K2 — Supporting Students with Internalizing Behavior at Tier 3: A Function-Based Approach

Presenters:
Rose Iovannone, University of South Florida
Kathleen Strickland-Cohen, University of Oregon

• Topic: Tier 3 Systems & Practices
• Keywords: Tier 3, FBA/BIP/BSP, Individual
# Virtual Forum Expectations

<table>
<thead>
<tr>
<th>EXPECTATION</th>
<th>OVERALL Event</th>
<th>CHAT Tab</th>
<th>POLLS Tab (+Q&amp;A)</th>
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</thead>
<tbody>
<tr>
<td><strong>BE RESPONSIBLE</strong></td>
<td>✷ Use a <em>shared action plan</em> for your team</td>
<td>✷ Post positive <em>on-topic</em> comments</td>
<td>✷ Add questions before and/or during session</td>
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<td>✷ Complete session evaluations</td>
<td>✷ Questions for the presenters go in the <strong>POLLS tab</strong></td>
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<td><strong>BE RESPECTFUL</strong></td>
<td>✷ Limit <em>distractions</em></td>
<td>✷ Use <em>inclusive</em> language</td>
<td>✷ Use <em>sincere</em> phrasing</td>
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<td>✷ Follow up on your assigned action items</td>
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<td>✷ Complete additional polls <em>when prompted</em></td>
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<td><strong>BE SAFE</strong></td>
<td>✷ Take <em>movement breaks</em></td>
<td>✷ Engage in <em>productive</em> dialogue</td>
<td>✷ Ask <em>solution-oriented</em> questions</td>
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<td>✷ Be aware of your <em>stress level</em></td>
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<td><strong>For Presenters</strong></td>
<td>✷ <em>Ensure Files Tab</em> has current materials and related weblinks</td>
<td>✷ <em>Monitor and remove inappropriate comments</em></td>
<td>✷ <em>Identify common Qs</em> to address in final 15 minutes</td>
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October 26-28, 2021
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1. Clicking on any area of the navigation menu
2. Clicking on a Person’s name
Support is Available

If at any time you need support as a participant, use the Help Desk:
Learning Objectives

- Define and discuss the prevalence of internalizing behavior
- Describe how to functionally approach internalizing behaviors
- Describe how to adapt FBA to more effectively identify internalizing challenges
- Discuss strategies to address internalizing challenges using case study examples
- Define school refusal behaviors
- Discuss thinking functionally about school refusal behaviors
What is your role in/with schools?

What is your level of understanding of FBA/BIP? (1-5)

What is your level of understanding of internalizing behavior? (1-5)
WHAT DO WE MEAN WHEN WE SAY INTERNALIZING?

- Internalizing behaviors are often put into four broad categories:
  - Anxiety
  - Depression
  - Social Withdrawal
  - Somatic Complaints

(Merrell & Gueldner, 2010)
Internalizing Challenges

- Often most visible by what they *are not*
  - requesting to leave an event
  - participating less in activities
  - poor completion of work
  - frequent trips to the school nurse
  - social withdrawal
  - limited interaction
  - and/or school refusal

Weist et al., 2018
Perfectionism related to academics and external achievements can serve as a coping mechanism to combat the experience of anxiety and worry about performance and adequacy in relation to others.

Overperforming students are particularly at risk of being unidentified and less likely to receive proactive support (Dishion & Snyder, 2016).
Prevalence in Schools
Mental health and school-age children

- Suicide 2\textsuperscript{nd} leading cause of death among 10-34 year olds in USA (Feb. 2021)

- “Depressive disorders are consistently the most prevalent disorders among adolescent suicide victims.”
Anxiety Disorders

- One of most common mental health disorders (National Institute of Mental Health (NIMH, 2010),
  - 25.1% 13-18 y.o. have an anxiety disorder
The Need

- Treatment received less frequently than externalizing behavior problems
  - E.g., 30% anxiety vs. 70% ADHD
  - 67% of people report not receiving needed supports (OECD/ELS)

Demographics Associated with Mental Health (MH) Service Use:
- Females are 50 percent less likely than males to use MH services.
- 12–15 year olds are 90 percent more likely than 8–11 year olds to use MH services.
- No differences were found between races for mood, anxiety, or conduct disorders. Mexican Americans and other Hispanic youth had significantly lower 12-month rates of ADHD compared to non-Hispanic white youth.

Data courtesy of CDC
Are We Seeing More Students with Internalizing Challenges?

- Poor Physical Health
- Poverty
- Family dysfunction
- Marital discord
- Abuse and Neglect
- School Failure
- Minimal Parent Education
- Coercive Discipline
- Ineffective Parenting
- Social Rejection or Isolation from Peers
- Lack of Adult Mentor
- Parental Mental Illness
What risk factors do you see impacting your students?

How are they impacting schools and student success?
Reasons Schools Should Address Students’ Mental Health Needs

- Mental health correlated with social/emotional and academic outcomes
- Children spend majority of waking hours in school
- Removes treatment barriers
- Emotional and mental health needs arrive with them
  - School events can trigger anxiety
- Peer support readily available
COVID-19 Impact

- Study America’s Promise Alliance 2020
  - 3,300 high school students in US
  - ~33% reported feelings of depression and anxiety since school closing
- Students who are women, Asian, and low SES most affected (Browning et al. 2020)
Supporting Students with Internalizing Behavior: A Function-Based Approach
As with externalizing behavior, interventions to address internalizing challenges at Tier 3 are based on defining behavioral function (Crone, Hawken, & Horner, 2015)
- What is the student communicating through their behavior? What is the behavior telling us?

Using Functional Behavioral Assessment (FBA):
- Define the challenging behavior
- Understand the context
- Identify the events that predictably follow the behavior
By identifying behavioral function we can:

- Develop more effective intervention plans (BIP/BSP)
  - Address the **setting events** and **immediate antecedents** that occasion challenging behavior / distressing internal states
  - Identify **replacement behaviors** to perform when anxiety or intrusive thoughts present
  - Develop functional reinforcement strategies for supporting contextually appropriate and adaptive behavior
Defining Internalizing Behavior

What do we mean when we say a student is anxious or depressed? Socially withdrawn?

What we see…
- Crying
- Somatic complaints
- Negative self-talk statements
- Asking for breaks from the classroom frequently
- Wandering the halls

What we don’t see…
- Lack of participation
- Social withdrawal
- Failure to begin or complete tasks
- School refusal/Absences
- Inattention/“Daydreaming”
Students with internalizing challenges can react to stimuli that have previously been paired with traumatic and/or anxiety provoking events.

Examples of triggers:
- Transitions
- Touch/proximity
- Noises, scents
- Tone of voice
- Non-verbal cues from adults and peers (e.g., crossed arms, clinched fists, furrowed brow)
Internalizing challenges can lead to externalizing behavior that is maintained by escape/avoidance of unpleasant events (Weist et al., 2018)

Students may withdraw or act out (or both) to avoid:
- Internal states/feelings related to anxiety/fear
- Obsessive/dysmorphic/upsetting thoughts
- Social disapproval (actual or perceived)
- Stimuli or contexts perceived as threatening
### What Flight, Fight, or Freeze Looks Like in the Classroom

<table>
<thead>
<tr>
<th>Flight</th>
<th>Fight</th>
<th>Freeze</th>
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<tr>
<td>• Withdrawing</td>
<td>• Acting out</td>
<td>• Exhibiting numbness</td>
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<tr>
<td>• Fleeing the classroom</td>
<td>• Behaving aggressively</td>
<td>• Refusing to answer</td>
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<tr>
<td>• Skipping class</td>
<td>• Acting silly</td>
<td>• Refusing to get needs met</td>
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<tr>
<td>• Daydreaming</td>
<td>• Verbal refusal</td>
<td>• Giving a blank look</td>
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<td>• Seeming to sleep</td>
<td>• Being hyperactive</td>
<td>• Feeling unable to move/act</td>
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<td>• Avoiding others</td>
<td>• Arguing</td>
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<td>• Hiding or wandering</td>
<td>• Screaming/yelling</td>
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<td>• Becoming disengaged</td>
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Fostering Resilient Learners  
Strategies for Creating a Trauma-Sensitive Classroom  
Kristin Souers with Pete Hall
FBA FOR INTERNALIZING BEHAVIOR: EXPANDING OUR SCOPE

- More in-depth interviews
  - Precursor behaviors?
  - Under what conditions is the student successful, engaged?
  - Peer interactions?
  - Extra-curricular activities? Activities outside of school?
  - How does the student respond to corrective academic feedback?

- Screening data
  - Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE)
  - [https://www.ci3t.org/screening](https://www.ci3t.org/screening)
FBA FOR INTERNALIZING BEHAVIOR, CONT’D

- Parent interviews
  - Does student struggle at home and in the community?
  - Help in identifying setting events, ways to increase home-school communication

- Direct observations across multiple contexts
  - Positive/negative interactions, peer initiations, times/situations in which the student is successful

- Student interview/perspective
  - Consider enlisting support from a trusted adult and/or mental health professional
FBA BIP TEAM MEMBERS FOR INTERNALIZING BEHAVIORS

- Administrator, family member(s), school staff, student
  - Knowledge of the student
  - Knowledge of school systems and operations
- Advanced behavioral expertise (e.g., BCBA, school psychologist)
- Mental health professional
- District personnel with access to external support agencies and community resources for planning non-school-based intervention
- A trusted adult (selected by the student)
BEHAVIOR
SUPPORT
PLANNING
The primary goal of FBA is to use information gathered through the assessment process to build a function-based individualized behavior support plan (BSP) designed to:

- Design the context to **Prevent** challenging behavior
  - Modify triggers and prompt desired behavior
- **Teach** new skills to increase student success and make challenging behavior unnecessary
  - Replacement behavior and desired skills
- **Reinforce** the use of replacement and desired skills
  - Minimize rewards following challenging behavior
Enhancing Predictability & Supporting Regulation

- Provide individualized copy of daily schedule
  - Consider adding people (involved in activity) on schedule
  - Schedule self check-ins throughout the day (e.g., feelings thermometer)
  - Include time in schedule for regulation strategies (e.g., walk and talk)

- Allow extra space (e.g., around desk, lining-up, or cafeteria)

- Strategic seating arrangements (e.g., easy exit route, near cool down area, away from distractions/stimulation)

- Advance notice/prompt before difficult transitions
TEACHING STRATEGIES: TEACHING SEB COMPETENCIES

- Replacement Behavior
  - Serves the same function as the challenging behavior
    - Teaches student to communicate their needs

- Teaching self-regulation routines
  - Teaching students to recognize and manage anxiety
    - Identifying physical states
    - Thought interruption - replacing negative thoughts with positive replacement thoughts
    - Executive functioning strategies for impulsivity - thinking prior to acting

- Teaching strategies for calming stress-response
  - Focused breathing
  - Ways to ask for a break
  - Moving to another space to regulate
Desired Behaviors

- Participation in skill-based groups
  - Self-identification of thoughts/feelings in real time
  - Identify the feeling of perceived threat
  - Skills for forming, strengthening relationships with adults and peers

Self-management strategies

- Goal setting, self-evaluation, self-monitoring/recording, self-delivery or recruitment of rewards
SELF-MANAGEMENT FOR STUDENTS WITH INTERNALIZING BEHAVIOR

- Work completion/on-task behavior
- Attending to instruction
- Positive self-talk opportunities
- Physiological state
- Use of regulation strategies
- Initiations to/reciprocal interactions with peers and adults
Strategies for reinforcing the use of replacement AND desired behavior

- Immediately honor (if a request) and acknowledge use of the replacement behavior
- Reinforcement (e.g., praise from adult, tangible, time alone) for self-regulation /participating/interacting with peers

A word about escape as a reward

- Dense schedule of reinforcement for desired behavior
Cognitive Behavior Therapy (CBT)
Teacher tells student to stop talking and start his work.

Student thinks: "She always picks on me. Lots of other kids are talking, too!"

Student feels: Anger (7 on a scale from 1-10)

Focus of cognitive therapy

Focus of behavior therapy

Student says: "What?! Why are you picking on me? Don’t you see that Riley is talking, too? Why don’t you say something to him???
Determining if CBT is Appropriate for Individual Student

- Has cognitive and communicative skills to discuss thoughts and behaviors
- Can generalize from individual therapy to point of intervention
- Is open to discussing thoughts
- Is motivated to change and reach goals
Why Do CBT in Schools?

- Evidence-based for anxiety
- Maximal impact-providing intervention within natural context
- Can provide more consistent and wide-spread care to students (who may not get any treatment outside of school)
- Can be more affordable than outside therapies
Some Barriers

- Which CBTs to use
- Who can deliver CBT
- To be effective, universal approaches and prevention techniques involving teachers best
- Training may be resource heavy
Exposure (Desensitization)
Exposure

- Process of facing fears
- Systematic-gradually and repeatedly acknowledging and going into feared situations until anxiety is reduced
- Initiate with situations causing least anxiety/fear, working up to situations that cause high anxiety
- Repeated process/practice
- Specific steps outlined in CBT manuals
- [https://www.anxietycanada.com/free-downloadable-pdf-resources/](https://www.anxietycanada.com/free-downloadable-pdf-resources/)
  - Handout: Facing Your Fears: Exposure
  - Handout: Fear Ladder
Fear Ladder

Date: ______________

Please give a rating for how scary each of these things is today. Remember to use the scale from 0 to 10.

Filled out by: ( ) child ( ) parent ( ) other _____________

<table>
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From Bruce F. Chorpita (2007). Copyright by The Guilford Press.
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<tr>
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<th>Rating</th>
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<tr>
<td>Talking in class</td>
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<tr>
<td>Working with the teacher</td>
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<tr>
<td>Meeting new people</td>
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<td>Writing on the board</td>
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<td>Talking on the phone</td>
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<tr>
<td>Eating in the cafeteria</td>
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<tr>
<td>Saying no to my friends</td>
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<td>Being teased</td>
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Fear Pyramid example

Example fear ladder: 11 year old with social phobia
Click on the body sensations you experience when you feel nervous or scared. To end, just click the icon on the body. Click FINISHED when you’re done.
Mind racing?

Dizzy disoriented, light-headed?

Vision strange, blurry?

Possible sleep disturbance?

Feeling breathless, breathing fast & shallow?

Heart racing, palpitations?

Difficulty in swallowing?

Restless?

Jelly-like legs?

Nausea / Lack of appetite?

Sweating or shivering?

Trembling?

Wanting to run?
Chat Box/Poll Sharing

Are you familiar with CBT? Indicate in Chat Box.
- Yes
- No

Are there people in your school and district who are familiar with CBT? Indicate in Chat Box.
- Yes
- No
- I’m not sure
Example Behavior Intervention Plans
Ben Example

- When Ben’s parents are out of town and Ben stays with another adult, and he is asked to do non-preferred tasks that are lengthy or when required to take a test, he will put his head down on his desk. As a result, he gets to escape the non-preferred task and secondarily gets attention from the teacher.

- Prevention interventions:
  - Setting Event Modification-Set up a communication system with the family to be notified on the days that Ben’s parent will be out of town. On those days, Ben will be provided choices when presented with the non-preferred tasks including (a) choosing the amount he will do; (b) choosing if he will do some of it now and some of it later; or (c) if the teacher observes that Ben’s anxiety is high, allowing him to choose to do the assignment or go to the counselor for 10 minutes to talk/CBI.
Ben-Replacement Behavior

- When Ben’s parents are out of town and Ben stays with another adult, and he is asked to do non-preferred tasks that are lengthy or when required to take a test, he will put his head down on his desk. As a result, he gets to escape the non-preferred task and secondarily gets attention from the teacher.

  - Replacement behavior:
    - Teach Ben to ask for an escape-selecting from break passes that indicate different times (5 min., 10 min., 15 min.) or ask to see the counselor for CBI
    - Teach Ben anxiety reducing strategy (e.g., stress relievers, etc.)
Ben-Reinforcement Intervention

- When Ben’s parents are out of town and Ben stays with another adult, and he is asked to do non-preferred tasks that are lengthy or when required to take a test, he will put his head down on his desk. As a result, he gets to escape the non-preferred task and secondarily gets attention from the teacher.

  Reinforcement:
  - Each time Ben uses a break pass, he gets a break from the task for the requested amount of time
  - Each time Ben uses his anxiety reduction strategy, natural reinforcement (reduction), gets positive praise/comments and time away (total escape or proportional time) from non-preferred task and gets to do a preferred task in exchange.
School Refusal
What is School Refusal Behavior? (Kearney & Albino, 2004)

- Terms-School non-attendance, school refusal, school phobia, truancy
  - Child-motivated refusal to attend school and/or difficulties remaining in class for an entire day Students who:
    - Are completely absent from school or classes during the school day
    - Plead to not attend school and/or classes during the school day
    - Display physical refusal and tardiness at home to avoid school, and/or
    - Display elevated distress during school, leading to future nonattendance
School Refusal

• Two primary categories:
  • Anxiety about school
  • Lack of interest and motivation
• Peaks at transition points
• Linked to poor long-term outcomes
  • Academic skills
  • Mental health
  • Post-school achievement
• Although heterogenous (across students), is more common in students with ASD compared to general population
  • 40-53% for students with ASD compared to 5-28% in general child/adolescent population (Havik et al. 2015; Munkhaugen et al. 2017)
Contributing Factors

Child/Youth Characteristics
- Anxiety disorders
- Depression
- Oppositional defiant
- Somatic complaints
- Poor relationships with peers

Family Characteristics
- Lack of parental support and involvement in homework and school
- Home conflicts
- Unemployment
- Poor health in family

School Environment Factors
- Being bullied or teased
- Teachers’ classroom management and support
- Transitions and change of classes
Pandemic and Impact on School Refusal

• Estimated 3 million students absent from or not actively participating in remote learning (USDOE, 2021).
• Characteristics—students who are:
  • English learners
  • With disabilities
  • In foster care
  • Experiencing homelessness
  • From low-income backgrounds
  • Native American
  • Migratory
Themes from Colleague (Lisa MacKay-Brown; 2021 personal communication)

- School Refusal Workshop-400 parents, educators
  - Increase in school absenteeism
  - Remote learning during lockdown exacerbated students at-risk of school attendance problems
  - Students who did well in virtual learning are refusing to go to school
  - First year of secondary programming-increased school refusal (not sure if this is directly related to pandemic)
  - Schools that engaged in maintaining relationships during remote learning are seeing better school attendance

- Locate and reengage students chronically absent or disengaged
  - Personal outreach – school officials NOT law enforcement, truancy officers, SROs
  - Example-Hillsborough County (Tampa) >7,000 students missing in August 2020
    - Social workers door-knocking campaign-homes, hotels, motels, shelters;
    - Created social media pages in Spanish to reach Latinx students
    - Shared Covid-19 dashboards for parents to make informed decisions
    - Results-by December 2020 found all but 300 students
- Others
  - Individual conversations allowing families to voice concerns about returning
  - Social/racial justice; biases
  - Trauma informed care
- Be cognizant of shifting roles of adolescent students and provide flexibility
  - Increased family responsibilities (e.g., helping with financial support or care for ill family member)
Discussion Time

Review the factors and talk about any that may be more prevalent under current and post-pandemic conditions.

How might these exacerbate school refusal behaviors?
Functional Thinking for School Refusal

• Typical functions of school refusal behavior (Kearney & Silverman, 1996)
  • Escape/Negative Reinforcement
    • Avoid school-based features that make child feel negative or anxious and/or
      • Somatic complaints, ask parents to remove from school/home-school
    • Escape aversive school-based social/and or evaluation situations
  • Obtain/Access-Positive Reinforcement
    • Get attention from others
    • Get tangible reinforcers outside of school
School refusal can be multi-functional (both escape and obtain)

E.g., student may first refuse school to avoid aversive stimuli but likes having access to tangibles or attention when home
Rationale Of Functional Thinking About School Refusal Behaviors

- Covers all students who miss school
- Can generate function-linked strategies that can be feasibly implemented in school by typical practitioners (Kearney & Albano, 2000)
- School refusal due to anxiety - CBT most commonly used
- School refusal not due to anxiety - CBT strategies used for anxiety NOT effective
- CBT Study (Kearney & Silverman, 1999)
  - Compared function-based and non-function-based treatment for eight children/youth
  - Function-based treatment improved
  - Non-function-based treatment resulted in worsening school-refusal rates.
FBA Methods

- Interviews will be the primary tool
- Direct observations when possible
- Standard FBA interview
- School Refusal Assessment Scale-Revised (version for family and child) supplement
  - Identifies primary function of school refusal behavior
  - Adequate psychometrics

SCHOOL REFUSAL ASSESSMENT SCALE-REVISED (P)

Name: ____________________________
Age: ____________________________
Date: ____________________________

Please circle the answer that best fits the following questions:

1. How often does your child have bad feelings about going to school because he/she is afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

   Never 0  Seldom 1  Sometimes 2  Half the Time 3  Usually 4  Almost Always 5  Always 6

2. How often does your child stay away from school because it is hard for him/her to speak with the other kids at school?

   Never 0  Seldom 1  Sometimes 2  Half the Time 3  Usually 4  Almost Always 5  Always 6

3. How often does your child feel he/she would rather be with you or your spouse than go to school?

   Never 0  Seldom 1  Sometimes 2  Half the Time 3  Usually 4  Almost Always 5  Always 6

4. When your child is not in school during the week (Monday to Friday), how often does he/she leave the house and do something fun?

   Never 0  Seldom 1  Sometimes 2  Half the Time 3  Usually 4  Almost Always 5  Always 6

5. How often does your child stay away from school because he/she will feel sad or depressed if he/she goes?

   Never 0  Seldom 1  Sometimes 2  Half the Time 3  Usually 4  Almost Always 5  Always 6
Behavior intervention plan

- Linked to hypothesis
- Prevention intervention to modify setting event (if present and appropriate) and antecedents
- Replacement behavior to be taught (functional equivalent and/or desired skills)
- Reinforcement interventions-increase replacement behavior; decrease school refusal
Example of Strategies Matched to School Refusal Assessment

Anxiety-fearful pf specific or general situations—escape function
- CBT-relaxation, systematic desensitization

Escaping aversive social situations
- CBT and/or modeling procedures to increase social skills

Accessing home/parent – attention getting, separation anxiety
- Shaping and differential reinforcement of other behavior

Tangible function-watching TV; accessing friends
- Contingency contracting
Case Example
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<td><strong>Female</strong></td>
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<tr>
<td><strong>High functioning autism</strong></td>
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<tr>
<td><strong>Referral concern-refusal to attend brick and mortar school</strong></td>
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</tbody>
</table>
  • Context-Emma initially started the 2020-2021 school year doing virtual instruction
  • This impacted mother’s employment status. If virtual instruction was to be continues, mom would need to find a new job that allowed virtual work.
  • Mom wanted to change Emma to brick-and-mortar attendance and notified the district/school
  • Emma saw no reason that she should attend brick-and-mortar school. She did attend Zoom classes but did not do all demands requested. This left her with time to do preferred activities (stream shows).

<table>
<thead>
<tr>
<th>Emma’s behaviors</th>
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</table>
  • Somatic complaints of migraine and nausea (also had other physical conditions-IBS, sinus infections, allergies, stomachaches) that resulted in school absence
  • Cognitive/academic skills on level (per standardized evaluations)
  • Medical evaluations and prescriptions for migraines (physician stated migraine reports appeared contrived-that is, rapid onset/offset happening during unpleasant activities)
• Functional Assessment Interviews
  • Interviewed Emma and Emma’s mother
  • Responses relatively consistent
  • Antecedents prior to Emma reporting a migraine:
    • At home
      • During morning routines-getting ready to attend school (e.g., finishing breakfast brushing teeth), conversation about getting ready for school at breakfast
      • Asked to attend school
      • Asked to do demands (complete homework, help with home chores, attend church)
      • Seldom occurred weekends, during free time or choice times or during lunch at school
    • At school
      • If present in school, prior to non-preferred classes (science); activities/tasks requiring participation with groups
Emma’s Assessment

• Responses
  • Home
    • School days-parent prompted Emma to take migraine medication and get her to school
    • If this did not work, parent would allow Emma space to “work through migraine”.
    • Home chores/homework-parent allowed Emma to delay doing the tasks to a later time
  • School
    • Tasks removed after she reported migraine

• Hypothesis:
  • When Emma is (a) asked to go to school or conversation about attending school occurs during morning routines; (b) asked to do non-preferred activities (homework, schoolwork, chores), attend non-preferred classes or events (science/church), or tasks in school requiring group participation; she will report that she has a migraine. As a result, she gets to escape non-preferred tasks and activities.
## Intervention

<table>
<thead>
<tr>
<th>Replacement behaviors</th>
<th>Reinforcement</th>
<th>Changing responses to reports of migraine</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Engage in tasks</td>
<td>• Points earned for attendance, engagement, using CBT, returning to class from nurse office</td>
<td>• In school, parents would not remove Emma from school setting when reported migraine no matter how severe migraine was.</td>
</tr>
<tr>
<td>• Attend school</td>
<td>• Points turned in for weekly allowance amounts and privileges</td>
<td></td>
</tr>
<tr>
<td>• CBT-relaxation to deal with reported migraine in school</td>
<td>• Points earned escape from homework - more points, more escape</td>
<td></td>
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</tbody>
</table>
Emma’s Attending School Rewards

Rules of the Game

You earn rewards by collecting points each week. You will keep track of the points on your checklist. Your **weekly allowance amount** will be set for the percentage of points you earn.

Rule: If you report a migraine headache, your mother will not remove you from school for the headache. Your mother can bring medication if needed but you will stay in school.

**Behaviors that earn points.**

Attend school (10 points)
Attend classes (1 point for each class = 7 points)
Stay in classes for entire period (5 points for each class = 35 points)
Return to class from school nurse’s office (if needed) — 1 point
Used relaxation techniques if headache reported in school — 2 points
Staying on-task (starting tasks, interacting with materials to complete task, responding/participating in class discussions) — 3 points for each class = 21 points

Total for day = 76
Total for week = 380

**Rewards for Points**

**Daily**
75-100% = Get out of 4 homework assignments
50-74% = Get out of 3 homework assignments
25-49% = Get out of 2 homework assignments
1-24% = Get out of 1 homework assignment

**Weekly**
75-100% = family game night or trip over weekend; **$20.00 allowance**
50-74% = Binge of your choice; **$15.00 allowance**
25-49% = Dinner/lunch takeout your choice; **$10.00 allowance**
1-24% = Lemon bars; **$5.00 allowance**
CBT Relaxation

• Progressive Muscle Relaxation
• Slow breathing
• Tense and relax muscles

"Slow Diaphragmatic Breathing"

1. Sit comfortably in a chair with your feet on the floor. You can lie down if you wish.

2. Fold your hands on your belly.

3. Breathe in slowly and calmly. Fill up the belly with a normal breath. Try not to breathe in too heavily. The hands should move up when you breathe in, as if you are filling up a balloon. Avoid lifting the shoulders as you inhale; rather, breathe into the stomach.

4. Breathe out slowly to the count of “5.” Try to slow down the rate of the exhale. After the exhale, hold for 2-3 seconds before inhaling again.

5. Work to continue to slow down the pace of the breath.

6. Practice this for about 10 minutes.

7. This works best if you practice this two times each day for 10 minutes each time. Try to find a regular time to practice this each day.

Exercise

To get a taste of this, try tensing the muscles of the arms by “flexing” your biceps, as in the picture to the right. Tense your biceps hard enough to feel significant tension for between 5 and 7 seconds.

Now let go, dropping your arm to your side. Feel the difference between the tension you just felt and the relaxation that is coming over your arm now. You may notice the feeling of blood flowing to the arm, and a feeling of warmth. PMR involves doing this with each group of muscles in the body, as a regularly practiced exercise that takes effect over a period of time.
Results

Data included:

• Number of migraines reported
  • Decreased-prior to intervention, reported average of 3.8 migraines a week (1-6) -decreased to 0.11 (0-3) migraines
• Number of days attended school and number of classes attended and remained for entire period
  • Increased from mean of 1.92 (0-4) days a week to 4.96 (4-5) days a week.
• Relaxation techniques-after first week, migraine reports decreased and relaxation techniques were not used.
• Initial reports of migraine at school-parents brought medication but did not take home
• Engagement-increased task completion and engagement in all classes except science

Social validity

• Family, Emma, and teachers found intervention acceptable
  • Emma reported liking the points because it gave her a way to earn more allowance and know what to expect
Please Complete this Session’s Evaluation

Session #K2 - Supporting Students with Internalizing Behavior at Tier 3: A Function-Based Approach

1. In the Event Platform/App:
   • In “Files” tab,
   • In “Evaluations” in the navigation menu
   • In “Chat”

OR

2. QR Code

AFTER YOU SUBMIT EACH SESSION EVALUATION, CLICK THE LINK TO ENTER THE GIFT CARD RAFFLE

Evaluations are anonymous! We send reminder emails to all participants.
Questions?

iovannone@usf.edu
kstrick@uoregon.edu
Recommended Readings


