



Guidance on Using the DESSA-mini and DESSA in the Process of Mental Health Screening and Assessment



APERTURE EDUCATION



The DESSA-mini, in combination with the DESSA, provides a system for screening and assessment of the social and emotional strengths and needs of all children. This document describes how the DESSA system can help to identify and build the social and emotional competencies needed to reduce mental, emotional, and behavior problems and promote mental health. Guidance is provided on how the DESSA system should, and should not, be used in mental health screening and assessment.

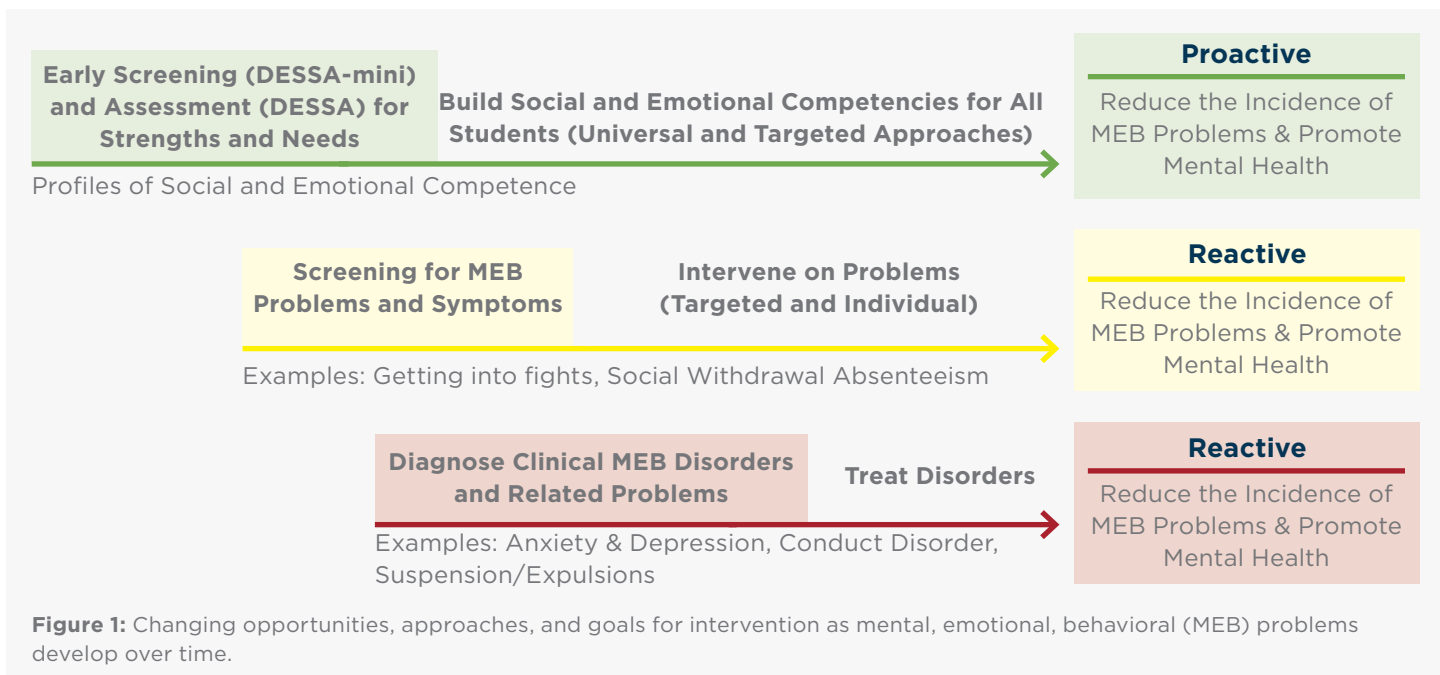
Overview

Students with low social and emotional competence are more likely to develop mental, emotional, and behavioral (MEB) problems. If not addressed early these problems can increase in number and severity, becoming difficult and costly to remedy. Figure 1 shows that students'

mental health needs can be identified and supported at different stages of development. The DESSA system follows an early approach to screening and assessment that:

- Proactively identifies the strengths and needs of all students *before problems develop*
- Builds the social and emotional competencies of *all* students, which both protects them from developing MEB problems, and promotes their mental health beyond the absence of problems

In contrast, waiting until MEB problems reach later stages of development is a reactive, deficit-oriented approach that focuses on problem reduction, or treatment, for a limited number of students.





What is universal mental health screening?

- Universal mental health screening provides an indication of how well *all* students are doing, and whether some students need additional support and services. It is a component of a comprehensive, multi-tiered system of school-based support (MTSS).
- Schools often engage in universal mental health screening to gain an overall understanding of each student’s social, emotional, and behavioral competence. This information can help with the identification of students that might benefit from additional assessment to pinpoint specific areas of strength and need.
- Ideally, mental health screening begins before students develop MEB problems or symptoms and is done regularly (early and mid-year) to identify any students whose social and emotional competence may have changed since the previous screening.
- Student screening is usually completed by educators and may also involve parents and the students themselves.



How are universal screening and assessment different?

- **Universal screening** is a brief method to provide an overall indication of each student's relative strength or need. For example, as a universal screener, the DESSA-mini provides an efficient way to quantify social and emotional competence along a continuum ranging from a clear need for instruction to proficiency.
- **Assessment** involves more in-depth measurement to provide information on students' specific social and emotional strengths and needs. For example, the DESSA identifies each student's profile of strengths and needs across eight social and emotional competencies, as well as providing an overall score of social and emotional competence.

- As shown in Figure 2, **when combined**, screening and assessment offer an efficient and powerful approach to develop instructional interventions that recognize the strengths and needs of all students. For instance, the DESSA-mini can be used to screen all students and identify those whose overall social and emotional competency scores indicate a need for instruction. The DESSA can then be used to assess areas of strength and need for these students. Cumulatively, this information can be used for progress monitoring. When linked with data from outcome evaluation, the DESSA system provides a powerful guide for the development and improvement of universal and targeted instructional interventions designed for all students.

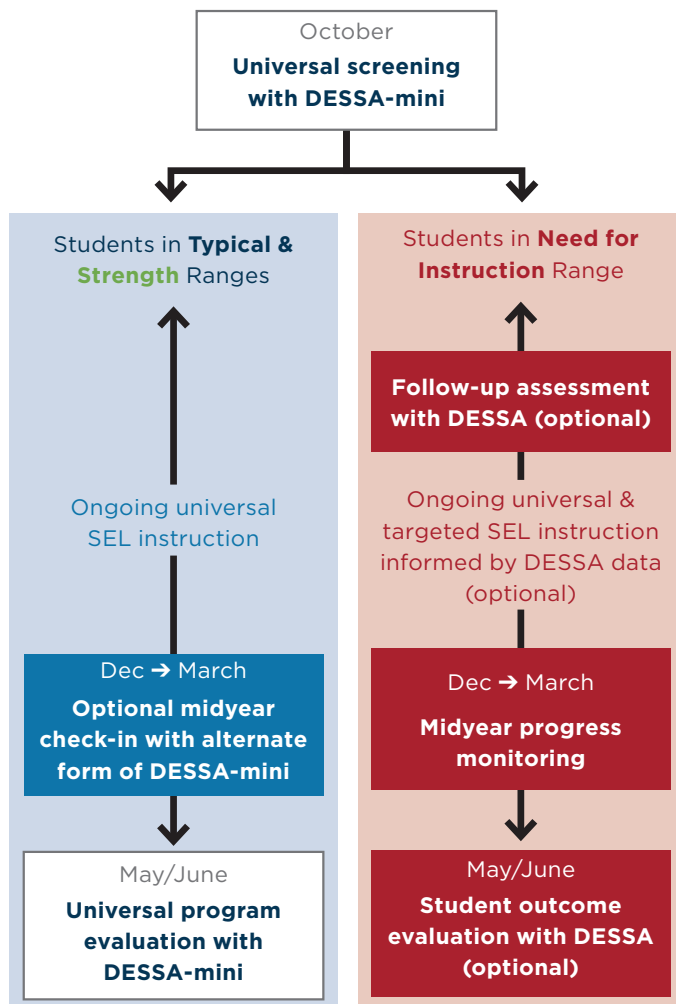


Figure 2. Illustration of how the DESSA-mini and DESSA can be used together to screen and assess across the school year.



Why engage in screening and assessment?

- Up to 20% of school-age children and youth in the U.S. have a mental, emotional, or behavioral (MEB) disorder that interferes with learning. Waiting until MEB problems develop to a level of severity requiring remedial services and treatment is a reactive approach that is difficult, costly, and time-consuming.
- Because children often show risk factors, or early signs, of MEB problems, a screener allows for proactive identification of early threats to well-being for all children so that competencies, or protective factors, can be promoted to help reduce the incidence of MEB problems from developing. It also supports the use of strength-based approaches to promote mental health.
- The National Association of School Counselors and National Association of School Psychologists (2021) recommend that schools conduct universal social and emotional screenings to help prioritize equitable and culturally sensitive efforts to address social and emotional learning (SEL) and mental and behavioral health needs of all students and offer support to those at higher risk for significant stress or trauma.
- Considerable research shows SEL programs can build students' social and emotional competence which has the dual benefit of promoting positive indicators and reducing negative indicators of students' mental, emotional, and behavioral health.



What is a strength-based approach to mental health screening and assessment?

- MEB screeners that focus on problem behaviors can lead to a deficit view of mental health focused on student weaknesses and problem areas.
- Strength-based screening and assessment views students positively and evaluates the presence of skills, competencies, or assets associated with positive outcomes such as academic success and mental health (LeBuffe et al., 2021).
- The DESSA-mini and DESSA are strength-based because the items query positive behaviors (e.g., get along with others) rather than maladaptive ones (e.g., annoy others).



Why does Aperture promote strength-based screening and assessment?

- A universal approach to mental health screening should provide an indication of well-being for all students. The ability to focus on and rate student strengths, as opposed to negative and undesirable behaviors, is often more acceptable to educators, parents, and students. When raters are comfortable with the items, they may be more apt to complete screening for all students (e.g., Rosas et al., 2006).
- The combination of strength-based screening and assessment plays a key role in educational equity by ensuring that all students have the skills necessary to benefit from instruction. This perspective fits well with an MTSS framework aimed at providing each student with the appropriate level of support to be successful.
- Strength-based assessment provides knowledge of specific strengths that can be leveraged to help students in need of instruction acquire skills they have not yet learned. For example, this knowledge can guide the use of evidence-based approaches to reduce the frequency and severity of any challenging behaviors, and to promote additional social and emotional competencies and skills to foster the school success, resilience, and mental health for all students.
 - These approaches include: (1) creating positive learning environments to support mental health, (2) offering universal SEL programming, and (3) providing early intervention to those students in need of additional support.
- Strength-based assessment provides a positive way to view and discuss students' assets and needs with key stakeholders, including parents and the students themselves. These authentic and affirming discussions provide a foundation for strong relationships.



How does the DESSA system follow best practices in mental health screening?

The Aperture System includes the DESSA-mini and DESSA to provide screening and assessments of risk and protective factors that guide the implementation of effective intervention programming. The process follows best practices in screening and prevention (e.g., Romer et al., 2020):

- It is provided on a user-friendly, web-based platform.
- Training is provided, which reduces teacher bias and results in more accurate and reliable results.
- It is quick, requiring about 1 minute per student for screening with the DESSA-mini, and about 5-to-7 minutes per student for follow-up assessment with the full DESSA.
- It is highly useful – the results are immediately accessible, and educators can understand the findings and what they mean for student needs.
- It is appropriate for students in grades K-12 and the DESSA-mini includes four alternate rating forms. Together, these features permit early and follow-up screening and progress monitoring during a given school year.
- Results can be viewed at multiple levels (i.e., student, classroom, grade, school, and district) and integrated with other data collection systems. This allows educators to monitor intervention efforts and identify individual changes in student’s profiles of strengths and needs.
- Assessments demonstrate validity for their intended purposes, and are reliable, efficient, and non-stigmatizing.
- The DESSA-mini screener shows acceptable sensitivity and high specificity. For educators and practitioners, this strikes a good balance between the desire to identify all students who need preventive MEB interventions while avoiding overidentifying students that do not require intensive and costly forms of support.
- It is appropriate for students diverse in age and race/ethnicity in the U.S.
- In early grades, teacher information is prioritized because of their extensive experience with students. In adolescence, student-ratings are included to provide youth perspective that captures their full experience in and out of school. Parents are potential raters throughout development and essential in the early years.



What makes the DESSA-mini a technically sound screener and why is this essential?

- The purpose of screening data is to support evidence-based decision making to help ensure all students have the supports they need for complete mental health.
- As part of a mental health promotion process, the success of all subsequent steps depends on the success of the initial screening.
- A screener must be technically sound to be successful. The DESSA-mini is a technically sound screener supported by multiple forms of psychometric evidence.
- The DESSA-mini is a “fair test” because it performs similarly across student subgroups (e.g., age/grade, gender, race/ethnicity, economic need, geographic region).



Is there evidence the DESSA system predicts student outcomes?

Yes, and this is also an area of ongoing study.

- Using the DESSA-mini, students screened as having a “need for SEL instruction” at the beginning of the year were 4.5 times more likely to have a record of serious disciplinary infraction at the end of the school year compared with those who were not identified.
- In a sample of children experiencing learning and emotional problems, parents’ DESSA ratings showed that children with lower social and emotional competence also had higher degrees of daily situational impairment in the home. In contrast, tests of children’s cognitive functioning did not predict these home impairments.



How should mental screening and assessment results be used?

Screen to intervene. If data are not used, then they are useless. Results should help school teams make decisions, problem-solve, progress monitor intervention implementation and outcomes, and communicate with stakeholders. Therefore, screening and assessment results:

- **Should** be interpreted by those trained on the DESSA.
 - **Should** be examined by disaggregating data into subgroups.
 - **Should** inform the implementation of a multi-tiered system of social and emotional support in school and out-of-school communities.
 - **Should** be included as part of an established continuous quality improvement plan to use data to support the mental health of all students.
 - This plan should consider multiple levels of a student's experience, be culturally and community relevant through collaboration with key stakeholders, and include resources to ensure appropriate staff are available, trained, and supported to implement next steps.
 - **Should** be used in conjunction with other student data (e.g., attendance, academic performance, discipline) gathered from multiple informants and methods, and consider student cultural background, to increase accuracy of decisions.
- **Should** involve timely reflection with stakeholders that are well-informed about the DESSA.
 - **Should** follow the educational institution's established protocols for anonymity and confidentiality when discussing results with students, families, and educators at different levels of aggregation (e.g., student, classroom, program, school, district).

The DESSA-mini and DESSA provide an estimate of a student's social and emotional strengths and needs at the time of administration. They are not designed to detect all student needs, or all students in need of additional support. Therefore, screening and assessment results:

- **Should not** be used to screen for, or assess, specific mental health problems, or behavioral risks (e.g., risk of violence or suicide).
- **Should not** serve as the sole basis for making high-stakes decisions such as for diagnostic purposes or placement changes.
- **Should not** be used with populations outside the U.S. for whom norms have not been established.

References

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Aperture Education has empowered over 6,500 schools and out-of-school time programs across North America to measure, strengthen, and support social and emotional competence in K-12 youth and educators. The Aperture System includes the DESSA suite of strength-based assessments, CASEL™-aligned intervention strategies, and robust reporting, all in one easy-to-use digital platform. This system enables education leaders to make strategic, data-based decisions about SEL within their organizations. Aperture has supported more than one million students in their social and emotional growth and continues to develop innovative solutions to bring the whole child into focus. To learn more, visit www.ApertureEd.com.