

BOE/CO Friday Packet March 12, 2021

Upcoming Meeting Dates
Elementary Section Enrollment, 3/10/2021
CALM Study Information





Upcoming Board of Education Meeting Dates 2021

April 6	5:00 PM	Policy Committee
-		CO Board Room
		501 Kings Hwy East

April 6	7:30 PM	Special Meeting
-		CO Board Room and Virtual
		501 Kings Hwy Fast

April 7	3:30 PM	Finance & Budget Committee
-		Virtual

April 20	7:30 PM	Regular Meeting
		CO Board Room and Virtual
		501 Kings Hwy East

April 27	7:30 PM	Special Meeting/Self-Evaluation
		CO Board Room/Executive Session
		501 Kings Hwy East

Town Meetings:

- 3/16/2021, 7:30 PM BoF BoE Budget Presentation
- 4/1/2021, 7:30 PM BoF Budget Vote
- TBD BoE Budget Presentation to RTM
- 5/3/2021, 8:00 PM RTM Budget Vote

Elementary Enrollment 2020 - 2021 Actual Enrollment

Class size: K-2 cap 25; 3-5 cap 27 Wednesday, March 10, 2021

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CALM Study Overview for School Administrators

Below are some key details regarding nurse and student participation in the Child Anxiety Learning Modules (CALM) study (also see flyers):

- The study is funded through a 5-year grant from the Department of Education. Previous versions of the CALM study were approved in over 10 districts throughout CT and Maryland
- All study procedures have been adapted to be conducted virtually given COVID-19 concerns
- All study procedures are approved by UConn's institutional review board
- Nurses will be trained in one of two evidence-based interventions (outside of school hours)
- Nurses will identify students who they think will benefit from the intervention; the study team conducts informed consent and evaluations (virtually) to determine eligibility
- Students, parents, nurses, and teachers complete brief questionnaires before and after the intervention to assess impact on anxiety and school functioning

Nurse commitment:

All interested nurses who work with students ages 5-12 are welcome to participate (it's voluntary) for 1-5 years; meeting with 2 students on average per year would be ideal.

Nurses are compensated financially (with gift cards) for participation.

Study tasks (with the exception of meeting with the student) are scheduled to be completed outside of the school day to avoid interfering with their school duties.

Student commitment:

The number of students likely to participate in each elementary school is likely to be no more than 10 over the five-year period of the grant.

Each individual student will complete the study interviews (outside of the school day) and meet 5 times with the nurse to learn coping skills to reduce anxiety.

CALM Pilot RCT Results (2014 – 2018)

After the initial intervention development, two successive open trials were conducted to inform modifications for a pilot RCT comparing CALM and CALM-R. Below is a summary of those results:

Nurses Trained:

- 30 school nurses completed training to learn anxiety reduction strategies (CALM or CALM-R protocols) in schools throughout CT and MD
- Average overall training satisfaction score was 6.83 (1 = not at all satisfied to 7 = very much satisfied)
- Nurses providing CALM were offered optional consultation sessions with a clinical psychologist
 - o 75% of nurses in CALM condition opted to engage in consultation
- Nurses delivering CALM did so with adequate adherence to the intervention protocol

Enrollment and Retention:

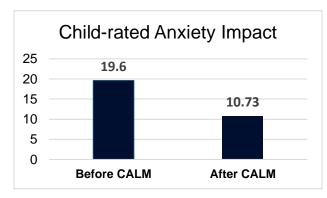
- 70% of nurses identified and enrolled students with excessive anxiety in their schools
- 54 families enrolled in the program
- 100% of eligible students completed the CALM or CALM-R program

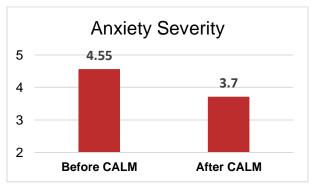
Program Satisfaction:

- 100% of nurses reported that they would recommend CALM
- 85% of parents reported that they would recommend CALM

Impact of CALM on student anxiety:

Students in both CALM and CALM-R showed clinically meaningful improvement in anxiety symptoms immediately following the intervention and at follow-up:





Anxiety Impact Score, Child Report. This measure assesses the child's perception of how much feelings of anxiety or worry have contributed to difficulty engaging in school, social, and home-family activities. Clinical Global Impression-Severity. This score reflects the severity of anxiety symptoms, assessed by an independent evaluator. Higher scores represent higher anxiety. Note: score of >4 = clinical level of anxiety.

Case Examples

Student One: 7-year-old female in 2nd grade

Pre-Intervention Symptoms:

- Uses the bathroom excessively when not at home and avoids going places where a bathroom might not be available, including asking to stop during family car trips
- Misses full days of school due to physical complaints (e.g., stomachaches) due to anxiety
- Asks for reassurance that homework is perfect; cries for extended periods (i.e., an hour or more) when she believes work is not perfect

Post-Intervention Improvement:

- Can wait to use the bathroom, including on car rides with family
- Reduced school avoidance; no missed days due to physical complaints in the past month at follow up
- Checks her homework only once, and seeks reassurance less frequently in other domains

Student Two: 10-year-old male in 5th grade

Pre-Intervention Symptoms:

- Excessive concerns about lateness, including seeking reassurance, always wearing a watch, becoming extremely upset if he believes he might be late, and catastrophizing thoughts about what might happen if he is late (e.g., "I will get behind in school")
- Does not participate in extracurricular activities, despite his interest, due to worries about being late
- Regular physical complaints (e.g., muscle aches, butterflies in stomach, leg pain) due to anxiety
- Worries about his health (e.g., worrying he may be diagnosed with diabetes after eating candy)

Post-Intervention Improvement:

- Was late for the bus and did not become upset
- Started taking music classes after school
- No major physical complaints in the past month at the follow up evaluation

Student Three: 10-year-old female in 4th grade

Pre-Intervention Symptoms:

- Significant separation anxiety, even at home (e.g., leaving door open when using bathroom, preferring to remain within earshot of mother at all times); texts mom for one hour or more upon separation to seek reassurance
- Requests that mother remains at all activities (e.g., girl scouts, sports practice) for their entire duration
- Stomachaches prior to separation that cause her to be late to school and requesting to stay home

Post-Intervention Improvement:

- Spends significantly less time seeking reassurance from mom, with fewer texts or communication during school or activities
- Permits other adults (e.g., other parent, coach, grandparent) to attend activities with her rather than just her mom
- Reduction in physical symptoms and requests to stay home from school

FERPA VERIFICATION FORM FOR RESEARCH CONDUCTED IN SCHOOLS

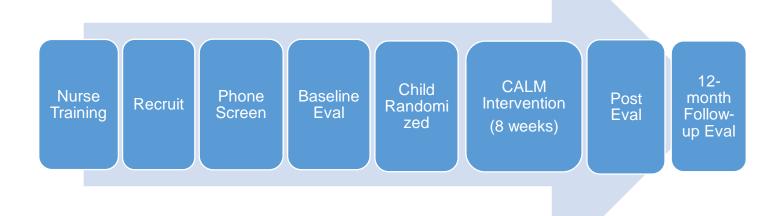
Investigators conducting research in schools other than the University (e.g. a public elementary school or high school) that receive funding from the Dept. of Education must obtain verification from the school of compliance with U.S. Department of Education regulations that require schools to develop and adopt policies in conjunction with parents regarding the following items

- o The right of a parent of a student to inspect, upon the request of the parent, a survey created by a third party before the survey is administered or distributed by a school to a student.
 - Any applicable procedures for granting a request by a parent for reasonable access to such survey within a reasonable period of time after the request is received.
- Arrangements to protect student privacy that are provided by the agency in the event of the administration or distribution of a survey to a student containing one or more of the following items (including the right of a parent of a student to inspect, upon the request of the parent, any survey containing one or more of such items):
 - Political affiliations or beliefs of the student or the student's parent.
 - Mental or psychological problems of the student or the student's family.
 - Sex behavior or attitudes
 - Illegal, anti-social, self-incriminating, or demeaning behavior.
 - Critical appraisals of other individuals with whom respondents have close family relationships.
 - Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers.
 - Religious practices, affiliations, or beliefs of the student or the student's parent.
 - Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- O The right of a parent of a student to inspect, upon the request of the parent, any instructional material used as part of the educational curriculum for the student.
 - Any applicable procedures for granting a request by a parent for reasonable access to instructional material received.
- The administration of physical examinations or screenings that the school or agency may administer to a student.
- The collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose), including arrangements to protect student privacy that are provided by the agency in the event of such collection, disclosure, or use.
 - The right of a parent of a student to inspect, upon the request of the parent, any instrument used in the collection of personal information before the instrument is administered or distributed to a student
 - Any applicable procedures for granting a request by a parent for reasonable access to such instrument within a reasonable period of time after the request is received.

By signing below, the school official is attesting that \square the school is in compliance with FERPA, or that \square the school receives no support from the U.S. Dept. of Education.
Name of School:
School Official's Name (Printed)
School Officials Title (Printed)
School Official's Signature and Date:



Nurse Procedures and Study Timeline



Below please find a brief description of each component of the study timeline. Session procedures are also provided, which include tasks you will be asked to complete as you administer the CALM intervention to each child.

Nurse Training: Nurses will complete training for your assigned study condition in two virtual meetings of three hours each.

Recruitment: Nurses will identify students who may benefit from intervention and refer to study team.

Phone Screen and Baseline Evaluation: Study team will screen and evaluate interested families to determine eligibility. Nurses complete one brief questionnaire regarding their relationship with child.

Child Randomized: Each child will be randomly assigned to receive the intervention either immediately (80% of the time) or after an 8-week waiting period (20% of the time).



Children assigned to the waiting period may still see and interact with you as much as they would like, but CALM content, activities, and materials <u>are not to be used during</u> this time.

CALM Intervention: Nurses provide the intervention, completing all CALM modules with child over the course of eight weeks. Audio of sessions will be uploaded to Dropbox to share with study team. Study staff will complete coaching via phone/email for each nurse's first time implementing the intervention (coaching for subsequent cases is conducted on an as-needed basis).

Post Evaluation: Study team will conduct an evaluation with each family. Nurses will again complete one brief questionnaire regarding their relationship with the child.

12-month Follow-up Evaluation: Study team will conduct a follow-up evaluation with children/families who participated in the study. Nurses will again complete one brief questionnaire.



School Nurses: Exciting Opportunity Coming to Your School!

Be a part of an innovative project to help students struggling with anxiety, fear, and worry.



Enhancing the Capacity of School Nurses to Reduce Child Anxiety (CALM)

What is this study all about?

The study was funded by the U.S. Department of Education's Institute of Education Sciences to compare two interventions to reduce anxiety symptoms and improve academic functioning in 5-12-year-old children. Both interventions are brief, evidence-based, and delivered virtually by school nurses in 5-6 sessions of 20-30 minutes each.

Why should you volunteer for this study?

- Learn strategies to help anxious children, especially in helping children and families navigate stress and uncertainty associated with Covid-19
- o Receive free training and supervision
- o Receive copies of the intervention manual and handouts to use with youth
- Receive financial compensation for completing study requirements (up to \$225 in your first year)

What will you be asked to do?

- Attend one day training (usually during the weekend done virtually)
- Recruit students with excessive anxiety from your schools
- Deliver the brief intervention to students (5 to 6 meetings)
- Participate in consultation calls (by phone or virtually)
- Complete study questionnaires

If you have questions about this project, contact the CALM Team:

CALM@uchc.edu

In New England: (860) 523-3779

In Maryland: (443) 938-2479

UCHC Department of Psychiatry IRB Number: 016202 Principal Investigator: Golda Ginsburg, Ph.D. CALM G3