

# Preface

This book exists for two primary reasons: (1) the incredible pressures on educators to address children's medical issues in school settings and (2) the rapid pace of news and information delivery, which often occurs despite safeguards that try to ensure credibility and verifiability. Educators are charged with making policies; differentiating instruction; providing educational accommodations; managing the physical plant; providing special education services; collaborating with families; and working with the community in response to children's medical, physical, and psychological issues. However, educators often have little training, support, or information to address these important issues. When faced with a medical question, many people (including us) turn to the Internet. Although much information from the Internet is of high quality, much is not. Peer-reviewed scientific papers of high quality are often given the same weight in search engine results as advertisements for the latest snake oil. Information about medical issues is presented in (1) esoteric medical science journals with little relevance to schooling, (2) an encyclopedic but cursory overview of many topics, or (3) simplified summaries on Web sites with questionable accuracy and oversight. We developed this book to give support and information to educators based on a critical review of scientific research that is credible, in depth, and practical.

*Pediatric Disorders* is the first book in a three-volume series entitled *Current Topics and Interventions for Educators*. This series presents detailed reviews of recent scientific research on a variety of topics in pediatrics that are most relevant to schools today. *Current Topics and Interventions for Educators* is intended to provide not only detailed scientific information on pediatric issues but also glossaries of key medical terms, educational strategies, case studies, handouts for teachers and parents, and discussion questions. Readers are presented with critical reviews of scientific medical research, including discussions of controversial issues. The authors of each chapter have completed scholarly reviews of the extant research and carefully considered the quality of research design, methodology, and sampling in determining what can be considered empirically valid conclusions versus conclusions based on opinion, conjecture, or myth. We believe that this information will help educators address the pediatric issues that affect schoolchildren and better equip educators to discuss these issues with parents, staff, and medical teams.

This book has its origins in a regular feature in the National Association of School Psychologists (NASP) publication *Communiqué* called "Pediatric School Psychology." We edited and published many

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# Trends in Health Care Delivery

*The Increased Burden on Schools  
as Health Care Providers*

*Paul C. McCabe and Steven R. Shaw*

## INTRODUCTION

In addition to teaching basic and advanced academic skills to school-aged children, society asks schools to do significantly more. Schools routinely provide food services, transportation services, liaisons to community services, social services, adult and community education, athletic entertainment, fund raising, research, support for political events, and much more. Most of these activities directly or indirectly affect the teaching and learning of schoolchildren. Despite a lack of formal training, teachers and other educational professionals have branched out into coaching, grant writing, administration, coordination, family counseling, and a host of skills required in the full-service community school (Reeder et al., 1997).

This expansion of teacher roles and skills is born of necessity. However, the largest and most challenging arena that educators are asked to address is medical issues for children.

## PEDIATRICS IN THE SCHOOLS

Medical issues in the schools are a reality. At one time, medicine and education were two different professions with very little overlap. Occasionally,

## Why Collaboration Between Educators and Medical Professionals Is Necessary

At its best, collaboration among school psychologists, school nurses, teachers, medical professionals, and parents leads to comprehensive treatment for students (Segool et al., 2009). Although school psychologists have a strong training background in the realms of mental health and education, they are not permitted to prescribe medication—a common treatment component for many mental health disorders such as ADHD, autism, anxiety disorders, and depression. However, nearly 55% of all school psychologists are expected to monitor the medication usage of these students, often with little or no communication with the child's psychiatrist. In addition, teachers are responsible for developing the classroom environment and implementing educational interventions. School nurses are often responsible for medication monitoring and administration. Conversely, medical professionals sometimes do not receive adequate information from the school regarding the effects of medication on the function and progress of students (Segool et al.). Coordination of educational professionals within schools is challenging; collaboration with medical professionals outside of the schools is even more complex and difficult.

The overall absence of appropriate collaboration between educators and medical professionals can lead to conflicting treatment plans and decision making without adequate and complete information. Such lapses highlight the need for better service coordination with regards to treatment for children with medical and mental health needs (Segool et al., 2009). Collaborative efforts in treatment planning have the potential to be cost-effective, improve service delivery, avoid duplication of services, and provide a wider variety of service options. Furthermore, consultation between educators and medical professionals can improve working relationships between schools and outside agencies (e.g., hospitals, clinics, and community mental health centers), which in turn can contribute to the student's treatment. Collaboration among professionals can also lead to more positive outcomes for students, such as better academic performance, improved school attendance, increased participation in academic activities, and fewer school disruptions (NASP Delegate Assembly, 2006).

## Models of Collaboration

Current models of collaboration for doctors and psychologists in pediatric hospital settings provide a relevant framework for collaboration between educators and medical professionals. Becoming familiar with these working models can be a useful method of learning how to foster cooperation and effective consultation.

***Independent Functions Model.*** The independent functions model is based upon a medical model of consultation, whereby a pediatrician refers a patient to a psychologist for diagnosis and/or treatment (Drotar, 1995). Communication between the pediatrician and psychologist takes place both before and after the referral. Despite this model's efficiency, communication is extremely limited and might not be adequate for students with severe

no research supports claims that vaccines cause other conditions, the parent's fear is real and should not be dismissed. Educators and school staff should take the time to discuss the information with the parent.

## DISCUSSION QUESTIONS

1. Misinformation about vaccines persists in spite of contrary scientific evidence. What can educators and school support staff do to counteract negative anecdotal stories and allay the parents' fears regarding inoculating their children?
2. Independent of CDC and state health department requirements, do educators and school support staff have any right to sway a parent's decision regarding immunizations?
3. How can educators and school support staff address concerns of parents who do choose to immunize their child regarding those children who receive exemptions to immunizations?
4. Does a school have the right to refuse to provide an immunization exemption to a child? Should medical, religious, and personal exemptions be considered differently?

## RESEARCH SUMMARY

- The only scientifically validated side effects of vaccinations are local redness, irritation, and a mild fever.
- A century ago, before the introduction of vaccines, the mortality rate of children under 5 was approximately 3 times the rate it is today.
- The following illnesses are wrongly associated:
  - Hib and diabetes: Research shows that Hib may trigger a diabetic reaction but only in children who are already in a prediabetic state.
  - Pertussis and asthma: No link has ever been established.
  - MMR and autism: This is an area with a vast amount of research. No link exists.
- There are numerous reasons that the unsupported link between MMR and autism exists:
  - A British medical journal published a scientific article reporting a link. These findings were highly publicized. However, the results were never replicated, most of the original authors retracted the findings, and there is evidence that the original results were fabricated.
  - The MMR vaccine is administered at the same time that autism symptoms emerge, implying a connection. However, the correlation is simply due to timing, not causation.
  - Personal anecdotes from celebrities and other parents provide heartbreaking and sensational stories, which the media often presents without medical sources or review.

## EDUCATIONAL STRATEGIES

- More children are surviving childhood leukemia, and they may be receiving treatment on an outpatient basis rather than during an extended hospital stay. This means that the child may be attending school while receiving treatment. Educators are encouraged to stay in close contact with the family and medical team so as to be prepared for treatment effects.
- Measurement of baseline functioning is important as a means to assess the effects of leukemia treatments. Educators can conduct a thorough evaluation of academic skills prior to admission for treatment. School psychologists can conduct a full psychological battery, including cognitive, visuomotor, attention, and memory tests. With this information, it is then possible to assess whether the child has any late effects caused by treatments. This information should be shared with the medical team and family.
- Given that around 40% of children with leukemia have recurrence, it is important that the educational team plan ahead to anticipate school absences and alternate instruction.
- It is important to educate the child's classmates about leukemia and the treatment procedure so they understand what is happening and can be supportive of the child. Providing such information also helps to reduce stigma and mistruths associated with disease (e.g., it is not contagious) and helps to convey optimism about recovery.
- Emotional and coping supports are important for the long-term success of surviving children and their families. Treatments and side effects can be painful and stressful. Educators are encouraged to exercise compassion, empathy, and common sense when communicating with parents, particularly with regard to academic rules and regulations.
- Teaching students to use their cognitive strengths to compensate for attention and memory deficits is helpful. Problems related to visual memory, visual-motor integration, processing speed, and fine-motor speed are possible following treatment. Untimed testing, oral assessment, books-on-tape, voice recognition software, and calculator use may be useful accommodations.

## DISCUSSION QUESTIONS

1. What, if anything, should be shared with the ill child and his or her class about the diagnosis of leukemia and possibility of death?
2. What might be the child's age-appropriate concerns about the disease and treatment?
3. What steps can schools take to assist families with a child with leukemia?
4. Since medical treatments are increasingly conducted on an outpatient basis, what should schools do to prepare for the re-entry of a child with a chronic illness like leukemia?