Challenges Faced by Students with Mental Health Concerns

Perspectives from Special Education Law, Counseling, & Teaching

Office of Superintendent of Public Instruction
Chris Reykdal, State Superintendent
OSPI Priorities:
Improving Outcomes for Students with Disabilities

Leadership
Support students with disabilities (including increased collaboration and ownership of school administrators and staff) and coordinated efforts with community organizations to improve results and reduce disproportionality.

Growth Mindset
Increased expectations of students with disabilities (e.g., standards, instruction, graduation, assessments, attendance, IEP-related Decisions, and post-school outcomes).

Evidence-Based Practices
Instruction and interventions within an MTSS framework and inclusionary practices leading to increased access and progress in Washington grade-level learning standards.

Professional Development
Joint training for general educators, special educators, paraeducators, administrators, and parents/families (e.g., IEP team members).

Resource Allocation
Braided funding, consolidated grant application, reducing costs for administrative tasks, increasing direct support to students, and data-based decision making.

Recruitment & Retention
Preparation programs for administrators, general educators, special educators, related service providers, and paraeducators focused around instruction and support for students with disabilities.
Presentation Agenda

• Why Mental Health?
• Context from a Mental Health Counselor
• Teaching Students with Anxiety
• The Intersection of Mental Health & Special Education
• Practical Tips and Strategies for the Classroom & Beyond
• Questions?
Presenters

• Alyssa Fairbanks, JD, OSPI Special Education Dispute Resolution Team Lead
• Lea Fairbanks, MS, LMHC, Pacific Peak Counseling
• Gentry Peppin, BA, Teacher at WayPoint Academy (Utah)
Why are we talking about mental health?

• SECC 18-16: Student refused to attend school or engage with district evaluator & service providers; Student had PTSD (SLD → OHI)
• SECC 18-57: Student had school refusal behaviors and put on a shortened school day (EBD)
• SECC 19-09: Student has frequent episodes of school refusal (EBD)
• SECC 19-26: Student had anxiety, separation anxiety, and exhibited school refusal behaviors (DD)
• SECC 19-34: Student had school refusal behaviors, ADHD, anxiety, learning disability (OHI)
Why Mental Health?

• Evidence Based Treatment Centers of Seattle*: “...it’s not clear why they’re seeing more cases of kids refusing to attend school. There’s not much research on this phenomenon.”

• Behind the Refusal:
  • Parent attention, avoiding a bully, avoiding a social dynamic
  • “…but at least half of the time...it’s due to a mental health condition – often anxiety, depression, or both.”

• “Districts...vary in how they approach school refusal. Some...treat it as truancy. Others take a holistic approach, and work with parents and mental health professionals to design a plan to ease kids back into class.”

("When anxious kids won’t go to school, what should parents and schools do” by Ann Dornfeld, KUOW, July 22, 2019)
Why Mental Health?

“ADHD, behavior problems, anxiety, and depression are the most common diagnosed mental disorders in children.”

- Depression and anxiety have increased over time.
- “Ever having been diagnosed with either anxiety or depression” among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.
- 1 in 6 children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.

(Center for Disease Control)
Why Mental Health?

• Lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18 is an estimated 49.5%
  • Any mental illness is defined as a mental, behavioral, or emotional disorder. This can vary in impact, ranging from no impairment to mild, moderate, and severe impairment.
  • Diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A)

• Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV based criteria were used to determine impairment level.

(National Institute of Mental Health)
Mental Health

- Attention-Deficient/Hyperactivity Disorder (ADHD)
- Trauma
- Family Dynamics
• Boys ages 13-18 with anxiety and depression

• School refusal and social isolation are common

• 50/50 split previous school being private/public

• 87% had classes with more than 15 students
  • 42% of these had classes with more than 25 students

• 83% reported that school contributed to/affected their anxiety
WayPoint Academy

- **Common “triggers” in school:**
  - Size
  - Workload
  - Pressure to Excel
  - Peer Groups/Social Aspect

- **Other Commonalities:**
  - Core fear of judgement
  - Splits in IQ level and processing speed
  - Executive Functioning Deficits
Mental health diagnoses and concerns can overlap with special education processes in several ways:

- Referral, Initial Evaluation, & Eligibility

- Unique, Disability-Related Needs: Mental Health, Social and Emotional, and Behavioral

- Reevaluation
  - Functional Behavioral Assessments (FBAs)
  - Behavior Intervention Plan (BIP)
Referral, Initial Evaluation, & Eligibility

Mental health diagnoses could indicate a student is eligible for special education under the category: **Emotional/Behavioral Disability**

Emotional/behavioral disability means a condition where the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student’s educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- Emotional/behavioral disability includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance under (e)(i) of this subsection.

Or, a student could have a **co-occurring diagnosis** – student with ADHD and anxiety
A student’s eligibility category does not necessarily determine services.

• “Once determined eligible for special education, the eligibility category does not define the scope of services.” See, *In the Matter of Issaquah School District*, 103 LRP 27273, OSPI Cause No. 2002-SE-0030 (WA SEA 2002).

**WAC 392-172A-01005 (Purposes)**

• “Ensure that all students eligible for special education have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs…”
Reevaluation: FBAs & BIPs

**Functional Behavioral Assessment (FBA):**

- As part of a student’s initial evaluation or subsequent triennial reevaluation
- If student conduct is determined to be a manifestation of the student’s disability (see WAC 392-172A-05147)
- When misconduct or other behaviors/patterns of behavior occur, to determine whether a student’s current program is appropriate
- When the IEP team determines that an FBA might otherwise be appropriate

Follow with a behavioral intervention plan (BIP) with observable, measurable goals to increase desired behavior.

I. Client Information
II. Background Information
III. Supporting Information and Medical/Psychological History
IV. Information from Parent Interview
V. Information from Student Interview
VI. Information from Student Observation
VII. Assessments
   I. School Refusal Assessment Scale-Revised (SRAS-R)
   II. Forced-Choice Reinforcer Assessment
VIII. Statement of Problem-Description of Target Skill Hypothesis & Strategies-Selection of Behavior Change Procedures
IX. Methods-Intervention Procedure
X. Social Significance of School Refusal
XI. Research-Literature Review on School Refusal & References
XII. Contingency Contract & References
XIII. Risk-Benefit Worksheet & References

District Example: North Kitsap

<table>
<thead>
<tr>
<th>Target Behavior</th>
<th>Topography</th>
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<tbody>
<tr>
<td>School Refusal</td>
<td>Topography: Refusing to get out of bed, negotiating with his mother to stay home, stomping his feet, delaying getting ready, past when his mother has to leave for work, making it to school and refusing to get out of the car, saying he is anxious, crying, screaming, hysteria, emotional reactions, refusing to do any school work at home, somatic complaints, complaints about teachers, and/or calling home to be picked up when he attended.</td>
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<tr>
<th>Efficiency</th>
<th>Frequency</th>
<th>Duration</th>
<th>Intensity</th>
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<td>Highly efficient</td>
<td>Daily</td>
<td>32 consecutive school days of the current school year (7th grade). He has not attended school since October 31, 2019. He has missed a total of 44 days (as of 2011019). Missed 48 school days in 6th grade and 19 in 7th.</td>
<td>Severe</td>
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Hypothesis

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<tr>
<th>Setting Event</th>
<th>Hypothesized Function</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
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<tr>
<td>Extended periods at home.</td>
<td>School refusal has three functions. The primary function of school refusal is the AVOIDANCE of stimuli that provokes negative affectivity.</td>
<td>When is given a demand to attend school</td>
<td>School refusal in order to avoid stimuli that provokes negative affectivity (situations that make him feel stressed or anxious), gain attention from his mother.</td>
<td>In order to avoid negative feelings, gain attention from his mother,</td>
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<tr>
<td>Setting Event Strategies</td>
<td>Antecedent Strategies</td>
<td>Behavior Strategies-Educative Teaching Strategies</td>
<td>Consequence Strategies</td>
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<td>Share resources and parent tips for school refusal. Coordinate with parent and outside mental health provider or physician collaborate on interventions.</td>
<td>For Parent: Parent Training: Provide parent with research-based strategies from experts on what to do at home to increase attendance (see attached).</td>
<td>Use a variety of techniques to teach student to cope with anxious feelings about (deep breathing, imagery, relaxation techniques, and re-framing thoughts and negative self-talk or catastrophic thinking). Use I CAN statements and positive affirmations of what he does well.</td>
<td>For Parent and Staff: Reinforce attendance behavior with praise, attention, and preferred items or activities (home and school). Give an abundance of attention for behavior you want to see.</td>
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Figure 1. Contingency Contract

**Contract**

**Task**

Who: [Blank]
What: Go to school on time and remain in class for established time period.
Where: Monday through Friday (excludes holidays).
How Well: [Blank] will arrive to school on-time, stay in class for required period.

**Reward**

Who: School Staff and Parents
What:
Where:

Sign Here: ___________________________ Date: ________________
Sign Here: ___________________________ Date: ________________
Sign Here: ___________________________ Date: ________________

**Task Record**

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<table>
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<tr>
<th># of classes attended</th>
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<tr>
<th>Reward</th>
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Tips & Strategies

- Safe and trusting environment
  - B.R.A.V.I.N.G acronym for building trust

- Implement Emotional Regulation Tools
  - Example: Breathing Exercises

- Create a “Mindfulness Space”

- Positive Psychology
  - Utilizing children’s strengths
  - VIA character survey

- Include students in the dialogue about what they need

- Connect with other providers: Mental Health Counselor, school counselors/psychologist
Classroom Strategies

Lessen anxiety by:

• Predictable routines
  • Agenda written on board
  • Explicit directions
  • Examples of work

• Assigned seats

• Breaks from class

Lessen anxiety by:

• Different methods of response
  • Think-Pair-Share
  • Whiteboard responses

• Differentiated Assignments
  • Be careful with extra time
Classroom Strategies

• #1: Relationships
  • Teacher Attributes
    • Patient, Understanding, Tolerant, Flexible
  • Once the relationship is established, asking more of the student is possible
    • Students report time to talk with their teacher individually is helpful

• Work with counselor/therapist to set goals/exposures
  • Asking questions in class
  • Turning in an assignment “unfinished”
Classroom Strategies

Support Executive Functioning Deficits

- Be careful about overwhelming with too many checklists/plans
- Binder/backpack organization
- Explicit teaching of using a planner (paper or digital)
- Prioritization and Time Management of tasks
- Breaking down large assignments
- Teach what to do when “stuck”
Resources from North Kitsap

• School Refusal Assessment Scale-Revised (SRAS-R) was developed by Christopher Kearney and Wendy Silverman
  • Psychological assessment tool designed to evaluate school refusal symptoms in children and help identify their reasons for avoiding school.

• C.A. Kearney’s research on school-refusal

• Evidence-Based Practices for School Refusal and Truancy (Mary B Wimmer, National Association of School Psychologists)

• Children Who Can’t or Won’t Go to School (Dr. George B Haarman)
Resources

- VIA Institute on Character: VIA Character Strengths Survey - https://www.viacharacter.org/survey/account/register
Resources: OSPI & Mental Health

• OSPI is developing guidance on counseling as a related service. Lee Collyer (Program supervisor, Special Education Outcomes/Restraint and Isolation) is leading this project. *Coming 2019-2020 school year.*

• OSPI is co-chairing a legislative sub-committee out of the Children’s Mental Health Workgroup looking at students with disabilities and behavioral health.
Resources Continued...

If this sounds like a familiar scenario, you may want to discuss this case with your district’s legal counsel.

* M.S. by R.H. v. Los Angeles Unified Sch. Dist., 73 IDELR 195 (9th Cir. 2019)
  - **Ruling**: “A California district denied FAPE to a 16-year-old girl with an emotional disturbance when it determined that her court-ordered placement in a licensed children’s institution relieved it of any duty to consider a residential placement.”
  
  - **Meaning**: “Just because a state agency places an IDEA-eligible student in a residential facility doesn’t mean her district can limit the range of educational placements available to her. The student’s IEP team must still consider whether she requires a **residential placement for educational reasons**. In this case, the Department of Children and Family Services placed the student in a locked **residential treatment facility for mental health reasons**. Because DCFS could change the placement at any time, the district had an independent duty to consider whether the student required a residential placement for educational purpose.

See also, Edmonds School District v. A.T. (residential placement case)
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