

PEDIATRIC ILLNESS



INTEGRATION/REINTEGRATION
INTO SCHOOLS

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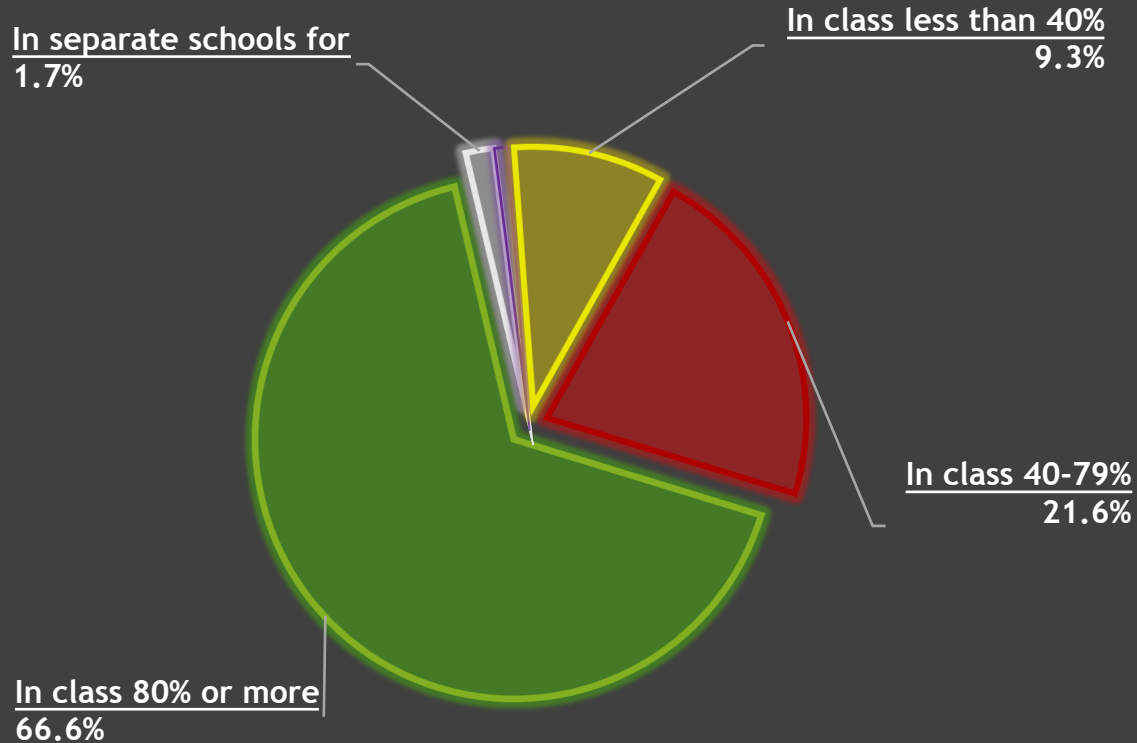
OBJECTIVES

- 1 Describe how pediatric illness affects students' academic performance, behavior, and social-emotional functioning.
- 2 Analyze the impact of pediatric illness using a case examples.
- 3 Develop a school reintegration plan for two students who have experienced a pediatric illness.

IDEA/504: PEDIATRIC ILLNESS AND ITS
EFFECT IN SCHOOL

[PEDIATRIC ILLNESS]

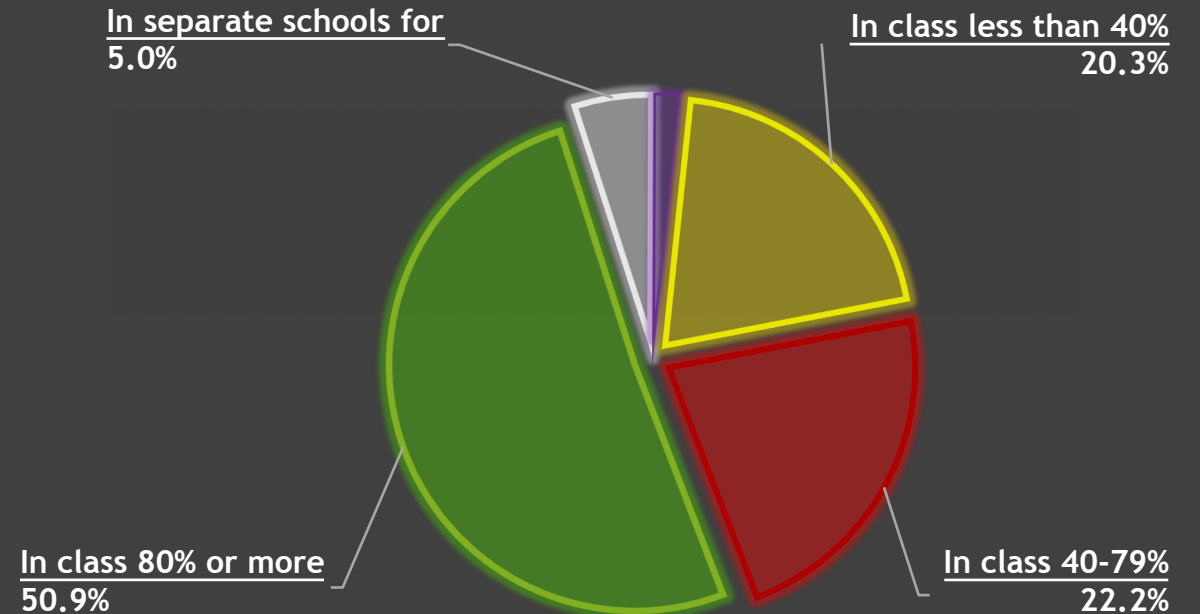
OHI Educational Placement



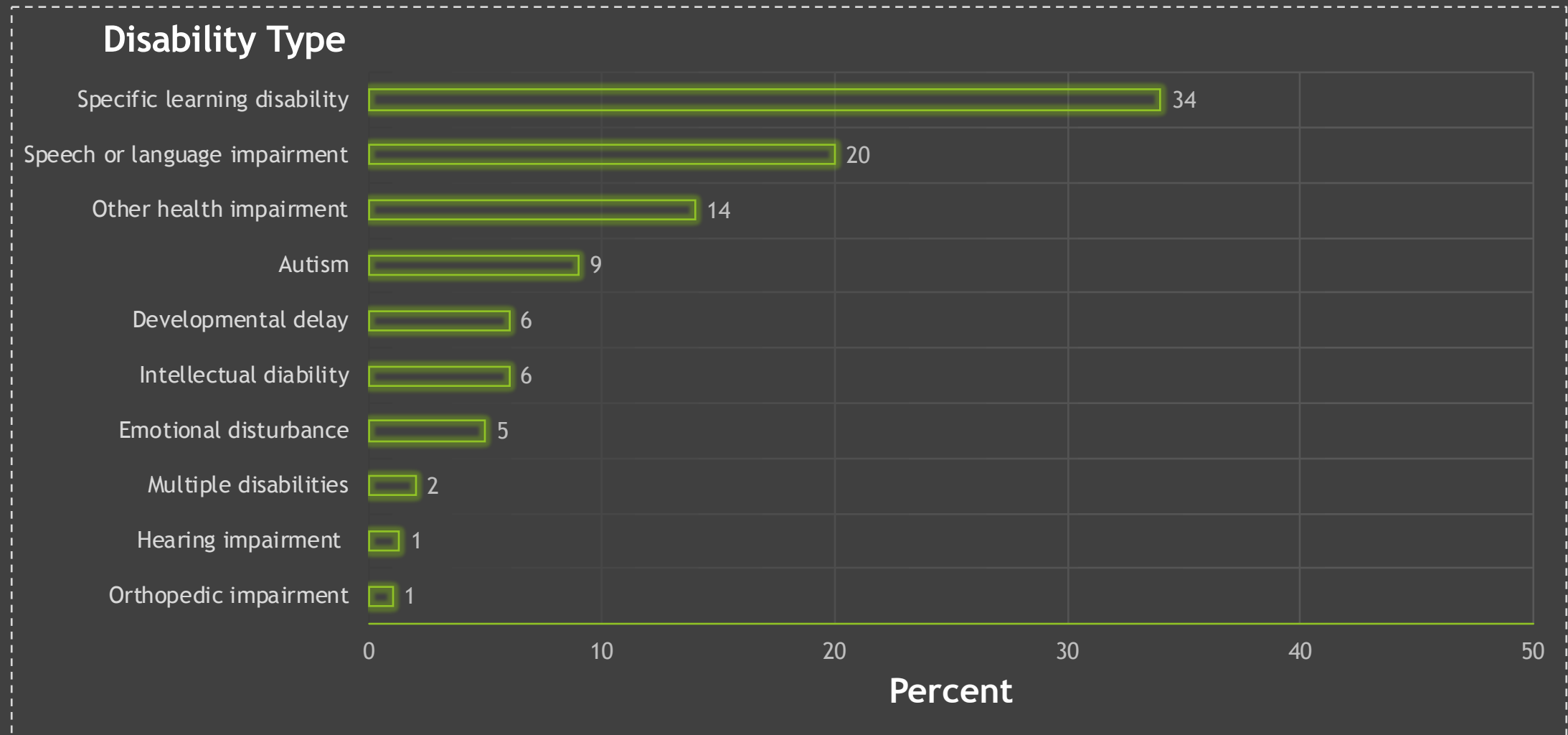
Population of students ages 3-21 served under IDEA, school year 2014-2015

IDEA Classification	Number of Children
Other Health Impairment (OHI)	862
Traumatic Brain Injury (TBI)	26
Orthopedic Impairment	52
Multiple	132

TBI Educational Placement



Percentage distribution of students ages 3–21 served under IDEA, Part B, by disability type: School year 2015–16



1 Other health impairments include having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes.

SOURCE: U.S. Department of Education, Office of Special Education Programs, Individuals with Disabilities Education Act (IDEA) database, retrieved July 10, 2017, from <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bcc>.

COMPONENTS OF SCHOOL RE-ENTRY
PROGRAMS

● MULTICOMPONENT PROGRAMS

- Family support
- Education of school staff
- Peer education and support
- Progress monitoring and adjustment of educational plan

IDENTIFY STUDENT'S NEEDS

HEATH RELATED

SELF-HELP

MOBILITY

COMMUNICATION

BEHAVIOR AND
SUPERVISION

IN SCHOOL
THERAPIES

HOMEBOUND

PROGRESS MONITORING: ACUTE CONCUSSION EVALUATION

Symptom Check List* Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?

Indicate presence of each symptom (0=No, 1=Yes).

**Lovell & Collins, 1998 JHTR*

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)	
Headache	0 1	Feeling mentally foggy	0 1	Drowsiness	0 1
Nausea	0 1	Feeling slowed down	0 1	Sleeping less than usual	0 1 N/A
Vomiting	0 1	Difficulty concentrating	0 1	Sleeping more than usual	0 1 N/A
Balance problems	0 1	Difficulty remembering	0 1	Trouble falling asleep	0 1 N/A
Dizziness	0 1	COGNITIVE Total (0-4) _____		SLEEP Total (0-4) _____	
Visual problems	0 1	EMOTIONAL (4)		<p>Exertion: Do these symptoms <u>worsen</u> with:</p> <p>Physical Activity __Yes __No __N/A</p> <p>Cognitive Activity __Yes __No __N/A</p> <p>Overall Rating: How <u>different</u> is the person acting compared to his/her usual self? (circle)</p> <p>Normal 0 1 2 3 4 5 6 Very Different</p>	
Fatigue	0 1	Irritability	0 1		
Sensitivity to light	0 1	Sadness	0 1		
Sensitivity to noise	0 1	More emotional	0 1		
Numbness/Tingling	0 1	Nervousness	0 1		
PHYSICAL Total (0-10) _____		EMOTIONAL Total (0-4) _____			
(Add Physical, Cognitive, Emotion, Sleep totals)			_____		
Total Symptom Score (0-22)			_____		

- **HELPING SCHOOL STAFF**

- What to Expect

- Improve Understanding

- Explain Physical Changes

- Behavior and Communication Strategies

- Expressing Staff Needs

● PREPARING PEERS

- Consult Family
- Improve Understanding
- Support Acceptance

- **PREPARING FAMILY**

- Provide Education about IDEA/504

- Promote Family Participation

[REINTEGRATION SKILLS]

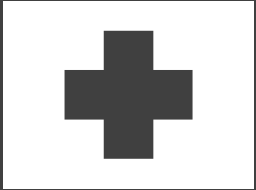
CASE STUDY 1 | BURN INJURY

Andy is a *10-year-old male* who suffered a electrical burn to 70% of his body approximately 3 months ago. At the hospital, Andy was *defiant* and *refused to participate* in his physical rehab regimen as he was afraid that he would be in significant pain. Additionally, he *refused to do any school work* during his inpatient rehabilitation. Teacher reports Andy gives up easily during his assignments and becomes *irritable*. Mother notes Andy has always *done well in school* and is not sure why he is behaving this way. He will discharge in 3 weeks and he is *feeling anxious* that his friends will make fun of his scars, splints, compression garments, or that his classmates will not want to play with him at recess. His mother is also fearful that he will quickly *fall behind* in his assignments.

CASE STUDY 1 |

RECOMMENDATIONS

List of specific
school
recommendations
by medical
personnel:



Itch medication 3x/day

Antidepressant (fluoxetine) 1x/day nightly

Compression garments at all time

Limited time outdoor

Sunscreen and hat if participating in outdoor activities

Splints

Counseling for PTSD symptoms

[GROUP ACTIVITY]

As a Licensed Specialist in School Psychology, what **specific interventions** would you implement to facilitate Andy's **reintegration**?

Consider how you would prepare *before* Andy's arrival and any *long-term* goal planning

How would you involve other school personnel?

[GROUP ACTIVITY]

Develop a brief presentation that you would deliver to Andy's 5th grade classroom prior to his first day of class.

CASE STUDY 2 | TBI

Isabel is a 6 year-old female who suffered a traumatic brain injury after in motor vehicle accident. Upon arrival to the hospital, the Glasgow coma scale suggested severe brain injury (i.e. no verbal and motor responses). She remained in a coma for one month and exhibited many impairments upon awakening.

COGNITIVE

W N V

- Matrices: 89T
- Coding: 68T
- Recognition: 73T
- Object Assembly 66T

VISUO-MOTOR

B e e r y V M I

- **Visual Perception:** extremely below average
- **Motor Coordination:** well below average

LANGUAGE

N E P S Y - I I

- Scaled score of **Comprehension of Instruction:** 5, 5th percentile
- Scaled score of **Word Generation Semantic:** 7, 16th percentile

EXECUTIVE FUNCTION

B R I E F - 3

- **Behavior Regulation:** 58T
- **Emotion Regulation:** 47T
- **Cognitive Regulation:** 50T
- **Global Executive Composite:** 55T

ADAPTIVE

A B A S - 3

- **General Adaptive Composite:** 57, <1st percentile

[GROUP ACTIVITY]

Based on the assessment results, what interventions and recommendations would you suggest?

IMPORTANCE OF SCHOOL ATTENDANCE
AND REINTEGRATION

- **ACADEMIC FUNCTIONING**

- There is between-disease and within-disease variability
- Most impacted:
 - Illnesses that affect central nervous system
 - Treatments that affect cognitive function
 - Have physical disability in addition to chronic illness

● BEHAVIORAL FUNCTIONING

- Internalizing symptoms more common than externalizing
- Minimal risk for most chronic illnesses
- Risk factors for behavioral functioning:
 - Disease impact on brain function
 - Increases maternal stress
 - Low family cohesion/support
 - Child's perceived stress

- **SOCIAL FUNCTIONING**

- Greatest risk for males, children with more severe symptoms, and limited social interactions

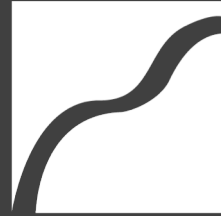
- Typical impacted areas of social development

- independence from parents

- exposure to healthy peers

- participation in social activities

- self-efficacy in peer interactions



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