

Title: Filce HG, LaVergne L. Absenteeism, educational plans, and anxiety among children with incontinence and their parents. J Sch Health. 2015; 85: 241-250.

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Focused Question: Do school health plans improve outcomes for students and parents of students with chronic incontinence?

Research Objectives: A. To determine whether the use of educational plans to address toileting decreases rates or severity of anxiety among parents or students; B. To determine whether rates of absenteeism due to health concerns are correlated with anxiety among parents or students;

Methods: The researchers measured domains of anxiety (Worry, Psychological, Social, and Defensiveness) among 83 children with chronic health conditions which included incontinence in presentation, using an anxiety scale (Revised Children's Manifest Anxiety Scale, 2nd ed.). They measured the same anxiety symptoms in the student's parents (Adult Manifest Anxiety Symptoms). They analyzed these results in relationship to frequency of school absences reported, and the presence and type of health plans that children had on file (A 504 plan or Individualized Health Plan).

Results:

- Levels absenteeism were significantly higher for the students with chronic incontinence than their peers, and higher for students with special health needs that included incontinence than for students with special health needs without incontinence.
- Anxiety symptoms were higher in parents of children with chronic incontinence when matched to other adults.
- 33.7% of students in the study had no educational plan, 27.2% had an IEP, 22.9% had a 504, and 7.2% had an Individualized Health Plan (IHP) and 504. The IHP is considered to be the recommended standard for students with health concerns which require long term monitoring.
- The only correlation seen between the independent variables (educational plans and absenteeism) and dependent (child and parent anxiety) was that lower levels of anxiety were observed in parents whose child had had zero days of school absence due to health concerns in the last twelve months.

Conclusions & Considerations for Practice: Little correlation was seen between student and parent anxiety and either absenteeism or the presence of an educational plan. The

author notes that one of the most notable findings was how many of these students had no written plan in place (33.7%), despite having a known medical diagnosis which would be defined as special healthcare needs. The author suggests this may be due to poor understanding of how to plan for incontinence, or parents' and students' limited disclosure about the severity and impact of the incontinence. The author also suggests that teams may not write or execute plans that effectively address a student's continence needs, and it therefore does not really alleviate the parents' concerns. A final possibility is that a student may have an educational plan (such as an IEP), but it does not address continence. In the Vermont Continence Project, we observe this frequently.