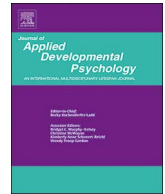




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The Devereux Student Strengths Assessment (DESSA) comprehensive system: Screening, assessing, planning, and monitoring

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ABSTRACT

The Devereux Student Strengths Assessment (DESSA) and the DESSA-Mini are intended to be psychometrically sound and practical measures of social-emotional competence for use in school and out-of-school-time (OST) settings. These strength-based behavior rating scales yield a variety of information designed to support the large scale implementation of social and emotional learning programs. This paper discusses 1) the context for the development of measures, 2) the choice to use a nationally-normed, adult-completed behavior rating scale as the format for assessing student social-emotional competence, 3) the psychometric properties of the DESSA and the DESSA-Mini, 4) some challenges to assessing social-emotional competence in applied settings, 5) examples of how the DESSA and DESSA-Mini results have been used to inform practice decisions, and 6) future research and development needs for social-emotional assessment.

The Devereux Student Strengths Assessment (DESSA; LeBuffe, Shapiro, & Naglieri, 2009/2014) Comprehensive System was developed to meet the burgeoning need for a psychometrically sound yet practical measure of social-emotional competence in both school and out-of-school-time (OST) settings. The system has a number of integrated components designed to support large scale implementation of social and emotional learning (SEL). These components are described as *comprehensive* because they comprise screening, formative, interim, and summative assessment approaches, and as a *system* because these parts are interconnected through a series of procedures and principles that organize their use. Although the system can be implemented in various ways to meet local requirements, in standard practice it begins with a very brief, teacher-completed universal screening tool of student social-emotional competence called the DESSA-Mini (Naglieri, LeBuffe, & Shapiro, 2011/2014). Students who could benefit from more information are initially or subsequently assessed with the full DESSA (LeBuffe et al., 2009/2014).

Completed by parents or teachers/staff, the DESSA can be used to formatively assess a student's strengths and needs for further instruction within eight social-emotional domains. This can inform planning decisions, such as the adoption of SEL-enhancing interventions in the form of well-known SEL curricula or more micro-strategies for building competence. Some social-emotional learning strategies, organized into a multitiered system of supports (MTSS) framework (including uni-

versal, small-group, individual, and home-based strategies), are found at an online site called Evo Social/Emotional Learning (Evo SEL). The final components of the DESSA Comprehensive System are a means of tracking progress in the acquisition of social-emotional competence using a response to intervention (RTI) framework through multiple brief forms, and a pretest-posttest comparison technique that enables users to evaluate change over time. These results can then be aggregated at the classroom, grade, school, program, or district level for program evaluation and quality improvement purposes. Therefore, the DESSA is designed to 1) identify which students have social-emotional *strengths* and which students have a particular *need for instruction*, 2) determine specific behaviors that reflect social-emotional strengths or needs for each student that can form the basis of augmentation and maintenance plans, and 3) clarify whether individual students or groups of students are benefiting from SEL instruction.

In this paper we will discuss: 1) the context for the development of the system, 2) the use of a nationally-normed, adult-completed behavior rating scale as an appropriate and feasible approach to assessing student social-emotional competence, 3) the psychometric properties of the DESSA and the DESSA-Mini as relevant to use in applied settings, 4) some unanticipated challenges in assessing social-emotional competence in applied settings, 5) examples of how the DESSA and DESSA-Mini results have been used to inform practice and guide decisions, and finally, 6) future research and development needs

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for social-emotional assessment.

1. The context for the development of the DESSA

The Devereux Student Strengths Assessment (DESSA) has its origins in the strand of applied developmental psychology known as resilience theory, which explores how individuals attain “good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228). Studies of resilient individuals have identified a consistent set of attributes and assets that contribute to resilient outcomes (Masten, 2014). These protective factors have been defined (Masten & Garmezy, 1985) as characteristics that moderate or buffer the negative effects of risk factors. Garmezy (1985) suggested that protective factors could be divided into three categories: 1) community systems such as high quality schools, 2) a supportive family, and 3) child attributes (e.g., physical health, intelligence, problem solving skills). The DESSA was developed to be an assessment of social-emotional competencies, a subset of malleable child attributes that act as protective factors (LeBuffe, et al., 2009/2014).

Beginning in the mid-1990s, the Devereux Center for Resilient Children (DCRC; www.CenterforResilientChildren.org) began publishing a series of behavior rating scales designed to measure within-child protective factors. These early childhood measures include the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999), the Devereux Early Childhood Assessment Clinical Form (DEC-A-C; LeBuffe & Naglieri, 2003) and the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-IT; Mackrain, LeBuffe, & Powell, 2007). In some instances, when children graduated from early care and education programs that used the DECA for infants, toddlers, and preschoolers, their teachers, parents, and other caregivers requested a similar strength-based assessment program that could follow the children into their school-aged years. The DESSA was developed, in part, to meet this need. Collectively, these behavior rating scales span child development from 4 weeks to 14 years and are intended to provide a consistent approach to assessing social-emotional development.

The development of the DESSA has also been shaped by the emergence of social and emotional learning (SEL), and the related need for the assessment of social-emotional competence in routine educational practice. The history of the growth of this field has been well-documented (e.g., Weissberg, Durlak, Domitrovich, & Gullotta, 2015) and will not be reiterated here. Suffice it to say that at the time this special issue is being published, a number of important conclusions regarding SEL can be drawn. First, a core set of important social and emotional learning competencies have been promulgated by the Collaborative for Academic, Social and Emotional Learning (CASEL) (Weissberg et al., 2015). Second, social and emotional competencies have been shown to be related to academic achievement, prosocial behavior, and positive attitudes toward school, self, and others (e.g., Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Third, a number of evidence-based programs are available to promote these competencies in children and youth (e.g., CASEL, 2013). Fourth, these programs can be implemented both in school (Payton et al., 2008) and in OST (Gullotta, 2015) settings. Fifth, many of these programs are cost effective with average benefit-cost ratio of 11 dollars to 1 (Belfield et al., 2015). Based on these and similar findings, a growing number of state departments of education and local school districts have adopted or are considering adopting SEL standards. At the time of publication of this issue, CASEL reports that nine states have comprehensive, free-standing standards for social and emotional learning (CASEL, 2016).

The rapid growth of SEL research, curricula, and programs, accompanied by the adoption of SEL standards, created the need for an aligned assessment system. Some school districts have sought an assessment system as a means of determining whether all students have met standards or otherwise acquired the requisite “non-cognitive” skills for school and life success. Some districts and OST programs have

expressed a need for a formative assessment that can identify each student’s social-emotional strengths and needs, inform instruction and programming, and gauge progress over time. Other schools and OST programs have desired an assessment tool that will promote reflective practice among the adults and create professional development opportunities for their staff around SEL. Finally, schools and OST programs that have invested heavily in developing and/or implementing SEL programs have a need for summative assessment to evaluate outcomes. The DESSA Comprehensive System was developed in response to these various needs.

1.1. Values guiding the development of the DESSA

The overarching goal of this series of DCRC assessments, including the DESSA, is to inform the promotion of social-emotional competence and resilience within children and youth. Four characteristics shape the DCRC approach to achieving this goal. First, the DCRC assessments are strength-based. This strength-based orientation is important to the dual goals of mental health promotion and challenging behavior prevention in that it enables practitioners to proactively identify strengths and weaknesses in social and emotional development before the occurrence of significant behavioral challenges (LeBuffe & Shapiro, 2004). If practitioners wait until challenging behaviors emerge before offering social-emotional instruction, they may have missed the opportunity to prevent the enormous costs of mental, emotional, and behavioral problems, and their remediation, to students, their families, schools, and society (O’Connell, Boat, & Warner, 2009). Strength-based approaches also can be less stigmatizing by focusing on positive, rather than deficit-based, behaviors.

The second key characteristic is the use of assessment data to guide intervention. This position was influenced by the National Association for the Education of Young Children’s Position Statement on the “Standardized Testing of Young Children Through 8 Years of Age,” which emphasized that “testing provides information that will clearly contribute to improved outcomes for children” (NAEYC, 1987 p. 5). As a result, each of the DCRC rating scales was designed to provide information that could be used to inform the implementation of evidence-based SEL programs or to guide the selection of DCRC-curated social-emotional strategies intended to be integrated into routine practice in schools, OST programs, and at home.

The third defining characteristic of the DCRC rating scales is the focus on teachers and, in the case of the DESSA, OST providers, as not only the raters (i.e., the person providing the ratings) but also as the user of that information (i.e., the person who interprets the assessment results and uses them to inform instruction). This focus on empowering educators to be the consumers of assessment results was originally in response to a resource deficit; the lack of mental health consultants in early childhood settings, public schools, and OST environments. For example, school psychologists, on average, each serve an average of 1383 students (NASP, 2011). In many states the ratio is far worse (e.g., 2000 or more students per school psychologist in 11 states, including 5700 students per school psychologist in Mississippi). Assuming an average of 20% of students experiencing a mental, emotional, or behavioral disorder (Merikangas et al., 2010) who require initial or ongoing assessment, and a school year of 180 days, school psychologists who are responsible for 2000 students would average more than two referrals for assessment and evaluation per day. Requiring the DCRC assessments to be administered and interpreted by certified or licensed school mental health professionals would in many states present a barrier to obtaining information needed to provide universal services and supports. The strengths-based orientation of the DCRC rating scales makes their use by non-mental health professionals appropriate in that the assessments do not generate pejorative labels (e.g., “extreme risk”) or stigmatizing diagnoses (e.g., anxious/depressed). Appropriate usage is encouraged through simple directions, on-demand training (including recorded webinars), and a best practice model that positions the

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