

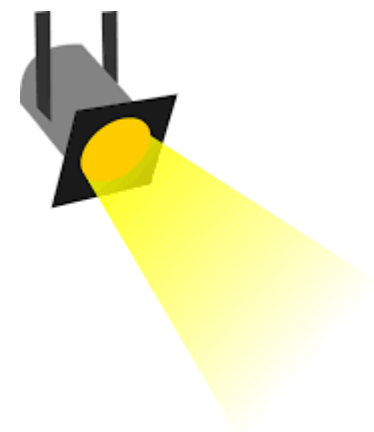


Planning for School Re-Entry Following Psychiatric Hospitalization

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Acknowledgements

- Savina, E., Simon, J., & Lester, M. (2014). School reintegration following psychiatric hospitalization: An ecological perspective. *Child Youth Care Forum, 43*, 729-746.
- Weiss, C. L., Blizzard, A. M., Vaughan, C., Syndnor-Diggs, T., Edwards, S., & Stephan, S. H. (2015). Supporting the transition from inpatient hospitalization to school. *Child and Adolescent Psychiatric Clinics of North America, 24*, 371-383.



Overview

- Statement of the problem
- Similarities and differences between psychiatric hospital stays and others
- Barriers that can hamper successful re-entry
- Strategies to facilitate successful re-entry
- School Re-entry checklist
- Participant sharing – Effective strategies, “lessons learned”

Statement of the Problem

Within the past 25 years...

- Psychiatric hospitalizations for youth increased almost 300% and...
- Hospital stays have decreased from an average of 11-44 days to 5-7 days (Blader, 2011)
- Some students with school attendance problems (SAPs), esp. school refusal, experience psychiatric symptoms so severe that inpatient psychiatric hospitalization is warranted

Statement of the Problem (cont'd)

For these students...

- Re-entry into school is a critical transition, especially in first 6 months following hospitalization
 - Almost 1/3 are re-hospitalized (Stensland et al., 2012)
 - Are at *high* risk for suicide attempts (Wolff et al., 2018)

Statement of the Problem (cont'd)

- Few schools have the necessary resources, esp. staff with MH expertise, to support returning students to the extent that they need (White et al., 2017)
- Marraccini et al. (2019) Survey of $N=133$ US school psychologists
 - 38% reported: No protocol for re-entry
 - 45% reported: “Informal procedures”
 - Only 16% reported: Written formal reintegration procedures

Psychiatric Hospitalizations: Similar to other hospitalizations

Similar to other hospital stays...

- Away from family & peers
- Away from school
- Need to cope with illness, medical issue



Yet also quite different!

- Have to generalize gains made in hospital setting to school, family, peers, community
- Follow-up outpatient care
- Stigma





Potential Barriers to Successful School Re-entry

1. Limited school-community collaboration
2. Limited or non consensus on plan
3. Student's experiences, feelings, and beliefs
4. Parent/caregiver experiences, feelings, and beliefs
5. Reactions of people in school (teachers, peers)
6. Lack of adequate planning to help student respond to questions or comments by peers and staff
7. Lack of a written re-entry plan
8. Lack of infrastructure to support plan
9. Lack of fidelity to the plan

Bridge for Resilient Youth in Transition (White et al., 2017)

Core components:

- Dedicated class with dedicated academic & clinical staff
- Academic: Tutoring & coaching
- Clinical: Day-to-day stressors
- Coordination between school & community providers
- Family support
- Structured, flexible transition plan

N=189 HS students across 8 school
Depression & Anxiety dxs most common

Results:

1. CAFAS from Pre- to FU: Sig. improvement in school functioning, moods & emotions, self-harm, substance use & Overall
2. Daily attendance improved from 52% (6 weeks prior) to 77-80% (following 6 weeks)
3. 11% had full or partial hospitalization while in program
4. 82% graduated on-time

Components of Written Re-Entry Plan



Savina et al., (2014): Ecological approach

1. Key people are involved & arrive at *consensus*
2. Assess student's needs related to re-entry (academic, emotional, physical, social) & provide interventions in each need area
3. Identify methods to support teachers and prepare peers
4. Share contact information for all involved in re-entry plan

My additions:

6. Ensure necessary *infrastructure* is in place to support plan *implementation*
7. Process for monitoring *fidelity*

School Re-Entry Plan Checklist – See handout.

Components:

Who helped develop plan

Prior to school re-entry –

Examples

- Designate case manager
- Assess student’s entry needs
 - Academic, social/emotional, medical
 - Ways to answer others’ questions about absences in person & *social media*
 - Ways to deal with “rough situations” in person & *social media*

School Re-Entry Plan Checklist*

Student Name: _____ Date: _____

School: _____ Grade: _____

Directions: This tool is intended to help guide teams in thinking through a successful school re-entry plan following extended absence from school and/or psychiatric hospitalization. Plans will vary based on each student’s needs and **not every component in this checklist may be appropriate for any one student. Consideration of student/parent input also is strongly advised.**

Were all key people involved in developing plan?	Yes/No? _____	Indicate people involved in process, including titles: ___ Student ___ School Psychologist ___ Parent(s) ___ School Counselor ___ Hospital Rep ___ Family Liaison ___ Social Worker ___ Classroom Teacher(s) ___ School Administrator ___ Nurse ___ Community therapist ___ Special Ed Teacher ___ Others as appropriate (please specify):
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PRIOR to SCHOOL REENTRY:

Staff member designated as Case Manager	Date completed:	Name of Case Manager
Case Manager contacts student parent(s)/legal guardian(s)	Date completed:	Summary of contacts:
Contact hospital staff to determine interventions needed to promote student adjustment, stress management	Date completed:	Summary of contacts:
Case Manager documents prior hospitalizations	Date completed:	Dates and reasons for prior hospitalizations:

Assess student re-entry needs

Does student have academic needs?	Yes/No?	What are they?
Does student have social/emotional needs?	Yes/No?	What are they?
Does student have physical needs?	Yes/No?	What are they?
Help student develop plan for answering questions/comments by staff and peers about absence – in person and over social media	Date completed:	Person(s) responsible:

School Re-Entry Plan Checklist (cont'd)

– more examples:

When student is back in school...

- Check in with student *daily* for first 1-3 months
- Provide needed academic, social/emotional, and physical interventions
- Maintain ongoing contact with parents, community therapist
- Schedule team meetings to review student's progress *for next 6 months*
- Monitor plan fidelity & adjust as necessary
- Maintain & disseminate contact information for all key team members as appropriate



Your Turn – Reentry Questions

How many of you have worked with students who were able to return successfully to school after a psychiatric hospitalization?

What did you do to help their re-entry be successful?



Take Home Points

- Students returning from psychiatric hospitalization have unique needs that *must* be considered in planning for successful re-entry
- An ecological perspective can be useful
- Dearth of research in this area – and much work is needed!
- The checklist is one tool school teams can use during the planning and implementation process.
- *Checklist is a living document* – please share suggestions for improving it!