouraged to determine what other data points will be helpful to have to better understand individual students as well as group trends. For example, one team may determine that the additional data points they would like to consider are attendance, ODRs, and grades. The data available will vary by school and possibly by grade.

Similarly, teams are encouraged to identify the resources and programs that are available in their specific school to support at-risk students before reviewing their data so that they are aware of how to match student needs with resources. This guide developed by the National Technical Assistance Center on Positive Behavior Interventions and Supports (Center on PBIS, 2021) could be valuable in helping school teams identify programs and supports that are in place and how those supports may overlap or align with student needs.

### **Limitations and Implications for Future Research**

One limitation of following a strict content analysis design is that all language is considered literally. Each statement that a participant makes is understood and analyzed by the researcher as if the participant meant exactly what they articulated. Additionally, conducting a content analysis in a focus group also limits how many times an idea is counted. If one participant shares an idea that many other participants agree with, it is unlikely that other

participants will repeat that idea. In a content analysis this is challenging because while perhaps five of the participants may have agreed with the statement, it is only counted once because it was only said once.

Because teams did not report using other strategies or guides when discussing their screening data, the results of this study do not provide a comparison to other strategies or guides that may be useful. In fact, many teams shared with the researcher that they had never gathered in a group setting to review screening data, and familiarity with the questions and process may influence perspectives about the usefulness of the Discussion Guide. Future research could consider how the Discussion Guide works for elementary teams compared to teams in secondary schools. Additionally, the effective use of the discussion guide may vary geographic characteristics: urban schools may have different needs than rural schools.

Additionally, it is important to consider the interview questions that were asked during the focus groups. One potential limitation is that they were leading questions, influencing group responses. For example, the second interview question assumes that the Discussion Guide did contribute to efficiently reviewing school-wide data.

Future research may involve seeking a panel of experts to review the Discussion Guide and make recommendations for improvement. Using an expert panel of academics to review a new instrument may be effective at increasing content validity and is an important step in the instrument development process (Davis, 1992).

## **Conclusion**

Despite the limitations, the school teams who participated in this research study appreciated using the Discussion Guide in their data-review meetings to better understand the SRSS-IE results. They offered praise, conveying its helpfulness in conducting more efficient

meetings and guiding the teams through the analysis process. The researchers made changes to the Discussion Guide in response to the recommendations expressed during the focus groups and are eager to continue adjusting the document as research continues until an effective data-review assistance document is produced.

## REFERENCES

- Anderson, S., Leithwood, K., & Strauss, T. (2010). Leading data use in schools: Organizational conditions and practices at the school and district levels. *Leadership and Policy in Schools, 9*(3), 292-327.
- Auster, D. (1956). Content analysis in audio-visual communication research. *Audio Visual Communicaiton Review, 4*(4), 102-108.
- Benner, G. J., Kutash, K., Nelson, J. R., & Fisher, M. B. (2013). Closing the achievement gap of youth with emotional and behavioral disorders through multi-tiered systems of support. *Education and Treatment of Children, 36*(3), 15-29.
- Berg, B. L. (2001). *Qualitative research methods for the social sciences* (4<sup>th</sup> ed.). Allyn and Bacon.
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children, 71*(2), 195-207.
- Buttner, S., Pijl, S. J., Bijstra, J., & Van den Bosch, E. (2016). Personality traits of expert teachers of students with EBD: Clarifying a teacher's X-factor. *International Journal of Inclusive Education, 20*(6), 569-587.
- Campbell, A. R., Bowman-Perrott, L., Burk, M. D., & Sallese, M. R. (2018). Reading, writing, math, and content-Area interventions for improving behavioral and academic outcomes of students with emotional and behavioral disorders. *Learning Disabilities: A Contemporary Journal, 16*(2), 119-138.
- Center on PBIS. (2021). *Practice Guides*. <https://www.pbis.org/resource/technical-guide-for-alignment-of-initiatives-programs-and-practices-in-school-districts>
- Ci3T. (2021). *Systematic Screening*. <https://www.ci3t.org/screening>

- Clemens, N. H., Keller-Margulis, M. A., Scholten, T., & Yoon, M. (2016). Screening assessment within a multi-tiered system of support: Current practices, advances, and next steps. In *Handbook of response to intervention* (pp. 187-213). Springer.
- Crone, D. A., Carlson, S. E., Haack, M. K., Kennedy, P. C., Baker, S. K., & Fien, H. (2016). Data-based decision-making teams in middle school: Observations and implications from the Middle School Intervention Project. *Assessment for Effective Intervention, 41*(2), 79-93.
- Davis, L. L. (1992). Instrument review: Getting the most from a panel of experts. *Applied Nursing Research, 5*(4), 194-197.
- Drummond, T. (1994). The student risk screening scale (SRSS). *Grants Pass, OR: Josephine County Mental Health Program*.
- Earl, L., & Katz, S. (2002). Leading schools in a data-rich world. In *Second international handbook of educational leadership and administration* (pp. 1003-1022). Springer.
- Eklund, K., Renshaw, T. L., Dowdy, E., Jimerson, S. R., Hart, S. R., Jones, C. N., & Earhart, J. (2009). Early identification of behavioral and emotional problems in youth: Universal screening versus teacher-referral identification. *The California School Psychologist, 14*(1), 89-95.
- Ervin, R. A., Peacock, G. G., & Merrell, K. W. (2009). The school psychologist as a problem solver in the 21st century. In *Practical handbook of school psychology: Effective practices for the 21st century* (pp. 3-115). The Guildford Press.
- Every Student Succeeds Act, 20 U.S.C. § 6301 (2015).



- Florida Department of Education. (2014). *Multi-tiered systems of support: An introduction*.
- Florida Department of Education. <http://www.fldoe.org/finance/school-business-services/fl-department-of-edus-multi-tiered-sys.stml>
- Forness, S. R., Freeman, S. F., Paparella, T., Kauffman, J. M., & Walker, H. M. (2012). Special education implications of point and cumulative prevalence for children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders, 20*(1), 4-18.
- Forness, S. R., Kim, J., & Walker, H. M. (2012). Prevalence of students with EBD: Impact on general education. *Beyond Behavior, 21*(2), 3-11.
- Glover, T. A., & Albers, C. A. (2007). Considerations for evaluating universal screening assessments. *Journal of School Psychology, 45*(2), 117-135.
- Harrison, J. R., Vannest, K., Davis, J., & Reynolds, C. (2012). Common problem behaviors of children and adolescents in general education classrooms in the United States. *Journal of Emotional and Behavioral Disorders, 20*(1), 55-64.
- Holsti, O. R. (1968). Content analysis. In G. Lindzey & E. Aaronson (Eds.), *The Handbook of social psychology* (Vol. 2, pp. 596-692). Addison-Wesley.
- Individuals with Disabilities Education Act of 2019. *Sec. 300.8 (2019)*
- Jenkins, J. R., Hudson, R. F., & Johnson, E. S. (2007). Screening for at-risk readers in a response to intervention framework. *School Psychology Review, 36*(4), 582–600.
- Kilgus, S. P., & Eklund, K. R. (2016, March). Consideration of base rates within universal screening for behavioral and emotional risk: A novel procedural framework. *School Psychology Forum, 10*(1), 120-130.
- Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied researchers* (3<sup>rd</sup> ed.). Sage.

Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research*.

Sage publications.

Lane, K. L., Little, M. A., Casey, A. M., Lambert, W., Wehby, J., Weisenbach, J. L., & Phillips,

A. (2009). A comparison of systematic screening tools for emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 17*(2), 93-105.

Lane, K. L., Menzies, H. M., Oakes, W. P., Lambert, W., Cox, M., & Hankins, K. (2012). A

validation of the Student Risk Screening Scale for internalizing and externalizing behaviors: Patterns in rural and urban elementary schools. *Behavioral Disorders, 37*(4), 244-270.

Lane, K. L., Oakes, W. P., Ennis, R. P., & Hirsch, S. E. (2014). Identifying students for

secondary and tertiary prevention efforts: How do we determine which students have Tier 2 and Tier 3 needs? *Preventing School Failure: Alternative Education for Children and Youth, 58*(3), 171-182.

Lane, K. L., Oakes, W. P., Harris, P. J., Menzies, H. M., Cox, M., & Lambert, W. (2012). Initial

evidence for the reliability and validity of the Student Risk Screening Scale for internalizing and externalizing behaviors at the elementary level. *Behavioral Disorders, 37*(2), 99-122.

Lane, K. L., Oakes, W. P., Lusk, M. E., Cantwell, E. D., & Schatschneider, C. (2016). Screening

for intensive intervention needs in secondary schools: Directions for the future. *Journal of Emotional and Behavioral Disorders, 24*(3), 159-172.

Lane, K. L., Oakes, W. P., Swogger, E. D., Schatschneider, C., Menzies, H. M., & Sanchez, J.

(2015). Student Risk Screening Scale for Internalizing and Externalizing behaviors:

- Preliminary cut scores to support data-informed decision making. *Behavioral Disorders*, 40(3), 159–170.
- Lane, K. L., & Walker, H. M. (2015). *Enduring issues in special education. Personal perspectives*. Routledge.
- Lane, K. L., Wehby, J. H., Robertson, E. J., & Rogers, L. A. (2007). How do different types of high school students respond to schoolwide positive behavior support programs? Characteristics and responsiveness of teacher-identified students. *Journal of Emotional and Behavioral Disorders*, 15(1), 3-20.
- Leung, F. H., & Savithiri, R. (2009). Spotlight on focus groups. *Canadian Family Physician*, 55(2), 218-219.
- Levitt, J. M., Saka, N., Romanelli, L. H., & Hoagwood, K. (2007). Early identification of mental health problems in schools: The status of instrumentation. *Journal of School Psychology*, 45(2), 163-191.
- Marsh, J. A., & Farrell, C. C. (2015). How leaders can support teachers with data-driven decision making: A framework for understanding capacity building. *Educational Management Administration & Leadership*, 43(2), 269-289.
- Marston, D., Muyskens, P., Lau, M., & Canter, A. (2003). Problem-solving model for decision making with high-incidence disabilities: The Minneapolis experience. *Learning Disabilities Research & Practice*, 18(3), 187-200.
- Mathews, S., McIntosh, K., Frank, J. L., & May, S. L. (2014). Critical features predicting sustained implementation of school-wide positive behavioral interventions and supports. *Journal of Positive Behavior Interventions*, 16(3), 168-178.

- McIntosh, K., & Goodman, S. (2016). *Integrated multi-tiered systems of support: blending RTI and PBIS*. The Guilford Press.
- Means, B., Padilla, C., DeBarger, A., & Bakia, M. (2009, Jan). *Implementing data-informed decision making in schools: teacher access, supports and use*. US Department of Education. <https://eric.ed.gov/?id=ED504191>
- Mellard, D. F., McKnight, M., & Woods, K. (2009). Response to intervention screening and progress-monitoring practices in 41 local schools. *Learning Disabilities Research & Practice, 24*(4), 186–195.
- Marchant, M., Anderson, D. H., Caldarella, P., Fisher, A., Young, B. J., & Young, K. R. (2009). Schoolwide screening and programs of positive behavior support: Informing universal interventions. *Preventing School Failure: Alternative Education for Children and Youth, 53*(3), 131-144.
- Neuman, W. L. (2011). *Social research methods: Qualitative and quantitative approaches* (7<sup>th</sup> ed.). Pearson Education, Inc.
- Newton, J. S., Algozzine, B., Algozzine, K., Horner, R. H., & Todd, A. W. (2011). Building local capacity for training and coaching data-based problem solving with positive behavior intervention and support teams. *Journal of Applied School Psychology, 27*(3), 228-245.
- Oakes, W. P., Lane, K. L., & Ennis, R. P. (2016). Systematic screening at the elementary level: Considerations for exploring and installing universal behavior screening. *Journal of Applied School Psychology, 32*(3), 214-233.

- Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, 8(3), 1-21.
- Ruby, S. F., Crosby-Cooper, T., & Vanderwood, M. L. (2011). Fidelity of problem solving in everyday practice: Typical training may miss the mark. *Journal of Educational and Psychological Consultation*, 21(3), 233-258.
- Severson, H. H., Walker, H. M., Hope-Doolittle, J., Kratochwill, T. R., & Gresham, F. M. (2007). Proactive, early screening to detect behaviorally at-risk students: Issues, approaches, emerging innovations, and professional practices. *Journal of School Psychology*, 45(2), 193-223.
- Shogren, K. A., Wehmeyer, M. L., Lane, K. L., & Quirk, C. (2017). Multitiered systems of supports. In *Handbook of research-based practices for educating students with intellectual disability* (pp. 185-198). Routledge.
- Sosa, L. V., Alvarez, M., & Cox, T. (Eds.). (2016). *School social work: National perspectives on practice in schools*. Oxford University Press.
- Tobin, T. J., & Sugai, G. M. (1999). Using sixth-grade school records to predict school violence, chronic discipline problems, and high school outcomes. *Journal of Emotional and Behavioral Disorders*, 7(1), 40-53.
- Walker, H. M. (1998). First steps to prevent antisocial behavior. *Teaching Exceptional Children*, 30(4), 293-304.
- Young, E. L., Caldarella, P., Richardson, M. J., & Young, K. R. (2011). *Positive behavior support in secondary schools: A practical guide*. Guilford Press.

## APPENDIX A

**Original Discussion Guide****Discussion Guide for Reviewing SRSS-IE Data****Reviewing and discussing group data**

	Internalizing	Externalizing
Number/percentage of students identified as low risk		
Number/percentage of students identified as some risk		
Number/percentage of students identified as high risk		

1. What do these results tell your team about the needs of students in your school?
2. What are the strengths of your student body identified by the results?
3. What are the biggest needs identified by the results?
4. How do your student supports, tiered interventions match the needs of students?

**Reviewing and discussing individual data**

1. Identify the students in the following categories:

Internalizing		Externalizing	
Some Risk Scores: 2-3	High Risk Scores: 4-15	Moderate Risk Scores: 4-8	High Risk Scores: 9-21

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Gather additional data

- Office Discipline Referrals
- Think Time
- Praise notes
- Attendance
- Academic scores (DIBELS, SAGE)

Summary

1. Review the students who have elevated scores.
2. Generate a ranked list of students that need additional support. (Those ranked #1 needing the most support).

Internalizing	Externalizing
1	1
2	2
3	3
4	4
5	5

3. Considering the needs of these students what are the behaviors that need to be addressed? Are there identifiable themes?

<b>Behaviors and Concerns</b>


1. What additional data needs to be collected?
2. What trends and patterns are evident in the data?
3. What social-emotional instructional strategies or supports could be used to meet student needs?
4. What data can be collected (or is already being collected) to identify if the interventions and supports are working?



## APPENDIX B

**Revised Discussion Guide****Discussion Guide for Reviewing SRSS-IE Data**

The Discussion Guide was created to aid teams as they review data from the SRSS-IE, helping them organize, interpret, and brainstorm next steps. An administrator should review the guide, select teams for each meeting, and instruct teams to follow each step of the Discussion Guide. Be aware that each meeting contains guidance for tasks that should be completed beforehand. Be sure to assign members to complete these tasks, bringing important data to the meeting for the team to discuss. Open discussion and active participation is recommended from all team members as each meeting is held and each step is completed.

**Meeting 1: Reviewing and discussing group data**

Complete before meeting:

	Internalizing	Externalizing
Number/percentage of students identified as low risk		
Number/percentage of students identified as some risk		
Number/percentage of students identified as high risk		

Complete during meeting:

1. What do these results tell your team about the needs of students in your school?
2. What are the strengths of your student body identified by the results?
3. What are the biggest needs identified by the results?
4. How do your student supports, tiered interventions match the needs of students?

**Meeting 2: Reviewing and discussing individual data**

Complete before meeting:

1. Identify the students in the following categories:

Internalizing		Externalizing	
Some Risk Scores: 2-3	High Risk Scores: 4-15	Moderate Risk Scores: 4-8	High Risk Scores: 9-21

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Gather additional data

- Office Discipline Referrals
- Think Time
- Praise notes
- Attendance
- Academic scores (DIBELS, SAGE)

Student	ODRs	Think Time	Praise Notes	Attendance	Academic Scores	Other

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Complete during meeting:

Summary

1. Review the students who have elevated scores.
2. Generate a ranked list of students that need additional support. (Those ranked #1 needing the most support).

Internalizing	Externalizing
1	1
2	2
3	3
4	4
5	5

3. Considering the needs of these students what are the behaviors that need to be addressed? Are there identifiable themes?

Behaviors and Concerns

1. What additional data needs to be collected?
2. What trends and patterns are evident in the data?
3. What social-emotional instructional strategies or supports could be used to meet student needs?
4. What data can be collected (or is already being collected) to identify if the interventions and supports are working?

**Meeting 3: Developing and matching interventions**

Complete before meeting:

1. What current school-wide interventions or supports are available at the school?
2. Identify school wide trends that indicate need for school wide support (Meeting 1).
3. Identify individuals and groups of students in need of support (Meeting 2).

Complete during meeting:

Resources for identifying interventions:

1. Work as a team. Who provides what services? (Consider school psychologist, social worker, PBIS coach, etc.)
2. Refer to past successes. What interventions have been effective in the past?
3. Explore Social Emotional Learning (SEL) curriculums. What SEL curriculums does the school have access to?
4. Work as a team to fill out the following charts:

Identified school-wide trend	Student body specific need	Interventions targeting need

Identified individual/group	Specific individual/group need	Interventions targeting need

5. Who will be involved with each intervention?
6. When will each intervention begin?
7. How will interventions be monitored and evaluated?