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School Refusal and Anxiety: Keeping Your Anxious Child in School through Coordinated Interventions

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Youth Anxiety and Depression Clinic (YAD-C)



- Rutgers - New Brunswick Campus
- GSAPP Psychological Clinic
152 Frelinghuysen Road
Piscataway, NJ 08854

For Information:

- <http://yadc.rutgers.edu>
- Client population:
 - Ages 8 – 16 years old
 - Any Anxiety or Mood disorders
- Services provided:
 - Diagnostic assessments
 - Goal-directed Cognitive Behavioral Therapy
 - Research Clinic

To schedule Intake:

- Phone: (732) 445-2000, ext. 131
- Email: YAD-C@rci.Rutgers.edu

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School Refusal

- **Definition:** “Child-motivated refusal to attend school, difficulties remaining in class for the entire day, or both.”
- NOT a DSM Psychological Diagnosis
- Must create significant impairment:
 - Sig # of days missed
 - Poor school and grade performance
 - Interpersonal arguments and conflicts
 - Concrete consequences (detentions, fines, legal action).

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School Refusal: Definitions & Prevalence	
Daily absences (U.S. NCES)	5.5%
Problematic school refusal (20% of absences)	1% - 4%
Partial absenteeism – cut classes	4.4% - 9.5%
Partial absenteeism – tardiness	4.4% - 9.5%
Duress during school day	1.7% - 5.4%
Overall “best estimate”	5% - 28%
All rates increase in inner cities, public schools, older grades, more impoverished schools	

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Presentation of School Refusal

- Typical presentation and when does it occur?
 - Resistance/sickness night before.
 - Protests/refusal in AM or on way to school.
 - Repeated visits to nurse’s office or calls to home.
 - Repeated requests for parent to pick up from school.
 - Predicted by events at school (e.g., bullies, tests, speech) or home (separation anxiety), or reinforced by “reinforcing” home environment

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School Refusal: Risks and Associated Features

- At greatest risk during 1st year of new school
 - KG, 6th or 7th grade, 9th or 10th grade
- Increased age of onset → more severe absenteeism
- Boys = girls
- Increased risk in presence of:
 - Anxiety
 - Depression
 - Conduct and Oppositional Disorders
 - Medical Illnesses: asthma, enuresis (bladder control)
- Intelligence and academic achievement
 - Does NOT seem to predict school refusal

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School Refusal: Impairment and Prognosis

- Short-term Consequences
 - Child distress, family conflict, disruption of routine
 - HW completion, ↓ grades, social alienation
 - Legal trouble, financial distress, child maltreatment
- Long-term Consequences (mostly of treated youth)
 - Family problems
 - Significant psychiatric and violence problems
 - Unstable job histories, unemployment
 - School dropout
 - Leaving home early, early marriage, marital problems
 - Having children with truancy

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School Refusal: Categorical-Dimensional Approach Based on Function (Kearney, 2001)

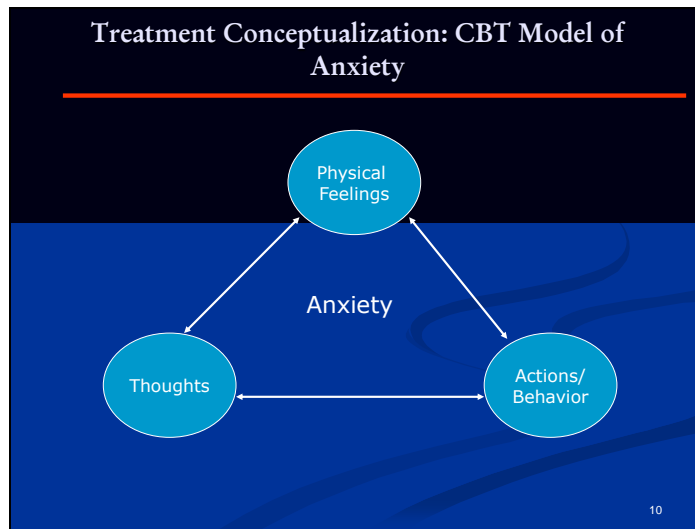
- Function =
 - what maintains a child's behavior? What "motivates" a child to refuse school?
- Avoidance of Negative Affect (33.7%)
 - Negative Affect = General misery and emotional/psychological vulnerability
 - Avoid stimuli that provoke negative affect
 - Experience general symptoms of anxiety, sadness, & somatic complaints
 - Not targeted to 1 or 2 specific stimuli
- Avoidance of Social Evaluation (7.8%)
 - Escape aversive social or evaluative situations
 - Public speaking, social interactions, walking in hallways, tests, performance situations
- Attention Seeking Behavior (23.5%)
 - Receive intangible rewards at home: attention or sympathy from parents or others.
 - Results in tantrums, screaming, clinging, reassurance-seeking.
- Pursuit of Tangible Rewards (34.9%)
 - Skip school or classes to pursue reinforcers more powerful than school.
 - TB, video games, sports, friends, internet, sleeping late.

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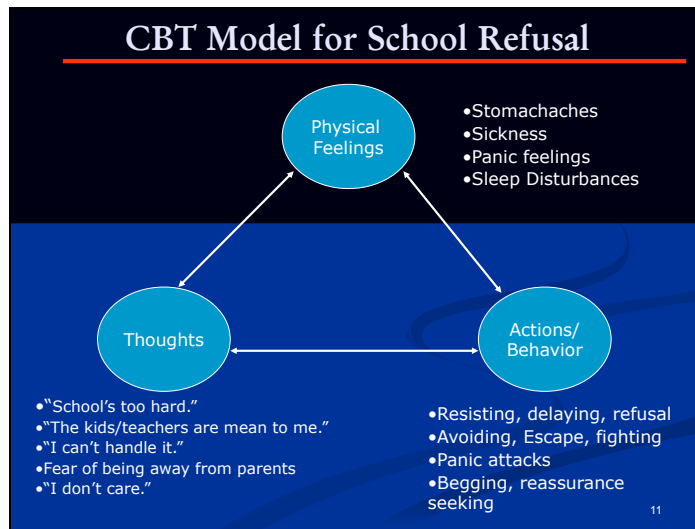
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The Child's Role

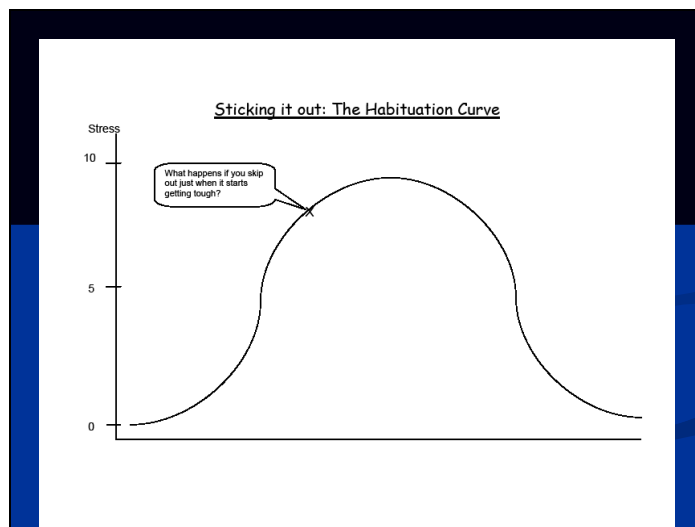
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Typical CBT Modules for Anxiety

1. Emotions education
2. Relaxation
3. Problem-solving
4. Thought monitoring and cognitive restructuring
5. Imaginal or In vivo Exposure tasks = Active, real life practice!
6. Rewarding approach behaviors
7. Homework to generalize lessons

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The Parent's Role

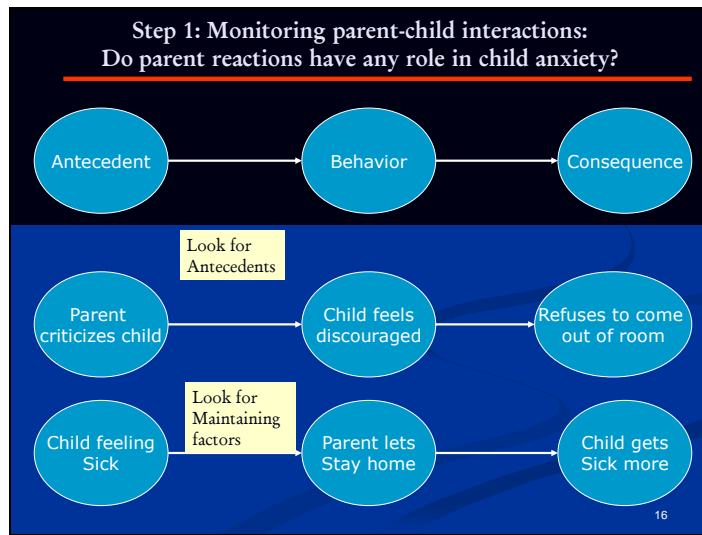
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Parent Plan

- Highlight Parent-child interaction patterns that maintain Refusal
- Reinforce Good Parenting Skills:
 - Active reinforcement of positive behaviors (attendance/approach behavior)
 - Active ignoring of unwanted behavior (complaining, reassurance-seeking, crying, whining, physical complaints)
- Develop reward chart and assign rewards
- Planning Gradual Hierarchies together
 - Hierarchy = a list of graded challenges ranked from easier to harder challenges
- Goals: Reduce child dependence on adults; Increase child confidence

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Behavior Record Form – Anxiety

Situation	Anxious behavior	Adult Reaction	Child Reaction to Adult
1. Woken up for school.			
2. Asked to answer question on blackboard			

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Behavior Record Form – Anxiety:
Label the Behavioral Principle Maintaining Behavior

Situation	Anxious behavior	Parental Reaction	Child Reaction to Parent
1. Woken up for school.	Says he's sick. Starts to cry. Locks himself in room.	I feel bad. I'm rushed to get to work. I let them stay home.	Child seems relieved. Child goes back to sleep. Child says she loves parent.
2. Asked to answer question on blackboard	Keeps head down; freezes; mumbles	Teacher: "Well, let's just move on to someone else." Or "Are you not prepared again?"	Child shrinks lower; freezes

Reinforcing Avoidance

Reinforcing Avoidance/ Discourage attempts.

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Step 2: Re-structuring Parental Responses to Child Distress: Empathy, Planned Ignoring, Reinforcing Approach

- **Empathize and Encourage!**
 - Show confidence in child's ability to manage distress and problems
- Empathize
 - Active listening
 - Help child identify and label feelings & thoughts.
- Encourage
 - Demonstrate calm, accepting attitude towards child.
 - Give calm encouragement
 - Engage in problem solving

BUT!

- Resist temptation to pacify or give easy reassurance
- Do **NOT** problem-solve FOR the child
- Be cliché: "I know you're nervous but I know you can do it."

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Working with Schools

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Joint Family-School Plan

1. Identify Liaison: School personnel who is familiar with goals and plan.
2. Family-School meeting: with and without child
 - Agree on goals
 - Know Resources and Limits school is willing to offer.
 - Agree on child, parent, school roles
3. Goal: re-integration into school **ASAP**.
 - Only a fever is excused.
4. Break goal into small steps
 - Brain-storm and problem-solving
 - Push to accomplish whatever steps are tolerable.
5. Establish rewards both inside and outside of schools
6. Establish consequences that are meaningful and fair
7. Enact practice inside and outside of school
8. Track accomplishments and reward success!

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Some Possible School Accommodations (if called for – not given freely)

- Modified assignments
- Testing in private, quiet place to reduce anxiety
- Educate teacher about child's anxiety and suggest strategies to facilitate child's coping (reframe)
- Identify safe adult at school (problem-solving or anxiety management strategies)
- School staff prompt child to use coping strategies prior to school triggers (tests, recess, starting assignment)
- Children with anxiety disorders might qualify for a Section 504 plan or special education if significant impact on school functioning

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Assigning Roles

Situation	Child Role	Parent Role	School Role
1. Morning Routine			
2. School Arrival			
3. During School Day			

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Assigning Roles

Situation	Child Role	Parent Role	School Role
1. Morning Routine	a. Drag myself out of bed b. Get ready	a. Use empathize and encourage b. Make bedroom aversive	a. Potentially send attendance officer?
2. School Arrival	a. Use relaxation b. Coping thoughts c. Remember "stress hill"	a. Use empathize and encourage b. Be directive but don't solve problems c. Remind of rewards	a. Can allow friend/ other student/school staff to meet child b. Allow for graded hierarchy for attendance/tardies
3. During School Day	a. Graded reduction of nurse visits, etc. b. Use coping skills c. Reward oneself for sticking in there!	a. Remove contact during day b. Graded reduction of contact if cold-turkey not possible. c. Reward!	a. Provide reasonable accommodations b. Adopt empathize and encourage approach c. Provide encouragement but don't over-accommodate

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Practice Building Collaborations

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School Refusal Example: Build hierarchy

- Case of Nicky
- 13 yo girl with SOP (6), SchRef (6), GAD (5), SAD (4). Social situations always prompt anxiety: attending school, hanging out, walking in hallways, holding conversations, speaking to others, asserting herself.
- Triggers school refusal b/c has panic-like symptoms going to school, worrying about starting school, falling behind, doing poorly and being seen by fellow students and teachers as a failure. N seems overwhelmed at the thought of going to school and freezes, cries, clings to mom in the morning and on the way to school. N can barely get to school, will go straight to counselor's office, and even then, has a hard time staying all day. Will call mom to pick up. N's missed 15-20 days this year (April) due to anxiety.
- What kind of graded "challenge hierarchy" would you make?

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School Refusal: Fear Hierarchy for Nicky

School refusal & Fears of being picked on.

1. Regulate morning routine (get up, eat breakfast, get dressed).
2. Drive to school; park in parking lot for ½ hr.
3. Go to school during off hours.
4. Go to school for AM; sit in counselor's office.
5. Go to school for AM; sit in library - independent study.
6. Go to school whole day; sit in library - independent study.
7. Go to selected classes; return to library as needed.
8. Talk to Administrative personnel (adults).
9. Talk to one student in library, hallway, class...
10. Ask one student for homework help, assignments...
11. Get phone number for one fellow student.
12. Call student and ask for HW assignment.

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References

1. Kearney, C.A. (2007). *When Children Refuse School: A Cognitive-Behavioral Approach. Therapist Guide* (2nd Ed.). New York: Oxford University Press.
2. Kearney, C.A. (2007). *Getting Your Child to Say "Yes" to School: A Guide for Parents of Youth with School Refusal*. New York: Oxford University Press.
