

REVIEW

Universal Screening to Improve Early Identification of Students at Risk for Emotional and Behavioral Problems in the Post-COVID Era



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Abstract: In the post-COVID era, there is an urgent need for institutions and educators to apply enhanced detection approaches for the early identification of subtle warning signs of students' emotional and behavioral concerns that may impede their learning. This need is considerably greater in those systems where school-based support provision for students in need is still at a rudimentary level of development, such as in the Greek system. Recently, there has been a shift in school-based support provision, from a focus on assessment of existing problems to a focus on prevention and early identification of subtle warning signs of students' emotional and behavioral concerns, which may impede their learning. However, such a shift certainly poses significant challenges for general, special educators and other professionals. In this paper, we examine some of the main obstacles that are likely to impede the early detection of learning, social, and emotional challenges among students in Greek primary schools. These barriers appear to be linked to the prevailing paradigm underlying school-based support, the practices used in educational institutions to identify students at risk of learning and psychosocial problems, and the role that teachers and school-related professionals play in identifying and addressing students' needs and difficulties.

Keywords: student emotional and behavioral problems, prevention and early intervention practices, prevention approaches, primary schools, universal screening, post-COVID era in schools

1. Introduction

In the years following the COVID-19 pandemic, primary education schools in many systems, including those in Greece, have been faced with an increase in the prevalence rates of students displaying behavioral and emotional problems with potentially detrimental effects on their learning outcomes and school adjustment [1–5]. These problems mainly include internalizing behaviors, such as anxiety, sadness, and social withdrawal, and/or externalizing behaviors, such as disruptiveness, noncompliance, and aggression toward others [6, 7]. These problems generally affect in some way approximately 11% of the school population as shown by data from a national sample of Greek primary school children [7]. However, significant discrepancies are found between the types of difficulties that boys and girls display. Overall, boys tend to have more behavioral and emotional problems than girls. Also, boys tend to present more externalizing behavior problems than their female classmates. On the other hand, female students experience emotional difficulties more often than boys [6, 7].

International literature [8–15] points to the positive results associated with the implementation of universal screening instruments

for the early identification of subtle warning signs of students' emotional and behavioral concerns that may impede their learning. If these maladaptive behaviors remain undetected and consequently untreated, then it is likely that they will increase in severity, resulting in detrimental long-term effects on students' learning outcomes and well-being up to, and into, their adulthood [16–18]. As a result, proactive universal screening recently constitutes a key component of Multi-Tiered Systems of Support (MTSS), which represents the foundation for the service delivery model recently recommended by legislation in the USA and Australia [14, 19–21]. Recently, the European Commission's recommendations to European schools and teachers place great emphasis on the implementation of MTSS in educational institutions as a means of responding early to the emotional and behavioral challenges of their students and promoting their overall mental health and well-being [13, 19, 20, 22, 23]. However, for a significant number of European primary education institutions, the implementation of the proposed initiatives has not yet taken place.

The need for early detection of students at risk to develop emotional and behavioral concerns appears to be more urgent in those systems such as in the Greek one, where school-based support provision for students in need is still at an early stage of development [11, 24–27]. To mitigate the need to refer students to special education, it is therefore important to identify potential barriers that

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prevent educational institutions and teachers from implementing prevention and early intervention approaches within their classrooms. Some of these critical barriers appear to be significantly related to the distinct stages of development of school-based support services in different education systems and thus to their respective unique operational characteristics. In line with this rationale, we first very briefly outline the key benefits of implementing school-based support services that emphasize prevention and early intervention practices. Second, we analyze in greater detail the current model of school support services available in Greek educational institutions and examine some of the main barriers that are likely to prevent early identification of social, emotional, and learning challenges among Greek primary school students. These barriers appear to be linked to (a) the dominant paradigm governing current school support and (b) the practices used in Greek educational institutions to identify students at risk of learning and psychosocial problems [24, 26, 28, 29]. Finally, we outline some implications for school-related professionals, external support services, and educators regarding the identification and early support of the needs of students presenting emotional and behavioral concerns. These implications apply not only to the Greek context but also to other European systems and beyond that are still at an early stage of implementing school-based mental health services to support students facing emotional and behavioral challenges.

2. A Change in the Model of School Support Provision: Prevention Versus Remediation

Over the last decade, a paradigm shift has taken place in the field of school-based support provision, which is encouraging institutions to take ownership for the academic, social, and emotional challenges and concerns of their students and to deliver support to their entire student population, regardless of the magnitude of their difficulties and level of their needs. This new paradigm encapsulates proactive universal screening either as a component of MTSS or as a standalone assessment practice [18, 23, 30–34]. Typically, proactive universal screening involves the use of brief measures that accurately detect the presence of risk and early signs of potential difficulties in a range of multiple interrelated domains of student functioning that may result in negative academic, social, and emotional outcomes [9, 20, 35–37]. Student risk factors refer to any adverse individual or contextual trajectory or influence that may cause the development of negative behaviors or jeopardize optimal learning, emotional/behavioral functioning, and achievement [18, 38, 39]. Given that students spend a considerable amount of time in school, combined with the fact that there are a large number of young people that can be reached in these settings, educational institutions—especially primary schools—are considered a fertile ground for identifying risk factors and intervening to improve the mental health of students. This way, students will be more easily included in mainstream classrooms [13, 34, 40, 41].

As far as the key benefits associated with conducting universal screening in schools are concerned, one major benefit for educational institutions and teachers is that it links assessment outcomes to intervention planning and implementation through data-driven decision-making [33, 42, 43]. By drawing its fundamental principles from Response to Intervention (RTI) and Positive Behavioral Interventions and Supports (PBIS) [21, 24], it offers an efficient means of collecting data on students' emerging or already evidenced learning and emotional and behavioral risks and difficulties. These collected data can then be used to inform the school's decision-making regarding the evidence-based preventive and early intervention

supports that should be implemented, given the severity of students' needs [24, 37, 44].

An additional benefit is that universal screening may detect student risk in a timely manner and therefore mobilizes school resources to provide support to those students who may benefit from early intervention or prevention strategies before their difficulties become more severe and harmful and warrant their referral to special education services [8, 34, 45, 46]. It is primarily an approach aimed at promoting the learning experiences of all students while enhancing their social and emotional functioning and preventing the escalation of risks or challenges that may lead them to experience academic failure [25, 44, 46].

Furthermore, given that proactive universal screening is typically used at the whole school or classroom level, this avoids the stigmatization of individual students and provides schools with information to assist in the development of an integrated approach to promote the academic, emotional, and social development of all students [44, 45, 47].

When considering universal screening within primary schools, the limited manpower training and cost resources required for its implementation, combined with its feasibility and ease of use, are certainly additional favorable parameters. In fact, research shows that primary school teachers are in the best position to implement the universal screening of students and that both teachers and learners favor whole-class screening and interventions to avoid the stigmatization of individual students [7, 12, 34].

Overall, proactive universal screening represents a new, promising, low-cost but accurate method of preventive assessment that identifies the progressive risk levels of students facing academic, social, and emotional challenges and uses the resultant data to inform decisions about the allocation of student support [44, 46]. The training of teachers in administering, scoring, and applying proactive universal screeners within their settings takes less than an hour. Finally, it allows teachers to comfortably complete the screening of an entire classroom of 28–30 students in about half an hour [24, 34, 46].

3. Barriers to the Implementation of Universal Screening in Schools for Students

3.1. Presenting emotional and behavioral challenges

Despite the key benefits related to the use of universal screening and its endorsement by researchers, professional organizations, and federal policy mandates, its realization in American schools has been very slow, with strikingly low rates of implementation at a national level [41, 44, 46]. The primary barriers identified by stakeholders and educators to conducting universal screening have tended mainly to relate to the lack of knowledge about approaches to students presenting emotional and behavioral problems, the lack of willingness to change their practices, concerns about the potential stigmatization of individual students, and additional workload, along with financial costs involved and availability of materials [19].

Some of the barriers to implementing universal screening might be different, however, for those educational systems in which the provision of mental health support has not traditionally been seen as within the mission and purview of the school. Although the case of Greece certainly represents a distinct example of insufficient school mental health support, some similarities may be identified with other education systems either within or beyond Europe, which are also still at an early stage of providing mental health

support at school [26, 28, 29, 48]. Usually in these educational systems, school support is mainly reactive in nature and is based on a problem-focused assessment of individual students who are facing predominantly serious academic rather than psychosocial problems [24, 26, 28, 29]. Such an approach hinders the development of broader classroom or school-wide preventive approaches aimed at addressing the potential risks, needs, and difficulties of all students [24, 26]. Education systems with a short history of school mental health support, such as the Greek one, tend to be restrictively academically oriented, as well as rigid in taking initiatives, developing staff collaborative practices, and building bridges with community public mental health institutions and services [24, 26]. Traditionally, these education systems mostly place emphasis on the remediation of individual student academic problems and the improvement of achievement without taking into consideration the intersectional nature of learning and psychosocial difficulties and therefore implementing holistic approaches targeting the “whole child” and their overall well-being [22, 47]. In these cases, schools often do not have the resources and specialized staff to carry out interventions aimed at preventing students’ mental health problems. Consequently, this is entirely left upon the goodwill of the special teachers appointed in schools and the participation of students in outdated modes of special education support services operating within mainstream schools [24, 26, 48]. Considering the characteristics and limitations briefly outlined above, it is not altogether surprising that in these traditional systems, inclusive education still remains at a rudimentary level of realization [26].

Below, we analyze the diverse new challenges and demanding roles that the recent shift—from an emphasis on remediation to a focus on preventive approaches in schools—entails for Greek general and special education teachers and school-related professionals. By contextualizing the barriers faced by Greek primary schools in trying to respond promptly to the growing academic, behavioral, and emotional difficulties of their students, some potential paths forward may emerge that might also be useful in other educational systems that are at an early stage in the provision of school-based mental health supports. These barriers appear to be related to (a) the role and practices adopted and implemented by teachers and school-related professionals and (b) the kind of support students in need ultimately receive.

4. Traditional and Restrictive Support Services in Greek Primary Schools

Current trends in other systems emphasize the provision of proactive support to all students, regardless of the type and intensity of the challenges they face. In contrast to the current trends above, school support services for Greek students in need still rely heavily on a traditional and outdated, reactive paradigm that creates corresponding practices [24, 26]. Despite the various reforms that have taken place throughout the years toward the realization of inclusive provision and support service delivery, these have failed to address the needs of present-day Greece, such as the increasing number of students who are either at risk or already exhibiting emotional and behavioral problems [4, 7, 25]. The traditional philosophy of the schooling system, along with its centralistic administration, hinders the establishment of collaborative practices between the teaching staff and their communication and collaboration with community-based mental health professionals [24, 26].

In recent decades, it has been common practice in Greece to engage psychologists through special schools at primary and secondary levels, but not through mainstream educational institutions. A positive and long-term expectation of teachers regarding

the appointment of psychologists in some general schools was realized for the first time during the academic year 2021–2022, with the educational press underlining the intention of the Ministry of Education to extend their appointments to even more schools in the next years. However, so far, no accreditation or specialization in school psychology is required for appointing psychologists to general schools.

Traditionally, the predominant model in the field of education concerning the provision of school support services has been reactive and is based on a “wait until they fail” approach on the part of the student, in combination with a “wait to act” strategy on the part of the school. This approach is applied until the magnitude of academic, emotional, and behavioral challenges becomes so intense that it justifies a referral to special education support services [24, 29]. Within this school context, special education teachers have traditionally adopted the role of gatekeepers for student referrals to special education services [24, 26]. Referral of students to special education services is either prescribed in an assessment report constructed by the diagnostic and evaluation centers that operate in local education authorities (LEAs) or is based on the assessment of students’ learning needs and difficulties that is carried out by the special teacher appointed in school [24]. The main task of the interdisciplinary staff employed in these centers, which mainly consist of psychologists, social workers, specialist teachers, pediatricians, and speech therapists, is to carry out a thorough evaluation of individual students in specific areas of functioning and development. The result of this evaluation is usually provided in a diagnostic report that mainly classifies the students being assessed into specific categories of disorders and often, but not always, briefly describes some guidelines for providing special education support that would be beneficial to the particular student. The school then acts on the diagnostic report and its built-in recommendations to refer individual students to special education services operating in mainstream schools.

School-based special education services predominantly include that of an outdated “pull-out” model in resource settings operating within mainstream schools, wherein students receive support from the special education teacher for some hours each week. Such an outdated deficit-model paradigm of school-based support provision deprives many struggling students of the opportunity to receive early intervention, possible only if early signs of emerging difficulties had been detected [24, 26].

At the same time, it is worrying that population-based studies conducted in the USA and Europe have repeatedly documented that only a very small minority of students with academic, emotional, and behavioral concerns are identified early and treated effectively by school-based psychological services within the problem-based paradigm [12, 14, 35].

In fact, data from Greece show a critical time delay between the referral of the student to the centers formerly known as diagnostic and evaluation centers operating in LEAs and the allocation of resources and the provision of targeted educational support [24]. Furthermore, as special education teachers claim, the diagnostic classification of the referred students into categories of disorders, along with the advice these centers provide to schools, is ultimately of little value in informing the objectives of educational interventions and the optimal strategies to be followed to meet these objectives [24, 29].

The relatively recent reestablishment of the educational consulting and support centers, which replaced the aforementioned diagnostic and evaluation centers and their wider range of responsibilities, has certainly brought a sense of freshness to the Greek education system. Although the assessment of “individual student’s

needs” continues to dominate their responsibilities, the pertinent legislation governing their operation and duties makes clear reference to prevention, early detection of students’ learning, and psychosocial risks at the classroom level, as well as the implementation of special interventions aimed at improving their overall psychosocial functioning and well-being. The pertinent legislative directives also place an emphasis on the provision of training to school staff on the early detection of risk factors and prevention of potential academic failure of students via bolstering their social and emotional skills and thereby ensuring their academic success.

Given that universal screening provides equal opportunities for all students, this may therefore be an opportune time for school consultation and support services to include the use of universal screening tools and the provision of training to teachers for conducting screening in their classrooms as one of their responsibilities. Such a development might succeed in focusing attention on prevention, early identification, and early intervention implementation within Greek education institutions.

5. Implications for the Development of Efficacious School-Based Support Provision in Primary Schools

In order for the Greek and other education systems with similar characteristics to engage successfully in school-based prevention frameworks for early identification of their students’ emotional and behavioral concerns, it is of paramount importance for LEA leaders, school stakeholders, and related professionals to recognize and strengthen the potential levers for supporting change, such as educators’ relative knowledge, willingness to change, feasibility of implementation of proposed initiatives, availability of needed human and technical resources, collaborative practices among school-related professionals, and pertinent existing consultation centers and services [25, 26].

In particular, as was previously mentioned, education systems that are still at an early stage of school-based support provision tend to be highly academically oriented, inflexible in terms of administration, and less receptive to change. Accordingly, such systems share a restricted traditional culture about educational outcomes that focuses almost exclusively on students’ learning and academic performance at the expense of identifying and addressing their psychosocial needs and concerns [24, 25]. For Greek schools to meet the multiple challenges that students already face, and which are likely to increase in the coming years, they need to deviate from their predominant focus on academic achievement by focusing on aspects related to children’s mental health [17, 24, 40].

However, for Greek schools to play a broader role in promoting the optimal psychosocial functioning and adaptation of their students, it is of the utmost importance that the special and general education staff jointly take on and share responsibility for mitigating potential risk factors that may contribute to the accumulation of the difficulties their students face in academic, emotional, and social domains.

Additionally, special education teachers in general schools can extend their traditionally restrictive role by serving as coordinators in building bridges of cooperation with the support consultants and related professionals to implement short training protocols for their mainstream colleagues. These collaborative practices are likely to facilitate teachers’ engagement in universal screening programs [24].

Yet, it is also imperative that the psychologists, social workers, and other relevant professionals working in school consultation and support services become actively involved in identifying and responding to the concerns and demands for professional

development regarding students with emotional and behavioral problems—not only for special education teachers but also their general education associates. As evidence based on a nationally representative sample of US public schools shows, the early identification and management of students with emotional and behavioral concerns, including the use of universal screening, were found to be strongly associated with teachers’ knowledge of approaches to social and emotional problems, as well as their willingness to change their practices [24]. This training on approaches to supporting student social and emotional concerns should be ahead of, not following, the accumulation of difficulties that students encounter.

Furthermore, consideration must be given to the technical adequacy of the screeners that are to be utilized for the early detection and amelioration of student mental health difficulties that undermine their learning development and performance [24, 37, 41]. The few existing student assessment instruments that have been adapted to the Greek context and are available to Greek schools and school-related professionals [49] mostly represent abbreviated versions of broadband measures and employ a multi-informant approach. These typically consist of brief rating scales that largely focus on identifying underlying or manifested symptoms of psychopathology that are linked to specific disorders. However, these traditional methods of assessment are of limited value to educators and other school-based professionals, as they do not link the resultant data with specific recommended instructional practices or school intervention strategies that benefit the students who are at risk for—or who already exhibit—emotional and behavioral concerns [6, 7, 47].

The traditional narrow approach to student assessment above has hindered the development and/or adaptation of universal screening instruments to the Greek context that identify broader indicators of school-based risk and focus on multiple aspects of student functioning and performance as opposed to explicitly emphasizing symptomatology of potential disorders [24]. When considering the relative dearth of universal screening instruments within the Greek context that focus on school-based risk across multiple interrelated aspects of student functioning, it becomes clear that there is a pivotal need for prospective researchers to examine the future availability of technically defensible and free tools and to test their appropriateness to serve various screening aims that education institutions are likely to set [24, 50].

The final step forward is to ensure that adequate training is available to all professionals and educators involved in the universal screening process and in the process of analyzing and linking the data collected to preventive strategies that benefit and support students who are identified as at risk for emotional and behavioral concerns. Data-informed decisions can then be made that will guide early intervention strategies and approaches to be implemented by teachers within their settings, as well as any potential referral of individuals identified as at risk for further assessment [11, 19, 24].

6. Conclusions

In order for the Greek system, and other educational systems with similar characteristics, to respond to the challenges of the academic and mental health needs of students in a post-COVID era, it is necessary for all those involved in the educational process and school administration to provide in-service training and school-related professionals as means to open up a new effective way forward.

To do so, it is critical that general and special education teachers prioritize those students who are at risk for academic, emotional, and behavioral problems. Educators may therefore achieve this by

implementing class-wide universal screeners, which require limited training on their implementation and allow them to assess a whole class in a brief time [24].

Multiple studies and evidence from other contexts indicate that providing a brief training protocol to teachers that incorporates (a) information on indicators of student emotional and behavioral concerns, (b) methods of identifying risk factors, (c) a description of their precise role in this process, and (d) practice with ratings and receiving performance feedback by trainers is likely to have a positive impact. This training protocol will ultimately help increase teachers' acceptance and perceptions of effectiveness in participating in universal screening programs in their schools [19, 24].

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Conflicts of Interest

The authors declare that they have no conflicts of interest to this work.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

Author Contribution Statement

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