

## **Questions posed regarding the universal screening using the BIMAS-2:**

### **Why the BIMAS-2?**

Out of the universal screeners currently available, what makes the BIMAS a better choice than a more diagnostic screener is that it measures both internalizing and externalizing risk factors. Plus, it is composed of items that are extremely sensitive to change over time. Other more diagnostic standardized indicators just show elevated risk, but they are not sensitive to change.

### **What evidence & research is out there that shows that this is the best tool?**

#### **What other screeners are out there?**

“The BIMAS is the only commercially available measure developed based on years of research using a scientific model called Intervention Item Selection Rules (IISRs; Meier, 1997, 1998, 2004), a process that identifies items with demonstrated change sensitivity to therapeutic interventions.”

( <https://www.mtsnetwork.org/bimas-2/>)

In the critical review of five commonly used social-emotional screeners, (Jenkins, et al., 2014), the BIMAS (McDougal, et al.) was one of the screeners under scrutiny along with the Behavioral Emotional Screening System (BESS; Kamphaus & Reynolds, 2017), Social Skills Improvement System Performance Screening Guide (SSIS PSG; Elliott & Gresham 2008), and Strengths & Difficulties Questionnaire (SDQ; Goodman, 1997), and Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1992). “The strengths of the BIMAS include the multi-informant approach, inclusion of positively and negatively worded items, brevity of administration, electronic scoring, ability to create unique collections of items for progress monitoring, and the BIMAS online program for administration, data management and scoring” (Jenkins, et. Al. 2014). The Bimas-2 is also offered in Spanish which is wonderful for our English Language Learners.

In comparison to other screeners, the BIMAS is the only measure that specifically looks at both internalizing and externalizing factors in addition to positively and negatively worded items. What really makes it different according to Dr. Jim McDougal, is that it is composed of items that show what is sensitive to change. Some of the others may show elevated levels in areas but not how they respond

to interventions over time which is key to seeing if the appropriate interventions are making a positive impact on the student's emotional well-being.

**How many schools nationally use universal screening of behavioral health? Is this new? Are we at the beginning of this trend?**

“Universal screening is widely accepted as best practice (Cook et al., 2010) yet remains uncommon in most educational systems with only between 2-12% of schools utilizing behavioral health instruments” (Battal, Pearrow, Kaye, 2019). This number is expected to jump exponentially with the onset of American Rescue Plan funding sources for social-emotional learning strategies as well as the understanding of the emotional impact that the COVID pandemic has wrought on children per behavioral screening experts. There is an estimate that this year there will be an increase in use of universal screeners in schools upwards of 40%. The use of the BIMAS-2 has tripled in the past year among local school districts.

**How/when are families told of what the results of their students' BIMAS-2 screening?**

Parents will be notified if there are any red flags associated with their child's screening. Of course, if a parent would like specific information about how their child reported, that can absolutely be arranged. But just as we do for academic screening, we would let parents know when there is reason for concern. The hope is to normalize this screening as part of what we do in school and the interventions associated with it just as we do for academic concerns.

**What do you recommend in terms of finding specific interventions that will work for those items flagged on the BIMAS-2?**

We will use what already have expertise in- tier 1 & 2 interventions such as Second Step, DBT and Zones of Regulation. We are creating a resource map of what interventions currently exist in all buildings. The idea is to use what we already have and create opportunities to build upon our intervention library. We will plan on collaborating with our psychiatrist that meets with our Mental Health Team 4 times a month, working with our psychologists, DBT consultant and possibly Behavioral Intervention Specialist that we contract with at BOCES to secure professional development in areas that we need more exposure to throughout the school year.

## References

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