

Personalized Intervention Program for Absenteeism (PIPA)

Wendy Silverman, Ph.D., ABPP

Alfred A. Messer Professor of Child Psychiatry

Director, Program for Anxiety Disorders

Professor of Psychology

Eli Lebowitz, Ph.D.

Assistant Professor of Child Psychiatry and Psychology



Yale SCHOOL OF MEDICINE
Child Study Center



Main take-aways

- Mental health and physical health are key factors in chronic absenteeism.
- The mental and physical health factors vary amongst children.
- PIPA addresses these variations in a single intervention (so it is flexible, not a one-size-fits-all approach).
- All procedures used in PIPA are evidence based.
- PIPA can be readily implemented and sustained in schools by school personnel.

No empty chairs!!!



Yale SCHOOL OF MEDICINE
Child Study Center

Chronic absenteeism

- Missing 10 to 20 percent or more school days per academic year.
- That's about 18 to 36 days in a 180 day school calendar.

Connecticut's chronic absenteeism rates

- 2012-13
11.5 percent (approximately 60,000 students)
- 2013-14
10.7 percent (approximately 56,000 students)

Disparities in rates

**Highest
Among:**

Black / African Americans

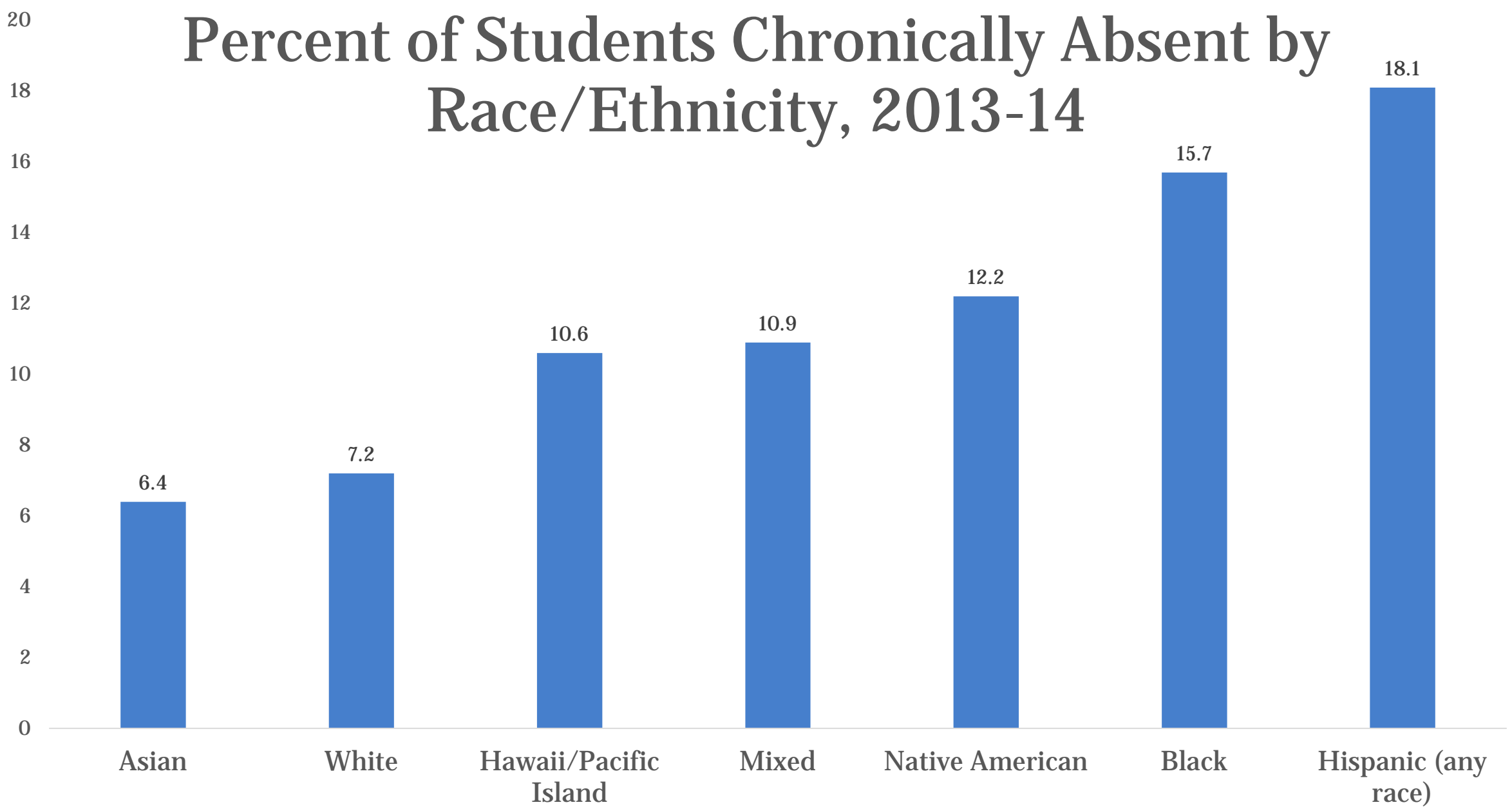
Hispanic / Latinos

Students with Disability

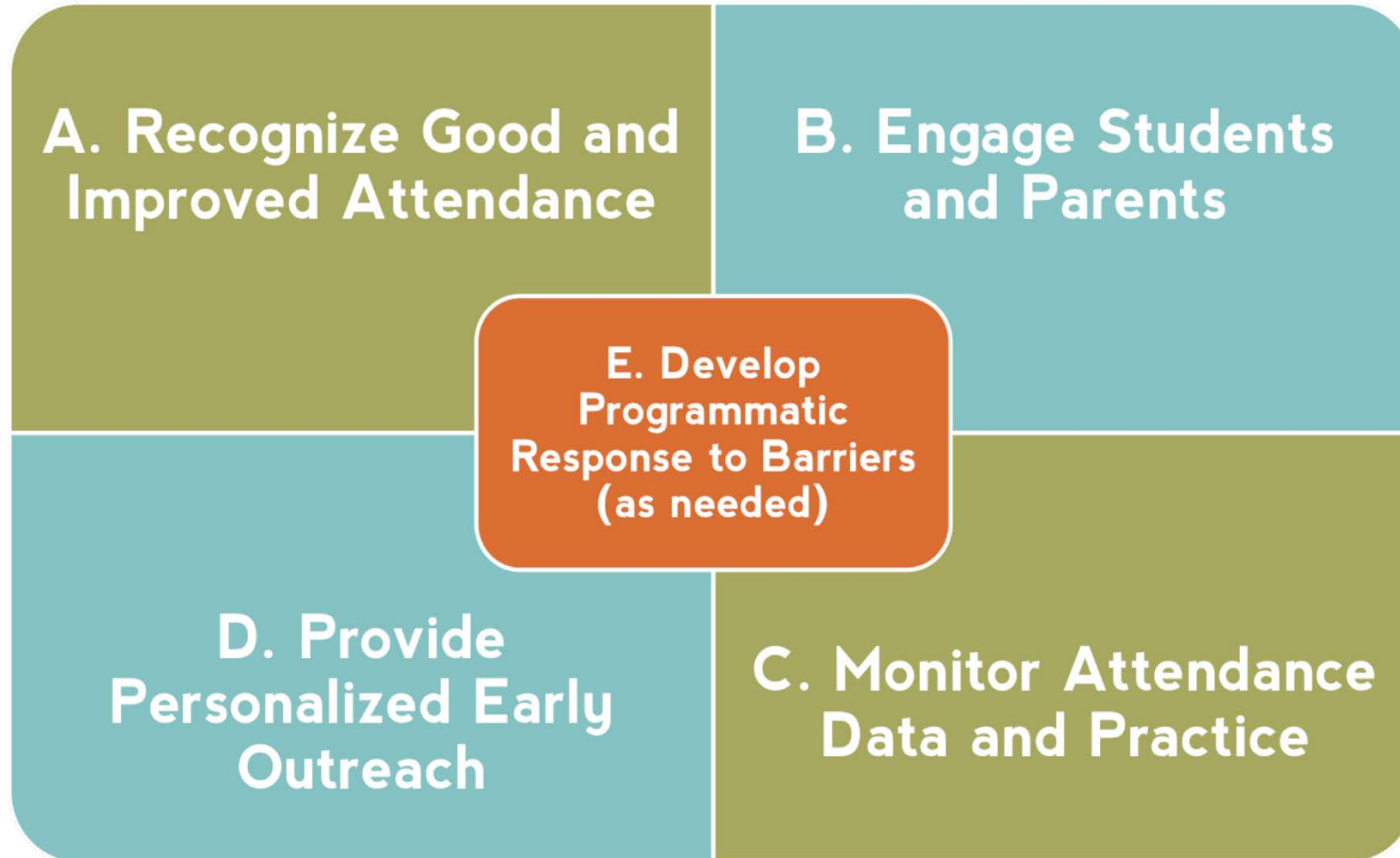
English Language Learners

Students Eligible for Free/Reduced
Meals

Percent of Students Chronically Absent by Race/Ethnicity, 2013-14



Key strategies for reducing chronic absence

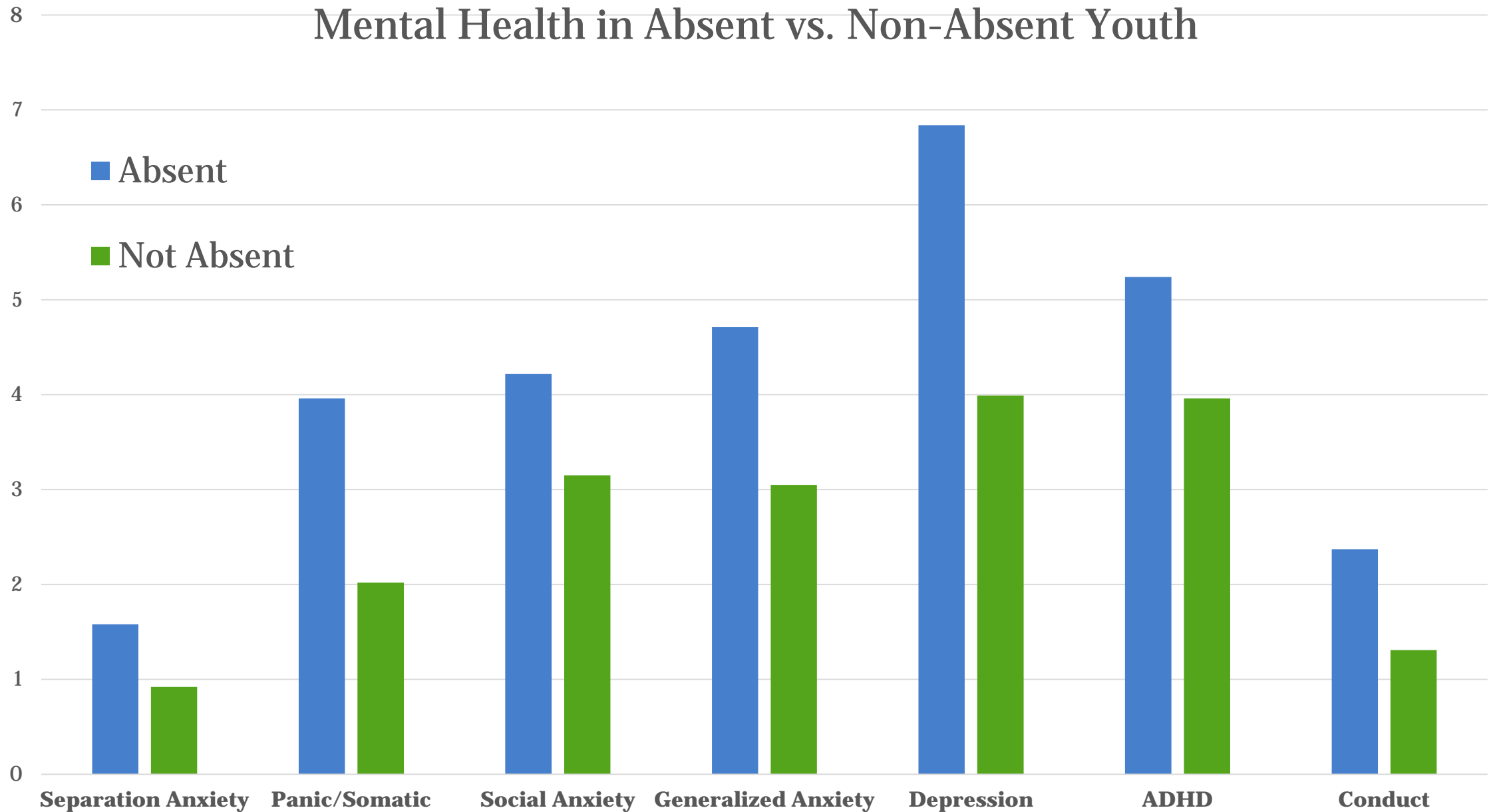


Require personalize because





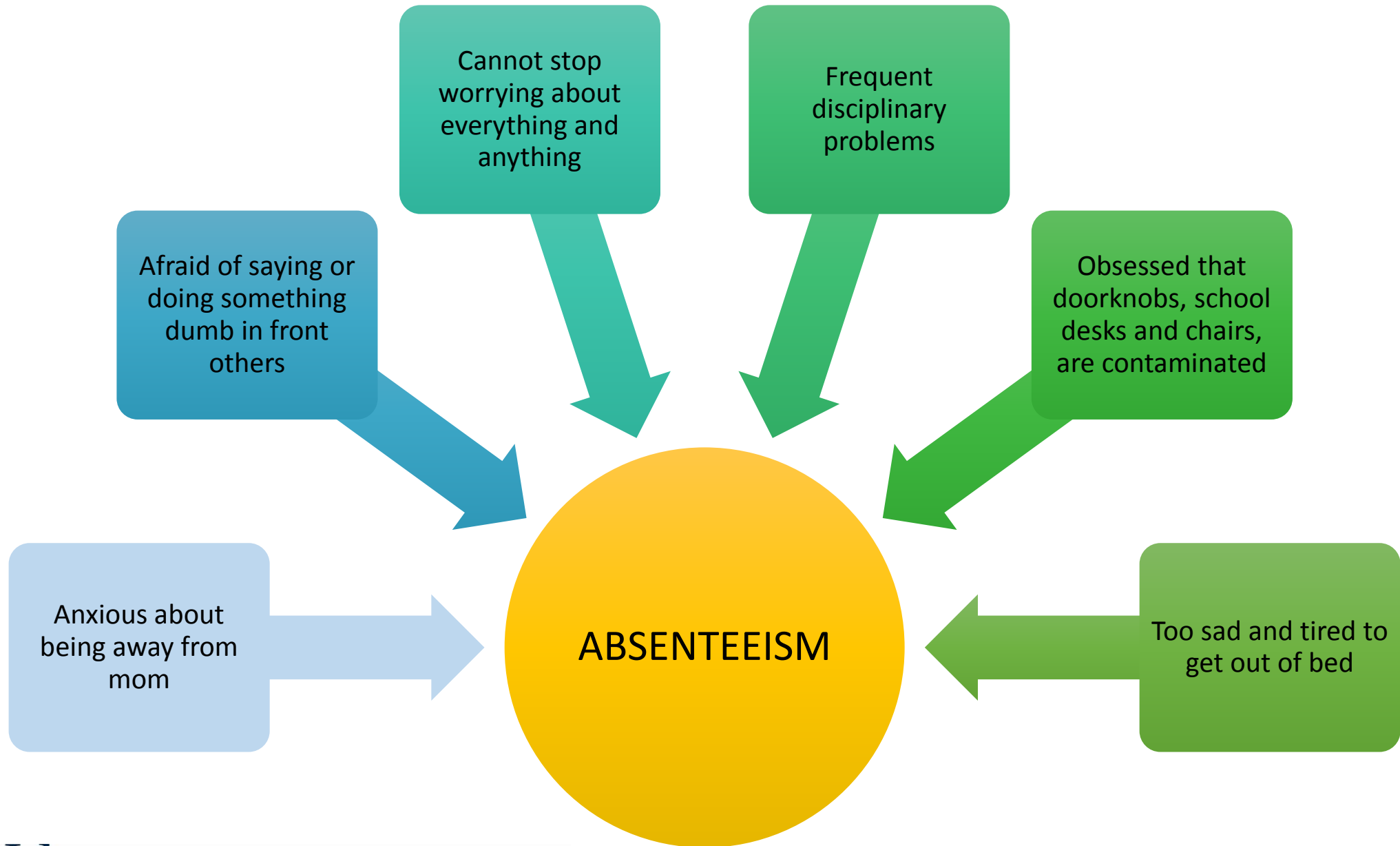
Mental Health in Absent vs. Non-Absent Youth

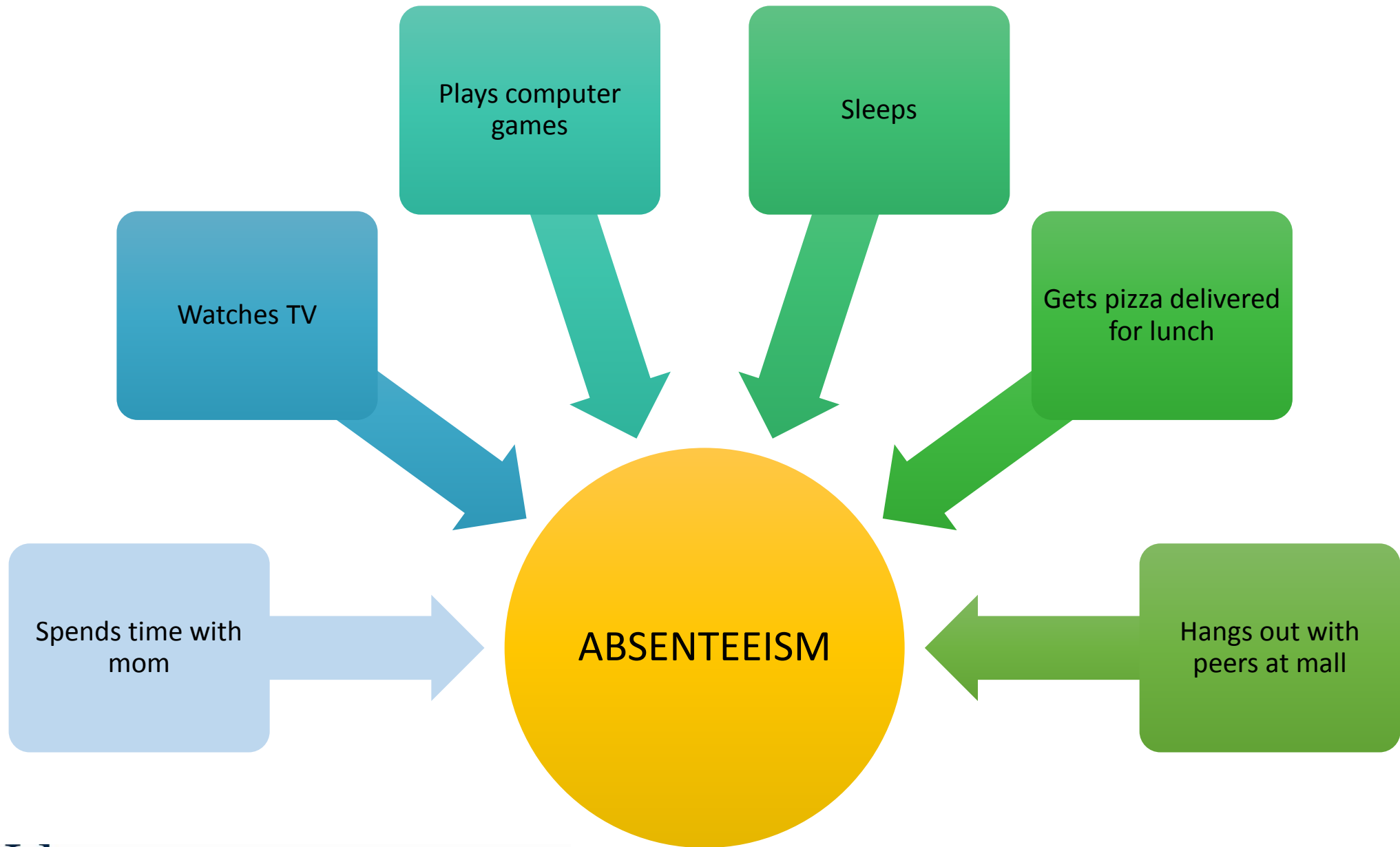


“I don’t feel good. Can I stay home?”

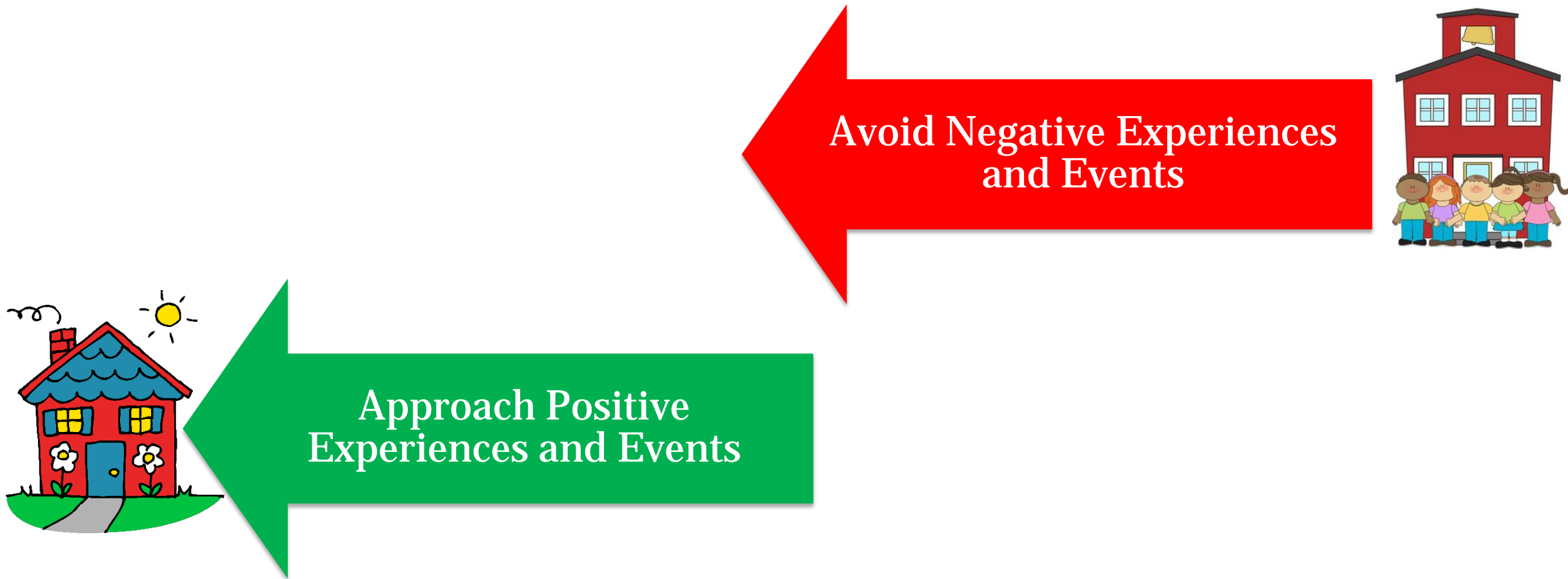
National representative sample of 6500 adolescents:
More than 25% reported somatic symptoms + co-occurrence of anxiety and depression.







Approach and/or Avoidance



Examples of PIPA Avoidance Modules

Being away from
mom

Practice coping
with separation

Afraid of saying or
doing something
dumb

Practice social
skills and
interactions

Examples of PIPA Approach Modules

Spends time with
mom

Practice
appropriate use
of rewards

Hangs out with peers

Practice parent
monitoring and
supervision



Clinical Psychology Review

Volume 7, Issue 4, 1987, Pages 353-362



The prescriptive treatment of school refusal

Annetta E. Burke, Wendy K. Silverman 

 [Show more](#)

doi:10.1016/0272-7358(87)90016-X

[Get rights and content](#)

Abstract

Although there is a substantial body of research on the diagnosis and treatment of school refusal, relatively less research has been directed towards identifying variables which predict individuals' response to treatment. Except for a few controlled single case studies in which functional analysis was employed to determine the content of behavioral treatment, the tendency has been to treat all school refusers in similar fashion. This practice has continued despite accumulating evidence of potentially treatment-relevant differences among school refusers. In the review of the literature which follows, evidence for the need for a more prescriptive approach to treatment is presented. Next, models available for making distinctions among school refusers are reviewed. Finally, problems in the existing research that render the relationship between these models and prescriptive treatment choices unclear are discussed in terms of how they affect our



Original Research

Functionally based prescriptive and nonprescriptive treatment for children and adolescents with school refusal behavior

Christopher A. Kearney 

Wendy K. Silverman

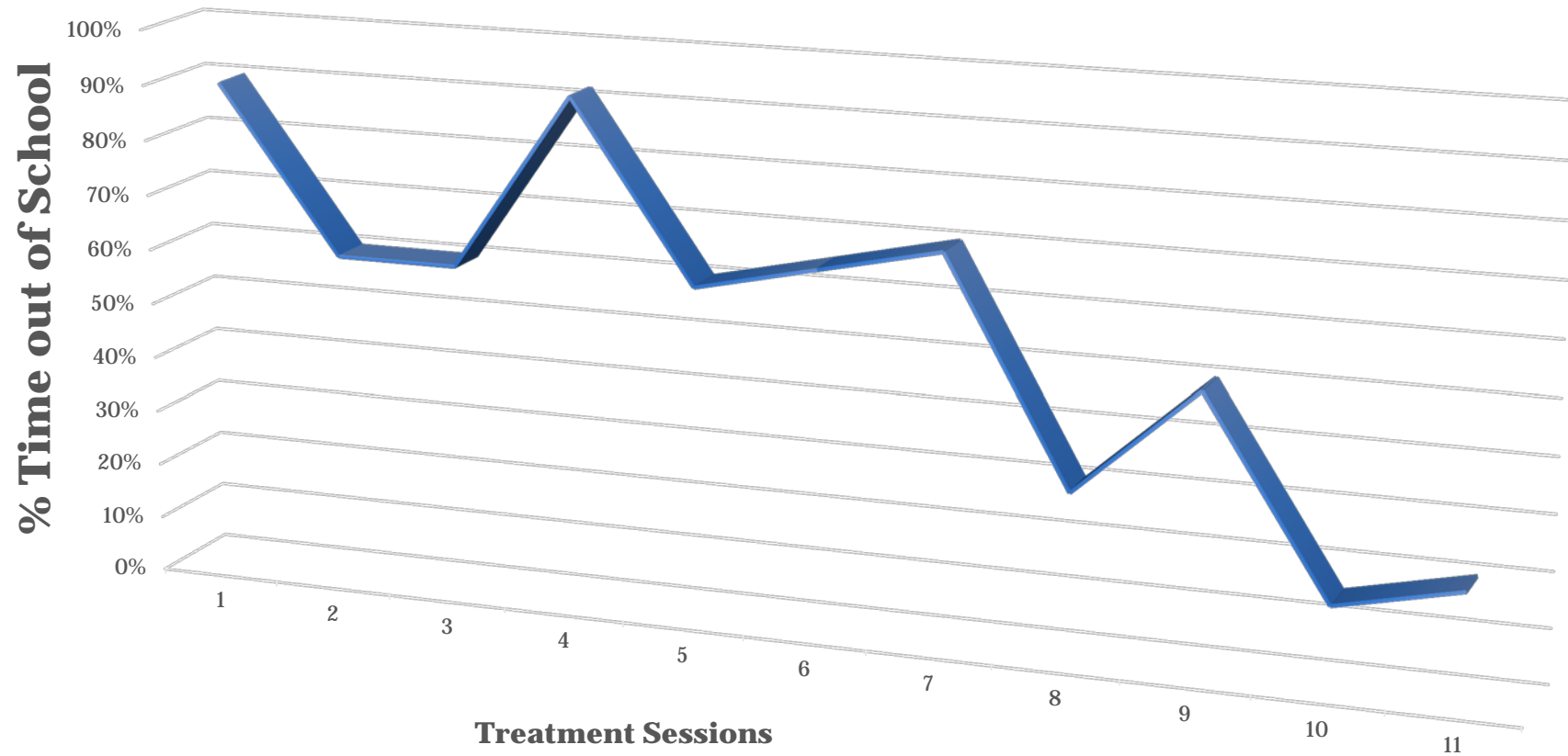
 **Show more**

doi:10.1016/S0005-7894(99)80032-X

[Get rights and content](#)

The management of school refusal behavior in children and adolescents has long been a nettlesome process for clinicians. However, a functional analytic model of school refusal behavior has been proposed to assist clinicians in organizing, assessing, and treating this heterogeneous population. The present study examined, on a preliminary controlled basis, the treatment utility of this functional model and the School Refusal Assessment Scale (SRAS). Specifically, participants with acute school refusal behavior were initially

Reduce Absenteeism



Treatment for School Refusal Among Children and Adolescents: A Systematic Review and Meta-Analysis

Brandy R. Maynard¹, David Heyne², Kristen Esposito Brendel³,
Jeffery J. Bulanda⁴, Aaron M. Thompson⁵, and Terri D. Pigott⁶

“Conclusions: Evidence indicates that improvements in school attendance occur for children and adolescents with school refusal who receive psychosocial treatment.”

✓ **Treatments** *That Work*[™]

✓ **When Children Refuse School**

A Cognitive-Behavioral Therapy Approach

P a r e n t W o r k b o o k

- Help your child with this clinically proven treatment program
- Take an active role in your child's successful return to school
- Includes helpful daily logbooks to monitor school attendance and other behaviors
- Learn how to use written contracts to enhance school attendance

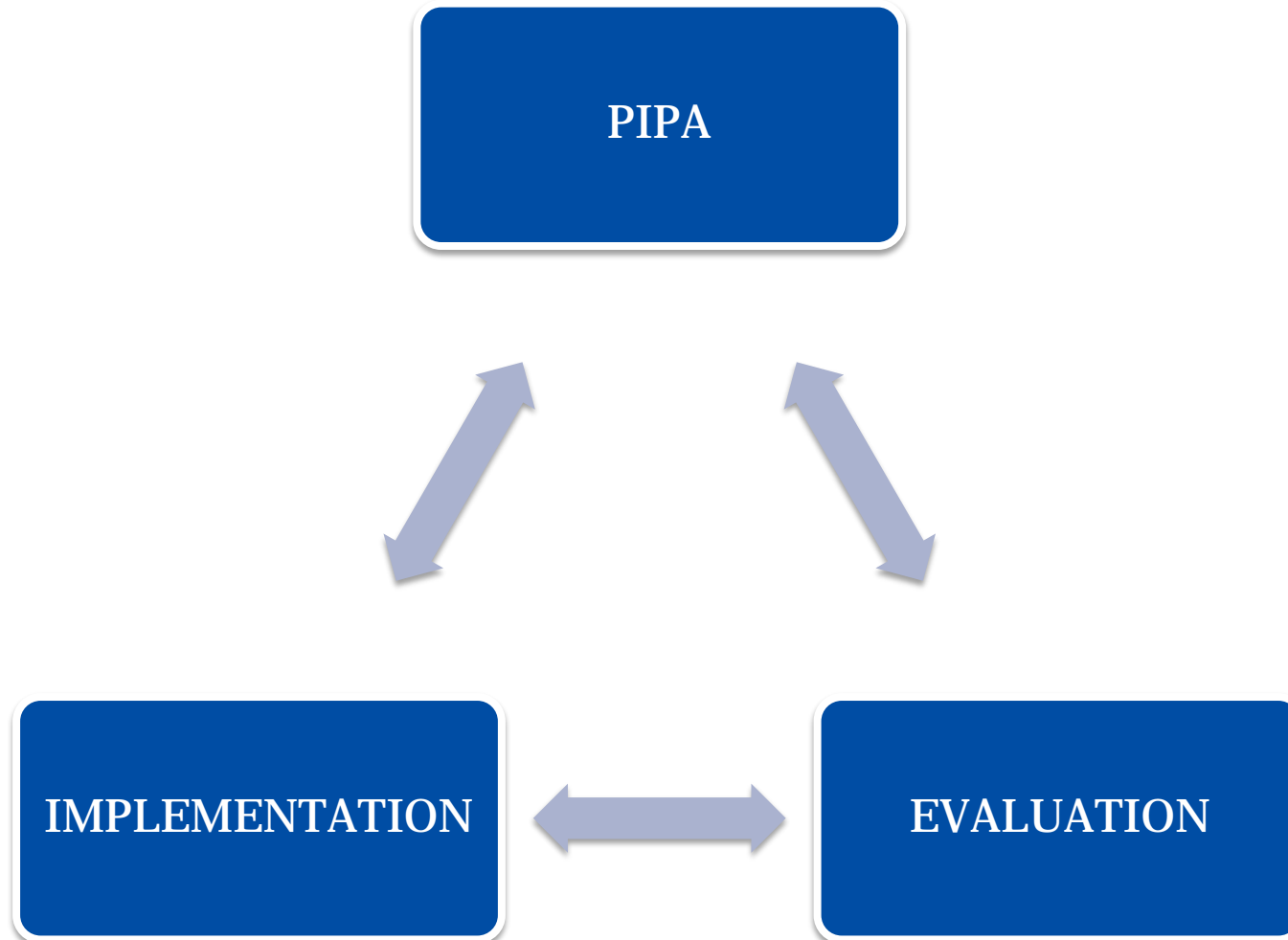
Christopher A. Kearney
Anne Marie Albano

We have the PIPA assessments and intervention modules ready to go!



Yale SCHOOL OF MEDICINE
Child Study Center

Procedures exist for implementing and sustaining



Summary

- Mental health and physical health are key factors in chronic absenteeism.
- The mental and physical health factors vary amongst children.
- PIPA addresses these variations in a single intervention (so it is flexible, not a one-size-fits-all approach).
- All procedures used in PIPA are evidence based.
- PIPA can be readily implemented and sustained in schools by school personnel.

Thank you!!!