Addressing Anxiety and School Avoidance
Every Child Counts Conference
February 15, 2018

Welcome!
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Laguna Beach Unified School District
Overview

Building A Strong Base Of Social Emotional Supports In Schools
- Promoting Resiliency and the Growth Mindset
- Laguna Beach’s Screening Efforts and Comprehensive Tier 1 Supports

Identifying Vulnerable Students
- Warning Signs - Child Find
- Assessment Options
- Differentiating Between Section 504 and IDEA Eligibility

Increasing Supports For Identified Students
- Accommodations vs. Modifications
- Maintaining College Prep Standards for Students on 504 Plans
- Goals for Areas of Need

The Toughest Cases: School Avoidance
- Components of a Comprehensive Plan
- Balancing Academic and IEP Progress
- Common Legal Pitfalls
- Transitions to Comprehensive Settings

Under the Hood...

- Brief increases in heart rate, mild elevations in stress hormone levels.
- Serious, temporary stress responses, buffered by supportive relationships.
- Prolonged activation of stress response systems in the absence of protective relationships.

Breathe
1. Promoting Social Emotional Wellness

Reforming School Climate To Increase Confidence and Resilience

Building a Personal Growth Focus

A Life Well Lived
Data Informed Service Delivery

**Observe:**
Early Warning System

**Orient/Decide:**
Goal(s)/Resources

**Act:**
Intervention

**Observe:**
Evaluate Progress

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**K-3**
Student Risk Screening Scale
November/May-June

**4-12**
Co-Vitality
November/May-June

DATA → KNOWLEDGE → ACTION
CoVitality Screening 4th-12th: Social Emotional Health Survey + Social Emotional Distress Scale

LBHS Aggregate Snapshot (n=719)

Strengths (CoVi) by Risk (PD) Dual-Factor Risk Groups

<table>
<thead>
<tr>
<th>Covitality (CoVi)</th>
<th>Psychological Distress (PD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>Low Low Average</td>
<td></td>
</tr>
<tr>
<td>Low High Average</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

1. Highest Risk 54
2. Moderate Risk 19
3. Vulnerable 55
4. Languishing 16
5. Getting By 138
6. Moderate Thriving 270
7. High Thriving 106
8. Inconsistent 21
9. Inconsistent 40
## Co-Vitality Scales and Subscales

<table>
<thead>
<tr>
<th>subcategory</th>
<th>Belief-in-Self</th>
<th>Belief-in-Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Awareness</strong></td>
<td>Perceiving and attending to the private and public aspects of one’s self</td>
<td>Peer Support</td>
</tr>
<tr>
<td><strong>Persistence</strong></td>
<td>Working diligently to accomplish one’s goals, including maintaining interest</td>
<td>School Support</td>
</tr>
<tr>
<td></td>
<td>in the face of adversity and failure</td>
<td></td>
</tr>
<tr>
<td><strong>Self-Efficacy</strong></td>
<td>Sensing one’s ability to act effectively to meet environmental demands</td>
<td>Family Coherence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional Competence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
<td>Perceiving, sharing, and considering the emotional states expressed by others</td>
<td>Gratitude</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional Regulation</strong></td>
<td>Effectively expressing one’s positive emotions (e.g., happiness) and</td>
<td>Zest</td>
</tr>
<tr>
<td></td>
<td>managing one’s negative emotions</td>
<td></td>
</tr>
<tr>
<td><strong>Self-Control</strong></td>
<td>Effectively expressing and managing one’s behavior within given contexts</td>
<td>Optimism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Laguna Beach High School CoVitality Data Fall 2017

<table>
<thead>
<tr>
<th>subcategory</th>
<th>Strength</th>
<th>Watch</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Belief-in-Self</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-Awareness</strong></td>
<td>71.63%</td>
<td>23.09%</td>
<td>5.29%</td>
</tr>
<tr>
<td><strong>Persistence</strong></td>
<td>37.27%</td>
<td>48.82%</td>
<td>13.91%</td>
</tr>
<tr>
<td><strong>Self-Efficacy</strong></td>
<td>73.02%</td>
<td>25.31%</td>
<td>1.67%</td>
</tr>
<tr>
<td><strong>Emotional Competence</strong></td>
<td>Strength</td>
<td>Watch</td>
<td>Follow-up</td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
<td>85.12%</td>
<td>13.49%</td>
<td>1.39%</td>
</tr>
<tr>
<td><strong>Emotional Regulation</strong></td>
<td>76.63%</td>
<td>21.56%</td>
<td>1.81%</td>
</tr>
<tr>
<td><strong>Self-Control</strong></td>
<td>60.64%</td>
<td>35.33%</td>
<td>4.03%</td>
</tr>
</tbody>
</table>
### Belief-in-Others

<table>
<thead>
<tr>
<th>Peer Support</th>
<th>Strength</th>
<th>Watch</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraising the caring and helpful nature of one’s relationships with peers</td>
<td>73.99%</td>
<td>18.5%</td>
<td>7.51%</td>
</tr>
<tr>
<td><strong>School Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appraising the caring and helpful nature of one’s relationships with teachers</td>
<td>67.59%</td>
<td>26.84%</td>
<td>5.56%</td>
</tr>
<tr>
<td><strong>Family Coherence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appraising the caring and helpful nature of one’s relationships with family</td>
<td>67.73%</td>
<td>24.06%</td>
<td>8.21%</td>
</tr>
</tbody>
</table>

### Engaged Living

<table>
<thead>
<tr>
<th>Gratitude</th>
<th>Strength</th>
<th>Watch</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensing thankfulness that arises in response to one’s benefitting from some kind of transactional means</td>
<td>51.88%</td>
<td>36.02%</td>
<td>12.1%</td>
</tr>
<tr>
<td><strong>Zest</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing one’s life in the present moment as exciting and energizing</td>
<td>16.55%</td>
<td>39.92%</td>
<td>43.53%</td>
</tr>
<tr>
<td><strong>Optimism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expecting the occurrence of good events and beneficial outcomes in one’s future</td>
<td>11.82%</td>
<td>39.64%</td>
<td>48.54%</td>
</tr>
</tbody>
</table>

### Correlated with Subjective Well-being

"My Life is Going Well"

![Graph showing correlation between CoVitality and subjective well-being.](image)
Building Enhanced Prevention Systems

Seven Ingredients of Resilience

- Emotion Awareness and Control
- Impulse Control
- Realistic Optimism
- Flexible Thinking
- Self-Efficacy
- Empathy
- Reaching Out
2. Identifying Vulnerable Students
When does normal school-related stress become a disability?

Our Continuum Of Supports within an MTSS Framework

- **Targeted General Education Interventions**
  - Relationship Building with Point Person
  - Short Term Group/Individual Counseling
  - Truancy Identification
  - Regular Check Ins
  - Community Referrals

- **Intensive Individual Program Options**
  - ERMHS, 504, and/or Special Education

- **Positive Whole-School Support Structures**
  - Implement screening tools to identify students in need of support
  - Parent engagement and training opportunities
  - Evidence-based SEL Curriculum
Warning Signs And Child Find Triggers

- Social-Emotional Screenings
- Chronic absenteeism
  - Consider all forms of truancy, including patterns of tardies or single period skips
- School-Based Mental Health Contacts
- Chronic Health Conditions

- Increased intensity of accommodations or modifications requested
- Decline in Academic Performance (relative to ability)
- Self-Harm
- Hospitalization

Child Find

Section 504
A recipient that operates a public elementary or secondary education program or activity shall annually undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction.

34 CFR § 104.32

IDEA
Triggered toward a specific child where there is:
- reason to suspect an eligible disability and
- reason to suspect that special education services may be needed to address that disability.

To Whom It May Concern:
Please be advised that James has been extremely stressed about school and other historical incidents. His diagnosis is Axis I Major Depressive Disorder, which means he meets the criteria for a 504 Plan.

Sincerely,
Dr. Jones

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Assessment Pathways

Section 504 and the IDEA are Not Mutually Exclusive

If there is a reason to suspect a physical or mental impairment may require accommodations in the school setting, offer a Section 504 Assessment Plan.

If there is reason to suspect adverse educational impact, (e.g., poor grades, falling behind in classes, chronic absenteeism) offer a comprehensive initial IDEA Assessment Plan.
Questions for Assessment

◆ Who’s providing input?
  – Consider releases with outside MH providers
  – Parent Interviews
◆ What coping skills does the Student need but not have?
◆ Consider anxiety from a behavioral perspective:
  – What triggers the anxiety? What does the anxious behavior look like? What are the consequences?
◆ How, specifically, is the anxiety affecting Student in class?

Essential Assessment Considerations for Practice

**Functional Behavior Assessments**

*Purpose*: Identifying the function of observable maladaptive behaviors by analyzing environmental or relational antecedents and consequences

*Outcome*: Behavior goals (anger management, impulse control, pro-social behaviors), and possible BIP to teach and reinforce replacement behaviors

**ERMHS Assessments**

*Purpose*: Identifying underlying mental health concerns and whether those concerns are preventing the student from accessing their education

*Outcome*: Possible impact on ED eligibility, therapeutic/mental health goals (coping skills, identifying triggers), eligibility for ERMHS
Eligibility

Section 504
A person is disabled within the meaning of 504 if they:
▪ Have a physical or mental impairment
▪ That substantially limits one or more
▪ Major Life Activities
  – “Learning” is not the only MLA at school.

IDEA
A person is eligible under the IDEA if they:
▪ Meet the specific criteria for at least one of the 13 eligibility categories set out in 5 CCR 3030
▪ Require specialized academic instruction in order to make educational progress

What is a Free Appropriate Public Education (FAPE)?

Section 504
FAPE is:
- the provision of regular or special education and related services
- designed to meet the individual educational needs of disabled persons as adequately as the needs of nondisabled persons.

IDEA
FAPE is:
- the provision of an Individualized Education Program (“IEP”) that is:
  - designed to meet the child’s unique educational needs; and
  - Reasonably calculated to enable the child to make appropriate progress in light of the child’s circumstances
3. Increasing Supports For Identified Students

Accommodations and modifications must be tied to the identified impairment and substantial limitation.

504 Plans

Accommodations and modifications must be tied to the identified impairment and substantial limitation.

504 requires equal opportunity, not advantage and not equal results.
Addressing The Root Of The Anxiety

For each student, consider
- Accommodations to address the identified stressor

AND

- Services or interventions that build the coping skills that the student needs in order to overcome the identified stressor

When does accommodating the disability - by reducing exposure to the stressor - prevent students from developing the coping skills they need to experience and overcome the stressor?
Considerations for School-Related Anxiety

Possible Accommodations
- Alternative testing setting
- Copy of class notes
- Hall pass to speak to school counselor
- Hall pass to see nurse
- Extra copy of books and/or materials kept at school
- Short Answer rather than Essay
- Visual Schedule

Possible Interventions
- Counseling
- Social Skills Group
- Academic Study Skills / Homework Support Class
- Change Course Schedule
- Check In/Out With Designated Point Person
- Peer Models
- Parent Training

Alternative Curriculum Delivery Options
- APEX
- Pearson
- Independent Study
- Concurrent enrollment in community colleges
- Online or Independent Study Charter Schools

What about students who require special education? Educ. Code §51745(c)

High school Section 504 Teams should include the Student’s school counselor, and that counselor should be empowered to think creatively about the completion of graduation requirements.
“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.

- Mr. Fred Rogers

Building Coping Skills

Teacher Level

Relationships Matter

“Positive teacher-student relationships enable students to feel safe and secure in their learning environments and provide scaffolding for important social and academic skills”

Direct ERMH

- Rational Emotive Behavior Therapy Approaches
- Cognitive Behavioral Approaches
- Brief Solution Focused
- Applied Behavioral Analysis
- Consider: Trauma Informed; ACES, etc.

(Baker et al., 2008; O’Connor, Dearing, & Collins, 2011; Silver, Measelle, Armstrong, & Essex, 2005)
Goal Components and Considerations

1. Timeframe
2. Conditions for performance
3. Objective and observable behavior
4. Criteria for mastery
5. Evaluation/measurement method

Domains for Social Emotional Goals

Goals To Teach Coping Skills Clinically:
- Verbally identify solutions appropriate to a given conflict scenario
- Verbally identify and practice taught self-regulation strategies

Goals To Measure Generalization of Coping Skills:
- Presented with non-preferred task, begin within 1 minute and persist for at least 5 minutes
- Use a designated self-regulation strategy (movement break, deep breathing, etc.) to avoid an unexpected behavior, with 1 reminder
Sample Clinical Goal

**Baseline:** Student identifies his most recent social conflict to his counselor in all sessions. When probed by the counselor, Student indicates that each social conflict happened because he was "mad." He does not identify triggering thoughts prior to the incident, or how those thoughts triggered his emotions. (Alt: He identifies triggering thoughts in X out of Y sessions, but only how those thoughts affected his behavior in X out of Y sessions.)

**Goal:** By (1) December 19, 2014, Student will (3) participate in the review of his most recent social conflict at school with the therapist in (4) four out of five consecutive sessions as recorded by (5) therapist notes. (2) Student will demonstrate participation in each session by identifying (either verbally, or using visuals such as an emotional temperature gauge) all of the following, with support from the therapist: 1) events that triggered his uncomfortable thoughts, 2) how those thoughts affected his emotions, and 3) how those emotions led to his behavior choices.

Sample Generalization Goal

**Baseline:** During structured games, Student demonstrates a strong desire to win and has been observed to facilitate the game to his favor across multiple weekly speech therapy sessions. Student demonstrates good sportsmanship in staff-facilitated games 20% of the time. When he has difficulty, it manifests as arguing with peers, challenging the rules established by staff or attempting to renegotiate those rules, leaving the game, or shutting down.

**Goal:** By (1) 3/13/2018, Student will improve his sportsmanship during (2) structured games and cooperative activities, by (3) only displaying expected behaviors (i.e., remaining calm, following rules, accepting authority of staff without complaint or negotiation), in (4) 4 out of 5 staff-facilitated games over a two week period, as measured by (5) SLP data.
Linking and Aligning Services with Goals

Related Services Options

◆ Consultation
◆ Mentoring
◆ Health and Nursing Services
◆ Individual Counseling
◆ Counseling and Guidance
◆ Parent Counseling/Training
◆ Social Work Services
◆ Psychological Services
◆ Behavior Intervention Services
◆ Speech and Language Services
◆ Occupational Therapy Services

4. Tackling School Avoidance
Anxiety-based school refusal affects between 2 to 5 percent of school-age children.

Most common between the ages of 5-6, 10-11, and during transitions, such as entering middle and high school.

Districts Have an Affirmative Obligation

**Student:** Among other learning difficulties, Student had chronic absenteeism and school avoidance behaviors.

**Facts:** Student's IEP included an attendance goal that was the sole responsibility of the mother of Student. There was no BSP or other supports to address Student's attendance.

**Outcome:** The District's program was only appropriate in the abstract, because it presumed Student would come to school - a circumstance not based in history. The attendance goal only highlighted the District's passivity in its education of Student.

*Parent v. Temecula Valley Unified Sch. Dist. and Riverside Cty. Dept. of Mental Health, OAH Case No. 2011060230*
Common Legal Pitfalls

- Academic Progress ≠ IEP Goal Progress
Moving Along the Continuum

Before recommending home instruction for student with "severe" anxiety depression and significant school avoidance and school phobia, District should have considered less restrictive placements, such as a small, structured classroom.

By not following HHI procedures, the District denied FAPE.

The ALJ found that the homebound program was not "therapeutically or educationally indicated," in light of student's severe anxiety and school avoidance; rather, the homebound program would reinforce her anxious behaviors.

Parents v. High Tech High and Desert Mountain SELPA, OAH CASE NO. 2012020045 (2013, ALJ Kamoroff)

Common Legal Pitfall: HHI Prerequisites

When recommending placement for home hospital instruction, the IEP team shall have:

- A medical report from the attending physician and surgeon or the report of the psychologist, as appropriate, stating:
  - The diagnosed condition
  - Certifying that the severity of the condition prevents the pupil from attending a less restrictive placement.
  - The medical report shall include a projected calendar date for the pupil's return to school.

5 C.C.R. § 3051.4
HHI Is Not A Response To Anxiety

HHI is a time-limited response that is permitted for students with exceptional needs who have a temporary medical condition such as those related to:

◆ Surgery,
◆ Accidents,
◆ short-term illness or
◆ medical treatment for a chronic illness.

HHI cannot be given for a disability for which a student is identified as an individual with exceptional needs

5 C.C.R. § 3051.4(c); Cal. Educ. Code §48206.3

Transitional SAI At Home, Versus HHI

- There are some, rare, instances in which a student may require instruction at home in order to obtain educational benefit, even though the need is not due to a temporary disability.
- SAI at Home may be appropriate as a transitional strategy to support academics during implementation of a plan to return student to a less restrictive setting.
- SAI at Home is the most restrictive possible placement, because it offers no access to typical peers.
- Close coordination with your program director, and ideally legal counsel, is required for these transitional placements.
Transitioning Students to Comprehensive Settings

◆ Case management is key
◆ Meet the student where they are
◆ Think with the end in mind:
  ◆ What will it look like when the student is back full day in a comprehensive setting?
  ◆ What specific skills does the student need that they do not have now that we need to teach, measure, and generalize?
◆ Specific Measurable Targets
◆ Advocacy on behalf of student

Appropriate Transitional Program

For ED student with absenteeism and anxiety:
General Ed placement with:
- SAI collab 48 min/day;
- individual counseling during the school day, 1 x 50 min/wk;
- parent counseling/training, 2 x 50 min/month
  - one session per parent;

- in-home SAI, 240 min/wk
  - to accommodate shortened school day due to anxiety
  was found appropriate and student’s LRE.

Case manager provided in-home SAI to build rapport with student.

*Huntington Beach City Sch. Dist., OAH CASE NO. 2013100097/2014010095 (May 2014)*
Thank You!

Any questions?

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tpjohnson@harbottlelaw.com

Additional Resources

◆ Social Emotional Goals, Sonoma County SELPA
  ◆ http://www.sonomaselpa.org/docs/social-emotional-goals.pdf

◆ School Refusal: Information for Educators
  (NASP: Wimmer, M., 2010)
  ◆ https://goo.gl/LuoMUr

◆ CASEL: Effective Social and Emotional Programs
  ◆ https://goo.gl/c7om8x
Include Releases of Information with Physician

As the parent or legal guardian of the above named student and by my signature above, I authorize the District and the physician(s) identified below to release and exchange medical information relative to the above named student so eligibility for home/hospital (H/H) teaching services can be determined. I certify I am aware that I can request to review any requested records and may receive a copy of any materials exchanged.

Sample Language: Standard HHI Forms

(Section 1: Completed by the Parent/Guardian)

Name of Student: ___________________________ Home Phone: (____) ____________ Birth date: ____________

Grade: ________ School of Attendance: ____________________________ Counselor (HS only): __________

__________________________ Relationship ____________ Date ____________

As the parent or legal guardian of the above named student and by my signature above, I authorize the Unified School District and the physician(s) identified below to release and exchange medical information relative to the above named student so eligibility for home/hospital (H/H) teaching services can be determined. I certify I am aware that I can request to review any requested records and may receive a copy of any materials exchanged.

Sample Language: Standard HHI Forms

(Section 2: Completed by the Attending Physician)

Print Physician's Name:

I understand the information noted will be used only to assist the Unified School District in determining eligibility for home/hospital (H/H) teaching services for the above named student. It will not be copied for transmission to others without parent or guardian authorization.

Current Diagnosis: ____________________________________________________________

Is the student able to attend school on a modified schedule? ☐ NO ☐ YES @ Hours/Day: __________

- IF yes, what limitations would exist and what modifications or accommodations would you recommend?

- IF no, what is the reason for home/hospital (H/H) teaching request (describe why the student cannot regularly attend school):

Estimated length of absence (60 school days max): Total Days __________ Dates: Start __________ End __________

- Is the student contagious? ☐ Yes ☐ No If yes, specify why/how: ________________________________

- Are there any precautions needed when teaching this student? ________________________________

- If student is pregnant, what is the estimated date of delivery? ____________ (H/H may be received for up to 6 weeks post-partum)