CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

Project ECHO

ADVANCING INTEGRATED HEALTHCARE

Medicaid Recovery Behavioral Health ECHO®

Session Topic: School Avoidance

Presenter(s): Sarah Hagin, PhD

Date: March 23, 2023

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

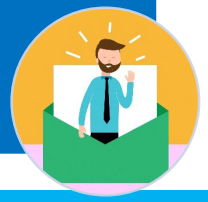
Start the Recording

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

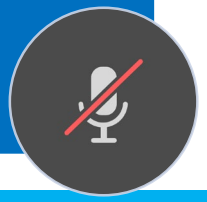
Introduce Yourself

- Please turn on your video
- Please enter your name and organization in the chat box



Microphones

- Please mute your microphone when not speaking



Agenda

- Introduction
- Lecture
- Case
- Discussion
- Close

CME Credits

(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form: https://www.surveymonkey.com/r/Medicaid-Recovery-BH-ECHO
- To be shared in chat @8AM

The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 - 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Faculty Introduction	Liz
7:35 – 8:00 AM	Didactic Presentation	Sarah Hagin
8:00 - 8:10 AM	Case Presentation	Dinusha Dietrich, MD, Smithfield Peds
8:10-8:25	Case Discussion	Group
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Susanne

Today's Faculty

Sarah Hagin, PhD, is a pediatric psychologist in the Division of Child and Adolescent Psychiatry at Rhode Island and Hasbro Children's Hospitals, specializing in pediatric gastrointestinal and feeding disorders, an Assistant Professor in the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, and the program manager for the Pediatric Psychiatry Resource Network (PediPRN) at Bradley Hospital.

Disclosures

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Learning Objectives

1) Understand the antecedents and consequences associated with school avoidance.

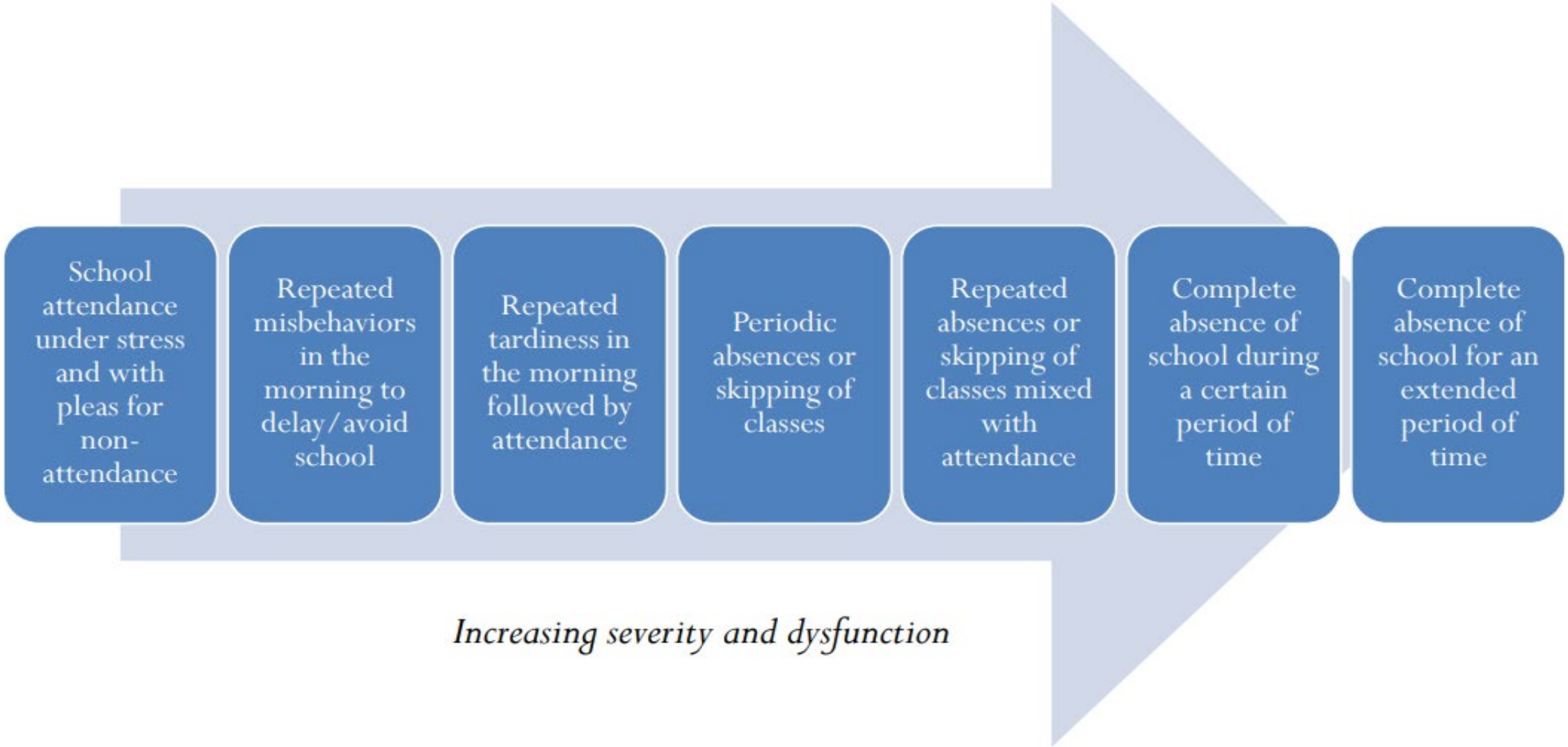
2) Develop insight into assessing school avoidance, especially with regarding to school avoidance presenting with somatic symptoms

3) Develop insight into effective treatment approaches to address school avoidance.

General info

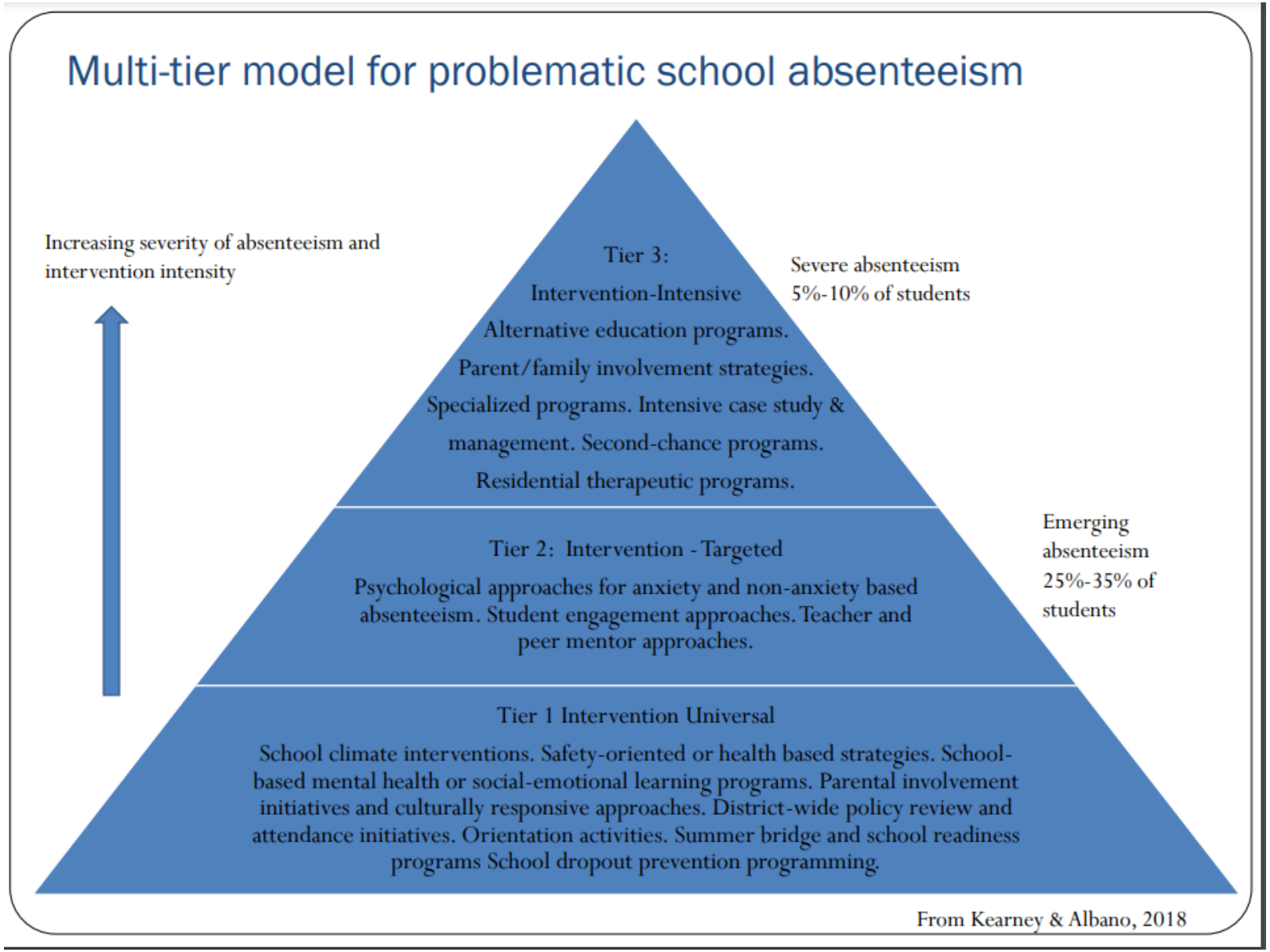
- Terminology/discrepancies
  - Definitions
  - Vs truancy
- Co-morbidities
  - Not a DSM DX
  - Common in multitude of dxs
- Impairment
  - Short vs long term
  - Vicious cycle

http://www.socca.fi/files/7476/Anne_Marie_Albano_Helsinki_A_CBT_Approach_for_School_Refusal_2018.pdf ; *Am Fam Physician.* 2003;68(8):1555–1561

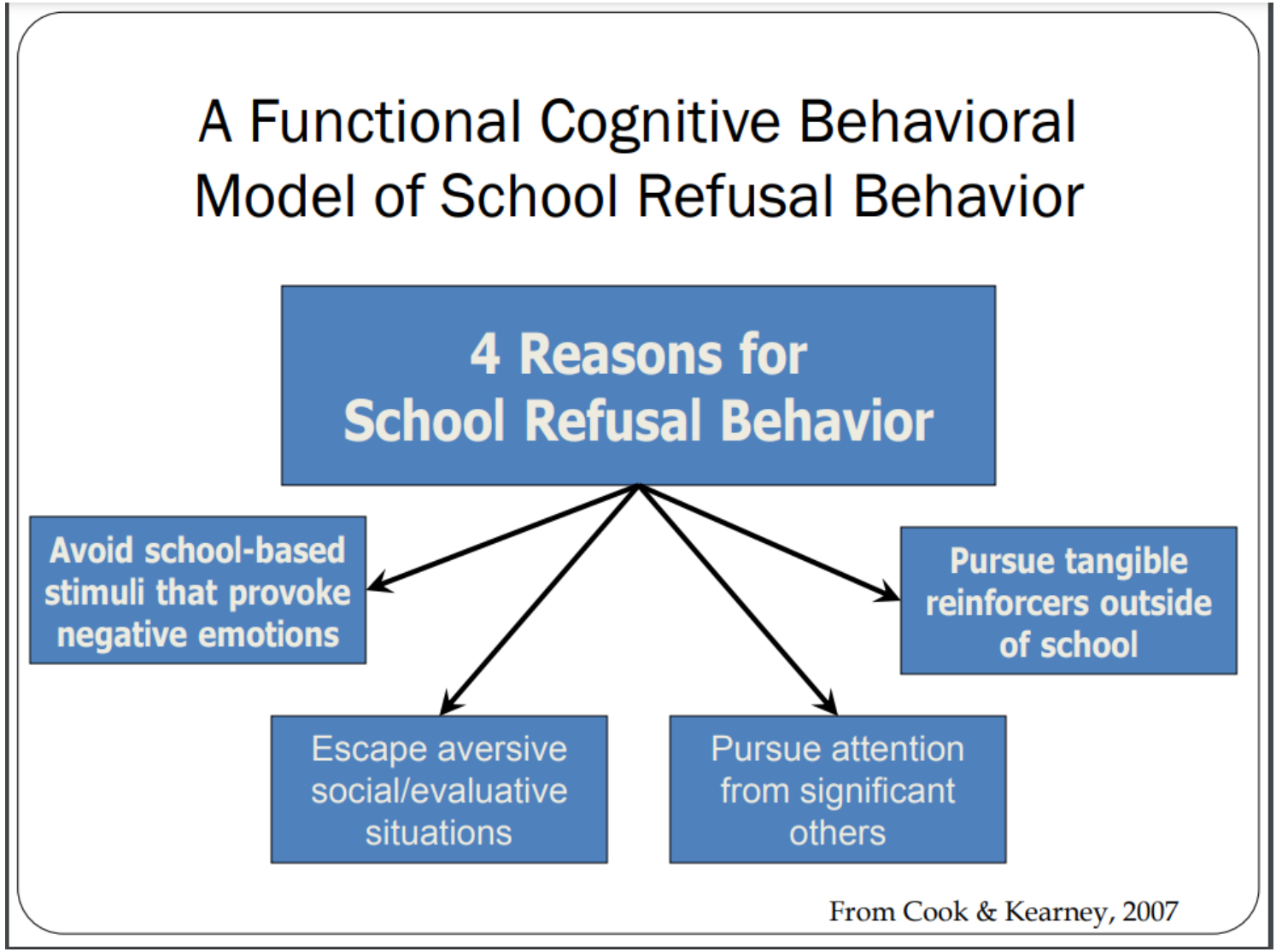


Adapted from Kearney, 2001.

Multi-tier model for problematic school absenteeism



Functional Cognitive Behavioral Model of School Refusal Behavior



Assessment of School Avoidance

- General starting points:
  - "How many days have you missed or been late in the last month?"
  - "What makes it hard to go to school?"
  - "What parts of the school day are hardest for you?"

Common stressors	Questions/Probes
Academic	Grades, worries, time on work, tests
Social	Friends, peers, lunch, bullying, teachers
Transitions	Breaks, advancement and increased expectations, prolonged absence
Home	Separation, conflict, loss

- School Refusal Assessment Scale – Revised
  (Child and Parent forms)

Assessment of School Avoidance

Comorbidities

In students with school refusal, mental health conditions are extremely common (Kearney & Albano, 2004):

- Specific phobia 54%
- Separation anxiety disorder 22%
- Generalized anxiety disorder 11%
- Oppositional defiant disorder 8%
- Major depression 5%
- Social anxiety disorder 4%

Don’t forget: Sensory processing, learning disabilities, ADHD, ASD

Somatic Symptoms In School Avoidance

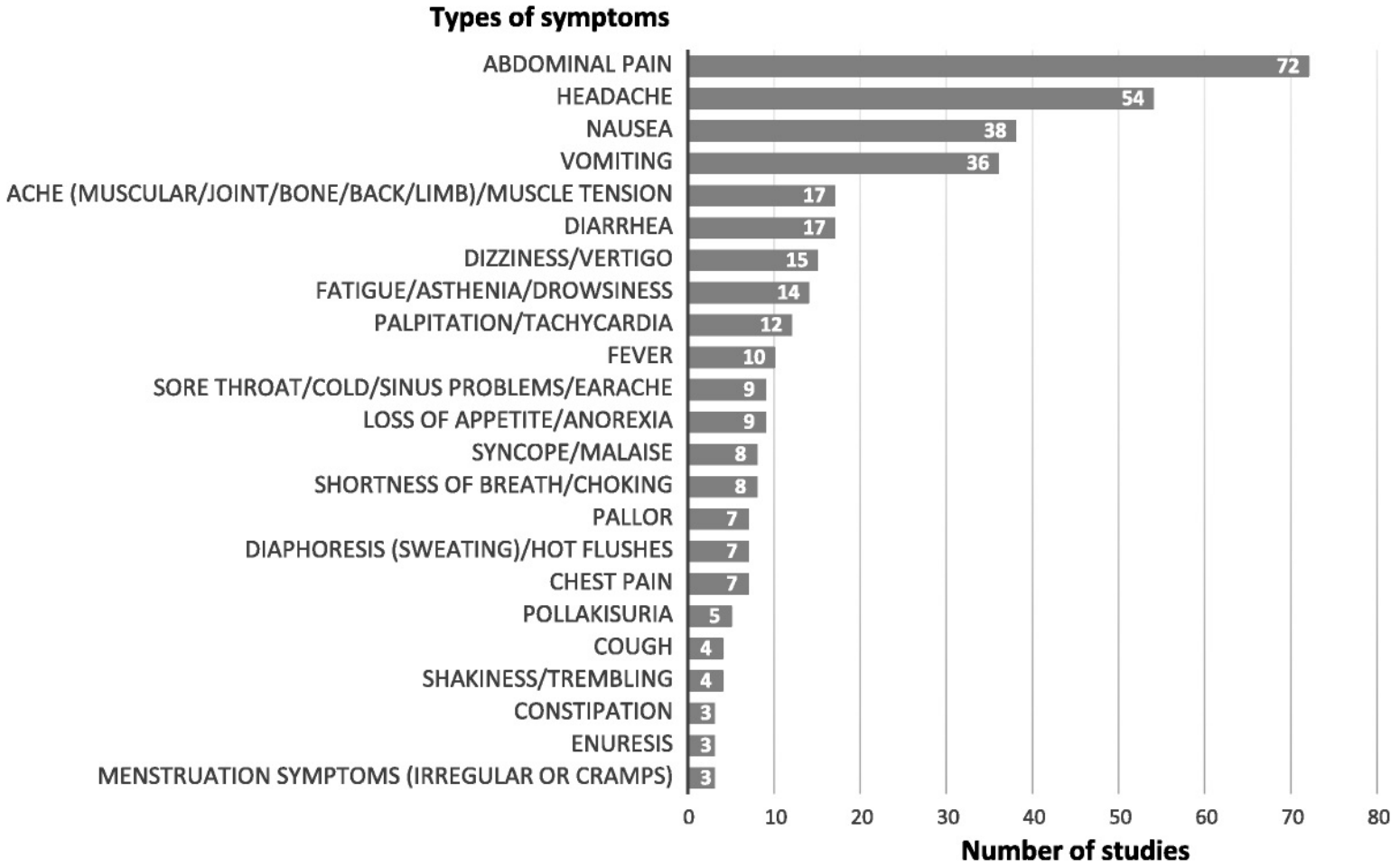
- Puzzling
  - Challenge school personal/nurses
  - Caregivers worry
  - Physical exams (preferably after school hours) can reassure
    - BUT – overevaluation of somatic sxs may have adverse consequences
  - Some evidence that caregivers are more inclined to accept SA dx from PPCP
- Present to PPCPs first – often falls to the PPCP to identify it (& treat it)
- Can delay diagnosis and MH referral

DOI: 10.1097/PSY.0000000000000956

Characteristics of Somatic Sxs in School Avoidance

- Temporality
  - Timing – AM before school; during school hours
  - Sxs inc after weekend/holiday or at beginning of school year
- Types
  - Most common: GI (abdominal pain, nausea, vomiting), headache
  - Often aligned with somatic sxs of anxiety
- Etiology
  - Anxiety based
  - Exaggerated/fabricated (conscious or subconscious)

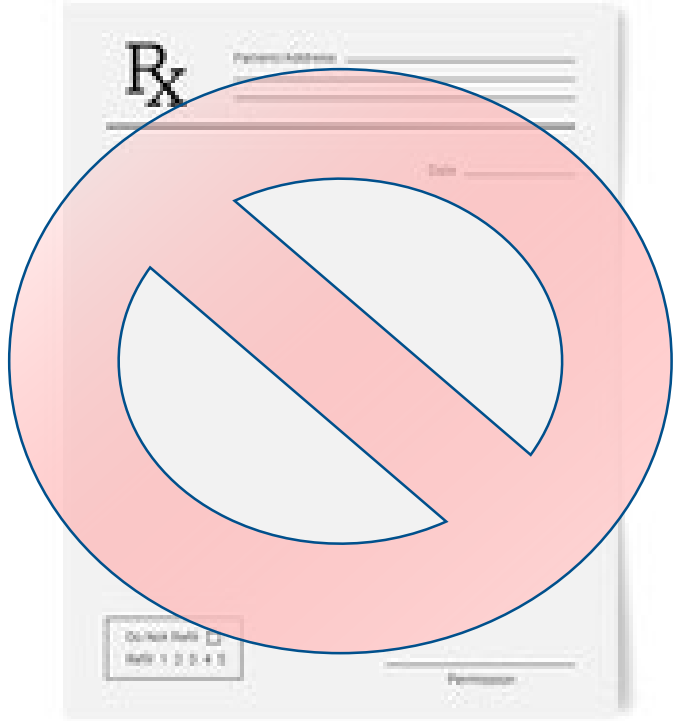
Somatic symptoms associated with school avoidance



Descriptive view of the somatic symptoms reported in 87 studies providing clinical details. Symptoms reported in one or two studies only: pseudoseizure, dermatitis, paresthesias, trouble walking, and blurred vision.

Excused absence documentation

- Bottomline: NO
- Evidence is not robust but thus far most effective treatment:
  - Parental involvement/training
  - Exposure



Basic Interventions

- Behavior interventions (typically parent-school based)
  - Systematic desensitization
  - Relaxation training
  - Contingency management
  - Social skills training
- Educational-support interventions
  - Stress – sympathetic nervous system response (fight/flight/freeze)
  - Avoidance-anxiety cycle
- Pharmacological interventions

doi:10.1111/jcpp.12848;
Am Fam Physician. 2003;68(8):1555–1561

Basic Interventions - to review with patients/families

- Maintain clear expectations re attendance
- Keep schedules and routines consistent
  - Emphasize health behaviors (sleep, eating, activity, social)
  - PM/AM routines that support school attendance
    - PM – pack bags, lunch made, clothes picked out, hw done/packed
    - AM – up with time for light breakfast (esp for GI sxs), positive interactions
- Reinforce/reward school approach behaviors
- Family check-ins
  - Roses/Thorns or Low/highlights
  - Looking forward
  - Gratitude

Basic Interventions – PediPRN resources

- https://mailchi.mp/e24cf1081392/school-avoidance-newsletter-resources-included

Example

L's School Re-Entry Plan

- Allow L to go to nurse's office whenever she is experiencing significant fatigue or other physical symptoms
- Try to limit nurses' breaks to 20 minutes for rest and then attempt return to classroom
- Symptoms warranting a call home to leave school early:
  - Fever
  - High Blood Sugars
  - Vomiting
  - Unable to stop coughing
  - Severe gastrointestinal concerns (Diarrhea, etc.)

- **Week 1 and 2:**

- Day 1: Start with a 1 hr trial of resource room (L's mom will bring her into school) then return home
- Day 2-14: Start with resource room for first 1-2 hours of the day; end day with Lunch with one or more of L's friends (not resource room lunch); return home to rest and receive 1-2 hours of home-based tutoring in afternoon

- **Week 3 and 4:**

- Resource room half day; lunch with one or more of L's friends (not resource room lunch)
- Receive home-based tutoring in afternoon for 1-2 hours
- When possible (e.g., L has caught up with course material), L should return to regular classroom for classes designated (e.g., math at first, etc.)

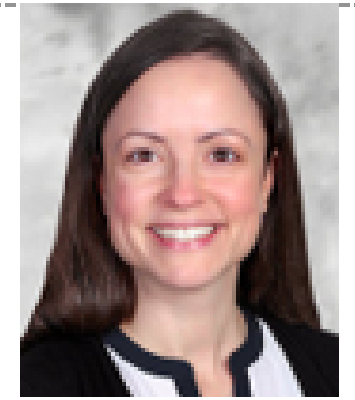
- **Week 5+:**

- Return to regular class schedule
- Go to resource room and/or receive in-home tutoring as needed

Resources

- School Avoidance Alliance, resources for Educators and Parents: https://schoolavoidance.org/
- **When Children Refuse School: A Cognitive-Behavioral Therapy Approach, Parent Workbook (3 edn)** https://academic.oup.com/book/1193
- Kearney, C.A. (2007). *Getting your child to say "yes" to school: A guide for parents of youth with school refusal behavior*. New York: Oxford University Press.
- Podcast: https://tiltparenting.com/2020/04/07/episode-203-dr-chris-kearney-talks-about-school-refusal-what-it-is-why-it-happens-and-how-to-handle-it/
- Tips for concerned parents: https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/School-Avoidance.aspx

Contact information



Sarah Hagin, PhD

Staff Psychologist/Assistant Professor (Clinical)

Rhode Island Hospital/Alpert Medical School of Brown University

Pediatric Psychiatry Resource Network (PediPRN) Program Manager

Bradley Hospital

401-559-6446

401-432-1KID (1543)

shagin@lifespan.org

www.pediprn.org

ADVANCING INTEGRATED HEALTHCARE

Medicaid Recovery Behavioral Health ECHO®
Case Presentation

Presenters: Dinusha Dietrich, MD, Smithfield Peds

Date: March 23, 2023

Contact Info:

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Stop Recording

Case – 15 y.o. 9th grader

- 11/16/22 - stuffy nose, cough, sore throat, and feeling excessively tired. Sxs began around October 11th.
- 11/7 urgent care visit – Dx maxillary sinusitis, Rx Augmentin, Tylenol for relief of sore throat and headache. He complained of a constant cough.
- Missed over 20 days of school due to fatigue/illness A work-up was done at that time that showed evidence of a past mononucleosis infection that was not felt the be the cause of his fatigue. The rest of his blood work was unremarkable, negative testing for acute COVID.

Case cont.

- 12/14/22 still struggling with significant fatigue, trouble making it through the school day, missing school on many days
- Psychiatrist/Therapist: tried medication changes for mood disorder; increased anger/irritability; referred for gene testing
- I raised the possibility that patient might have long-haul COVID. Mother stated he had never had a positive test, so I ordered blood work to assess whether he had ever been infected. This blood work showed he did have antibodies confirming prior infection

Case cont.

- 1/11/23 Began working with Bay State PT at the recommendation of the RI Dept of Health as a place that could help him regain stamina and conditioning.
- On 1/31, I received a call from the school nurse stating that the patient had missed 62 days of school with no specific documentation of what was going on. She requested a letter so the school could create a 504 plan.
- Visit with patient - reported chronic fatigue to the point that he was falling asleep by mid-morning on the days he tried to go to school. He also reported on-going difficulty with memory, attention and a feeling of brain fog.

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	***This was the first time I had to deal with this specific scenario, and was curious if others have had similar experiences***
What questions do you have for the group?	***-What is a reasonable expectation for return to school when there is a chronic medical issue?*** ***-How best to assess/address the overlap between the physical and psychological symptoms that may cause barriers around returning to school?*** ***-What are reasonable accommodations (how to help with 504 plans)?***

Basic Patient and Family Information

Do Not Include PHI

Age / Grade	15 YO in 9TH GRADE
Gender Identity	CIS GENDER MALE
Race/Ethnicity	WHITE, NON-HISPANIC
How long has this individual been in your care?	SINCE BIRTH
Insurance type (Commercial, Medicaid, Uninsured, Other)	UNITED HEALTH RITECARE
Family constellation	PARENTS DIVORCED, JOINT CUSTODY, PRIMARY PLACEMENT WITH MOTHER. HAS 17-YEAR-OLD TWIN OLDER BROTHERS
Parents' occupation(s) if known	MOTHER: FINANCIAL AID COUNSELOR FATHER: LAW CLERK

Patient / Family Strengths

Do Not Include PHI

Supportive mother
Multisport athlete (basketball, baseball, track) - currently unable to participate

Other Relevant Family Information?

Do Not Include PHI

- Patient has limited contact with his father as patient does not like father's new girlfriend
- Mother, patient and siblings all have ADHD
- Mother, patient, 1 sibling have depression and anxiety
- Mother has h/o traumatic brain injury
- Sibling recent car accident leading to 4th lifetime concussion

Relevant Medical Background

Do Not Include PHI

Relevant medical and/or BH conditions, hospitalizations	**ADHD** **DEPRESSION** **ADMISSION TO BUTLER FOR SI 6/2022** 2 Lifetime concussions 2012, 2014
Relevant medications or medication hx	**Adderall** 10 mg, **Trintellix** 5 mg (Failed multiple other stimulants and SSRIs, psychiatrist sent him for gene testing)
Relevant lab results	Nov 2022: Normal CBC, ESR, EBV panel positive for OLD infection, COVD PCR negative Dec 2022: **Positive for COVID** Nucleocapsid Antibodies confirming previous COVID infection (he had never tested positive on prior rapid or PCR testing) Feb 2022: Lyme negative, CMP normal, CBC normal, CRP negative, normal iron and vitamin D levels

Relevant Screening Results

Do Not Include PHI

Relevant BH Screening results **2/3/23**	**CRAFFT+N** **Positive CRAFFT substance abuse screen** **Some marijuana use endorsed (2 days in 12 months) **Some nicotine use endorsed (75 days in 12 months) **Generalized Anxiety Disorder scale (GAD-7)** ****Moderate anxiety: total score: 13 out of 21** **Patient Health Questionnaire-9** ****Consider Persistent Depressive Disorder (Dysthymia)** ****Mild depression symptoms: 7** ****Difficult functioning as a result of mood: Very**
Relevant SDOH Screening results	None

What approaches have you used to help this patient?

Do Not Include PHI

Spoke to school nurse and worked together to create a 504 plan focused on getting him back into the building
Sent to physical therapy to help with reconditioning and stamina
Referred to Neurology to see if anything can be done to help the “brain fog”

Summary & Clarifying Questions

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	***This was the first time I had to deal with this specific scenario, and was curious if others have had similar experiences***
What questions do you have for the group?	***-What is a reasonable expectation for return to school when there is a chronic medical issue?*** ***-How best to assess/address the overlap between the physical and psychological symptoms that may cause barriers around returning to school?*** ***-What are reasonable accommodations (how to help with 504 plans)?***

CME Credits

(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- **Please provide us your feedback!**
- Evaluation/Credit Request Form: https://www.surveymonkey.com/r/Medicaid-Recovery-BH-ECHO
- Please request CME credits when filling out the evaluation at the end of the meeting

The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 - 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Announcements

Next Session: Wednesday, April 26, 2023 7:30-8:30
Topic: CBT/Anxiety
Presenter: Sarah Hagin, PhD
Case Presentation: Greenwich Pediatrics

Liz is available to consult on patient cases, as part of the Behavioral Health Technical Assistance offering from the Medicaid Recovery Program. (Liz.Cantor@gmail.com)


thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
dziękuję
bedankt
go raibh maith agat
mochchakkeram
dank je
спасибо
рахмат
Баярлалаа
faafetai lava
kiitos
dankie
nanni
nandri
dhanyavad
hvala
mauruuru
köszönöm
gràcie
bayarlalaa
enkosi
vinaka
спасибі
blagodaram
mersi
kia ora
barka
welalin
tack
spas
misaotra
matondo
paldies
grazzi
mahalo
tapadh leat
хвала
asante
manana
obrigada
teṅki
murakoze
chokrane
mamnun
djiere dieuf
tau
дякую
akun
dankon
abèlü
chnorakaloutioun
gratias ago
grâcies
sulpáy
taiku
sukriya
kop khun krap
sagolun
sobodi
dèkuji
didi madloba
mèsi
najis tuke
kam sah hamnida
তোমাকে ধন্যবাদ
rahmat
terima kasih
ありがとう
tanemirt
rahmet
grazie
arigatô
takk
dakujem
trugarez
shukriya
mercè
мерси
diolch
dhanyavadagalu
xièxie
감사합니다
ευχαριστώ