

ATTEND: Removing Barriers and Improving School Attendance

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Introductions

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ATTEND

- Comprehensive, evidence-based program that assesses, diagnoses, and treats school-aged students (age 5-21) with school refusal behaviors and related anxiety problems.
- Designed to address habitually truant behavior in school-aged students.
- Work with students in combination with their family and school district in order to address barriers to school attendance and increase the amount of time a student attends school.

Team

- Supervisor
- School Psychologists
- BCBA
- Social Workers
- Mental Health Workers

*Not all members work on every case

What is School Refusal Behavior (SRB)?

A student who demonstrates:

- Refusal to attend school
- Chronic tardiness
- Difficulty remaining in class the entire day
- Great distress when attending school

Associated Disorders

- Anxiety Disorders
- OCD
- Depression
- Social Phobia
- Panic Disorder
- PTSD
- ODD

Traditional Vs. Evidence-Based Practices

Traditional

- "Just make them come."

- "This is their choice."
barrier.

- "Parents need to do better."

- "Issue them truancy citations."

Evidence Based

- Find out why they are not coming.

- Mental health

- Provide parent training and support.

- School-home collaboration.

Program Features

- o Psychological evaluation by a certified school psychologist to diagnose underlying mental health condition(s)
- o Functional behavioral assessment in the home and school settings to evaluate the environmental variable(s)
- o Positive behavior support plan (PBSP) designed to address identified needs
- o Support by a social worker and mental health specialist (MHS) to assist with implementation of the PBSP in the home
- o Intensive collaboration between the ATTEND school team and the family in order to identify and address student needs; and cohesively implement the interventions

IU13 ATTEND Data

2021-2022- 7 total cases

2020-2021 - 11 total cases

2019-2020- 10 total cases

2018-2019 - 5 total cases

2017-2018 - 3 total cases

2016-2017 - 3 total cases

ATTEND Program Referral and Process Overview

STEP 1: LLIU13 sends ATTEND referral form

STEP 2: LEA returns ATTEND referral form and signed PTE/RE

STEP 3: Psychologist conducts evaluation and FBA

STEP 4: Psychologist develops a PBSP & sends complete evaluation to District.

ATTEND Program Referral and Process Overview

STEP 5: ATTEND Team meets with School and Family Team.

STEP 6: LLIU13 trains & places a Mental Health Worker

STEP 7: Social Worker/Case Manger continues monitoring of PBSP

Purpose of Psychological Evaluation

- Identify contributing life events, milestones, circumstances, etc
- Identify medical/ physiological factors
- Define needs in terms of academic and social/emotional functioning
- Determine presence/symptoms of psychiatric disorders, if any
- Identify treatment recommendations based on information

Techniques/ Materials Utilized

- Review student record
- Clinical interview with student and guardian(s) to include family medical and mental health history
- Release of information for any treating physician or community-based providers
- Rating scales
- Observations in home/school/community setting
- Reinforcement surveys
- Prioritize behaviors of concern through Functional Behavioral Assessment

Importance of historical review and thorough clinical history

- Analysis of school attendance: when did tardies, class avoidance, school refusal begin
- Differentiate between acute and chronic
- Factors to consider:
 - Medical history
 - History of trauma
 - Substance abuse by caregivers/student
 - Disordered patterns of eating/sleeping
- Difficulty independently managing tasks of daily living
- Social, academic, cognitive and adaptive skills
- Family dynamic/relationships (divorce, economic stressors, chronic illness etc.)

Rating Scales

- School Refusal Assessment Scale-Revised (parent, student, teacher)
- Behavior Assessment Scale for Children, Third Edition (parent, student, teacher)
- Beck Rating Scales (student)
- Others as needed (Adaptive, executive functioning, transition planning, etc.)

Outcomes/ Recommendations

- PBSP addresses factors contributing to school refusal
- Cognitive Behavioral Therapy techniques for the home/school setting (example is Coping Cat curriculum)
- Strategies for generalization of techniques and skills across adults/settings
- Techniques and intensity, frequency, duration of behaviors may impact recommendation for MH worker
-

Mental Health Worker Responsibilities

The role of the mental health worker is critical to the success of the implementation of the positive behavior support plan.

Sample Notes

<https://docs.google.com/spreadsheets/d/1sF4y27wTI7N8y8bw4Reu0g30vAz5JWYunniOXROUzcY/edit?usp=sharing>

Mental Health Worker Supports

- CBT to help modify the thoughts, beliefs, and behaviors that are contributing to school refusal.
- Graduated exposure tasks
- Drive students to school and community settings.
- Offer tangible rewards.
- Behavioral contracts
- Parent training

Social Worker Responsibilities

The Social Worker also known as the case manager, is the liaison between the family, LEA, and any outside agencies involved with the student. The Social Worker oversees the Mental Health Worker and provides supports to Mental Health Worker during the duration of services.

- Review MHW notes on a weekly basis.
- Provide consultation services to LEA on an as needed basis.
- Meet with the ATTEND school team and parents every 4 - 6 weeks to review progress.
- Update PBSP as needed.
- Remind all team of their agreed upon roles/responsibilities with the ATTEND program

When Do Services End?

When the goal of school attendance has been met

Or

When the ATTEND Team/IEP Team meets & decides that services are no longer needed.

Case Study #1

Harrison was a 17 year-old student with Intellectual Disability (Down Syndrome and Autism). Prior to the ATTEND referral, he was receiving support at multiple center-based programs. He had missed over 40 days of school that year (in addition to 8 tardies). Most times when family was able to transport him, he refused to get out of the car. He had multiple areas of need including basic daily living skills, difficulty with changes in routine, separation anxiety and emerging agoraphobia. Recommendations included case management, MH worker services, exposure therapy, “soft landing” at school and built into routine, and high rates of preferred reinforcers. This was successful through patience and a partnership with his guardian.

*Longest case to date

Case Study #2

Hayden was a 6 year-old first grade student who received his instruction in a general education setting. At the time of the referral, he was receiving homebound instruction. He had accumulated 37 days of absence and 26 tardy or early dismissals. His school refusal behavior was triggered by a restraint that occurred on the second day of school. Through the ATTEND process, he was identified as a child with a panic disorder and ADHD, Combined Type. Recommendations included Coping Cat curriculum with MH worker two times per week, positive pairing with staff and school, exposure therapy, tiered incentive plan at school, direct teaching of replacement behaviors, and reinforcers for attendance at home.

*Shortest case to date (successful discharge 2 months after MH services began)

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