Beyond Academics: Measures for Social-Emotional Learning, Mental Health, and Implementation Quality

27 February 2020
MENAT Measurement Library
hosted by the Inter-Agency Network for Education in Emergencies

The MENAT (Middle East, North Africa, and Turkey) Measurement Library is a collection of measurement tools to assess children’s learning and holistic development and service provider quality in crisis contexts. This includes measures that have been vetted and tested by members of the Evidence to Action: Education in Emergencies (3EA) MENAT Consortium, along with technical working papers on the validity and reliability of the measures, guidance materials and training materials.

You will also find measures and assessments of children’s learning and holistic development that have been used in MENAT prior to the development of this Library.

The Library is meant to help key stakeholders generate the high-quality data they need to reflect on their work and identify critical gaps and solutions.

Scroll down to begin your search.
If you're not sure what you're looking for...

Take this measure selection quiz to help identify the best measure for your purpose and context.

GET STARTED

If you know what you're looking for...

Get started by filtering using the options below.

13 results found

Use
Choose some options

Resource Category
Choose some options

Resource Language
Choose some options

Age Group
To
The Early Child Behavior Questionnaire-Short Form (ECBQ-S)

Published by Department of Psychiatry-American University of Beirut Medical Center, Ministry of Public Health-Lebanon

Published 13 November 2019

The Early Childhood Behavior Questionnaire - Short (ECBQ-S) is a parent-report survey that was designed to measure toddlers’ emotional and behavioral regulation skills. It is intended to provide data for program evaluation purposes.

Academic Readiness for Children (ARCH)

Published by New York University (NYU), Bahçeşehir University, Hacettepe University

Published 21 October 2019

The Academic Readiness of Children in Arabic (ARCH-A) and Turkish (ARCH-T) is a measure that was designed to assess 8 domains of school readiness through a combination of child-completed performance tasks and parent-report survey questions.

Social-Emotional Response and Information Scenarios (SERAIS)

Published by International Rescue Committee (IRC), NYU Global TIES for Children

Published 16 October 2019
ASSESSMENT

Social-Emotional Response and Information Scenarios (SERAIS)
Published by International Rescue Committee (IRC), NYU Global TIES for Children
Published 16 October 2019
Use: Program evaluation, Basic research
Resource Category: Social-emotional Skills
Age Group: 5 to 16
Topic(s): Social and Emotional Learning, Psychosocial Support

This tool is part of the MENAT Measurement Library. Learn more about the olive tree stages in our Measure Review Criteria. If you'd like to select and adapt a measure, read our Measure Guidance.

Social-Emotional Response and Information Scenarios (SERAIS) is a scenario-based student assessment designed to measure a suite of social and emotional skills among elementary school-aged children. The measure introduces children to six hypothetical social situations, and prompts them to answer a series of questions asking what they would do in that situation in order to measure four constructs: hostile attribution bias, emotional orientation, emotional regulation, and interpersonal negotiation skills. It is intended to provide data for program evaluation purposes. SERAIS was administered to a sample of 3,661 Syrian refugee children ages 5 - 16 who were enrolled in Lebanese formal schools and had access to the International Rescue Committee’s SEL-infused non-formal retention support programming in the Bekaa and Akkar regions of Lebanon. Results of the testing indicated that SERAIS is ready for purpose with modest revisions if used in the same context. If used in a new context, the measure requires adaptation of the social situation scenarios and items and further testing. We note that versions of SERAIS have also been adapted and tested in Niger and Nigeria.

Please look at the one-pager for a brief overview of the measure, or download below the package which includes the user guide, enumerator training powerpoint, and technical working paper.

For more information, please contact Roxane Caires at roxane.caires@nyu.edu.

ENGLISH

* SERAIS One-pager (249.53 KB)

ENGLISH

* SERAIS (8.74 MB)
SERAIS: Social-Emotional Response and Information Scenarios
Ha Yeon Kim, PhD
Global TIES for Children

I would...
Cognitive, emotional, and social skills in social context

“I’d think...

I’d feel..

I would

I would not...

Imagine your teacher is handing out pencils. You just got a good spot near the front of the line. Then another student just comes in and stands in front of you, taking your place in line.”
What SERAIS measures, for what purpose?

Program Evaluation & Basic Research

Inclination to strategies such as aggression, disengagement, appeal to authority, or resolution-oriented strategies, when having to deal with interpersonal conflicts.

Ability to regulate sadness and anger in socially challenging situations.

Cognitive tendency to interpret others’ behavior as hostile.

Type and intensity of emotions that the child may experience in socially challenging situations such as feeling angry, sad, and calm.
What is SERAIS?

Scenario-based self-report

6 social scenarios
13 questions for each

Appx. 20 minutes

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Imagine your teacher is handing out pencils. You just got a good spot near the front of the line. Then another student just comes in and stands in front of you, taking your place in line.

1. Hostile Attribution Bias
   - Do you think that the child took your place:
     - a. On purpose
     - b. By accident

2. Emotional Orientation
   - If you were in this situation,
     - a. Would you feel angry?
     - b. Would you feel sad?
     - c. Would you feel calm?

3. Emotion Dysregulation
   - What would you do next, in this situation?
     - a. Whine or cry?
     - b. Yell or stomp your feet?

4. Conflict Resolution
   - a. Ask the child why they took your place?
   - b. Say something mean to get back at the child?
   - c. Tell your teacher the child took your place?
   - d. Push the child out of the line?
   - e. Give them an angry look but do nothing?
   - f. Tell the child to get in line behind you?
   - g. Let the child know you were there first and it’s not fair the child took your place?
Evidence from what context/population, for what?

Bekaa and Akkar regions of Lebanon, in school year 2017-18

- 3,661 Syrian refugee children (ages 5-16)
- Enrolled in Lebanese formal schools
- Had access to IRC programming

Developed and used for program evaluation (SEL, Retention Support)
Evidence of reliability and validity

Ready for use in:
• Rigorous program evaluation studies
• Descriptive research
• With Syrian refugee children in Lebanon attending Lebanese public schools

✔ Strong Evidence of Reliability
  ✔ Internal Consistency
  ✔ Longitudinal correlation

✔ Strong Evidence of Construct Validity
  ✔ Consistent factor structures and high factor loadings
  ✔ Measurement invariance over time and across treatment groups and gender
  ✔ Correlated with child characteristics, risk factors, and other social-emotional constructs in the expected direction (e.g., child age, school victimization experience, behavioral regulation, internalizing symptoms)
Recommendations for use and adaptation of SERAIS

Careful adaptation and validation required for use with different context and population

- **CONSIDER REVISING SCENARIOS** and items for better aligned measure for the children’s social experience and social repertoire for their culture, context, and age
- **CONSIDER FURTHER PILOTING** anger and sadness items to ensure translation and linguistic meaning
- **CONSIDER REVISING** disengagement items to have less negative tone and to remove double-barreled wording.
- **AVOID** gender-sensitive terms and and other cultural/population-specific stereotypes in adaptation
- **DO NOT USE** for screening or formative assessment purposes
- **CHECK BACK FOR UPDATE & SHARE EVIDENCE!!**
THANK YOU

For more on SERAIS, go to:
& keep in touch!

Gracious support provided by:
Validating screening questionnaires for internalising and externalising disorders against clinical interviews in 8-17 year-old Syrian refugee children

UK

Fiona S. McEwen
Michael Pluess
Cassandra Popham

LEBANON

Patricia Moghames
Vanessa Kyrillos
Nicolas Chehade
Stephanie Saad
Diana Abdul Rahman

Elie Karam
Dahlia Saab
Georges Karam

Tania Bosqui
Background

• Syrians make up the majority of the estimated 1.5 million refugees in Lebanon (UNRWA, 2015)
• Conflict affected Syrians may experience a wide range of mental health problems, BUT…
• While mental health symptoms may be common, they don’t necessarily indicate mental disorders (Hassan et al., 2016)
• Can we accurately identify children who have mental disorders
  • To offer treatment to children who might benefit?
  • To estimate prevalence of disorder and so the possible need for mental health services?
• How good are brief screening tools in identifying children with mental disorders? Do they work in this population?
Aim

To establish reliability and validity of brief screening tools for common mental health problems in Syrian refugee children in Lebanon

**DEPRESSION**

Center for Epidemiological Studies Depression Scale for Children (CES-DC)
- Abridged 10-item version

**ANXIETY**

Screen for Child Anxiety Related Emotional Disorders (SCARED)
- Abridged 18-item version
Methods

1. Screening tools translated into Arabic
2. Piloted with Syrian refugees and amended
3. Data collection as part of cohort study (BIOPATH, N=1596 at baseline, N=1006 at follow up)
4. Syrian children aged 8-16 years, left Syria ≤4 years ago
5. Living in Informal Tented Settlements (ITS) in Beqaa
6. Further data collection in subsample to complete a clinical interview (N=119)
   - Internal consistency reliability (do the items “hang together”?)
   - Factor analysis (do the items fit the expected pattern for the scale / subscales?)
   - Validity (does the tool predict who has mental disorder?)
   - NB Insufficient data to look at test-retest or inter-rater reliability
Methods

• Questionnaires completed as interview in person or via phone
• Visual aids
• Data entered into Qualtrics using tablets
• Clinical interview (MINI KID) completed in settlement or clinic
• Clinical supervision for all cases: consensus diagnosis and CGI-s score assigned
  → Diagnosis + impairment/distress
## Results: CES-DC

### Screen for depression

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Exploratory Factor Analysis</td>
<td>1 factor ✔</td>
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<tr>
<td>Cronbach’s alpha</td>
<td>.89 ✔</td>
</tr>
<tr>
<td>Area Under Curve</td>
<td>.74 ✔</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>.81 ✔</td>
</tr>
<tr>
<td>Specificity</td>
<td>.56</td>
</tr>
<tr>
<td>Positive Predictive Value</td>
<td>.35</td>
</tr>
<tr>
<td>Negative Predictive Value</td>
<td>.91 ✔</td>
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</tbody>
</table>

![ROC Curve](image)

![Box Plot](image)

Diagonal segments are produced by ties

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Inter-agency Network for Education in Emergencies

MENAT Measurement Library

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19
Results: CES-DC

Below cut-off / screened negative

Above cut-off / screened positive
**Results: CES-DC**

- **No depression**
- **Depression**
  - Below cut-off / screened negative
  - Above cut-off / screened positive
Results: CES-DC

Depression

Below cut-off / screened negative

Above cut-off / screened positive

Sensitivity = 81%
Results: CES-DC

No depression

Specificity = 56%

Below cut-off / screened negative

Above cut-off / screened positive
Results: CES-DC

No depression

Depression

False Positives

PPV = 35%

Above cut-off / screened positive
Results: CES-DC

No depression

Depression

NPV = 91%

Below cut-off / screened negative
Results: SCARED

Screen for anxiety

<table>
<thead>
<tr>
<th>Exploratory Factor Analysis</th>
<th>4 factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach’s alpha</td>
<td>.84 ✔</td>
</tr>
<tr>
<td>Area Under Curve</td>
<td>.69</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>.80 ✔</td>
</tr>
<tr>
<td>Specificity</td>
<td>.53</td>
</tr>
<tr>
<td>Positive Predictive Value</td>
<td>.63</td>
</tr>
<tr>
<td>Negative Predictive Value</td>
<td>.72</td>
</tr>
</tbody>
</table>
Discussion: SCARED

What might explain relatively poor performance of (abridged version of) SCARED in this population?

- Items endorsed at high frequency confounded by culture or context?
  e.g.
  - I am afraid to be alone in the house
  - I worry about how well I do things
  - I feel shy with people I don’t know well
General discussion

- **CES-DC**: Possible to select a cut off that achieves *good sensitivity* and identifies most cases
  - But this results in *low specificity* and high number of *false positives*
  - If used for screening into service, need *further assessment* to determine diagnosis
  - If used to estimate prevalence, significant proportion of false positives will *inflate prevalence*
    - Need to adjust cut offs to balance false positives and false negatives
  - Difficult to differentiate *cases* from children who report some symptoms but without significant impairment
    - Do the latter need clinical services?
- **SCARED**: Doesn’t differentiate between cases and non-cases
  - Not currently recommended for use in this population
- Important to evaluate reliability and validity *in the population* in which a tool is to be used!
Thanks to

Queen Mary University of London
• Michael Pluess (BIOPATH and t-CETA PI)
• Cassandra Popham

IDRAAC / University of Balamand
• Elie Karam (BIOPATH co-PI)
• Georges Karam
• Dahlia Saab

Médecins du Monde
• Patricia Moghames
• Nicolas Chehade
• Vanessa Kyrillos
• Stephanie Saad
• Diana Abdul Rahman

American University of Beirut
• Tania Bosqui
• Alaa Hijazi

Johns Hopkins University
• Laura Murray
• Paul Bolton
• Stephanie Skavenski
Program Implementation Quality (PIQ) Measurement

ClassBook

Status Spot Check

Background
Ask permission about the classroom that you are observing.

Location:

Class ID:

Teacher Name:

Date:

Observer Name:

Core Items:

Checking all of these items, and see if any of them check off fail here:

1. Safety
   • 1.1. Sleeping area: sleeping area should be at least 30 cm from the floor.
   • 1.2. Sleeping area: sleeping area should be at least 10 cm from the wall.
   • 1.3. Sleeping area: sleeping area should be at least 8 cm from the window.

2. Doors and Windows
   • 2.1. Doors: door is open.
   • 2.2. Windows: window is open.

3. Protection from Eaters
   • 3.1. Classroom area: classroom area should be at least 5 cm from the floor.
   • 3.2. Classroom area: classroom area should be at least 10 cm from the wall.

4. Light
   • 4.1. There is no adequate light in the classroom.
   • 4.2. Light is not working.

5. Toilet
   • 5.1. Toilets are not available.
   • 5.2. Latrine doors do not lock.

6. Soap and Water
   • 6.1. Soap and water are not available for hand washing.

Ventilation and Temperature

7.1. The classroom does not have air circulating.

7.2. The temperature is too uncomfortably high.

8. Water
   • 8.1. There is no drinking water available.
   • 8.2. Water is not provided in a safe and sanitary way.

9. Tables and Chairs
   • 9.1. Tables are not made of a solid material.
   • 9.2. There is no adequate number of tables and chairs.

10. Board
    • 10.1. A board is missing or is broken.

11. First Aid Kit and Fire Extinguisher
    • 11.1. First aid kit and fire extinguisher are not available.

12. Decorations
    • 12.1. There are no child-friendly decorations on the walls.

13. Visible Protective Boundary
    • 13.1. There is no visible protective boundary.

Optional Items

14. Calendar
    • 14.1. Calendar is missing or is out of date.

15. Flashcards
    • 15.1. Flashcards are not available.

16. Pencils
    • 16.1. Pencils are not available.

17. Food
    • 17.1. There is not enough food for each student.

18. Attendance Register
    • 18.1. The attendance register is not being filled out daily.
    • 18.2. The attendance register is not accurate for the day.
Thank you!

autumn.brown@rescue.org
Q&A
Q&A

The following Q&A questions were not addressed during the webinar. Presenters have provided responses to the remaining questions. All other Q&A can be found in the webinar recording.

Has Classbook been used for analyzing the fidelity or dosage of holistic development measures? As an attendance tracking application, it measures dosage.

Is this applicable in public schools or in NFE centers? Do you have permission from MEHE? We have not yet used it in public schools or introduced the measure to MEHE. Currently, it has only been tested and used successfully in IRC remedial centers in Lebanon.

Class-Book: I download the APP, and the versión in spanish is not available. Do you know if it is going to be available at any time soon? When you download the application, it should display in the language of your phone. If your phone is in Spanish, but the app is still in English—please do let me (Autumn Brown) know.
Thank You

www.inee.org/measurement-library
measurement-library@inee.org
Contact Information

Roxane Caires

Fiona McEwen
f.mcewen@qmul.ac.uk

Autumn Brown
Autumn.Brown@rescue.org

Ha Yeon Kim
hayeon@nyu.edu