






The Tension of Retention:
Considerations for Grade Retention in the
Pediatric Oncology Population

Amy Grose, LICSW
Marybeth Morris, Ed.M.
Lisa Northman, Ph.D.
Sarah Tarquini, Ph.D.

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
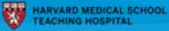
  

Why are we talking about
grade retention?

What do we know about Retention?

- Negative relationship between retention and subsequent academic achievement
- Academic improvement may be demonstrated during the first year a child is retained, but decline within 2-3 years
- Negative impact on all areas of achievement (reading, math, oral and written language), social and emotional adjustment
- 5-11 times more likely to drop out of school
- More likely to experience poor peer interactions, lower self-esteem, behavior problems, and poor attitude toward school
- A study of 6th graders perceptions indicated they consider retention as one of the most stressful life events

What do we know about Retention?

- Retention *may* help students who have missed many days of school, but only if the child is expected to return full time and if the child is not considerably older than his/her peers.
- No specific indicators to determine which children would benefit in the case of frequent absences.



What Do Professional Organizations Recommend?

- The National Association of School Psychologists (NASP) advises:
 - Against retention
 - Against social promotion
 - That the child move to the next grade with the addition of intervention strategies to assist in social and cognitive development (RTI)



What do we know about retention in pediatric oncology?

- There is no literature specific to the oncology population
- Limited research involving medically-involved/chronically ill children
 - Studies are limited to children with diabetes and sickle cell and focus on poorer performance resulting from increased absences contributing to retention
 - Higher degree of family achievement-orientation mitigated poorer school performance and led to lower levels of retention



What do we know about retention in pediatric oncology?

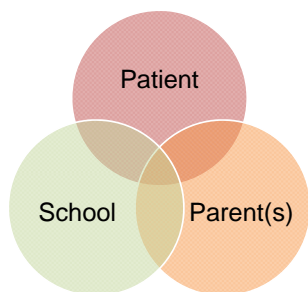
- There is no literature on retention based primarily on absences and lack of exposure to curriculum
- There are no guidelines for how to support parents faced with these decisions
- We don't know if indications for retention differ based on diagnosis/treatment
- We don't know if home/hospital based tutoring is sufficient to prepare a student for the next grade



What Do Professional Organizations Recommend?

- Association of Pediatric Hematology Educational Professionals (APHOES) Practice Recommendations:
 - Retention is not generally recommended
 - A child struggling should be evaluated for special education
 - Families should discuss retention with providers and school personnel and make individualized decisions based on their child's unique circumstances





Will another year help him catch up?

How can we bolster his self-esteem?

Can we keep him with his friends?

The school knows best.

Will he feel overwhelmed or anxious?

Patient

School

Parent(s)

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Will I be in class with my friends?

Will I feel stupid?

What will my friends think?

Will I graduate with my class?

Will I disappoint my parents?

What if I need extra help?

Will I feel overwhelmed or anxious?

Patient

School

Parent(s)

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How many days has he missed?

How will this impact standardized test scores?

What kind of supports will this child need?

Will another year help him "catch up"?

Can he be "pushed" if he is medically compromised?

When will he "finish" and return to baseline?

Patient

School

Parent(s)

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What does the child think?

What does the family think?

What does the school think?

Are there any significant social, academic, or psychiatric challenges?

What is the likelihood of neurocognitive late effects?

Has he ever attended school?

Is it a transition year?

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What factors should be considered?

- Medically related absences
- Developmental
- Neurocognitive
- Exposure to curriculum
- Social/Emotional Functioning
- Psychiatric
- Transition point
- Patient/Family Perspectives

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Decision Making...

When promotion may be indicated

- Few academic/social challenges
- Child receiving Special Education services (IEP)
- Family is comfortable/support of promotion
- Tutoring fulfilled credit requirements

When retention may be indicated

- Almost no exposure
- Student experiences significant pressure
- Transition years

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What are some alternatives to retention?

- Promote the student and continue to provide supplementary tutoring
- Pursue an evaluation if clinically indicated
- In-school 1:1 help
- Title 1 Support
- On-line courses
- Earn credits in alternate ways (e.g., PT for gym credit, art therapy for arts credit)
- School-based counseling
- School-based social skills group
- Encourage extra-curricular activities/school groups
- Ongoing progress monitoring and associated intervention



Questions for Parents to Ask

What are the specific reasons you are recommending retaining my child?

Progress

Is my child struggling with academic content?
How will another year of exposure change my child's challenges?

Support/Services

If he/she is being tutored: How is my child responding to the instruction? What is the tutor reporting?
What interventions have you provided to address academic and/or psychosocial concerns?
Have you maximized available supports?
Has my child been formally evaluated or assessed for learning challenges?
Does my child have to earn additional school credits in order to move up with his/her peers? If so, can summer programming or online classes be provided?

Risk

Do anticipated improvements outweigh potentially long-term negative consequences of retention documented in literature?
What if my child is retained and you have the same concerns next spring?



Questions for Clinicians to Ask

How does the parent feel about retention?
How does the child feel about repeating a grade?

Developmental/Educational Progress

Is this child on track developmentally?
Where does the child's age fall relative to grade level peers?
What are the areas in which this child is struggling? According to parent? According to school?
How would an additional year in this grade potentially improve these struggles?

Supports/Services

Has this child been receiving tutoring during treatment related absences?
Has this child been evaluated by a neuropsychologist and/or the school district?
Is the child receiving special education services or does the child require special education services?

Risk Factors

How might repeating a year negatively impact this child?
What would it mean for this child socially and/or emotionally to be retained?
Is the child at risk for neurocognitive late effects due to diagnosis or treatment?
Does the medical team anticipate that this child will return to school full-time next fall?



What should we remember as guiding principles?

- There is no simple algorithm for this problem. The solution is case specific.
- Retention is the exception rather than the rule
- Retention is rarely the solution for our population
- Students on an IEP are unlikely to benefit from being re-exposed to the same curriculum—consider a change in their special education services
- Clinicians may be in a unique position to help teams/families/students recognize that repetition of the same curriculum may not move a student forward in a meaningful way
- School team can't force retention (parent can refuse)*



Where can I learn more?

Association of Pediatric Hematology/Oncology Education Specialists (2015). *Practice Recommendations for Managing the Educational Needs of Pediatric Hematology and Oncology Patients*. Retrieved from <https://www.healio.com/association/practice-recommendations>

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