Devereux Student Strengths Assessment-mini (DESSA-mini)

K–8th Grade

A Universal Screening and Progress Monitoring System for Social and Emotional Competencies

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Technical Manual, Support Portal Version
(Items & Norms Redacted)

DESSA

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In the DESSA manual (LeBuffe, Shapiro, & Naglieri, 2009) we acknowledged the many contributions of our extraordinary colleagues at Devereux and the Devereux Center for Resilient Children. We remain both indebted to and inspired by these friends and coworkers. We would like to take this opportunity to recognize some outstanding professionals at two pilot sites who have helped us understand how to best use the DESSA-mini in applied settings.

The first pilot site was Bemiss Elementary School in Spokane, Washington. Under the leadership of Assistant Principal Susan Surby, Bemiss Elementary was the first school in the United States to implement the DESSA-mini for universal screening. The feedback and advice from the teaching staff and Ms. Surby was essential in guiding the final development of the DESSA-mini. We are also very appreciative of the assistance of Ms. Stacy Loudermilk, Manager of Early Learning and Child Care Programs, and Dr. Irene Gonzales, Executive Director of Teaching and Learning for the Spokane Public Schools, whose support was essential to the success of this project.

Our second pilot site was the Anchorage, Alaska, School District, whose staff is an exceptional model of leadership in the field of Social and Emotional Learning (SEL). For nearly two years, our colleagues in Anchorage have partnered with us to clarify how the DESSA and DESSA-mini can be used within the context of SEL programs to improve student outcomes. We are particularly appreciative of the efforts of Michael Kerosky, Supervisor of the Safe and Drug Free

Schools Program; Vickie Blakeney, K–12 SEL Curriculum Coordinator; and Xiaogeng Sun, PhD, of the Assessment and Evaluation Office.

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The Professional Psychology Trainees at the Devereux Center for Resilient Children have always played a key role in the development of the Devereux scales. Collectively, they have helped us conceptualize the various Devereux scales, have collected data from many thousands of parents and teachers, have proofed dozens of norms tables, and have provided editorial assistance. None of the Devereux scales would have been completed without their hard work. Three trainees have played key roles in the development of the DESSA-mini. Christopher Hughes managed the Bemiss Elementary Pilot Study. From Villanova, Pennsylvania, Chris was able to develop and maintain a great working relationship with teachers and administrators in Spokane, Washington. Amanda Ball in 2009 and Jennifer Chain in 2010 managed the Anchorage School District Pilot Project. Working with Ann McKay Bryson, they collected data from scores of teachers on thousands of children. The success of these pilot projects is due, in large part, to the conscientious efforts of these three trainees. We would also like to recognize four additional trainees, Christi Ali, Alex Dopp, Gabriel Smith, and Sean Woodland for their many contributions to the DESSA and DESSA-mini. The experiences these trainees garnered in these studies have encouraged them to pursue advanced graduate degrees in applied psychology and social work and to devote their careers to enhancing the social and emotional skills of children, adolescents, and adults.

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Devereux Student Strengths Assessment (DESSA). His major research interests are the measurement and promotion of social and emotional competence and resilience in children, psychometrics and test development, and suicide prevention education.

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—Original About the Authors, 2011

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FOREWORD

In 1996, after nearly 75 years of providing behavioral health, rehabilitation, and special education services to individuals with special needs, Devereux expanded its mission into primary prevention. Responding to an emerging understanding of the preventable causes of some mental, emotional, and behavioral problems, the President and CEO of Devereux began two initiatives that have evolved to become the Devereux Center for Effective Schools (CES) and the Devereux Center for Resilient Children (DCRC). Both centers have the goal of promoting the social-emotional competence and school success of children at risk for developing clinical disorders, behavior problems, or learning deficits to decrease the probability that these undesirable outcomes will become manifest. The Center for Effective Schools strives to attain this goal by building the capacity of schools to better serve children with, or at risk for developing, emotional and behavioral disorders. CES accomplishes this through training, consultation, new model program development, and applied research, often delivered within a three-tiered prevention framework. More information on CES can be found at its website, **www.centerforeffectiveschools.org**.

The Devereux Center for Resilient Children (DCRC) began by focusing on the promotion of social-emotional competence and resilience in preschool children through the Devereux Early Childhood Initiative (DECI). The mission of the DECI is to promote young

children's social and emotional development, foster resilience, and build the skills for school and life success. The DECI staff developed the first nationally standardized assessment of behaviors related to resilience in preschool children, the Devereux Early Childhood Assessment, or DECA (LeBuffe & Naglieri, 1999a, 1999b). The DECA and other resources developed by the DECI staff are now used in thousands of preschool and infant-toddler programs throughout the United States and Canada. More information on the DECI can be found at its website, **www.devereuxearlychildhood.org**.

The publication of the *Devereux Student Strengths Assessment* (DESSA; LeBuffe, Shapiro, & Naglieri, 2009) extended the child-centered, social-emotional competence-enhancing approach of the Devereux Center for Resilient Children (DCRC) to children in grades K–8. More information on the DCRC can be found at its website, **www.centerforresilientchildren.org**.

The DCRC believes in the assessment and promotion of the social-emotional competence of all children. To support this goal in low-resource contexts, the DESSA-mini has been developed as an efficient, practical, and scientifically sound universal screener for social-emotional competence. As outlined in Chapter 5, the DESSA-mini, in combination with the DESSA, provides a comprehensive system for assessing and monitoring the social-emotional strengths and needs of all children.

The DESSA-mini, like all efforts of the DCRC, is guided by the following underlying principles:

Strength-Based – All of the assessments, programmatic resources, and services provided by the DCRC are focused on building the social-emotional strengths and skills of all children. Although we appreciate the importance of addressing the behavioral concerns and problematic behaviors of children already experiencing significant social-emotional problems, we also stress the importance of promoting competencies to reduce the occurrence of these disorders. We have described the many advantages of a strength-based approach elsewhere (LeBuffe & Shapiro, 2004), but perhaps the most important benefit is

that these social-emotional competencies contribute to a child's resilience in the face of adversity.

Excellence in Assessment – Instruments used to guide practices that influence children's lives need to be constructed using the highest professional standards. This includes using well-established test development methods to ensure the highest psychometric qualities, especially a nationally representative sample for creation of norms, and specific guidelines for use and interpretation of the scores that the rating scale provides. The DESSA-mini has been developed to meet or exceed the standards for assessment instruments established by the American Educational Research Association, the American Psychological Association (APA), and the National Council on Measurement in Education (APA, 1999). Information on the development and psychometric properties of the DESSA-mini are presented in Chapters 2 and 3.

Parent–Professional Collaboration – The probability of a successful outcome for a child is enhanced when parents and professionals such as school administrators, teachers, after-school staff, mental health professionals, and child-welfare workers collaborate to support the child, using a common language and ensuring a consistent approach across environments. The DESSA-mini has been designed to support this collaboration. When parents and professionals are informed about the social-emotional competence of a child, this information can be helpful in developing a shared understanding of the child's strengths and needs.

Support Effective Practice – We believe that assessments must support parents, teachers, and other professionals in delivering effective services that will lead to improved outcomes for the child. The thoughtful use of well-developed measurement tools can facilitate data-based practice and decision making.

Promote Communities of Practice – There has been increasing interest in empirically supported approaches to enhancing social-emotional competence and resilience in at-risk children. The DESSA and DESSA-mini build on, support, and extend the current efforts of communities to recognize the importance of, and promote practices that foster, social-emotional competence. We welcome the

opportunity to collaborate with colleagues, students, and organizations that share these goals and can be reached through the DCRC website: **www.centerforresilientchildren.org**.

—Original Foreword, 2011

CHAPTER 1

Introduction

Recent studies estimate that mental, emotional, and behavioral disorders create an under-recognized public health burden of $247 billion annually and deeply impact one in every five American families (O'Connell, Boat, & Warner, 2009). Fortunately, much progress has been made over the past 30 years in the development and testing of programs and practices for preventing mental, emotional, and behavioral (MEB) problems. A variety of effective prevention programs have been identified through studies with rigorous experimental designs, some of which are anticipated to produce benefits to individuals and society that far exceed their costs (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004). Lists of such programs are readily available on the internet (**colorado.edu/cspv/blueprints; ncadi.samhsa.gov/features/ctc/resources.aspx**). Unfortunately, many of these programs are underutilized and are therefore not having the desired effect of reducing the overall prevalence of mental, emotional, and behavioral disorders in the population. The translation of effective preventive approaches into widespread practice requires the development of user-friendly, practical resources to support program implementation.

Prevention differs from treatment and therefore requires different approaches and technologies. In order to prevent mental, emotional, and behavioral problems before they occur, it is necessary to identify the

predictors of such problems and intervene early to change them (Coie et al., 1993). Such efforts have been hampered by the lack of efficient tools for assessing and monitoring these early predictors in settings that serve typical children and youth. Tools are needed that are appropriate for groups or individuals who do not meet criteria for a diagnosis or disorder but will receive interventions that reduce the chances that they develop a disorder in the future (O'Connell et al., 2009). Such services may be provided to an entire population (universal prevention), to those at risk for problems because of exposure to circumstances that increase the odds of poor developmental outcomes (selective or targeted prevention), or to those who have shown early signs or symptoms of mental, emotional, or behavioral problems but who have not yet developed a diagnosable disorder (indicated or expanded prevention). Preventive interventions seek to reach and assist those who do not necessarily interact with clinically trained professionals or meet criteria for the funding streams that have traditionally supported treatment or intervention services. Tools for assessing and monitoring the early predictors of mental, emotional, and behavioral disorders must be appropriate for such users and settings.

The DESSA-mini is a technically sound, user-friendly screening and progress-monitoring tool that has been developed to efficiently measure and track a subset of predictors of future mental, emotional, and behavioral disorders in order to make early intervention more possible. The DESSA-mini is not a diagnostic tool. It is appropriately used by professionals with or without clinical training to offer a brief summary of a child's current overall social and emotional competence to determine if additional skill development should be a priority.

The predictors measured by the DESSA-mini are called social and emotional competencies. The term "social and emotional competence" refers to the ability of children to successfully interact with other children and adults in a way that demonstrates an awareness of, and ability to manage, emotions in an age- and context-appropriate manner. These important and malleable child attributes serve as protective factors, moderating or buffering the impact of risk and adversity, and leading to more positive outcomes for the children than would have been otherwise expected (Masten & Garmezy, 1985; Sameroff & Gutman, 2004).

Facilitating the objectives of positive youth development, mental health promotion, and social emotional learning and character education, scores on the DESSA-mini can help adults determine which children may need instruction in the social and emotional domain and/or monitor progress as preventive interventions are utilized to document effectiveness.

The DESSA-mini provides a way to quantify social and emotional competence along a continuum ranging from a clear need for instruction to proficiency. The DESSA-mini measures "How well the child has met, and continues to meet, the expectations explicitly or implicitly set in the society for children as they grow up" (Wright & Masten, 2005, *p*. 21). The eight-item DESSA-mini is brief enough to screen all children in a given population. Children assessed as having low social and emotional competence scores on the DESSA-mini should be considered for additional instruction. Further assessment with the full DESSA (LeBuffe, Shapiro, & Naglieri, 2009) should be conducted to understand the specific strengths and needs of the child to help individualize the instruction. As instruction is provided, the remaining three parallel DESSA-mini forms can be used to monitor progress.

Preventing the emergence of mental, emotional, and behavioral problems in young people requires a public health strategy that promotes social and emotional competencies known to reduce the impact of stressful life experiences. We know that children's early social and emotional competence leads to greater success in school and more favorable long-term outcomes (e.g., Zins, Bloodworth, Weissberg, & Walberg, 2004). We also know that early interventions can influence the development of these competencies and thereby alter long-term outcomes (Domitrovich, Cortes, & Greenberg, 2007; Hawkins, Kosterman, Catalano, Hill, & Abbott, 2008). An essential element of a successful prevention strategy is the early identification of underdeveloped social and emotional skills and the delivery of interventions that help children develop resilience. Early identification requires accurate assessment of children's social and emotional competence. The Devereux Student Strengths Assessment-mini (DESSA-mini) is a tool that was designed to help educators, administrators, and youth-serving professionals evaluate the social and emotional competence of many children in an efficient and rigorous manner.

Description of the DESSA-mini

The DESSA-mini is comprised of four eight-item parallel forms that are designed to be used on a universal (i.e., school-or program-wide) basis to determine the need for social and emotional interventions. The four eight-item forms are standardized norm-referenced behavior rating scales that screen for social and emotional competencies that serve as protective factors for children in kindergarten through the eighth grade. The DESSA-mini can be completed by teachers or staff at schools and child-serving agencies, including after-school, social service, and mental health programs. The DESSA-mini is entirely strength-based, meaning that the items query positive behaviors (e.g., get along with others) rather than maladaptive ones (e.g., annoy others). For each question, the rater is asked to indicate on a five-point scale how often the student engaged in each behavior over the past four weeks. Each of the four eight-item DESSA-mini scales is comprised of a sampling of the various scales found in the DESSA (see Chapter 2 for more details on the construction of the DESSA-mini). The DESSA-mini yields a single score, the Social-Emotional Total (SET) score, which provides an indication of the strength of the child's social and emotional competence based on a comparison to national norms and can be used to compare ratings between teachers or staff across time to monitor progress toward improving social and emotional competence.

Uses of the DESSA-mini

The DESSA-mini has been developed to provide a measure of social and emotional competence, which can be used to support positive youth development, mental health promotion, and social and emotional learning initiatives. More specifically, the rating scale was designed to:

- Provide a sound, brief, strength-based measure of social and emotional competence in children and youth for screening purposes.
- Help identify children and youth at risk of developing social and emotional problems before those problems emerge.

- Help determine which children and youth should be provided interventions that will strengthen social and emotional competencies.
- Provide a method for monitoring the progress of selected individuals or populations of children and youth receiving preventive interventions.
- Provide a method for evaluating outcomes at the child and program levels.
- Serve as a research tool to advance science and support public policy development in regard to social and emotional competence.

Children with known disabilities, those identified as having low competence through DESSA-mini screening, or children in systems with a strong prevention infrastructure may be better served by the *Devereux Student Strengths Assessment* (DESSA) full version (LeBuffe et al., 2009). This 72-item assessment produces 8 scale scores that can facilitate the design and selection of specific intervention strategies based on the child's unique profile.

Qualifications of DESSA-mini Users and Raters

Qualifications of DESSA-mini Users

For the purposes of this manual, DESSA-mini users are those who administer and interpret the DESSA-mini. The guidelines presented here should be considered a general description, rather than an exhaustive list, of those who may use the DESSA-mini. In presenting these descriptions, we assume that the titles used by professionals in different settings vary, as do their levels of training and the regulations that govern professional practice in their states. In every case, however, the DESSA-mini user has responsibility for the proper use and interpretation of DESSA-mini results.

Because DESSA-mini results can be used to identify children and youth who are at risk for, or experiencing, early signs of mental, emotional, and behavioral disorders, to monitor progress over time, and to evaluate outcomes for children, DESSA-mini users should have training

in the proper administration, interpretation, and utilization of the DESSA-mini. This should include knowledge of the interpretation of standardized scores such as *T*-scores and percentiles, how to monitor progress over time, and how to communicate the results to parents or family caregivers and other professionals. Typically, DESSA-mini users will include administrators, school and community counselors, teachers, mental health consultants, program directors and evaluators, prevention specialists, pediatricians, psychologists, school psychologists, social workers, and researchers.

Qualifications of DESSA-mini Raters

The DESSA-mini is completed by the child or youth's teachers, after-school program staff, or other professionals who interact directly with the child on a regular basis. Unlike other Devereux assessments, including the DESSA, parents and other family members who live with the child are not included as raters for the DESSA-mini. Because each parent or family member would likely be rating at most only a few children, they should use the DESSA rather than the DESSA-mini. There is one main qualification of a rater: The rater must have had sufficient exposure to the child over the four weeks preceding the completion of the DESSA-mini. Because the scores are a function of the number of times specific behaviors have been noted, a rater's insufficient opportunity to observe the child could yield an erroneously low rating. In general, raters should have contact with the child for two or more hours for at least three days per week for a four-week period.

Restrictions for Use

DESSA-mini users should follow both the instructions included in this manual and commonly accepted guidelines for test use and interpretation, such as the American Psychological Association's *Standards for Educational and Psychological Testing* (APA, 1999). It is the DESSA-mini user's responsibility to ensure that completed protocols and reports remain secure and are released only with parental consent to professionals who will safeguard their proper use. Copyright law

does not permit the DESSA-mini user to photocopy or otherwise duplicate test items or record forms in any manner for any purpose. Results can be communicated to the parents, teachers, or staff using the DESSA-mini Ongoing Progress Monitoring Form. Because all DESSA-mini items, norms, and other materials are copyrighted, no materials may be reproduced or transmitted in any form or by any means without written permission from Aperture Education.

CHAPTER 2

Development, Standardization, and Norms

Development

The DESSA-mini was constructed by selecting items from the DESSA. A variety of approaches were used to develop the initial set of DESSA items. First, we carefully reviewed the literature on resilience (e.g., Werner & Smith, 1982, 1992), social and emotional learning (e.g., Payton et al., 2000), and positive youth development (e.g., Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004), and we noted behavioral predictors of social and emotional competence in children and youth. Second, we examined other strength-based assessments, such as the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999a, 1999b). These approaches resulted in an initial set of nearly 800 potential items. Next, we reduced this pool of potential items by combining statements with similar meanings, deleting those that were hard to measure (e.g., references to non-observable subjective states or cognitions), and eliminating any items that were overly value-laden or referred to relatively unmodifiable conditions.

The items were written to measure observable behaviors that would require little or no inference on the part of the observer. We carefully considered the reading level of the items so that the overall readability level of the items would be as low as possible. Items were initially selected for the DESSA after a national pilot study was conducted. Items were eliminated if they showed less-than-satisfactory corrected item-total correlations (< .60), did not differentiate between those students with and without known emotional or behavioral disorders by at least half a standard deviation, or were rated by 20% or more of the diverse raters as unclear or not applicable. This resulted in a set of items that we incorporated into the standardization edition, which ultimately yielded the 72 items that were included in the published version of the DESSA.

The eight items on each of the four forms of the DESSA-mini were selected from the 72 items on the DESSA following a method designed to maximize reliability and equivalence of each of the four forms. Items with the highest correlation with the DESSA Social-Emotional Composite (SEC) *T*-score were rank ordered, and the first 32 items (eight items for four forms) were identified. Four combinations of items were obtained that had a high average correlation with the SEC. Internal reliability coefficients as well as raw score means and standard deviations were computed for each of the combinations. Item combinations were modified until these values were sufficiently similar to determine the composition of the four DESSA-mini forms. Calculation of the raw score to *T*-score normative conversion tables was based on the values obtained for the four forms of the DESSA-mini for the teacher and staff raters who participated in the DESSA standardization study.

National Standardization

The DESSA-mini data were obtained from the DESSA standardization study that utilized a carefully prescribed method designed to ensure the sample would closely represent the U.S. population on several important dimensions. The data collection procedures also ensured that a wide variety of children and youth were included for the generation

of norms. Ratings were obtained from teachers, co-teachers, and after-school and other program staff from across the United States. No personally identifying information was included in the standardization protocols.

Data for the DESSA and the DESSA-mini were collected using both written and computerized forms of the scale from April 2005 through March 2006. A comparative analysis of DESSA responses obtained through paper and computerized versions utilizing hierarchical regression revealed that, when controlling for demographic variables, the administration format offered no additional predictive validity in explaining variation in DESSA scores (Berkley, 2008). Using the final DESSA norms tables, the mean SEC *T*-scores were 50.6 and 49.3 for the written and computerized samples, respectively. The difference can be described as a *d*-ratio of 0.1. This statistic is computed by subtracting one mean from the other and dividing that difference by the average standard deviation for the two groups being contrasted. According to Cohen (1988), *d*-ratio values of less than .2 are negligible, .2 to .5 are small, .5 to .8 are medium, and those greater than .8 are large.

Differences between written and computerized administration of the four DESSA-mini forms were examined. The *d*-ratios reported in Table 2.1 indicate that these two samples differed between .01 and .14 of a standard deviation, which would be interpreted as a negligible effect

TABLE 2.1

***T*-Score Differences Between Written and Computerized Administrations of the Four DESSA-mini Forms**

	Written			Computerized			
	Mean	*SD*	*n*	Mean	*SD*	*n*	*d*-ratio
Mini 1 *T*-score	50.6	9.9	1,100	50.5	9.0	143	.01
Mini 2 *T*-score	50.7	9.9	1,096	50.3	9.2	141	.04
Mini 3 *T*-score	50.5	9.9	1,104	50.5	9.6	141	.01
Mini 4 *T*-score	50.7	9.9	1,105	49.4	9.3	141	.14

Note: *d*-ratio values < .20 are considered negligible. The four DESSA-mini forms are referred to in all tables as Mini 1, Mini 2, etc.

size. Therefore, in all subsequent analyses, we combined data obtained from both administration formats.

Representativeness of the Sample

A total of 1,250 children and youth in kindergarten through eighth grade comprised the DESSA-mini standardization sample. The standardization sample closely approximated the K–8 population of the United States with respect to age, gender, geographic region of residence, race, ethnicity, and socioeconomic status. We based the desired characteristics of the standardization sample on the *Statistical Abstract of the United States 2008: The National Data Book* published by the U.S. Census Bureau. In the tables that follow, the total numbers of children included may not sum to 1,250 due to missing data and non-exclusive categorizations.

TABLE 2.2
DESSA-mini Standardization Sample Characteristics by Grade and Gender

	Male		Female		Total	
	n	%	*n*	%	*n*	%
Kindergarten	141	52.2	129	47.8	270	21.9
1st grade	91	48.4	97	51.6	188	15.3
2nd grade	94	51.1	90	48.9	184	14.9
3rd grade	77	49.4	79	50.6	156	12.7
4th grade	69	46.9	78	53.1	147	11.9
5th grade	78	53.4	68	46.6	146	11.9
6th grade	28	46.7	32	53.3	60	4.9
7th grade	20	55.6	16	44.4	36	2.9
8th grade	25	56.8	19	43.2	44	3.6
Total	**623**	**50.6**	**608**	**49.4**	**1,231**	
U.S.%		**51.2**		**48.8**		

Note: The U.S. population data are based on the 2006 figures for 5- through 14-year-olds only in "Resident Population by Age and Sex: 1980 to 2006, Table No. 7," *Statistical Abstract of the United States: 2008* (127th edition): U.S. Census Bureau, 2008.

Grade and Gender

Table 2.2 presents the numbers and percentages of males and females in each grade from kindergarten through eighth grade, with the greatest numbers found at kindergarten through fifth grade. The data also show that the percentages of males and females in the standardization sample as a whole, as well as in each grade, very closely approximated the proportions of the U.S. population.

Geographic Region

Table 2.3 shows the numbers and percentages of students by grade level and location according to the four geographic regions designated by the U.S. Census Bureau: Northeast, South, Midwest, and West. These data show that the DESSA-mini standardization sample closely approximated the regional distribution of the U.S. population. There

TABLE 2.3
DESSA-mini Standardization Sample Characteristics by Geographic Region and Grade

	Northeast		South		Midwest		West		Total
	n	%	*n*	%	*n*	%	*n*	%	*n*
Kindergarten	75	27.8	99	36.7	52	19.3	44	16.3	270
1st grade	31	16.3	79	41.6	36	18.9	44	23.2	190
2nd grade	38	20.3	86	46.0	31	16.6	32	17.1	187
3rd grade	41	26.3	70	44.9	35	22.4	10	6.4	156
4th grade	62	41.6	48	32.2	26	17.4	13	8.7	149
5th grade	35	24.0	58	39.7	36	24.7	17	11.6	146
6th grade	6	10.2	14	23.7	28	47.5	11	18.6	59
7th grade	4	11.1	18	50.0	12	33.3	2	5.6	36
8th grade	12	27.3	11	25.0	19	43.2	2	4.5	44
Total	**304**	**24.6**	**483**	**39.0**	**275**	**22.2**	**175**	**14.1**	**1,237**
U.S.%		**17.4**		**36.3**		**22.2**		**24.0**	

Note: The U.S. population data are based on the 2006 figures for 5- through 14-year-olds only in "Resident Population by Age and Sex: 1980 to 2006, Table No. 7," *Statistical Abstract of the United States: 2008* (127th edition): U.S. Census Bureau, 2008.

was slight overrepresentation in the Northeast and underrepresentation in the West; however, these differences were minor.

Race

Table 2.4 provides the DESSA-mini standardization sample composition by race and geographic region. Based on information provided on the record forms, we classified the children according to the five major race categories used by the U.S. Census Bureau: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The data in Table 2.4 indicate that the racial composition of the total standardization sample approximated that of the U.S. population with some underrepresentation of Whites and overrepresentation of African Americans. The effect of this under- and overrepresentation can be considered minimal at most because (a) the means for African Americans were within a half a *T*-score of the normative mean of 50; (b) the means for Whites (see Table 2.5) were

TABLE 2.4
DESSA-mini Standardization Sample Characteristics by Race and Region

	American Indian / Alaska Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		Total
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*
Northeast	3	1.0	3	1.0	166	55.3	0	0.0	128	42.7	300
South	3	1.1	8	3.1	141	53.8	1	0.4	109	41.6	262
Midwest	1	0.4	6	2.2	58	21.5	1	0.4	204	75.6	270
West	1	0.7	7	4.8	6	4.1	2	1.4	129	89.0	145
Total	**8**	**0.8**	**24**	**2.5**	**371**	**38.0**	**4**	**0.4**	**570**	**58.3**	**977**
U.S.%		**1.2**		**4.0**		**15.4**		**0.2**		**76.3**	

Note: The U.S. population data are based on the 2006 figures for 5- through 14-year-olds only in "Resident Population by Race, Hispanic Origin and Age:2000 and 2006, Table No. 8," *Statistical Abstract of the United States: 2008* (127th edition): U.S. Census Bureau, 2008. The U.S. percentages do not add up to 100% due to "Two or More Races" not being included.

TABLE 2.5

Means, *SD*s, *n*s, and *d*-ratios for the Four DESSA-mini Forms for White and Black Samples from the Standardization Sample

	Black or African American			White			
	Mean	*SD*	*n*	Mean	*SD*	*n*	*d*-ratio
Mini 1	49.5	9.9	369	52.0	9.7	556	.26
Mini 2	49.9	10.0	369	51.7	9.9	552	.19
Mini 3	49.8	9.9	370	51.4	9.9	556	.15
Mini 4	50.0	10.0	371	51.4	9.9	556	.14

no more than two *T*-scores from the mean of 50; and (c) only one *d*-ratio between these groups slightly exceeds the threshold for negligible (for DESSA-mini 1).

Hispanic Ethnicity

The overall proportion of children of Hispanic ethnicity included in the DESSA-mini standardization sample was 24.3%, which is slightly higher than the national percentage in the U.S. population (19.9). Percentages by region provided in Table 2.6 do suggest some irregularities, but overall these results show that the composition of the

TABLE 2.6

DESSA-mini Standardization Sample Characteristics by Hispanic Ethnicity and Geographic Region

	Hispanic		Non-Hispanic		Total
	n	%	*n*	%	*n*
Northeast	18	5.9	290	30.7	308
South	235	77.6	253	26.7	488
Midwest	14	4.6	264	27.9	278
West	36	11.9	139	14.7	175
Total	**303**	**24.3**	**946**	**75.7**	**1,249**
U.S. %		**19.9**		**80.1**	

TABLE 2.7

Means, *SD*s, *n*s, and *d*-ratios for the Four DESSA-mini Forms for Hispanic and Non-Hispanic Samples from the Standardization Sample

	Hispanic			Non-Hispanic			
	Mean	*SD*	*n*	Mean	*SD*	*n*	*d*-ratio
Mini 1	48.9	9.5	300	51.2	9.8	934	.24
Mini 2	49.0	9.3	300	51.2	10.0	934	.22
Mini 3	49.1	9.4	300	51.0	9.9	934	.19
Mini 4	49.3	9.2	300	51.1	9.9	934	.18

standardization sample approximated that of the U.S. population with regard to this important characteristic. They also indicate that the ethnic composition of the total standardization was somewhat overrepresented by Hispanics. The effect of this overrepresentation can be considered minimal at most because (a) the means for Hispanics were at most about one *T*-score from the normative mean of 50; (b) the means for Non-Hispanics were no more than 1.2 *T*-scores from the mean of 50; and (c) the *d*-ratios between these groups can be considered negligible or barely met criterion for a small difference (see Table 2.7).

Socioeconomic Status

To assess the socioeconomic status of the DESSA-mini standardization sample, we determined the number of students eligible to receive either free or reduced-price lunches. Of the entire sample of 1,250 students, 297 (24.2%) were eligible to receive free or reduced-price lunches. This closely approximated the 19% of families in 2005 whose income was $25,000 or less (U.S. Census Bureau, 2008, Table 685) and would qualify for the free school lunch program.

Norming Procedures

The first step in preparation of the norms was to determine if any trends existed in the data. We examined the DESSA scale raw scores for age differences and found no trends. Similarly, Table 2.8 presents the

TABLE 2.8
Raw Score Means by Age Group

	K-2	3-5	6-8
Mini 1	21.6	21.8	21.1
Mini 2	21.5	21.5	20.3
Mini 3	20.9	21.0	20.4
Mini 4	20.6	20.8	19.8

raw score means for the four DESSA-mini scales in three-grade intervals. It is apparent that there is only minor variability across grades in these means, indicating an absence of age trends across the K–8 range; therefore, we constructed the norms for all grades combined.

Differences between the genders, which reflect real disparities in how boys and girls behave, were found for the DESSA as well as the DESSA-mini. Table 2.9 presents the raw score means, standard deviations, and sample sizes for boys and girls on each of the four DESSA-mini forms. The means for girls are consistently and significantly (*t*-test values were 7.4, 7.1, 7.0, and 6.0; all *p*s < .01 for the four forms) higher than those for boys by about two points. To evaluate the practical significance of these mean score differences, we calculated *d*-ratios, a measure of effect size, which are also presented in Table 2.9. All of the *d*-ratios would be classified as small (the range for the category is .2 to .5). The data in this table indicate that, as a group, girls consistently show more behaviors related to social and emotional competence than

TABLE 2.9
Raw Score Means, *SD*s, *n*s, and *d*-ratios for the Four DESSA-mini Forms by Gender

	Males			Females			
	Mean	*SD*	*n*	Mean	*SD*	*n*	*d*-ratio
Mini 1	20.4	6.3	626	22.8	5.4	611	.42
Mini 2	20.1	6.3	628	22.5	5.5	611	.40
Mini 3	19.7	6.6	630	22.1	5.7	610	.40
Mini 4	19.6	6.3	630	21.6	5.6	611	.34

boys, but the magnitude of this difference is small. In order to preserve these differences in social and emotional competencies, we constructed the raw score to *T*-score norms conversion tables based on both genders combined. Consequently, it can be expected that girls will, on average, earn somewhat higher scores on the DESSA-mini than boys. This reflects the natural differences between the genders and establishes a single set of social and emotional competency expectations that applies equally to both genders.

The raw score to *T*-score (mean of 50 and an *SD* of 10) conversion tables were constructed from the cumulative frequency distributions for each of the four DESSA-mini forms separately. The distributions of the raw scores all approached normality, but they were somewhat positively skewed. We computed norms using a normalization procedure. This was accomplished by fitting the obtained frequency distribution for each scale to normal probability standard scores, via the obtained percentile ranks. We eliminated minor irregularities in raw-score-to-standard-score progressions by smoothing, and we followed these procedures for each of the four DESSA-mini forms. We selected the *T*-score metric because of its familiarity to professionals and because it facilitates interpretation of the results and comparison to scores obtained from other, similar scales including the DESSA.

CHAPTER 3

Psychometric Properties

When making decisions that will affect a child's well-being, it is critical that professionals use the best information available. The quality of the information derived from an assessment is directly related to the quality of the assessment itself. Three of the most important indicators of the quality of an assessment are its standardization sample, which was described in Chapter 2, and reliability and validity, which are described below.

Reliability

The reliability of an assessment tool like the DESSA-mini is defined as "the consistency of scores obtained by the same person when re-examined with the same test on different occasions, or with different sets of equivalent items, or under other variable examining conditions" (Anastasi, 1988, *p*. 102). The reliability of each DESSA-mini form was assessed using several methods. First, the internal reliability coefficient for each form was computed. Second, alternate forms reliability was computed. Third, test–retest reliability (the same rater evaluating the

same student over time) and fourth, inter-rater reliability (two raters evaluating the same student) of each form was assessed.

Internal Reliability

Internal reliability (or internal consistency) refers to the extent to which the items on the same scale or assessment instrument measure the same underlying construct. We determined internal consistency using Cronbach's alpha (Cronbach, 1951). The internal reliability coefficients were based on the individuals included in the DESSA-mini standardization sample. The internal consistency estimates for each form are presented in Table 3.1. The results indicate that the DESSA-mini scales have excellent internal reliability. Each of the DESSA-mini reliability coefficients exceed the .90 value for a total score suggested by Bracken (1987) and also meet the desirable standard described by Nunnally (1978).

Standard Errors of Measurement

The standard error of measurement (*SEM*) is an estimate of the amount of error in observed scores, expressed in standard score units (i.e., *T*-scores). We obtained the *SEM* for each of the DESSA-mini SET scores from the internal reliability coefficients using the formula

$$SEM = SD\sqrt{1 - reliability},$$

where *SD* is the theoretical standard deviation of the *T*-score (10) and the appropriate reliability coefficient is used. The *SEM*s for each DESSA-mini SET are also presented in Table 3.1. Note that the values

TABLE 3.1

Internal Reliability (Alpha) Coefficients and Standard Errors of Measurement for the Four DESSA-mini Forms

	Reliability	*SEM*
Mini 1	.919	2.85
Mini 2	.920	2.83
Mini 3	.924	2.76
Mini 4	.912	2.97

of the *SEM* vary with the size of the reliability coefficient—the higher the reliability, the smaller the standard error of measurement.

Alternate Form Reliability

Because there are four versions of the DESSA-mini, it is essential to establish the alternate form reliability of this measure. This process calibrates the degree of equivalence of different versions of a measure with different items that are intended to measure the same construct (Rosenthal & Rosnow, 2008). Alternate form reliability coefficients provided in Table 3.2 indicate that the DESSA-mini forms have excellent alternate form reliability. Importantly, the similarity of the item means and *SD*s generated by rating the same children (displayed in Table 3.3) provides evidence of the equivalence and interchangeability of the four forms. Therefore, any differences in *T*-scores obtained with

TABLE 3.2
DESSA-mini Alternate Form Reliability: Correlation Coefficients

		Mini 1 *T*-Score	Mini 2 *T*-Score	Mini 3 *T*-Score
Mini 2 *T*-score	*r*	.93		
	n	1,234		
Mini 3 *T*-score	*r*	.92	.92	
	n	1,239	1,236	
Mini 4 *T*-score	*r*	.90	.91	.90
	n	1,239	1,237	1,245

Note: All correlations are significant at the $p < .01$ level (2-tailed).

TABLE 3.3
Four Form Equivalence: DESSA-mini Social-Emotional Total *T*-Scores

	Mean	*SD*	*N*
Mini 1	50.6	9.8	1,243
Mini 2	50.7	9.8	1,237
Mini 3	50.5	9.9	1,245
Mini 4	50.6	9.8	1,246

different forms of the DESSA-mini across time or across raters are not due to inherent differences in the DESSA-mini forms themselves.

Test–Retest Reliability

The correlation between scores obtained for the same child on two separate occasions is another indicator of the reliability of an assessment instrument. The correlation of this pair of scores is the test–retest reliability coefficient (r), and the magnitude of the obtained value informs us about the degree to which changes over time influence the scores (Anastasi, 1988). To investigate the test–retest reliability and stability of the DESSA-mini, a group of teachers ($N = 38$) rated the same child (see Table 3.4 for a description of the sample) on two

TABLE 3.4
Characteristics of the DESSA-mini Test–Retest Reliability Sample

	n	%
Size of Sample	38	—
Age (grade)		
Mean	4.2	—
SD	2.6	—
Gender		
Boys	17	45
Girls	20	53
Missing	1	2
Race		
American Indian/Alaskan Native	1	3
Asian	0	0
Black/African American	11	29
Native Hawaiian/Pacific Islander	1	3
White	22	58
Other	1	3
Hispanic Ethnicity	2	5
Region of Residence		
Northeast	5	13
South	0	0
Midwest	23	60
West	10	27
Other/Missing	0	0

TABLE 3.5

Test-Retest Reliability and Stability Results for Teacher Raters (*N* =38)

	Correlations Between Ratings	Rating Time 1		Rating Time 2	
		Mean	*SD*	Mean	*SD*
Mini 1	.94	47.2	10.8	46.6	11.7
Mini 2	.92	47.4	11.5	46.1	10.9
Mini 3	.88	47.6	11.2	47.6	11.6
Mini 4	.91	47.3	10.5	46.9	10.5

Note: All correlations are significant at $p < .01$.

different occasions separated by an interval of four to eight days. The results of this study are shown in Table 3.5. All of the correlations are significant ($p < .01$) and high. These findings indicate that each of the DESSA-mini forms has excellent test–retest reliability.

The correlation coefficients reported for the test–retest reliability studies indicate that the raters ranked the children similarly at both the pretest and the posttest. However, the coefficients do not indicate the actual similarity in the scores. Table 3.5 also provides the pretest and posttest mean SET scores and standard deviations received by the children in the test–retest study. The absolute value of the test–retest mean *T*-score differences on the four DESSA-minis ranged from 0 to 1.3 *T*-score units. These results demonstrate that the four DESSA-mini forms have very good stability across a four- to eight-day interval for teacher raters. This, in turn, provides increased confidence that, when differences are observed between pretest and posttest scores, they are less likely to be attributable to error variance or the simple passage of time.

Inter-Rater Reliability

The correlation between scores obtained for the same child at the same time by two different raters is an indicator of the inter-rater reliability of an assessment instrument. The size of the correlations between these scores tells us about the degree of similarity in the different raters' DESSA-mini *T*-scores. The optimal condition for evaluating the inter-rater reliability of an assessment is to have two raters

observing the same child in the same environment at the same time. Therefore, we examined the inter-rater reliability of the DESSA-mini by comparing ratings obtained from two teachers or a teacher and an assistant teacher, who either worked in the same classroom or saw the same child in different classrooms for core academic subjects ($N = 51$). In these studies, the sample size (N) refers to the number of pairs of adults rating the child. Demographic information on this sample is presented in Table 3.6.

The correlations of a set of ratings obtained for the same children by two teachers (or a teacher and an assistant teacher) are provided in Table 3.7. All the correlations are significant and high in magnitude, which indicates that the two raters ranked the children similarly to each other. However, the coefficients do not indicate the actual similarity in the scores. Table 3.7 also provides the mean scores and standard

TABLE 3.6
Characteristics of the DESSA-mini Inter-Rater Reliability Sample

	n	%
Size of Sample	51	
Age (grade)		
Mean	2.5	
SD	2.3	
Gender		
Boys	29	57
Girls	22	43
Race		
American Indian/Alaskan Native	1	2
Asian	1	2
Black/African American	16	31
Native Hawaiian/Pacific Islander	0	0
White	29	57
Other	1	2
Hispanic Ethnicity	6	12
Region of Residence		
Northeast	28	55
South	0	0
Midwest	10	20
West	13	25

TABLE 3.7

Inter-Rater Reliability Coefficients for Two DESSA-mini Ratings by Different Teachers for the Same Child at the Same Time (*N* =51)

	Correlations Between Ratings	Rater 1		Rater 2	
		Mean	*SD*	Mean	*SD*
Mini 1	.77	49.8	10.5	49.2	11.0
Mini 2	.80	49.5	10.5	49.5	11.0
Mini 3	.81	48.8	10.1	48.9	11.1
Mini 4	.70	48.8	9.9	49.0	11.6

Note: All correlations are significant at $p < .01$.

deviations children received by both raters in the inter-rater study. The absolute value of the inter-rater mean *T*-score differences on the four DESSA-minis ranged from 0 to 0.6 *T*-score units. These results demonstrate that the scores obtained on the four DESSA-mini forms are very similar across teacher raters rating the same student at the same time. This, in turn, provides increased confidence that a DESSA-mini score is less likely to be attributable to error variance in the rater than reflective of the child's actual social and emotional competence.

Reliability Study Summary

The results of the several reliability studies of the four DESSA-mini forms suggest that the scores these scales yield are reliable for assessing children's social and emotional competencies. The results of the internal consistency data meet or exceed standards suggested by Bracken (1987) and demonstrate that the SET scores of the four DESSA-mini forms have good reliability. The test–retest study shows that children receive very similar scores over short periods of time on the DESSA-mini. The results of the inter-rater reliability study show that different teachers rank children's scores similarly. The stability findings further indicate that not only the rankings, but also the actual mean scale scores received using the four DESSA-mini forms are quite similar. These studies are important because they indicate that when differences are found across time or raters, they are more likely to reflect meaningful differences such as

response to interventions or actual differences between a child's behavior in different environments.

Validity

The validity of a test "concerns what the test measures and how well it does so" (Anastasi, 1988, *p*. 139). More specifically, validity "is the degree to which all the accumulated evidence supports the intended interpretation of test scores for the proposed purpose" (APA, 1999, p. 11). According to the *Standards for Educational and Psychological Testing* (APA, 1999), the sources of validity evidence can be conceptualized in various ways. We investigated the validity of the DESSA-mini in relation to its ability to meet the stated goals of (a) high correlation with the DESSA Social-Emotional Composite (SEC) *T*-score; (b) consistency of identification of individual students with the DESSA and DESSA-mini; (c) differentiation of groups who differ on levels of social and emotional competence; and (d) equitable identification across race and ethnic groups.

Goal (a) was evaluated by correlating the DESSA-mini SET *T*-scores with the full DESSA SEC *T*-scores. Goal (b) was examined by determining the percentages of children identified by both the DESSA and the DESSA-mini as in need of further instruction in the social and emotional domain. Goal (c) was studied by comparing mean DESSA-mini SET *T*-scores of samples of children previously identified as having a serious emotional disturbance (SED) to a regular education group. Finally, goal (d) was explored by comparing rates of identification of Black, Hispanic, and White children for each DESSA-mini to the full DESSA.

DESSA-mini Correlations With DESSA

As a screener, SET scores on the DESSA-mini should correlate strongly with the SEC scores of the full DESSA. The means, standard deviations, and correlations of the DESSA SEC *T*-scores with each DESSA-mini SET *T*-score are provided in Table 3.8. All of the correlations are significant ($p < .01$) and high in magnitude. These results suggest that the correlations between the four mini forms and the DESSA are quite strong. The values should be considered somewhat inflated

TABLE 3.8

Means, *SD*s, *N*s, and Correlations of the DESSA with the Four DESSA-mini Forms

DESSA-mini *T*-Scores	DESSA SEC *T*-Scores			
	Correlations	Mean	*SD*	*N*
Mini 1	.95	50.6	9.8	1,240
Mini 2	.96	50.7	9.8	1,235
Mini 3	.95	50.5	9.9	1,237
Mini 4	.96	50.6	9.8	1,237
DESSA SEC	-	50.1	9.8	1,241

Note: All correlations are significant at $p < .01$.

because the items in each DESSA-mini form are also included in the DESSA. Table 3.9 provides the results when the four DESSA-mini *T*-scores were correlated with the DESSA total item raw scores excluding the items from each respective DESSA-mini form. Again, all of the correlations were significant at $p < .01$ and high in magnitude. The findings again indicate that the four DESSA-mini forms produce scores that are strongly correlated with DESSA scores.

The above study utilized data from the DESSA-mini standardization sample. A second study was conducted in which SET *T*-scores

TABLE 3.9

Means, *SD*s, *N*s, and Correlations of the DESSA Raw Scores with the Four DESSA-Mini *T*-Scores Corrected for Item Overlap

DESSA-mini *T*-Scores	DESSA Raw Score	DESSA Raw Score Minus Mini 1 Items	DESSA Raw Score Minus Mini 2 Items	DESSA Raw Score Minus Mini 3 Items	DESSA Raw Score Minus Mini 4 Items	*N*
Mini 1	.95	.94	.95	.95	.95	1,240
Mini 2	.96	.96	.95	.96	.96	1,235
Mini 3	.95	.94	.94	.93	.95	1,237
Mini 4	.95	.96	.96	.96	.94	1,237
Mean	186.7	165.1	165.4	165.8	166.1	1,241
SD	49.8	44.2	44.1	43.9	44.0	—

Note: All correlations are significant at $p < .01$.

scores on Form 1 of the DESSA-mini were correlated with SEC *T*-scores on a separately administered DESSA. In this second study, 20 elementary school teachers were asked to rate all of the children in their classrooms ($N = 377$) with the DESSA-mini. The teachers were then asked to complete a full DESSA on a randomly selected subset of these children ($n = 43$). As expected, a significant positive relationship was found between the DESSA-mini SET *T*-score and the DESSA SEC *T*-score when administered in sequence ($r = .87$, $p < .01$).

Consistency of Identification of Children in Need of Instruction

As a measure of behaviors related to social and emotional competence, scores on the DESSA-mini should predict social and emotional functioning of school-aged children. Given that one of the main purposes of the DESSA-mini is to identify children whose score indicates a need for instruction, one source of validity is the extent to which decisions made on the basis of the DESSA-mini SET *T*-score are consistent with decisions made on the basis of scores on the DESSA SEC *T*-score. To answer this question, we examined how often each child scored 40 or less on both the DESSA SEC and each DESSA-mini as well as those who obtained scores above 40 on both measures. Table 3.10 provides evidence that there is considerable agreement between each of the four DESSA-mini forms and the DESSA SEC using the cutoff score of 40 to determine if the child is in need of instruction. That is, the DESSA-mini was accurate (e.g., the child

TABLE 3.10

Rates of Agreement Between Each DESSA-mini and the Social-Emotional Composite *T*-Score From the DESSA

	Mini 1	Mini 2	Mini 3	Mini 4
Number of Cases	1,234	1,234	1,234	1,234
Number of Agreements	1,175	1,176	1,166	1,175
Percent Agreement	95.2	95.3	94.5	95.2

Note: Percent agreement was based on the number of cases where the DESSA-mini and the DESSA Social-Emotional Composite yielded the same conclusion (need or not need instruction) over the total number of cases.

needs instruction or not) 94.5 to 95.3% of the time. These finding suggests that when the DESSA-mini is used, a high degree of confidence can be had about the selection of children for intervention or instruction.

DESSA-mini Differentiation of Groups

To further examine criterion-related validity, we obtained DESSA-mini ratings on a sample of children who were reported by their teacher to be receiving special education services under the seriously emotionally disturbed (SED) classification. The children in this SED sample (n = 40) were matched (by gender and age) to a comparable group of children in regular education (RE) selected from the standardization sample (n = 40). Table 3.11 provides descriptive information on both samples and shows that the two groups were demographically similar.

TABLE 3.11
Sample Characteristics for the DESSA-mini Criterion Validity (SED vs. RE) Study

	SED Sample		Regular Education Sample	
	n	%	*n*	%
Size of Sample	40		40	
Gender				
Boys	27	67.5	27	67.5
Girls	13	32.5	13	32.5
Race				
American Indian/Alaskan Native	0	0.0	0	0.0
Asian	0	0.0	0	0.0
Black/African American	10	25.0	13	32.5
Native Hawaiian/Pacific Islander	0	0.0	0	0.0
White	24	60.0	20	50.0
Other	6	15.0	7	17.5
Hispanic Ethnicity	4	10.0	7	17.5
Region of Residence				
Northeast	10	25.0	16	40.0
South	9	22.5	5	12.5
Midwest	18	45.0	8	20.0
West	3	7.5	9	22.5
Other/Missing	0	0.0	2	5.0
Poverty	19	47.5	9	22.5

TABLE 3.12

Mean *T*-Scores, Standard Deviations, and Differences Between SED and Regular Education Samples (*N* = 80) for the Four DESSA-mini Forms

	Regular Education			SED Sample				
	Mean	*SD*	*n*	Mean	*SD*	*n*	*t* Value	*d*-ratio
Mini 1 *T*-score	48.5	9.0	40	39.3	6.7	40	5.2	1.17
Mini 2 *T*-score	48.4	8.8	40	38.7	6.7	40	5.5	1.24
Mini 3 *T*-score	48.9	9.3	40	38.0	5.8	40	6.2	1.39
Mini 4 *T*-score	48.8	8.5	40	39.0	6.7	40	5.7	1.28

Note: All *t*-test values are significant at $p < .001$.

There were large and significant differences between the mean scores of the SED and RE samples on all DESSA-mini forms (see Table 3.12), which clearly show that the ratings of the two groups differed substantially despite the similarity in demographic characteristics of the samples. In addition, the means of the two groups on each DESSA-mini differed considerably (*d*-ratios range from 1.24 to 1.39). All the effect sizes can be described as large according to Cohen (1988).

Examination of Accuracy by Race and Ethnicity

The contrasted group approach can also be used to examine group differences on a variable thought to be independent of the construct being assessed (e.g., race or ethnicity). Messick (1995) calls this construct irrelevant variance. Chapter 2 provided evidence of the similarities of DESSA-mini mean SET *T*-scores obtained by White and Black as well as Hispanic and Non-Hispanic groups of children. We conducted additional examinations of the appropriateness of the DESSA-mini for selection of children for Social and Emotional Learning (SEL) instruction from diverse racial and ethnic groups. The accuracy of each DESSA-mini SET *T*-score as compared to the DESSA SEC scores was examined for Black, Hispanic, and White children from the standardization sample. The goal was to determine if the identification rates for these groups of children would be similar.

TABLE 3.13

Numbers and Percentages of Students by Race and Ethnicity Who Earned *T*-Scores of 40 or Less on Both the DESSA Social-Emotional Composite and Each DESSA-mini Form

	Mini 1	Mini 2	Mini 3	Mini 4	Average
Whites ($n = 74$)	56	63	64	63	
Percent Agreement	75.7	85.1	86.5	85.1	83.1
Blacks ($n = 72$)	61	63	59	62	
Percent Agreement	84.7	87.5	81.9	86.1	85.1
Hispanics ($n = 57$)	48	46	47	43	
Percent Agreement	84.2	80.7	82.5	75.4	80.7

Note: Percent agreement was calculated as follows: *n* identified by the DESSA-mini SET *T*-score / *n* identified by the DESSA SEC *T*-score.

To assess the similarities of identification rates between the DESSA and DESSA-mini by race and ethnicity, we compared the percentage of students who had a DESSA SEC score of 40 or less with those who achieved an SET score on each DESSA-mini of the same value. Table 3.13 provides the percentage of students who earned a DESSA SEC and DESSA-mini SET *T*-score of 40 or less. Note: There were 74, 72, and 57 White, Black, and Hispanic students, respectively, in the standardization sample who earned *T*-scores of 40 or less on the DESSA SEC. The table shows that, on average, similar rates of agreement between the DESSA and the DESSA-mini were obtained. The White (83.1), Black (85.1), and Hispanic (80.7) percentages of DESSA SEC and DESSA-mini SET scores both being 40 or less were quite similar, illustrating the high consistency of each of the four DESSA-mini forms for these three groups.

Validity Study Summary

The validity data presented above indicate that the DESSA-mini can be used with confidence as a screener for social and emotional competence. First, DESSA-mini SET scores are strongly correlated with the SEC scores on the full DESSA. Second, in the large majority of cases, both assessments identify the same children as being in need of

instruction. Third, the DESSA-mini SET *T*-scores clearly differentiate groups of children with and without known social and emotional problems. Fourth, both the DESSA-mini and the DESSA identify children similarly regardless of race or ethnicity.

CHAPTER 4

Administration, Scoring, and Interpretation

General Administration Guidelines

The DESSA-mini can be completed by a teacher (this includes teachers, teacher aides, assistant teachers, instructional assistants, etc.), after-school program staff, or other professionals who interact directly with the child on a regular basis. Unlike the DESSA, parents and other adults who live with the child do not serve as raters with the DESSA-mini. Because a parent or family member would only be rating, at most, a few children, they should use the full DESSA. As a result, the DESSA-mini has only one set of norms.

The person who actually completes the DESSA-mini and provides the ratings is referred to as the "rater." The person who administers, scores, and interprets the DESSA-mini ratings is referred to as the "user." The qualifications of raters and users were described in Chapter 1. In many cases, the rater and the user may be the same individual. The following general guidelines for completing the DESSA-mini should be reviewed with the rater:

- The rater should complete the DESSA-mini during a quiet time when there are few distractions.
- The rater should base the ratings on direct observations of the child, considering only behaviors that he or she has actually seen. The rater should not consider behaviors that were reported to occur in other classrooms or settings.
- The rater should consider only those behaviors that have occurred in the past four weeks.
- The rating should be based solely on the number of times the child being rated exhibited the behaviors, not how frequently the child exhibits the behavior in comparison to other children in the classroom.
- The rater must answer every item. An inability to complete the items indicates that the rater has had insufficient opportunity to observe the child and that another rater should be used.

Specific Directions for Completing the DESSA-mini Record Form

The DESSA-mini Record Form consists of one page, as shown in Figure 4.1. The record form is used for both the administration and the scoring of the DESSA-mini. The norms table is provided on the back of the record form. There are four separate, parallel[1] DESSA-mini Record Forms (forms 1 through 4), which allows for repeated administrations and progress monitoring throughout the year. The four versions of the DESSA-mini do not have to be administered in sequence. The same four forms are used for all children in kindergarten through the eighth grade.

Demographic Information

The top of the DESSA-mini Record Form (see Figure 4.1a) provides spaces (A) to record demographic information about the child

[1]We have chosen to use the term "parallel" because of the similarities in means, standard deviations, standard errors of measurement, alpha reliabilities, and correlations between each mini and the full DESSA, as documented in Chapters 2 and 3.

APERTURE EDUCATION | DESSA

A

Devereux Student Strengths Assessment-mini
(DESSA-mini)

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

K-8

Form 1

Child's Name _____ Gender _____ DOB _____ Grade _____

Person Completing this Form _____ Relationship to Child _____

Date of Rating _____ School/Organization _____ Classroom/Program _____

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: ***During the past 4 weeks, how often did the child...*** and place a check mark in the box underneath the word that tells how often you saw the behavio Answer each question carefully. There are no right or wrong answers. Please answe every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

B

Never	Rarely	Occasionally	Frequently	Very Frequently
☒	✓	2	3	4

Item #	During the past 4 weeks, how often did the child...	Never	Rarely	Occasionally	Frequently	Very Frequently	Score
1.	[redacted]	0	1	2	3	4	C
2.	[redacted]	0	1	2	3	4	
3.	[redacted]	0	1	2	3	4	
4.	[redacted]	0	1	2	3	4	
5.	[redacted]	0	1	2	3	4	
6.	[redacted]	0	1	2	3	4	
7.	[redacted]	0	1	2	3	4	
8.	[redacted]	0	1	2	3	4	D

Raw Score Sum

Turn over to finish scoring →

F

Recommendations _____

FIGURE 4.1A
DESSA-mini Record Form 1 (front)

FIGURE 4.1B
DESSA-mini Record Form 1 (back)

being rated, including name, gender, date of birth (DOB), grade, school/organization, and classroom/program. There are also spaces to record the rater's name (identified on the record form as "Person Completing this Form"), relationship to the child (teacher, staff, etc.), and the date of the rating. Raters should complete all of the demographic information at the top of the page.

Completing the Ratings

The DESSA-mini Record Form contains the following directions to the rater:

> This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: ***During the past 4 weeks, how often did the child…*** and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

The eight items that comprise the DESSA-mini are scored by the rater by placing a checkmark in the appropriate box (B) underneath the words "Never," "Rarely," "Occasionally," "Frequently," or "Very Frequently."

Use of the DESSA-mini With Raters Who Have Limited English Proficiency

If the rater has difficulty reading and completing the DESSA-mini because of limited English proficiency, the DESSA-mini items may be read to him or her. The person reading the DESSA-mini for the rater should try not to influence the ratings. The items should be read in an even, calm tone, and explanations of the items or examples should not be given. The person reading the DESSA-mini should also not provide any feedback or react in any way to the rater's responses.

Scoring the DESSA-mini

Once the form is completed, scoring the DESSA-mini is straightforward. All of the scoring is done on the DESSA-mini Record Form.

Step 1: Recording the DESSA-mini Sum of Item Scores

The DESSA-mini user should review the DESSA-mini Record Form and make sure that all of the demographic information was provided and that all eight items were completed. If any information or items were left blank, the rater should be asked to complete the information. The rater must provide a rating for every item or the scale cannot be scored. When the information on the record form is complete, the value in the box that was checked (i.e., Never = 0; Rarely = 1; Occasionally = 2; Frequently = 3; Very Frequently = 4) should be copied to the space on the same line under the word "Score" (C). The eight values should then be added and the total recorded in the space labeled "Raw Score Sum" (D).

Step 2: Determining DESSA-mini T-score and Percentile Rank

The sum of item scores is the DESSA-mini raw score. Each possible raw score is converted to a *T*-score, which falls in a particular category (Need, Typical, or Strength) and has a corresponding percentile rank. This conversion of raw scores to derived scores is accomplished using the norms table on the back of the form (see Figure 4.1b). The DESSA-mini user may want to fold the record form so that the Raw Score Sum is juxtaposed to the norms table. A vertical dashed line, indicating where the record form should be folded to ensure alignment with the norms table, is provided on the back of the record form.

To obtain the derived scores, first find the DESSA-mini raw score in the middle column. On the same row as the raw score, read to the left to find the corresponding *T*-score under the column labeled "*T*-score." Read to the right of the raw score on the same row to find the corresponding percentile rank under the column labeled "Percentile." Finally, the recommended description for ranges of scores (i.e., Need, Typical, or Strength) is indicated by brackets to the right of the norms table. Please note that "Need" is short for "Need for Instruction." In reports and discussions of DESSA-mini findings, the full descriptive term, "Need for

Instruction," should be used. For example, for DESSA-mini Form 1, a raw score of 29 is converted to a *T*-score of 63 that has a corresponding percentile rank of 90 and a categorical description of "Strength." The obtained *T*-score, percentile rank, and range description can be recorded at the bottom of the DESSA-mini Record Form (E). This information can also be recorded and discussed on the front of the DESSA-mini Record Form in the section labeled "Recommendations" (F).

The Interpretation of DESSA-mini Scores

Effective interpretation of any scale demands that the user be familiar with what is being measured, the scores that are provided, and how these scores should be interpreted. When interpreting DESSA-mini scores, the DESSA-mini user should always consider the following general guidelines. First, the DESSA-mini user should have a thorough understanding of the meanings and appropriate uses of the various standard scores provided. These considerations are discussed later in this chapter.

Second, the user should appreciate that the DESSA-mini Social-Emotional Total (SET) score is based on the ratings provided by a single adult. Therefore, the scores reflect the unique interactions between the child and that adult. A different rater who sees the child in a different context may well provide somewhat different ratings.

Third, the user should always consider the child and family's cultural heritage and family background when interpreting DESSA-mini findings. Although we took many steps during the development of the DESSA, upon which the DESSA-mini is based, to avoid items that might elicit different responses from various racial and ethnic groups, cultural differences in the prevalence and meaning of specific DESSA-mini items might exist, as they would with any assessment. Therefore, the DESSA-mini user should be sensitive to cultural differences when interpreting the DESSA-mini. Knowledge of the child and family's culture will result in more sensitive interpretations of DESSA-mini findings. More specific guidelines regarding interpretation of the DESSA-mini are provided in the remainder of this chapter.

Types of Scores Given

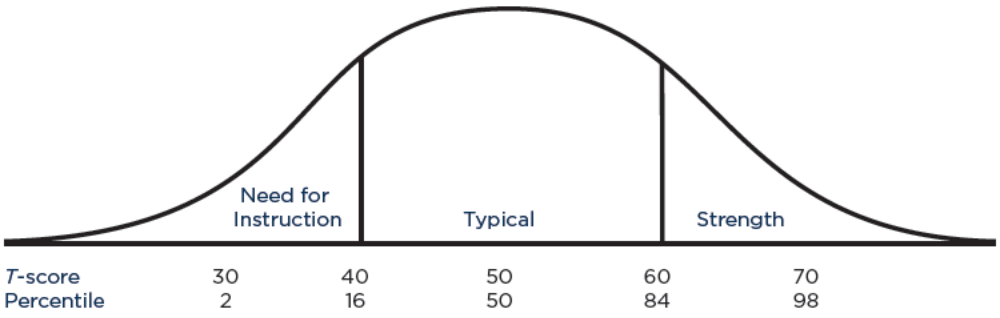
Raw Scores – The DESSA-mini raw score provides little information about the overall level of the child's social asnd emotional competence. Raw scores are converted to standard scores so that the score received by a given child can be compared to that of the other children in the standardization sample. The DESSA-mini provides two standard scores, percentile ranks and *T*-scores. Figure 4.2 shows the relationships between percentile ranks, *T*-scores, the normal distribution, and the *T*-score range descriptions for the DESSA-mini SET *T*-score scale. These standard scores and descriptions are described below.

Percentile Ranks – DESSA-mini raw scores are converted to percentile ranks using the appropriate norms table. Percentile ranks compare the child's behavior to that of other children who have been rated using the DESSA-mini. The percentile rank indicates the percentage of children in the standardization sample who earned the same or a lower raw score. For example, if a child earns a percentile score of 65, that means that 65% of the children in the standardization sample earned the same or a lower raw score. DESSA-mini percentile ranks range from a minimum of 1 to a maximum of 99.

Percentile ranks are easy to understand, but they do have a significant disadvantage – they cannot be easily compared and cannot be used in mathematical computations. The principal problem with percentile ranks is that differences between the scores do not have the same meaning across the 1–99 scale. That is, a five-point difference between

FIGURE 4.2

Relationship of DESSA-mini *T*-Scores, Percentile Ranks, and the Normal Curve



percentile ranks of 90 and 95 is a much greater distance on the normal curve than a five-point difference between percentile ranks of 50 and 55. This means that comparing two DESSA-mini SET scale scores using percentile scores might lead the practitioner to conclude that a significant difference exists when it does not. Consequently, although percentile ranks are useful for describing the relative standing of a child versus the other children in the standardization sample, they should not be used to compare a child's scores across different administrations of the DESSA-mini, because their meaning changes at different points on the normal distribution. It is important to remember that these scores should never be averaged or used in mathematical computations. Only DESSA-mini *T*-scores should be used for that purpose.

T-Scores – Each DESSA-mini *T*-score is a standard score set to have a mean of 50 and standard deviation of 10. Like the percentile ranks, *T*-scores are based on the ratings received by the children in the standardization sample. In contrast to percentile ranks, however, DESSA-mini *T*-scores have the same meaning throughout their range. The five-point difference between the *T*-scores of 50 and 55 is equivalent to the five-point difference between *T*-scores of 40 and 45. In both cases, the difference between these sets of scores is one-half of a standard deviation. For this reason, *T*-scores should always be used when reporting the DESSA-mini results. On the DESSA-mini, *T*-scores range from 28 to 72.

T-Score Range Descriptions for the DESSA-mini

The DESSA-mini raw score and the corresponding percentile rank and *T*-score are scaled so that the higher the score, the greater the reported social and emotional competence of the child. For example, when rating how often a child "keeps trying when unsuccessful" or "offers to help somebody," the higher the score, the better.

For clarity and consistency, and to aid in the communication of results, we recommend using the following *T*-score range descriptions when reporting DESSA-mini results. The term "Need for Instruction" should be used to describe DESSA-mini scale *T*-scores of 28 to 40, inclusive. Scores of 40 or less mean that the child was rated as showing few behaviors associated with social and emotional competence.

Children with scores in this range can be considered at risk for exhibiting or developing social and emotional problems. Approximately 16% of the children in the standardization sample received scores in the Need for Instruction range. If a child receives a score in the Need for Instruction range, an assessment of his or her specific social and emotional strengths and needs should be conducted using the full DESSA. The assessment findings should then be used to develop an individualized plan to assist the child in developing these important skills. (See Chapter 5 for more information on using DESSA-mini results.)

Scale *T*-scores of 41 to 59, inclusive, should be described as "Typical." Approximately 68% of children in the standardization sample received scores in this range. Children who receive scores in the Typical range will likely benefit from universal strategies designed to promote the social and emotional competence of all children.

The term "Strength" should be used for DESSA-mini scale *T*-scores of 60 to 72, inclusive. Approximately 16% of the children in the standardization sample received scale scores in the Strength range. Teachers and staff should consider and implement strategies to support and sustain the social and emotional competence of children who are rated in the Strength range.

The various descriptions and their relationship to DESSA-mini *T*-scores are summarized in Table 4.1. The DESSA user should keep in mind that these are guidelines for the categorization and interpretation of DESSA-mini scores and should not be rigidly applied, overinterpreted, or reified. Although the DESSA-mini SET scale has very high internal reliability and consequently minimal standard errors of measurement (see Table 3.1), DESSA-mini users should take measurement error into account when interpreting DESSA-mini scores. This is particularly important when the *T*-score obtained by the child is close to the thresholds presented in Table 4.1.

TABLE 4.1
Descriptive Categories and Interpretations of DESSA-mini *T*-Scores

60 and above	Strength
41-59	Typical
40 and below	Need for Instruction

CHAPTER 5

The Use of the DESSA-mini in the Promotion of Social and Emotional Competence

This chapter outlines a recommended model for the use of the DESSA-mini in schools. We chose this setting to illustrate the use of the DESSA-mini because, as noted below, children are required to attend schools, making education the system with the greatest access to children. However, the approach presented in this chapter can be implemented in other child-serving settings concerned with children's social and emotional competence such as after-school programs.

Over the past decade, educators and government policy have increasingly emphasized the importance of improving the academic achievement of all children. Both President George W. Bush's No Child Left Behind initiative and President Barack Obama's Race to the Top program have emphasized the prevention of academic failure and the attainment of educational standards. Central to this process is the early detection and remediation of learning problems. As a result,

many school districts have adopted universal screening practices for core academic subjects such as reading and math. The use of brief screening tools enables educators to effectively and efficiently identify those children who are at risk of academic failure. Children identified as at risk are then given a more thorough assessment to determine their specific areas of need as well as any academic strengths. This information is then used to identify targeted strategies to remediate any areas of concern. To date, this proactive process has focused primarily on promoting academic competence by screening in core subject areas such as reading and math skills. We believe that schools should adopt a similar approach to promote the social and emotional competence of children, which is also essential for academic success. We developed the DESSA-mini to support this effort by providing a tool for screening the social and emotional competence of students at the universal level.

Universal screening for social and emotional competence has a strong public policy foundation. The President's New Freedom Commission on Mental Health (2003) established as their fourth goal that "Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice." Furthermore, noting that "schools are where children spend most of their day," the Commission established that "schools are in a key position to identify mental health problems early and to provide a link to appropriate services," and therefore, "schools must be partners in the mental health care of our children" (p. 58).

The promotion of social and emotional competence is critical to the mission of schools for at least three reasons. First, social and emotional competence is essential to learning and school success (Payton et al., 2008). Second, mental, emotional, and behavioral disorders consume much of the schools' limited resources. In fact, about 20% of school-aged children and youth have a diagnosable mental, emotional, or behavioral disorder that interferes with learning (Doll, 1996; US DHHS, 1999). Third, an increasing number of departments of education have adopted or are considering social and emotional learning (SEL) standards. Illinois was the first to adopt state SEL standards in 2004. Since then, New York State; Anchorage, Alaska; British Columbia; New Jersey; Ohio; and Wisconsin have established state-, province-, or

district-wide standards or guidelines. The importance of SEL has gained national recognition as well. In December 2009, the federal Academic, Social and Emotional Learning Act (HR 4223) was introduced. This legislation would authorize the United States Department of Education to establish a national training and technical assistance center for social and emotional learning, which would support the development of evidence-based SEL programs.

The growing awareness of the importance of social and emotional competencies and the inclusion of state SEL standards suggests that an effective and efficient means of evaluating students' SEL competencies is needed. An ideal system would provide a consistent, integrated approach encompassing screening, assessment, intervention planning, ongoing progress monitoring, and outcome evaluation. The DESSA-mini and the DESSA comprise the "DESSA Comprehensive System" for screening, assessment, intervention planning, progress monitoring, and outcome evaluation of SEL competencies.

Our goal in developing the DESSA-mini was to have a psychometrically sound, brief rating scale that teachers and staff in child-serving settings could complete in approximately one minute. This would enable a teacher to evaluate an entire classroom in one planning period. To be maximally effective, the initial identification process using the DESSA-mini should be followed by: (1) assessment to inform intervention planning, (2) ongoing progress monitoring to efficiently track the overall impact of interventions, and (3) outcome evaluation to document the effects of interventions on specific as well as overall social and emotional competence. These are all components of the DESSA Comprehensive System.

Three different resources are required to implement the DESSA Comprehensive System: (1) the four alternate forms of the DESSA-mini Record Form, (2) the full 72-item DESSA and DESSA Classroom Profile, and (3) the DESSA-mini Ongoing Progress Monitoring Form. The DESSA Comprehensive System described here is a general model for the coordinated and integrated use of these three resources. In the next section of this chapter, we describe the use of the DESSA Comprehensive System in the context of a typical school year. We anticipate that various implementation timelines and procedures may be used

by schools and other child-serving organizations based upon logistical issues and program requirements.

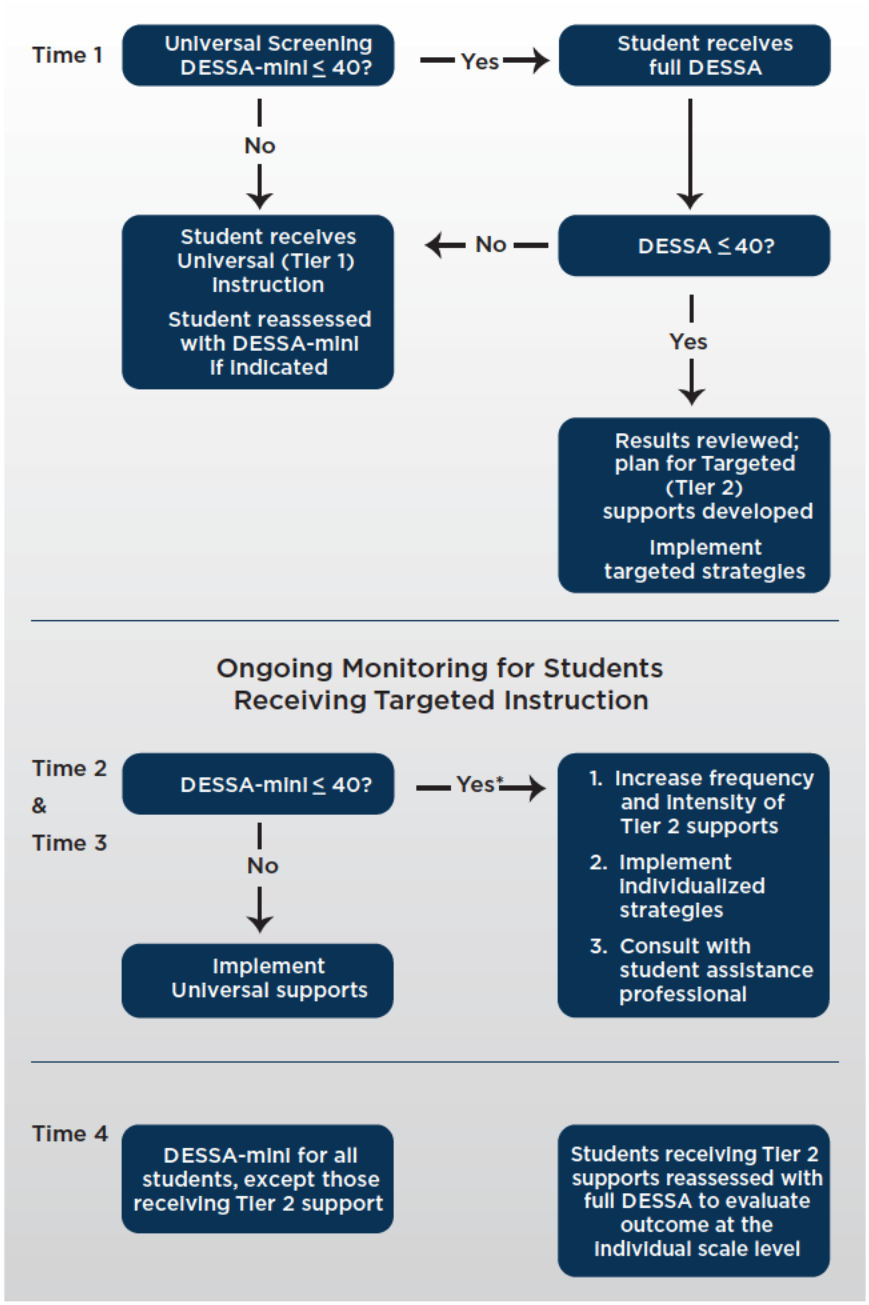
Time 1 – Universal Screening and Selective Assessment

The implementation of the DESSA Comprehensive System begins with universal screening of all children using Form 1 of the DESSA-mini. This activity will typically occur in the month of October because the DESSA-mini (as well as the DESSA) requires that the rater observe the child for at least four weeks prior to the first rating. Although a teacher can often rate all of the children in the class in one planning period, some schools choose to do these ratings as part of an in-service day. This is a desirable practice in that it allows the principal or other school leader to explain the purpose of the screening and the importance of promoting social and emotional competence and also provides an opportunity to review rating guidelines and scoring procedures.

As shown in Figure 5.1, this screening process results in a dichotomous decision. Most children, approximately 80 to 85% in typical school districts, will obtain a DESSA-mini SET *T*-score of 41 or higher, placing them in the Typical or Strength range. These children will typically receive universal or Tier 1 SEL instruction. We recommend that schools implement evidence-based, universal curricula such as those listed on the CASEL website (**www.casel.org**) to support the development of social and emotional competencies for all children. Brief descriptions of some well-established SEL curricula that can be used in concert with the DESSA Comprehensive System are presented in Appendix A.

Approximately 15% to 20% of children in typical school districts will obtain SET *T*-scores of less than or equal to 40, indicating a need for instruction. These children should be assessed with the full 72-item DESSA. Children who earn scores in the 41–44 range might also be considered for additional assessment, particularly if other risk factors are present. If the DESSA Social-Emotional Composite (SEC) *T*-score is also less than or equal to 40, the child's at-risk status has been confirmed. At this point, Tier 2 targeted interventions are deemed appropriate. The DESSA user should review the full DESSA results to identify

FIGURE 5.1
The DESSA Comprehensive System



specific social and emotional needs and, potentially, strengths. The DESSA Classroom Profile provides a convenient means of describing the needs and strengths of the at-risk children across the eight scales. It is important that, in addition to reviewing the eight social and emotional competence scales, the DESSA user examine individual items to obtain specific information that can be incorporated into individual education or support plans (see DESSA manual, pp. 63–64). In this way, the DESSA can directly inform intervention planning.

Teachers can review and interpret DESSA results and develop Tier 2 support plans. At times, it may be helpful to review the results and develop support plans collaboratively with members of the student assistance team or other professionals such as the school counselor, school social worker, or school psychologist. This is especially important in schools where these professionals have responsibility for implementing SEL programs. In addition, parents might be invited to complete a DESSA. Parent ratings should be compared to the teacher ratings using the rater comparison approach described in the DESSA manual (pp. 66–68) to gain a better understanding of the consistency of the student's behavior across environments and with different adults. This information, as well as Tier 2 strategies to support the development of SEL skills in the home and school environments, can be shared by parents and school personnel and result in more effective support plans. It should be noted that in addition to the targeted or Tier 2 interventions and supports, these children will also benefit from the universal, Tier 1 instruction.

If the DESSA SEC *T*-score is 41 or greater, the child's overall social and emotional competence should be considered to be in the Typical or Strength range. That is, when the DESSA SEC *T*-score is different from the DESSA-mini SET *T*-score, priority should be given to the DESSA results because that instrument is more comprehensive and has somewhat higher reliability. The DESSA-mini finding in this case would be considered to be a false positive. Given the high concordance rates between the DESSA-mini and the DESSA (see Chapter 3 of this manual), these discrepancies will be relatively uncommon.

It should be noted that children identified through this screening and assessment process at Time 1 have not been deemed eligible or referred

for special education services. The DESSA Comprehensive System is a prevention and social and emotional competence promotion program. At this point, absent other information, the results of the DESSA and/or DESSA-mini indicate that the child has low social and emotional competence, which places the child at risk of subsequently developing mental, emotional, or behavioral disorders. Of course, if there are other indications that the child may require special education services, there is nothing in this process that should prevent or delay referral.

Time 2 and Time 3 – Ongoing Progress Monitoring

The services at Time 2 and Time 3 apply only to those children who were identified at Time 1 as needing targeted (Tier 2) supports. Children who were not identified at Time 1 will continue to benefit from the universal (Tier 1) instruction. Of course, if at any time a teacher or parent should become concerned about a child's social and emotional status, a DESSA-mini and, if indicated, a full DESSA can be completed. If warranted, based on the DESSA results, the child could move from Tier 1 to Tier 2 at any point during the year.

The goal of the DESSA Comprehensive System at Times 2 and 3 is to provide feedback to the teacher, student support personnel, student, and parent(s) on the progress that the child is making on acquiring social and emotional competencies as a result of both Tier 1 universal instruction and Tier 2 targeted supports. To allow sufficient time for these interventions to benefit the child, we recommend that approximately two months separate each stage. In a typical school year, then, Time 2 would occur around the middle to end of December and Time 3 in early to mid-March.

At Times 2 and 3, the DESSA-mini is readministered using alternate forms—typically Forms 2 and 3. (If more frequent assessment is desired, the interval between administrations of the four DESSA-minis can be reduced and Forms 1 to 4 can each be given a second time. This allows for monthly administrations if desired.) The results of each administration are recorded using the DESSA-mini Ongoing Progress Monitoring

(OPM) Form, which is shown in Figure 5.2. The OPM consists of five sections.

1. The first section, labeled "**A**" in Figure 5.2, consists of demographic information on the child being rated.
2. Section "**B**" records the date of each DESSA-mini rating and the rater. Typically, the same rater completes all four DESSA-minis. However, due to staff turnover and other issues, the raters may differ, and these changes in the rater should be noted. Whenever possible, the same rater should be used for all four administrations to reduce variance in the scores due to rater differences.
3. Section "**C**" provides both a table to record the four DESSA-mini SET *T*-scores and a series of check boxes for evaluating the differences between DESSA-mini ratings. Please note that only *T*-scores should be recorded on the OPM. The procedure for evaluating progress is explained below.
4. Section "**D**" allows the DESSA-mini User to graph the DESSA-mini results over time.
5. Section "**E**" provides a place to record notes on the child's progress, issues that may have affected the DESSA-mini scores, or other relevant information.

Evaluating Progress Over Time

Two criteria are used when evaluating progress with the DESSA-mini and the Ongoing Progress Monitoring Form. First, we evaluate the magnitude of the change between successive administrations of the DESSA-mini. Second, we determine if the child's social and emotional competence falls within the Typical or Strength range. Differences between successive DESSA-mini *T*-scores are evaluated using Cohen's *d*-ratio. Cohen (1988) suggested that *d*-ratios of .2, .5, and .8 be considered small, medium, and large, respectively. Because *T*-scores have a standard deviation of 10, these ranges are equivalent to less than 2, 2–4, 5–7, and 8 or more *T*-score units. These ranges and their interpretation are presented as check boxes in section "C" in Figure 5.2. Table 5.1 presents Cohen's effect sizes and provides recommendations for responding to these obtained differences.

FIGURE 5.2

The DESSA-mini Ongoing Progress Monitoring Form

DESSA-mini

DEVEREUX STUDENT STRENGTHS ASSESSMENT

K-8TH GRADE

A

DESSA-mini Ongoing Progress Monitoring Form

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name _____ Gender _____ Date of Bith _____ Age at First Rating _____

School/Organization _____ Classroon/Program _____ Grade/Group _____

B

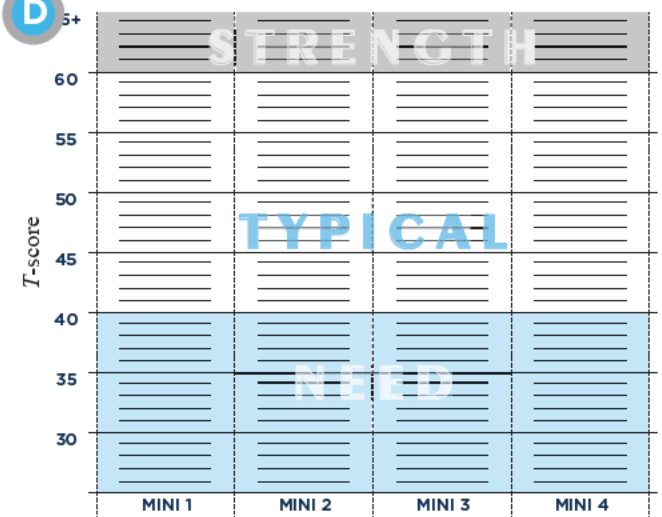
RATING DATES	RATER
MINI 1	
MINI 2	
MINI 3	
MINI 4	

C

MINI SCORES

	DIFFERENCE BETWEEN MINI SCORES				
	VALUE	NONE (<2)	SMALL (2–4)	MEDIUM (5–7)	LARGE (8+)
MINI 2 - MINI 1		❑	❑	❑	❑
MINI 3 - MINI 2		❑	❑	❑	❑
MINI 4 - MINI 3		❑	❑	❑	❑
OVERALL PROGRESS MINI 4 - MINI 1		❑	❑	❑	❑

D



E

NOTES TIME 1

NOTES TIME 2

NOTES TIME 3

NOTES TIME 4

NOTES OVERALL PROGRESS

TABLE 5.1

Interpretation and Guidance for Change on OPM

Magnitude of the Difference	Standard Deviation Unit	*T*-score Units	Guidance
Negligible/None	Less than .20	Less than 2	Supports are ineffective; try new supports and strategies. Consult with student assistance personnel.
Small	.20 to .49	2 to 4, inclusive	Supports are minimally effective. Increase frequency, duration, or intensity or try new strategies. If using only group interventions/supports, consider individualized supports.
Medium	.50 to .79	5 to 7, inclusive	Supports are moderately effective. Consider enhancing if resources, including time and personnel, permit.
Large	Greater than or equal to .80	8 or higher	Supports are working well. Continue current plan.

The second criterion, DESSA-mini scores falling in at least the Typical range (*T*-score of greater than or equal to 41), can be easily perceived by examining Section "D" on the OPM form. To avoid capitalizing on chance variation, ideally the *T*-scores on at least two successive administrations of the DESSA-mini should fall in the Typical or Strength ranges.

Illustrations of the Use of the DESSA-mini and the Ongoing Progress Monitoring Form

Figure 5.3 presents the pattern of DESSA-mini scores obtained by one student. His initial, Time 1 DESSA-mini *T*-score was 31, indicating a Need for Instruction in the social and emotional domain. Following an assessment with the full DESSA, an individualized program of targeted supports was developed to supplement the universal, Tier 1 instruction. In mid-December, DESSA-mini Form 2 was administered, and the child received a *T*-score of 35. As shown in Figure 5.3, this 4-point increase

FIGURE 5.3
A Successful Outcome

DESSA MINI
DEVEREUX STUDENT STRENGTHS ASSESSMENT
K-8TH GRADE

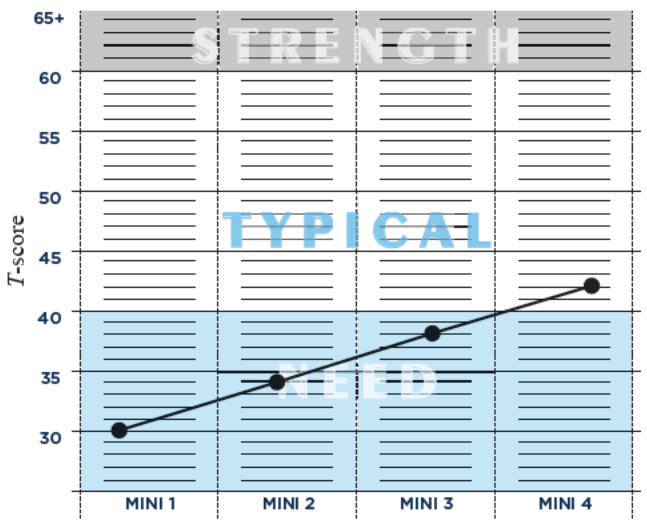
DESSA-mini Ongoing Progress Monitoring Form

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name: Jeremy | Gender: Male | Date of Birth: 9/15/2004 | Age at First Rating: 8 years 1 month

School/Organization: Jefferson Elementary | Classroom/Program: Class A | Grade/Group: 3rd grad

RATING DATES	RATER		MINI SCORES		DIFFERENCE BETWEEN MINI SCORES				
					VALUE	NONE (<2)	SMALL (2–4)	MEDIUM (5–7)	LARGE (8+)
MINI 1 10/14/2012	Mrs. Smith	MINI 1	31						
MINI 2 12/18/2012	Mrs. Smith	MINI 2	35	MINI 2 - MINI 1	4	☐	☑	☐	☐
MINI 3 03/5/2013	Mrs. Smith	MINI 3	39	MINI 3 - MINI 2	4	☐	☑	☐	☐
MINI 4 06/2/2013	Mrs. Smith	MINI 4	43	MINI 4 - MINI 3	4	☐	☑	☐	☐
				OVERALL PROGRESS MINI 4 - MINI 1	12	☐	☐	☐	☑



NOTES TIME 1

DESSA-mini 1 score fell below the "Typical" range. SEL curriculum will be implemented at the universal level and 2 times per week at the targeted level.

NOTES TIME 2

DESSA-mini 2 showed a positive but small improvement. SEL curriculum will be increased to 4 times per week at the targeted level.

NOTES TIME 3

DESSA-mini 3 score showed another 4 point gain. Continue with the current plan.

NOTES TIME 4

DESSA-mini 4 score show another 4 point gain. Jeremy's score is now in the "Typical" range.

NOTES OVERALL PROGRESS

Jeremy's score in social and emotional competency showed a large improvement from October to June. The SEL curriculum was very successful. Recommend continuation of the curriculum next year.

is interpreted as a small, positive change. Following the guidelines in Table 5.1 for small changes, school personnel decided to increase the frequency of the individual supports. In mid-March, DESSA-mini Form 3 was administered and documented a second 4-point positive change with the child obtaining a *T*-score of 39. Since DESSA-mini Form 1, the child had shown an 8-point increase in his SET score, so the school personnel decided to continue with the current plan. In early June, DESSA-mini Form 4 was administered. Again, the child's rating showed a 4-point positive change, and now his *T*-score of 43 is in the Typical range. The last line in Section "C" of the OPM documents the overall change from DESSA-mini Form 1 to Form 4. In this case, the child had shown an overall 12-point gain during the course of the school year, which is characterized as a large change. Figure 5.3 illustrates a positive outcome for the child. By the end of the year, he had shown a large increase in his overall social and emotional competence, which now was rated within the Typical range.

The outcome in Figure 5.4 is not as positive. The changes between successive DESSA-minis are characterized as small, none, and small. The overall change between DESSA-mini Form 1 and Form 4 is only 5 points (half a standard deviation), which is characterized as a medium change. Importantly, the *T*-score obtained with DESSA-mini Form 4 still falls within the Need for Instruction range. In cases such as these, the child should be referred for additional assessment and perhaps referred for a special education eligibility determination if other problems become manifest and learning is adversely affected. In fact, one does not need to wait the full year to make this decision. As in this case, if the child failed to show significant progress at Time 2, and certainly at Time 3, additional consultation or referral should have been considered. Furthermore, when the difference between DESSA-mini Form 1 and Form 2 is negligible, then Form 3 should be administered after one month of more intensive instruction. Should minimal change be found a third time, a more comprehensive investigation may be warranted.

In our final illustration, Figure 5.5 presents a child who had a DESSA-mini Form 1 *T*-score of 31 and made a seven-point gain on DESSA-mini Form 2. With DESSA-mini Form 3, the SET *T*-score was 41, indicating that the child's social and emotional functioning had

FIGURE 5.4
An Unsuccessful Outcome

DESSA-mini Ongoing Progress Monitoring Form

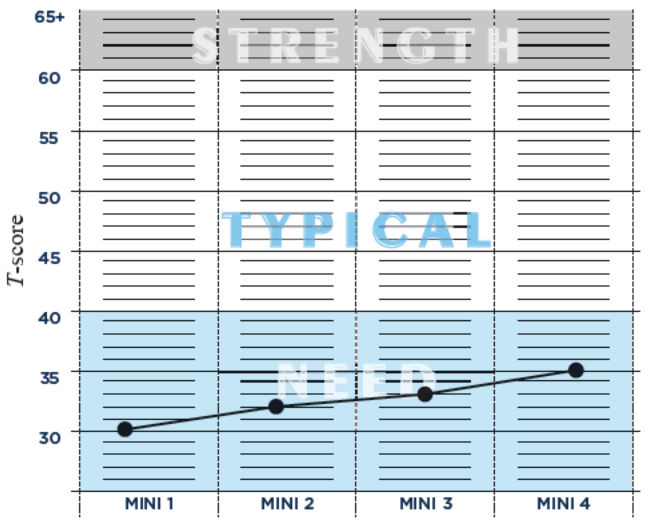
DESSA MINI
DEVEREUX STUDENT STRENGTHS ASSESSMENT
K-8TH GRADE

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name: Nicole | Gender: Female | Date of Birth: 10/18/2001 | Age at First Rating: 11 years 0 month

School/Organization: Belmont Middle School | Classroom/Program: 1st Period | Grade/Group: 7th grade

RATING DATES	RATER		MINI SCORES		DIFFERENCE BETWEEN MINI SCORES				
					VALUE	NONE (<2)	SMALL (2–4)	MEDIUM (5–7)	LARGE (8+)
MINI 1 10/14/2012	Ms. McKay	MINI 1	31						
MINI 2 12/18/2012	Ms. McKay	MINI 2	33	MINI 2 - MINI 1	2	☐	☑	☐	☐
MINI 3 03/5/2013	Ms. McKay	MINI 3	34	MINI 3 - MINI 2	1	☑	☐	☐	☐
MINI 4 06/2/2013	Ms. McKay	MINI 4	36	MINI 4 - MINI 3	2	☐	☑	☐	☐
				OVERALL PROGRESS MINI 4 - MINI 1	5	☐	☐	☑	☐



NOTES TIME 1

DESSA-mini 1 score fell below the "Typical" range. SEL curriculum will be implemented at the universal level and 2 times per week at the targeted level.

NOTES TIME 2

DESSA-mini 2 showed a positive but small improvement. SEL curriculum will be increased to 4 times per week.

NOTES TIME 3

DESSA-mini 3 score showed negligible important. Nicole does not seem to be responding to the SEL curriculum. Consult with student assistance team. Re-evaluate in one month.

NOTES TIME 4

DESSA-mini 4 score show a positive but small improvement. Nicole's score still falls below the "Typical" range.

NOTES OVERALL PROGRESS

Nicole's scores showed an overall gain of 5 points, a "medium" change but her score on the last DESSA-mini still falls in the "Need for Instruction" range. She has been referred to an education specialist and the school counselor for additional testing and assessment.

FIGURE 5.5
A Potentially Positive Outcome

DESSA MINI
DEVEREUX STUDENT STRENGTHS ASSESSMENT
K-8TH GRADE

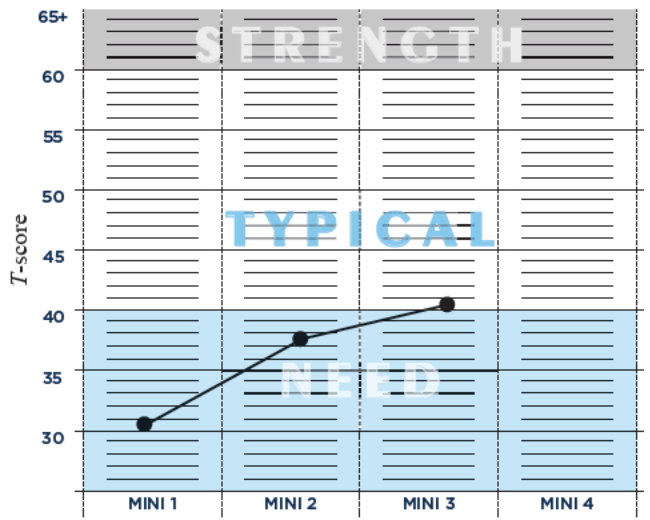
DESSA-mini Ongoing Progress Monitoring Form

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name: Sam | Gender: Male | Date of Birth: 10/2/2003 | Age at First Rating: 9 years 0 month

School/Organization: Hill Crest Elementary | Classroon/Program: Class C | Grade/Group: 5th grade

RATING DATES	RATER		MINI SCORES		DIFFERENCE BETWEEN MINI SCORES: VALUE	NONE (<2)	SMALL (2–4)	MEDIUM (5–7)	LARGE (8+)
MINI 1 10/14/2012	Ms. Finney	MINI 1	31						
MINI 2 12/18/2012	Ms. Finney	MINI 2	38	MINI 2 - MINI 1	7	☐	☐	☑	☐
MINI 3 03/5/2013	Ms. Finney	MINI 3	41	MINI 3 - MINI 2	3	☐	☑	☐	☐
MINI 4		MINI 4		MINI 4 - MINI 3		☐	☐	☐	☐
			OVERALL PROGRESS MINI 4 - MINI 1			☐	☐	☐	☐



NOTES TIME 1

DESSA-mini 1 score fell below the "Typical" range. SEL curriculum will be implamented at the universal level and 2 times per week at the targeted level.

NOTES TIME 2

DESSA-mini 2 showed a 7 point gain, a medium change. Continue with the SEL curriculum.

NOTES TIME 3

DESSA-mini 3 crore showed small but positive change. Sam's score is now in the "Typical" range. Continue with the SEL curriculum to solidify Sam's social and emotional skills.

NOTES TIME 4

NOTES OVERALL PROGRESS

progressed to the Typical range. Our recommendation would be that the Tier 2 supports be continued for the rest of the school year. Although the Time 3 score is in the Typical range, it is just above the threshold, and considering measurement error, the child's true score could still be in the Need for Instruction range. Furthermore, the difference between Time 2 and Time 3 is only three points – a small difference – indicating that the child's social and emotional competence may be plateauing. Rather than discontinuing targeted Tier 2 supports, the team should redouble its efforts for the remainder of the school year with the expectation that DESSA-mini Form 4 will show a solid gain and the final obtained score will be well within the Typical range.

These are, of course, only three illustrations of the many possible outcomes that might be obtained with the DESSA-mini and the OPM form. In summary, the following general guidelines should be used.

1. Compare successive DESSA-mini *T*-scores using the guidelines in Table 5.1. Unless large differences are obtained, increase the frequency, intensity, or duration of the targeted strategies. If group interventions have been used, consider individualized supports.
2. Keep providing Tier 2 supports until at least two successive DESSA-mini *T*-scores are in the Typical range.
3. If negligible differences or negative trends are noted in successive DESSA-minis, consider further assessment, consultation, or possible referral. Also, reduce the interval between successive DESSA-minis to one month. DESSA-mini forms can be used multiple times during the year if necessary.
4. If at any point in the year there are indications that the child may need special education services, refer immediately. The DESSA-mini may be useful in documenting the need for special education services.

Time 4 – Documenting Outcomes and Preparing for the Next School Year

In addition to the progress-monitoring approach described above, we recommend that a second DESSA be completed at Time 4, typically

within the last month of the school year, for those children receiving targeted Tier 2 supports. Using the pretest–posttest comparison procedure described in Chapter 5 of the DESSA manual, the child's progress on each of the eight DESSA scales can be determined. This information can be very useful for both documenting outcomes and planning for ongoing supports for the child. Examination of scale-level outcomes across children, classrooms, grades, schools, and districts can also inform professional development and resource acquisition. For instance, if many children receiving targeted supports show little or no improvement in a particular social and emotional competence assessed by the DESSA, this could indicate that teachers and staff need more training in this area or that additional curricular materials or strategy guides that address this specific area need to be acquired.

Because protective factors for a given child can wane over the school year and risk factors can accrue, we also recommend that all children, except those receiving targeted Tier 2 services, be rescreened toward the end of the year. Children who may have received SET *T*-scores in the Typical or Strength ranges at Time 1 may score in the Need for Instruction range at Time 4. Teachers and student support personnel may want to confer with parents about activities to support their child's social and emotional competence development over the summer break or, minimally, share the Time 4 results with the teacher who is going to receive the child the following fall so that targeted supports can already be in place when the child returns.

Summary and Concluding Note

The comprehensive social and emotional competence screening, assessment, progress monitoring, and outcome evaluation system described in this chapter is a prevention and promotion approach. The social and emotional competence of all children is being promoted through universal social and emotional instruction, and at-risk children are being screened, assessed, and provided with targeted supports before problem behaviors become manifest in the classroom. Using an empirically sound, strength-based approach enables us to do true prevention

and promotion. We no longer need to, and should not, wait for children to exceed the threshold on a behavioral concern screener or receive too many office disciplinary referrals before we intervene to provide needed supports and services.

By adopting a primary prevention, strength-based approach, we can intervene before the emergence of emotional and behavioral problems and thereby increase the likelihood of success in school and life for all children. This is a new approach to fostering success for children. We expect that our colleagues will subject the DESSA-mini, the DESSA, and the DESSA Comprehensive System to additional rigorous tests, and we encourage you to communicate and share your results with us. We look forward to learning together how to best use these resources to support teachers, after-school staff, parents, and most importantly the children.

APPENDIX A

Select Social and Emotional Learning Programs

The five programs described below are a sample of good social and emotional learning curricula that are both evidence based and readily available to DESSA-mini users. These programs were selected for inclusion because they were included in both the Collaborative for Academic, Social and Emotional Learning list of "select" curricula (**www.casel.org/programs**) and the National Registry of Evidence-based Programs and Practices (NREPP; **www.NREPP.SAMHSA.gov**). The NREPP database was searched using the following identifiers in the "find interventions" search engine: "mental health promotion," "6–12 (childhood)," "13–17 (adolescent)," "school," and "other community settings." The following descriptions are intended to be very brief overviews of the programs. We have provided the internet address (URL) for each program to facilitate acquiring more information.

Caring School Community (CSC)
(Developmental Studies Center, 2000)
www.devstu.org/caring-school-community

The Caring School Community (CSC) is a positive youth development program for children in kindergarten through the sixth grade. The program model emphasizes research-based practices for increasing student achievement as well as the benefits of a caring classroom community. The CSC curriculum consists of four components: classroom meeting lessons, cross-age buddies, home activities, and school-wide community-building activities. School-wide implementation of CSC is recommended.

The CSC program has been evaluated through quasi-experimental controlled designs. Studies have demonstrated that the program is associated with increased academic performance and improved student behavior.

Lions Quest Skills for Adolescence (SFA)
(Keister, Apacki, Kaye, & Barr, 2001; Quest International)
www.lions-quest.org/skillsadol.php

Lions Quest Skills for Adolescence (SFA) is a multicomponent, comprehensive life skills education program designed for school-wide and classroom implementation in the sixth through eighth grades (ages 10–14). The program utilizes social influence and social cognitive approaches in developing social and emotional competencies, citizenship skills, positive character, skills and attitudes consistent with a drug-free lifestyle, and service to others within a caring and consistent environment. The learning model employs inquiry, presentation, discussion, group work, guided practice, service learning, and reflection to accomplish the desired outcomes. Lions Quest SFA is comprised of a series of 80 45-minute sequentially developed skill-building sessions, based on distinct themes that may be adapted to a variety of settings or formats.

Research studies on Lions Quest SFA report positive effects on school functioning and success, attitudes toward drug and alcohol use, and prevalence of drug and alcohol use. The studies were conducted in a large number of schools with a large number of students participating.

Project ACHIEVE
(Knoff, 1990; Sopris West Publishers)
www.projectachieve.info

Project ACHIEVE is a school reform and improvement program focusing on social and emotional, behavioral, and social skills outcomes; positive behavior support systems and school safety; positive classroom and school climates; and community and parent outreach and involvement. The program (intended for students ages 3–18 years) uses professional development and ongoing technical consultation to target and reinforce critical staff skills and interventions. Project ACHIEVE has been used in public schools, alternative schools, special education centers, psychiatric and juvenile justice facilities, Head Start programs, and specialized charter schools.

Promoting Alternative Thinking Strategies (PATHS)
(Kusché & Greenberg , 2005; Channing Bete Company)
www.channing-bete.com/prevention-programs/paths/

Promoting Alternative Thinking Strategies (PATHS) is a prevention intervention curriculum to promote social and emotional development in the school. Key developmental areas include: self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills. PATHS also targets aggression and other problem behaviors. The curriculum is presented in 20- to 30-minute lessons, approximately three times per week, for a school year. The lessons include direct instruction, discussion, modeling, storytelling, role-playing activities, and video presentations.

Longitudinal and experimental studies have shown that children who received the PATHS curriculum are more likely to show improvements in emotional knowledge, inhibition control, and verbal fluency compared to children who did not receive PATHS. In addition, children who received PATHS are less likely to develop internalizing or externalizing behavior problems over time. PATHS is effective for children in both regular and special education classes. In one study, classrooms exposed to an adapted version of the PATHS curriculum were rated as having a more positive classroom atmosphere than comparison classrooms.

Second Step

(Committee for Children, 2002)

http://www.cfchildren.org/second-step.aspx

Second Step is a classroom-based violence prevention program for children 4 to 14 years of age. The program is based on cognitive behavioral intervention models, social learning theory, empathy research, and social information-processing theories. The curriculum is available for three age groups: preschool/kindergarten, first through fifth grades, and sixth through ninth grades. Each curriculum consists of sequential lessons that cover empathy, impulse control, and anger management in developmentally and age-appropriate ways. Second Step is published by Committee for Children, and more information is available through their website.

The Second Step program has been evaluated through the combined use of direct observation and self-report data in longitudinal, randomized controlled designs. Studies have demonstrated that Second Step is associated with increased social competence, increased knowledge of social skills, decreased aggression, decreased anxious and depressed behavior, and decreased adult conflict intervention.

—Original Select Social and Emotional Learning Programs, 2011

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ABOUT APERTURE EDUCATION

Aperture Education empowers over 3,000 schools and out-of-school-time programs across North America to measure, strengthen, and support social and emotional competence in K–12 students and educators. The mission of Aperture Education is to ensure that all members of school and out-of-school-time communities, both children and adults, have the social and emotional skills to be successful, productive, and happy. We achieve this by providing education leaders, teachers, out-of-school-time staff, parents, and students with accurate and actionable data about their social and emotional strengths and needs. We pair this data with research-informed strategies and resources, leading to improved outcomes.

The Aperture System includes the Devereux Student Strengths Assessment (DESSA) suite of strength-based assessments, which is lauded by researchers for its high standards for reliability and validity and appreciated by educators for its ability to easily and quickly identify each student's unique social and emotional strengths and areas of needed support. Aperture Education partners with industry curriculum leaders to deliver research-based intervention strategies to bolster specific areas of needed growth. Paired with robust reporting in one easy-to-use system, professional development for staff, and an aligned educator social and emotional learning program called the Educator Social-Emotional Reflection and Training (EdSERT), Aperture is often favored in districts and programs nation-wide and continues to develop innovative solutions to bring the whole child into focus.

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The **Devereux Student Strengths Assessment-mini (DESSA-mini)** is designed to help teachers, administrators, school counselors, school psychologists, school social workers, and other youth-serving professionals evaluate the social and emotional competence of children in an effective, efficient, and rigorous manner. The brief eight-item **DESSA-mini** can screen all children in a given population in a cost- and time-efficient manner. Children identified as having low social and emotional competence with the **DESSA-mini** should be considered for additional instruction. Further assessment with the full **DESSA** should be conducted to understand the specific strengths and needs of the child to help individualize the instruction. The alternate forms of the **DESSA-mini** can be used to track the progress of these children in acquiring social and emotional competencies. This manual provides information on the development, standardization, and psychometric properties of the **DESSA-mini**, as well as instructions for administration, scoring, and interpretation. The final chapter describes a comprehensive, integrated system for screening, assessment for intervention planning, monitoring progress, and evaluating outcomes in the social and emotional domain. These chapters in the manual include:

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