

SCHOOL AVOIDANCE IN ADOLESCENTS

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TRUANCY VS. SCHOOL REFUSAL

School Avoidance/Refusal

- Severe emotional distress
- Parents are aware
- Absence of significant behavioral or antisocial problems
- Stays home
- Willingness to do homework
- Prolonged absences

Truancy

- Lack of excessive anxiety
- Conceals absence
- Frequent antisocial behavior
- Someplace other than home
- Lack of willingness to do schoolwork
- Intermittent absences

SCHOOL REFUSAL- KEARNEY AND SILVERMAN (1996)

School refusal includes those who:

1. Are completely absent from school
2. Initially attend and then leave during the school day
3. Go to school, but only after a behavioral incident (tantrum, vomiting, etc.)
4. Display unusual distress during the school day and plead for nonattendance

UNDERLYING REASONS FOR SCHOOL REFUSAL

- Separation Anxiety or a history of separation
- Physical moves
- Problems at school
- Abandonment or inconsistency
- Parental anxiety
- Parent illness

BEHAVIORAL/EMOTIONAL SYMPTOMS

- Gradual onset
- Symptoms increase after weekend or vacations or predictable patterns of absence.
- Stressful events at school or home increase symptoms.
- Symptoms include fearfulness, panic, crying, temper tantrums, threats of self-harm, and somatic complaints.
- Physical symptoms get better as soon as the child gets to stay home.
- Verbal and physical protests each morning before school.
- Missing the bus regularly.

SOMATIC SYMPTOMS

- Autonomic (dizziness, headaches, trembling, heart palpitations, chest pains)
- Gastrointestinal (abdominal pain, nausea, vomiting, diarrhea)
- Muscular (back and joint pain)
- Rule out: thyroid, diabetes, lead/mercury, anemia, seizures.

LONG-TERM EFFECTS

- Academic underachievement- 45% of high school dropouts (Kogan et al., 2005)
- Increased psychiatric care (43% outpatient, 6% inpatient)
- Autonomy issues (14% living with parents, 59% not married)
- Criminal offenses
- Reluctance to leave family of origin
- Marital or employment difficulties
- 52% of adolescent School Refusers meet criteria for psychiatric disorders as adults (Flakiersa et al., 1997)
- Correlations between school refusal and chronic absenteeism, alcohol abuse, and early marijuana use (Chou et al., 2006, Halfors et al., 2006, & Hurrelmann, 1999)

FUNCTIONS OF SCHOOL AVOIDANCE

Questions related to functions of school refusal behavior

- **Have recent** or traumatic home or school events influenced a child's school refusal behavior?
- **Is the child** willing to attend school if a parent accompanies him or her?
- **Are symptoms** of school refusal behavior evident on weekends and holidays?
- **What specific** tangible rewards does the child pursue outside of school that cause him or her to miss school?
- **Are there** any non school situations where anxiety or attention-seeking behavior occurs?
- **Is the child** willing to attend school if incentives are provided for attendance?
- **What specific** social and/or evaluative situations at school are avoided?

(Kearney, 2006)

FACTORS THAT INCREASE THE LIKELIHOOD OF SUCCESS

- Early return to school is the treatment of choice
- Mutual agreement of goals by parents and school personnel
- Participation of both parents in treatment plan
- Low levels of family stress
- **1st Basic Rule: The child should not be allowed to do anything during school hours that he/she would not be allowed to do at school. Remove all competing activities to school attendance**
- Presence of contingency plans
- Quickly returning attention to some portion of the school day

TREATMENT APPROACHES FOR SCHOOL AVOIDERS

- Behavioral Approaches
- Cognitive Therapy
- Educational/Supportive Therapy
- Family Therapy
- Alternative Instruction
 - Homebound instruction will not resolve the issue. The extra attention may make staying at home more attractive.
 - Home schooling may mask the anxiety, but does not deal with underlying anxiety.
 - Home schooling may socially isolate the child.

HELPFUL VS. UNHELPFUL SCHOOL ACCOMMODATIONS

HELPFUL	UNHELPFUL
Accepting absences as excused based upon having a medical condition makes it necessary for them to stay home. Working with parents and the child to define this.	Continuously accepting anxiety-related excuses for children to stay out of school as excused absences.
Collaborating with the child's parents and medical and mental health providers on a school re-entry plan. Take a problem-solving approach.	Suggesting home or online schooling because school is too stressful.
Work with the child on using another strategy to manage his/her distress during the school day other than calling a parent or going home.	Allowing students to go home from school when experiencing anxiety or physical symptoms accounted for by anxiety right away with no questions asked.
Option to meet with a school counselor 1-2x/week	Continuously allowing multiple daily trips to the nurse/counselor's office

PARENTAL ROLE

- Obtain necessary medical and mental health services
- Contingency management and developing written contracts
- Assist in implementing CBT treatment plan, especially facilitating completion of exposures
- Establishing regular morning and evening routines; use bed time check lists and morning check lists; reward compliance
- Communicate effectively with school and healthcare providers

REESTABLISH PARENTAL CONTROL

Transform long debates/discussions/pleadings into short commands and simple child responses

- Identify key errors in parental commands:
 - Question-like "Do you think you can go to school today?"
 - Vagueness "When things are better, can you go to school?"
 - Incomplete commands "You need to go to school (not including or.."
 - Multi-step or excessively long
 - Someone else might complete the task if they delay "If you don't go to school, you need to call and explain (and then you do it for them)"
- Eliminate criticism, sarcasm, and lecturing
- Do not complete the task, but be involved in parallel activity
- Design appropriate rewards and consequences
- It will get worse before it gets better
- Have an option to deal with non-compliance

IGNORING SIMPLE, INAPPROPRIATE BEHAVIORS

- Lecturing, yelling, negotiating, trying to calm, or physical force is inappropriate for attention seekers
- Do not reinforce inappropriate behavior by
 - Ignoring
 - Averting eye contact
 - Time out
 - Attending to siblings or others
 - Conversing with others
- Ignore physical complaints unless child has fever
- If the child is legitimately sick, show little physical or verbal attention and the child must remain in bed during school hours

ESTABLISH FIXED ROUTINE

- Restructure chaotic morning and evening routines
- Have the child awaken 90-120 minutes before the start of school
- Don't be overly concerned about lateness, the message is that you will go to school
- Issue the command to go to school hourly with appropriate rewards or consequences
- Daytime contact with the child should be limited
- Evening time after school refusal should focus on completing homework and "serving time for missing school."

EXCESSIVE REASSURANCE-SEEKING BEHAVIOR

- Frequently the child may ask the same question, or make the same plea over and over
- Answer the questions once; on the second attempt remind the child that she knows the answer; ignore subsequent attempts to ask the question
- Calls home to seek reassurance should be reduced.

EVIDENCE FOR UTILIZING INTERVENTIONS BASED ON A FUNCTIONAL MODEL OF SCHOOL REFUSAL

- With treatment, the rate of remission is excellent; approximately 83% of children with school refusal who were treated with cognitive therapy were attending school at a one-year follow up. **School refusal is considered more of a symptom than a disorder and can have various causes** (Bernstein, 2014).

TIPS FOR PARENTS

HAVE A POSITIVE ATTITUDE

- Believe that your child will get over the problem and let them know that you believe they can handle it.
- As the parent, I must have the will, determination, persistence, and discipline to address the problem.
- The goal is not to eliminate anxiety, but to help the child learn to manage it effectively.
- Expect setbacks and relapses, but continue to express clear expectations and encouragement.
- Don't avoid things or situations that make the child anxious. Avoidance will make things better in the short run, but reinforces anxiety in the long run.

TIPS FOR PARENTS

IMPROVE COMMUNICATION SKILLS

- If you suspect underlying psychological conditions for the child's school refusal, ask for referrals to mental health providers for an evaluation
- Don't ask leading questions. Examples: "Are you anxious? Are you worried?" These beg for an avoidance response. Instead, ask, "How do you feel?"
- Learn to issue parental commands. Directives must be made with eye contact, simple, clear, specific expectations, rewards and consequences, and not in the form of a question.

TIPS FOR PARENTS

CONSISTENCY OF CONSEQUENCES/REWARDS

- Do not allow excessive questions or conversation from the child to change the morning routine or delay going to school.
- If you cannot get your child to school, make your house boring. **1st Basic Rule: The child should not be allowed to do anything during school hours that he/she would not be allowed to do at school. Remove all competing activities to school attendance.**

TIPS FOR PARENTS

GETTING THEM OUT THE DOOR

- Stay calm. If the child sees your anxiety, anger, frustration, etc. you can make their anxiety worse.
- Start the night before by:
 - Reviewing the morning routine
 - Deciding and laying out clothes
 - Gathering backpack etc.
 - Go to bed at a time that will allow for at least 8 hours of sleep
- The morning of school:
 - Wake the child up with plenty of time before departure
 - Monitor and insist they are following the routine.
 - Make sure they are "dancing to your tune" and you are not "dancing to their tune."
 - Avoid power struggles. Expect and insist on compliance. Very simply, it is compliance or consequence.

TIPS FOR PARENTS

GETTING THEM OUT THE DOOR

- Say "When" rather than "If" when talking about their school refusal. "When you are at school today."
- Listen to your child and encourage them to talk about their fears at appropriate times, not when attempting to get them to attend school. "We can talk about that this evening."
- Use direct statements when it is time to go to school. Don't ask questions that give them the option of not going to school. "Do you think you can go to school today?"

WHAT DOES THIS LOOK LIKE AT OLCHS?

OLCHS EXPECTATIONS

- Regular or satisfactory **attendance** = missing 5% or less of school in an academic year; this is ILLINOIS LAW (5 days per semester)
- This includes all absences without a note- mental health, illness, death in the family, appointment, etc.
- Beyond the FIVE days, every absence must have excused documentation. This does not mean stating your child has anxiety. Each absence should produce a specific doctor's note with dates given.
- No more than the equivalent of one day per month is the expectation.

OLCHS ATTENDANCE PROCEDURES

- Use the 24-7 voicemail to call 708 741 5860 to leave **attendance** a message with reason for absence. If translation services are needed, indicate that.
- Any documentation turned in is kept confidential between us and the nurse and documented absences are not counted in the 5 days per semester. Examples of EXCUSED documentation include doctors notes, court, immigration, travel, secretary of state, etc.

TRUANCY

- Parents can be ticketed and sent to court and students who receive tickets go to peer jury. First step is to meet with the dean and school resource officer. Beyond that tickets/court dates/fees can be pursued. Excessive tardies to school is also part of the truancy process.

SCHOOL SUPPORTS

- Attendance office
- School counselor
- Social worker
- Home visits
- SST referral team
- Community referrals (outpatient programs, medical follow up)
- *When your child won't attend school, after five days, you should be working with your student's counselor/social worker to problem solve the situation. You will be asked to have a meeting. The dean may become involved. Home visits and/or police intervention may eventually be necessary to ensure a student's well being.*

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