



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

When Getting To School Is Just Too Hard

*Khadijah Booth Watkins, MD, MPH
Massachusetts General Hospital/Harvard Medical School
Associate Director, Child and Adolescent Psychiatry Residency Training
Program*

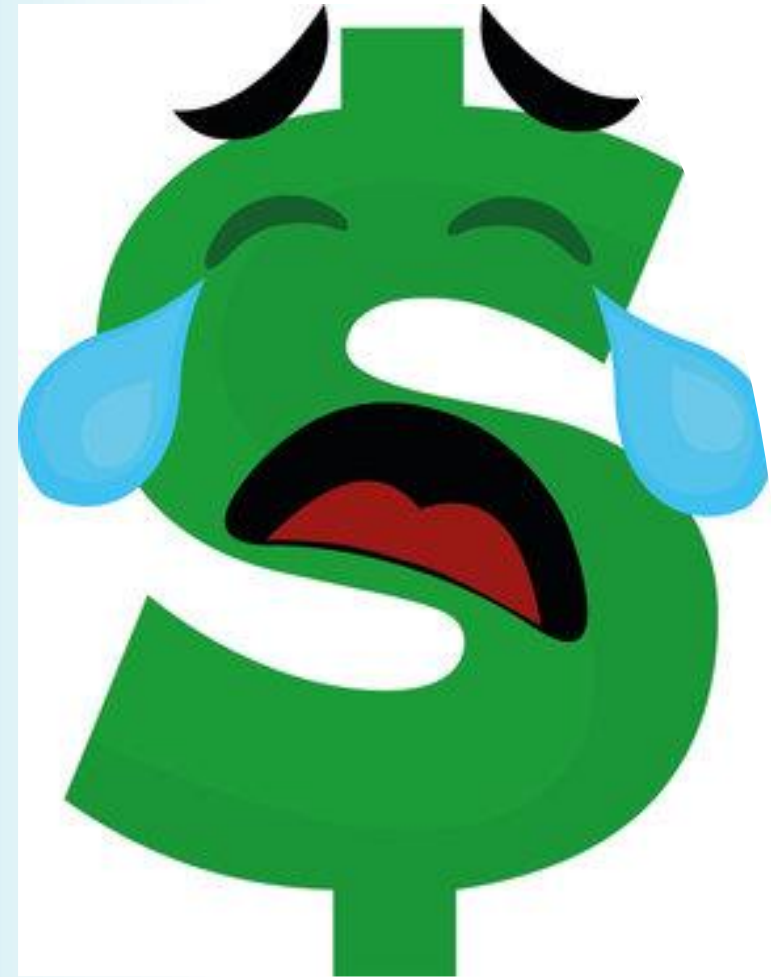
Associate Director, Clay Center for Young Healthy Minds

April 27, 2023



Disclosures

*Neither I nor my spouse/partner
has a relevant financial
relationship with a commercial
interest to disclose.*





Objectives

At the conclusion of this presentation, participants will be able to ...

- Define school refusal and recognize it
- Differentiate school refusal from truancy
- Understand the functions of school refusal behavior
- Understand how to develop a basic school-based behavioral plan to help address school attendance
- Recognize when it is time to refer

The Majority of Kids Look Forward to School





... For Others, School
is Challenging

I DON'T WANT TO GO TO
SCHOOL! I HATE SCHOOL!
I'D RATHER DO *ANYTHING*
THAN GO TO SCHOOL!





The Pandemic Was a Perfect Storm



Practically speaking, coming out of 18 months of complete, then relative isolation, partial remote learning (hybrid models), for many...

- Decreased academic expectations and demands
- Lost their schedule, structures, and routines
- Lost their services and accommodations
- Lost connection with peers



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

What Is School Refusal?



Child motivated
refusal to attend
school or difficulties
remaining in classes
for an entire day





Epidemiology

2 – 5 % of students /year

Boys = Girls

Most common ages (5y/o – 6y/o & 10y/o – 11y/o)

Can take many forms



Clinical Features

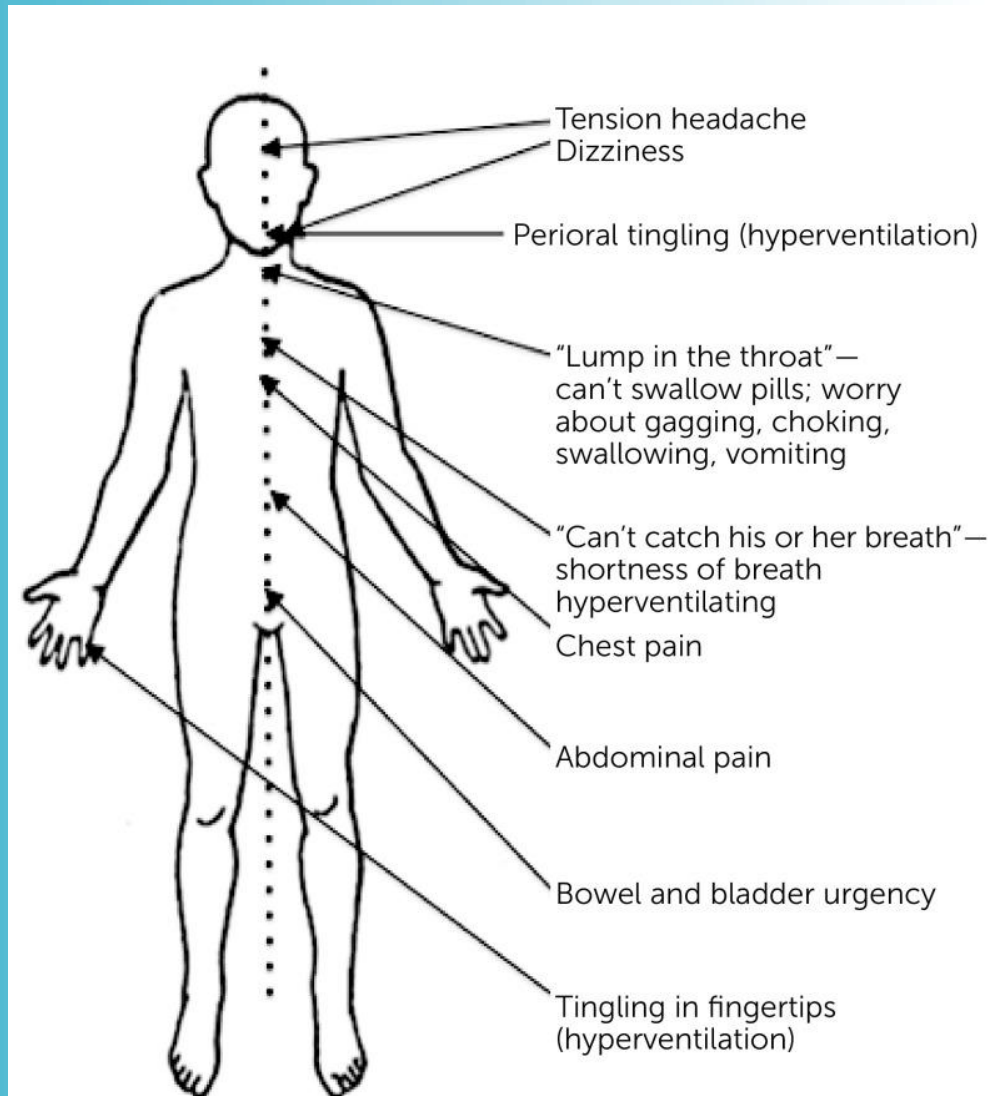
- Gradual onset
- Symptoms frequently change over time
- Presentation:
 - Psychological symptoms
 - Physical symptoms

Common Somatic Complaints



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Chiu, A., Falk, A., & Walkup, J. T. Anxiety Disorders Among Children and Adolescents. *Focus: Journal of Life Long Learning in Psychiatry*, 14(1), 26-33.

<https://doi.org/10.1176/appi.focus.20150029>



The Many Faces of School Refusal

- **Absent from school**
- Excessive tardiness
- Calling home for early pick-up
- Hanging out in the bathroom
- Walking the halls
- In the counselor's office
- In the nurse's office
- In the main office
- In the library



Clinical Considerations

- Some children make no effort to leave home
- Some children leave home, then have difficulties as they get closer to school
- Fear, panic symptoms, crying episodes, temper tantrums, somatic symptoms, **threats of self-harm**



It Is Not A Disorder

It can be thought of as a symptom that could be due to...

➤ Bullying

➤ Learning disability

➤ Isolation/Loneliness

➤ Depression

➤ Prolonged absence

➤ Psychosis

➤ Stressors at home

➤ **Anxiety**



Table 2

Primary psychiatric disorders among youths with school refusal behavior

Diagnosis	Percentage
None	32.9%
Separation anxiety disorder	22.4%
Generalized anxiety disorder	10.5%
Oppositional defiant disorder	8.4%
Major depression	4.9%
Specific phobia	4.2%
Social anxiety disorder	3.5%
Conduct disorder	2.8%
Attention deficit/hyperactivity disorder	1.4%
Panic disorder	1.4%
Enuresis	0.7%
Posttraumatic stress disorder	0.7%

Not all school refusal is due to anxiety, but a lot of it is

Taken from Kearney & Albano, 2004

Anxiety and School Refusal

Table 1.

Threat Bias by Anxiety Disorder

Disorder	Source of Threat	Common Presentations
Separation anxiety disorder	Excessive fear or anxiety about losing major attachment figures or persistent worry about an untoward event (e.g., getting kidnapped, getting lost) that will cause separation from major attachment figures	Cosleeps; follows caregiver around the home; avoids being in separate room from caregiver; repeatedly calls caregiver when separated; avoids school, camp, and other activities requiring separation
Social anxiety disorder	Fear of humiliation or embarrassment in situations involving performance or scrutiny by others	Avoids raising hand or speaking in class; avoids eye contact; avoids ordering food in restaurants; avoids talking on the phone, texting, or e-mailing peers; refuses to initiate conversations with peers
Panic disorder	Fear of recurrent panic attacks or their consequences (e.g., "going crazy," "dying," "losing control")	Avoids places where panic attacks have occurred before; avoids activities that create strong physical sensations (e.g., heavy exercise)
Agoraphobia	Fear of places where immediate escape may be embarrassing or difficult or help not available	Avoids leaving home or relies on adult to leave home; avoids crowded and enclosed spaces
Specific phobia	Marked fear or anxiety about a specific object or situation (e.g., animals, natural environment, needles, transportation)	Has intense fear and avoidance of insects, animals, storms, blood, needles, medical procedures, subways, planes, or buses
Generalized anxiety disorder	General feeling of dread or unease associated with the perception of uncontrollability and unpredictability about a number of events or activities such as school performance, health, financial matters or family problems	Constantly seeks reassurance; has disrupted sleep, fatigue, irritability, restlessness, and/or difficulty focusing due to worries
Obsessive-compulsive disorder	Fear of intrusive and unwanted thoughts, urges, or images	Constantly worries about dirt or germs; fears harm or danger to a loved one or to self; practices ritualized washing; arranges or orders objects;



Chiu, A., Falk, A., & Walkup, J. T. Anxiety Disorders Among Children and Adolescents. *Focus: Journal of Life Long Learning in Psychiatry*, 14(1), 26. <https://doi.org/10.1176/appi.focus.20150029>

It is Not Truancy



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

School Refusal VS Truancy

TABLE 1

Criteria for Differential Diagnosis of School Refusal and Truancy

School refusal

Severe emotional distress about attending school; may include anxiety, temper tantrums, depression, or somatic symptoms.

Parents are aware of absence; child often tries to persuade parents to allow him or her to stay home.

Absence of significant antisocial behaviors such as juvenile delinquency.

During school hours, child usually stays home because it is considered a safe and secure environment.

Child expresses willingness to do schoolwork and complies with completing work at home.

Truancy

Lack of excessive anxiety or fear about attending school.

Child often attempts to conceal absence from parents.

Frequent antisocial behavior, including delinquent and disruptive acts (e.g., lying, stealing), often in the company of antisocial peers.

During school hours, child frequently does not stay home.

Lack of interest in schoolwork and unwillingness to conform to academic and behavior expectations.

Am Fam Physician. 2003;68(8):1555-1561



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



WWW.MGHCME.ORG



Short-term Sequelae

- Poor academic performance
- Family difficulties
- Problems with peer relationships



Long-term Consequences

- Academic underachievement
- Employment difficulties
- Increased risk for psychiatric illness



We Have No Time To Waste!!!



Treatment Goal

School
Re-Entry
ASAP

The longer
out of school

The diagram consists of two chevron-shaped arrows pointing to the right. The first arrow is dark grey and contains the text 'The longer out of school'. The second arrow is light grey and contains the text 'The harder it is to return to school'.

The harder it
is to return
to school

How Do We Get There?



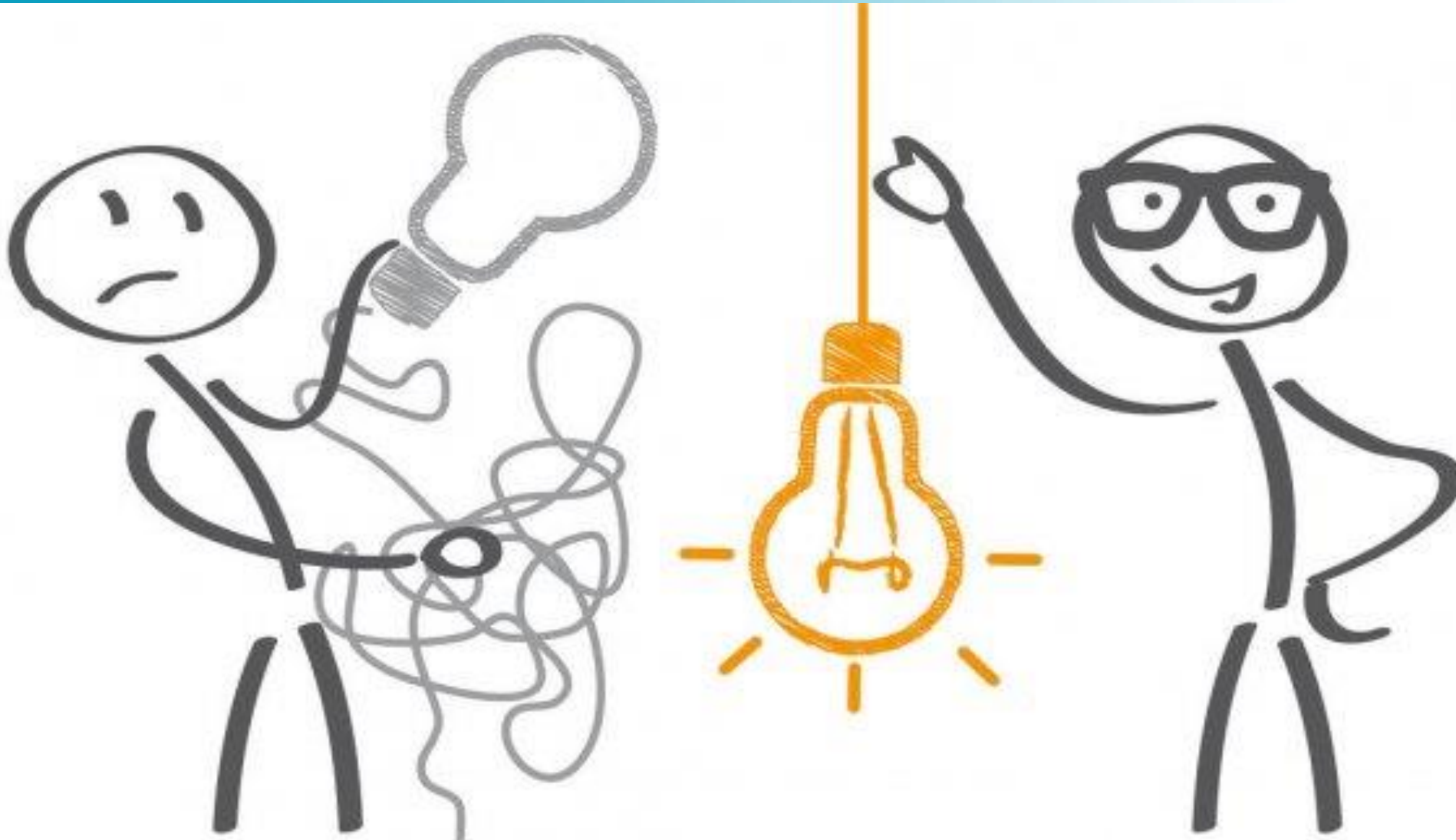


MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Understanding the Function of the Behavior

*This will inform decisions about the direction
of the intervention and/or treatment.*





Functions of School Refusal

To escape from school situations that cause distress

To escape from unpleasant social or performance situations

To gain attention from others (i.e., parent)

To pursue fun activities outside of school



Types of Reinforcement

	REINFORCEMENT		
REINFORCEMENT		POSITIVE	NEGATIVE
	INTERNAL	POSITIVE GRATIFICATION	RELIEVES DISTRESS
	EXTERNAL	ATTENTION & SUPPORT	AVOIDANCE

Chiu, A., Falk, A., & Walkup, J. T. Anxiety Disorders Among Children and Adolescents. *Focus: Journal of Life Long Learning in Psychiatry*, 14(1), 26. <https://doi.org/10.1176/appi.focus.20150029>



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

*Jack, the 9y/o boy who
struggled to get to school*



Jack is anxious about going to school because he is worried about harm befalling his mother while he is separated from her. He complains of stomachaches in the morning before school and begs his mother to stay home.



*Jack's troubles are not just related to school.
He also struggles to sleep alone in
his own bed. He is unable to attend playdates
without mom present and near by, and
when he is not with mom, he calls her constantly.*



When Jack is able to make it to school, he spends quite a bit of time in the nurse's office with complaints of belly aches, nausea, and headaches. While in the nurse's office, he will ask to call mom, with the ask to be picked up.



On this morning, Jack is in tears, complaining of a stomachache, pleading with mom to stay home. Feeling badly for her ailing son, Jack's mother capitulates, calls the school to say he will be absent, and mom agrees to stay home from work to care for him.



Jack's Day Home

Feeling so badly for her baby boy Jack, throughout the day, Jack's mother showers Jack with sympathy, they snuggle on the couch and watch his favorite movie together, she makes him soup, they bake cookies and allows him to play video games while he is home from school. Needless, to say, Jack is no longer experiencing discomfort or distress.

Behavioral Reinforcement Principles



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Jack's complaints of stomachaches serve at least four functions:

- Stays home and feels relief that he does not have to be apart from his mother
- Mother supports his efforts to avoid by agreeing to stay home with him and excusing his absence
- He is rewarded with sympathy from his mother
- He receives the added benefit of video games and other fun activities, in lieu of going to school

Behavioral Reinforcement Principles



Jack's complaints of stomachaches serve at least four functions:

- Stays home and feels relief that he does not have to be apart from his mother
- ***(internal negative reinforcement)***
- Mother supports his efforts to avoid by agreeing to stay home with him and excusing his absence
- ***(external negative reinforcement)***
- He is rewarded with sympathy from his mother
- ***(external positive reinforcement)***
- He receives the added benefit of video games in lieu of going to school
- ***(external positive reinforcement)***

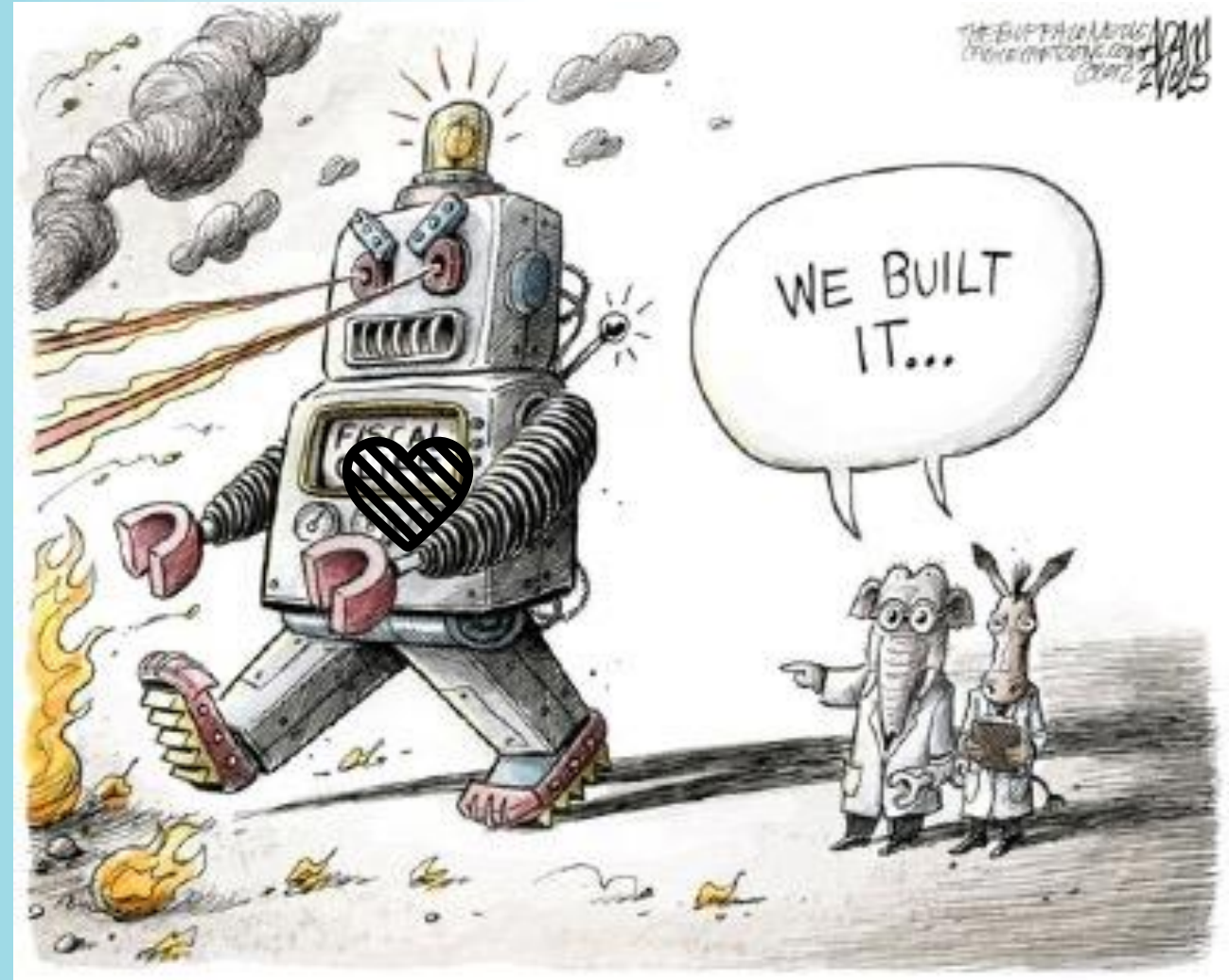
A woman with long braids, wearing a bright yellow t-shirt and black leggings, is sitting on a light-colored carpeted floor. She is smiling and looking towards a young boy. The boy is sitting on a black plastic chair at a small black table. He is wearing a white t-shirt and dark shorts. On the table, there are some colorful items, possibly toys or educational materials. The woman has her feet tucked under the table. In the background, there is a whiteboard on an easel. The overall scene suggests a playful or educational interaction between the woman and the child.

What Will Jack Do Tomorrow



The Dilemma

Any thoughts?





MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



**RETURN TO
SCHOOL**



STAY HOME





Shifting the Scale

Returning to school must become more pleasurable than staying home.

In other words...

'facing fears is more desirable than *avoiding* them.'

Chiu, A., Falk, A., & Walkup, J. T. Anxiety Disorders Among Children and Adolescents. *Focus: Journal of Life Long Learning in Psychiatry*, 14(1), 26. <https://doi.org/10.1176/appi.focus.20150029>



Photo by [Piret Ilver](#) on [Unsplash](#)



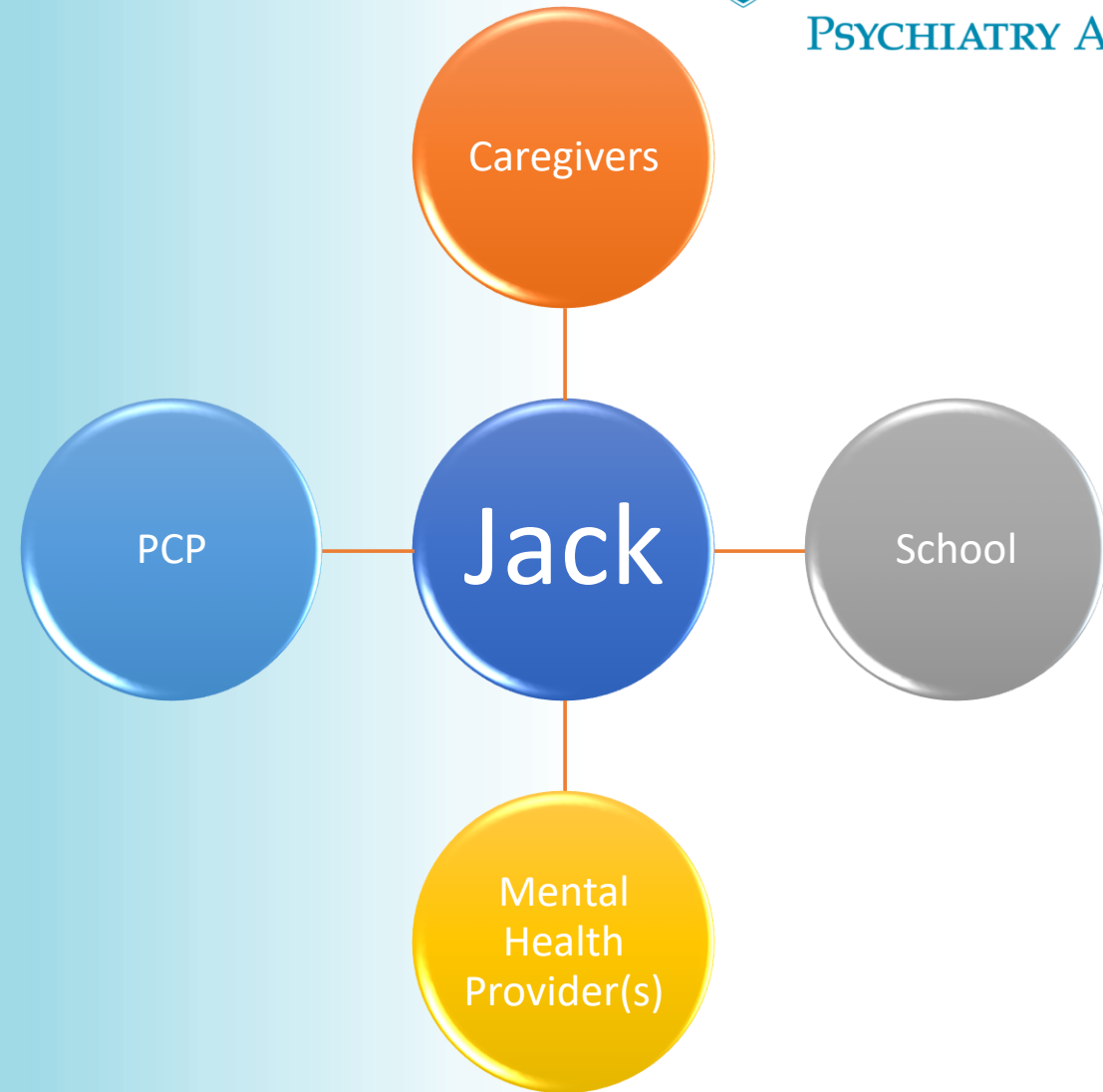
MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Treatment – A Multi-Layered Approach

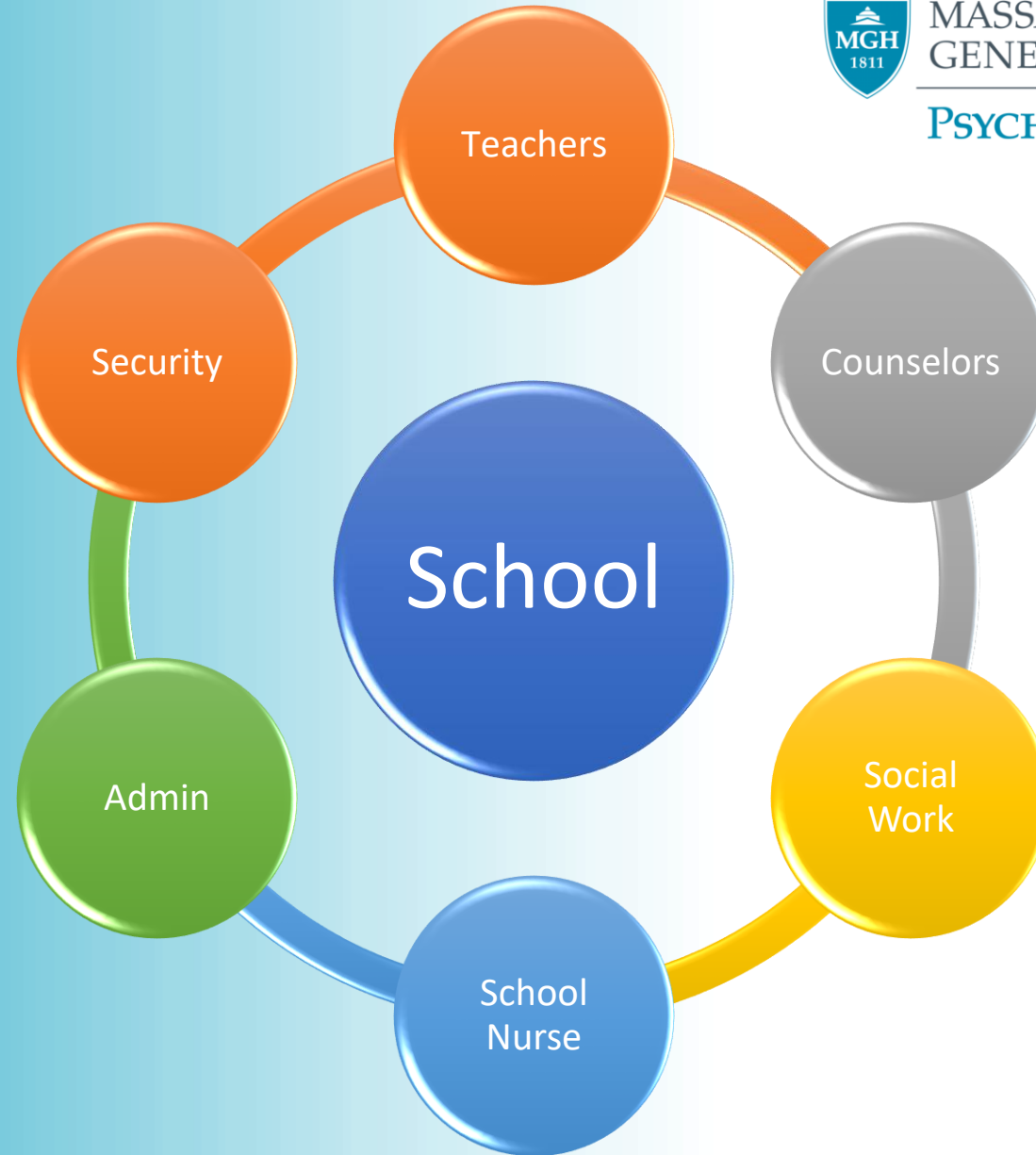


Everyone Has A Role





The School





Multi-Modal Treatment Approach

- Comprehensive assessment
- Child/Adolescent-focused exposure-based CBT
- Child/Adolescent-focused group therapy
- Active collaboration with school
- Caregiver guidance
- Safety planning



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Assessment



Comprehensive Assessment

Components include...

- Clinical Interview
- Functional assessment of school refusal behavior
- Self-report measures
- Collateral exchange parents < -- > school (+)

School Refusal Assessment Scale (SRAS) *Kearney (2002)*



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- Inclusive model
- Linked to treatment
- Identifies function of school refusal behavior
- Child and Parent Scale

SRAS (cont'd)



School Refusal Assessment Scale-Revised (C)

Children sometimes have different reasons for not going to school. Some children feel badly at school, some have trouble with other people, some just want to be with their family, and others like to do things that are more fun outside of school.

This form asks questions about why you don't want to go to school. For each question, pick one number that describes you best for the last few days. After you answer one question, go on to the next. Don't skip any questions.

There are no right or wrong answers. Just pick the number that best fits the way you feel about going to school. Select the number.

Here is an example of how it works. Try it. Select the number that describes you *best*.

Example:

How often do you like to go shopping?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Now go to the next page and begin to answer the questions.

School Refusal Assessment Scale-Revised (C)

Name:

Age:

Date:

Please select the answer that best fits the following questions:

1. How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

2. How often do you stay away from school because it is hard to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

3. How often do you feel you would rather be with your parents than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Christopher A. Kearney, Anne Marie Albano
When Children Refuse School: Assessment. Copyright © 2007 by Oxford University Press

Oxford Clinical Psychology | Oxford University Press

4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

5. How often do you stay away from school because you will feel sad or depressed if you go?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

6. How often do you stay away from school because you feel embarrassed in front of other people at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

7. How often do you think about your parents or family when in school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

8. When you are not in school during the week (Monday to Friday), how often do you talk to or see other people (other than your family)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

9. How often do you feel worse at school (for example, scared, nervous, or sad) compared to how you feel at home with friends?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

10. How often do you stay away from school because you do not have many friends there?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

11. How much would you rather be with your family than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Christopher A. Kearney, Anne Marie Albano
When Children Refuse School: Assessment. Copyright © 2007 by Oxford University Press

Oxford Clinical Psychology | Oxford University Press

SRAS (cont'd)



12. When you are not in school during the week (Monday to Friday), how much do you enjoy doing different things (for example, being with friends, going places)?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

13. How often do you have bad feelings about school (for example, scared, nervous, or sad) when you think about school on Saturday and Sunday?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

14. How often do you stay away from certain places in school (e.g., hallways, places where certain groups of people are) where you would have to talk to someone?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

15. How much would you rather be taught by your parents at home than by your teacher at school?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

16. How often do you refuse to go to school because you want to have fun outside of school?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

17. If you had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for you to go to school?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

18. If it were easier for you to make new friends, would it be easier for you to go to school?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

19. Would it be easier for you to go to school if your parents went with you?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

Christopher A. Kearney, Anne Marie Albano
When Children Refuse School: Assessment. Copyright © 2007 by Oxford University Press

Oxford Clinical Psychology | Oxford University Press

20. Would it be easier for you to go to school if you could do more things you like to do after school hours (for example, being with friends)?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

21. How much more do you have bad feelings about school (for example, scared, nervous, or sad) compared to other kids your age?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

22. How often do you stay away from people at school compared to other kids your age?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

23. Would you like to be home with your parents more than other kids your age would?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

24. Would you rather be doing fun things outside of school more than most kids your age?

Never Seldom Sometimes Half the Time Usually Almost Always Always

0 1 2 3 4 5 6

Do not write below this line

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.

Total Score =

Mean Score =

Relative Ranking =

Christopher A. Kearney, Anne Marie Albano
When Children Refuse School: Assessment. Copyright © 2007 by Oxford University Press

Oxford Clinical Psychology | Oxford University Press



Questions to Assess the Function of Behavior

➤ **Avoidance of Negative Affect**

- Avoid specific school-related situations?
- More nervous at school than at home?
- Get nervous Sunday night anticipating the week?

➤ **Escape social evaluation**

- Avoid talking to peers, public speaking, gym, group work
- History of difficulties socially

➤ **Attention seeking behavior**

- Looking for attention from parents? Clinging? Reassurance-seeking?
Tantrums?
- Fear of being away from parents?



Questions to Assess the Function of Behavior (cont'd)

➤ Pursuit of tangible reinforcement

- Specific rewards for being out of school (TV, video games, going shopping, being with friends)

➤ Parental role

- Does parent provide excuses for child?
- Do they give child access to pleasurable things at home?
- How do they discipline?
- Are parents in agreement on problem and/or discipline style?



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

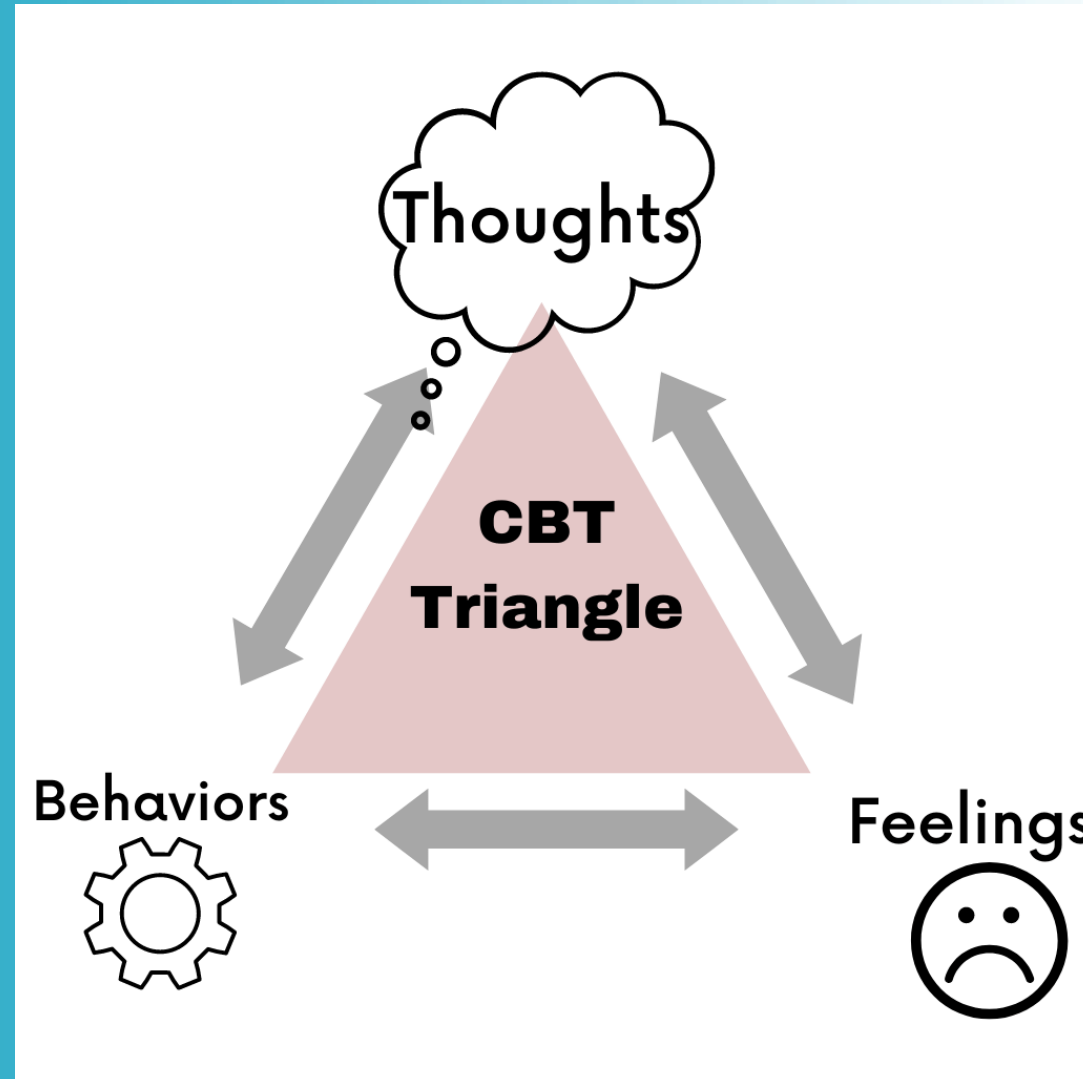
Cognitive Behavioral Therapy

Cognitive Behavior Therapy



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Thoughts → Feelings → Behavior In School Refusal



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Thought; Can be variety of fears (separation, social anxiety, test anxiety)



Feelings; Worry, tension, increased heart rate, shaking, sweating



Behavior; Frequent absence, tardiness, tears, tantrums, somatic complaints, visits to school nurse



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Development of a Multi-Modal Treatment Plan

Understanding the Reinforcement Types



	REINFORCEMENT		
REINFORCEMENT		POSITIVE	NEGATIVE
	INTERNAL	RAISE THE COST	ERP
	EXTERNAL	REDIRECT PARENTS AND OTHERS	RE-ENGAGE

Chiu, A., Falk, A., & Walkup, J. T. Anxiety Disorders Among Children and Adolescents. *Focus: Journal of Life Long Learning in Psychiatry*, 14(1), 26. <https://doi.org/10.1176/appi.focus.20150029>



Considerations

Severity of symptoms

Co-morbid diagnosis

Family dysfunction

Parental challenges

Co-Occurring Conditions



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- Is there an *anxiety disorders*
 - Separation Anxiety Disorder (*younger kids*)
 - Generalized Anxiety Disorder
 - Social Anxiety Disorder (Social Phobia)
- Is there *depression*
- Is there a *learning disability*
 - Can lead to frustrations → poor performance → low self-esteem
 - Increased risk for anxiety and depression
 - Dyslexia in young children



School Refusal: Exposure Ladder

Be careful not to start exposures close to vacations or holidays

Initially work on preparing for going to school (depending on severity of fears) with live and imaginal exposures (driving past school, walking on school grounds, entering school)

Increasing time at school, not necessarily in classroom

Start with most comfortable setting/activity in classroom

Work up to part of day and eventually full day

Set up rewards for each step

Creative Solutions and Special Accommodations



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- Alternatives to class presentations
- Resource period (1 – 2 periods)
- Help to facilitate and maintain peer group across classes
- Are accommodations needed?
 - IEP
 - 504

Other Ways to Approach the Challenge



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- Identify point-person (an “ally”) at school
- Meeting to correct child’s misappraisal of amount of missed work and perceived ability to make up the missed work
- Keep open lines of communication with parents and all involved in the process (*Communicate regularly and often*)
- Collect data; Collateral from everyone on the team



Developmental Considerations

Younger children:

- More directive approach
- Use age-appropriate language and metaphors
- Greater use of goal-setting and reinforcement
- Greater family involvement

Adolescents:

- More collaboration in exposure selection
- More realistic discussion of risk
- More identification of feared consequence, and greater use of evidence refuting irrational beliefs/fears



Creative Solutions to get the Youngster Back to School TOMORROW

- No tests, quizzes, homework, or being called on for set period of time
- Dropping a class
- Liberal use of hallway passes
- Eating lunch in alternative setting
- Ability to use nurse's office restroom
- Ability to sit in library
- Pleasurable activity upon arrival (e.g., caring for class hamster)
- Creation of "cover story"
- Counselor to meet with adolescent in lieu of first period
- Transportation?



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Setting Expectations and Plan Ahead



Basic Premise

- Benefit of the doubt (*student and parents*)
- If they could they would
- We are all doing the best we can

Judgement Free Zone



Reasonable Parameters to Determine Whether Missing School is Warranted

- Persistent vomiting
- Significant bleeding due to acute injury
- Fever > 100° F
- Severe diarrhea
- Lice
- Acute flu-like symptoms
- Extreme medical conditions
 - Example: intense pain due to recovery from a surgical procedure

NOT physical symptoms better accounted for by anxiety.



Self-Soothe Kit

➤ Vision

➤ Smell

➤ Hearing

➤ Touch

➤ Taste

➤ Movement

➤ *Coping Card*



Cope Ahead Plan

- Identifies triggers
- Identifies signs/symptoms of stress and distress
- Identifies coping skills and strategies
- Identifies trusted individuals (peers and adults)
- Lets them know when they need to escalate
- *Script*



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Suggested Interventions/Strategies



Interventions for School Refusal

- Identify and use spaces within the school to regulate emotions and/or complete work while building up time in class time
- Graded exposures to school situations (*the ladder*)
- Active ignoring of unreasonable somatic complaints and reward regular attendance
- Use relaxation and coping strategies to reduce anxiety at school
- Coaches to support student and parent at the school too



Think Outside of the Box

- Identify alternatives to facilitate the re-entry
 - Alternative classroom settings
 - Home-based services (***avoid home school options***)
 - Partial day schooling
 - Evening/weekend classes

- Identify specific rewards/privileges within the school structure that could serve to motivate and incentivize child



School Supports

- Parent to use car drop-off circle
- Staff go to car
- Peer goes to car or meets at school door (*or the home*)
- Check-in &/or check-out with specific staff
- Specific morning “helper task-job”
- Complete schoolwork in office/resource area
- If office privileges overused: proactive schedule
- Enlist parent as volunteer in another area



School Supports

- Creative scheduling for day, week, year
- Long term make-up plan
 - Explain credit status
 - Grade rubrics
 - GPA
- Collaborative attendance plan
- Family must bring student to school
- School nurse can assess for illness
- Truancy provides boundary



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

The Role of the School and School Personnel



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

What Can Be Done On The School Level





The Role of the Educator

- Identify at-risk children
- Functional behavioral assessment
- Partner with parents
 - Identify the problem
 - Express empathic concern
 - Set up a meeting with parents to problem-solve
- Recommend and/or implementation of reasonable IEP or 504 plan accommodations



The Role of School Personnel

- Apply behavior plan established with the child/teen, parents, and mental health professionals.
 - Consistency is key (everyone sending the same message)
- Assist with re-entry process
- Think outside the box, be creative, be flexible
 - Solutions/suggestions must be easy to implement
- Discuss concerns about need for higher level of care or alternative school setting in severe cases with parents



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

The Parents' Role

What to Do: Parental Guidelines





Parental Guidance

- Encourage parents to demonstrate compassion while not accommodating anxiety symptoms or being excessively harsh or critical.
- Help parents to separate disorder from child
- Avoid language and behaviors that communicate/insinuate blame

Boeding et al., 2013; Chambless & Steketee, 1999; Ferrao et al., 2006; Garcia et al., 2010; Storch, Merlo, Larson et al., 2008)

Parent-Teacher Engagement



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- Establish a relationship
- Open lines of communication
- Share anything you think will be helpful for the teacher to get to know your child better and best meet their needs
- Set reasonable expectations
- Consistency (avoid the split)



Contingency Management

Contingency management refers to a type of behavioral therapy in which individuals are ***'reinforced'***, or rewarded, for evidence of positive behavioral change



With the Best of Intentions, We Can Do Harm

Especially as it relates to anxiety, the natural and intuitive instinct, is often counter productive (*Reflect on Jack*)

- Caregivers are often complicit with child's avoidance
- Overly cautious
- Perception of child's anxiety as a sign that school is dangerous
AND reinforce these fears



Caregiver Guidance

- 40% of parents of children with anxiety disorders have also had an anxiety disorder
- Caregivers may need psychoeducation re school refusal, the function of the behavior, and possibly their role in maintaining the behavior
- Caregivers may be confused, held hostage, and need active coaching on what to do
 - Active Ignoring
 - CALM
 - Warm/Loving Firmness
 - CONSISTENCY

Contingency Management in School Refusal; Guiding Principle



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Children/Adolescents should not be allowed to do anything during school hours that he/she would not be allowed to do at school, ie...

- Sleep
- Screens
- Listen to music
- Read
- Shop
- Engage in hobbies
- Play with toys



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Accommodations and Over Accommodation



Overaccommodation

Accommodation on the part of family members, school personnel or others, *although well intended*, maintains anxiety as it interferes with the child learning that their feared outcomes are unlikely and that they can manage anxiety producing situations.



What's the Big Deal?

- Accommodation conflicts with goals of CBT
 - Prevents *habituation* (the treatment effect)
- Limits opportunities for child to learn that feared consequences are unlikely to happen
- Reduces student's *motivation* to change
- Maintains rituals, escape, or avoidance behavior
- Increases stress for family and child

Reasons Why We Might Accommodate



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- It's easier in the beginning
- You think it is helpful
- You fear the child will feel unsupported if you don't accommodate
- You feel guilty or "mean" if you don't accommodate
- It's hard to tolerate the child's anxiety/distress
- You fear the child's behavioral response



Examples of Accommodations for Anxious Kids

- ***Acquiesce to the child's demands*** (e.g., allowing child to miss activities to minimize anxiety),
- ***Provide reassurance*** to the child (e.g., answer questions repeatedly),
- ***Decrease child's responsibility*** (e.g., minimize attempts at discipline), or
- ***Assist with or complete tasks*** for the child (e.g., provide extra assistance with homework, chores, and so on)



Accommodations

- Based on realistic expectations
- Time-limited
- Assessed and modified on an ongoing basis
- Remove accommodation slowly and while apprising the child of changes

Examples of Accommodations to Facilitate School Re-Entry *(on a temporary basis)*



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

- Accommodate late arrivals
- Shorter school days to transition children with separation anxiety
- Allow extra time for transitions
- Have a “safe” place if child develops increased anxiety or panic attacks-must be ***time limited*** (e.g., 5-10 min)
 - Have a plan re how to use this time/space



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

When to Consider Referring



Consider When...

- School not equipped to accommodate needs
- Severe anxiety/depression
- Severe learning disability



When To Worry

Consideration given to higher level of mental health care and/or alternative school setting when...

- Child is not making progress (or getting worse) despite parent, school, and outpatient mental health providers' best efforts. ***(No sign of remitting)***
- ***Safety concerns:*** increasing self-harm and thoughts of suicide
- Threat of legal charges related to truancy



Relapse Prevention

- Differentiate between...
 - “bad days”
 - “lapses”
 - “relapse”
- Normalize slips and lapses in order to reduce distress
- Encourage school visits and maintaining regular schedule during extended holidays and summer vacation



Recap

- School refusal is a complex behavior
- The presentation and symptomatology is quite heterogeneous
- Can lead to serious consequences
- School refusal is a formidable opponent and can be distressing for
 - The student
 - The family
 - The school staff
- Time is critical



Big Picture Review of Approach

- Assist in implementing CBT treatment plan (*exposures*)
- Establishing regular morning and evening routines
- Make home as uncomfortable as possible if they stay home (i.e., no electronics)
- Provide attention-based consequences for school non-attendance
- Reducing excessive child questioning or reassurance seeking behavior
- Increase incentives for school attendance and decrease incentives for non-attendance



In Summary

- ***Instill Hope*** - we have treatments that are successful.
- ***Reduce shame and blame*** – Reinforce their child’s anxiety is not their fault (***nor is it the fault of their parents***)
- ***Importance of teamwork*** – Emphasize that the child and the parent will be instrumental in their child’s recovery and school re-entry.
- ***Psychoeducation***– Provide information on how to reduce accommodation of anxious behaviors, how to establish structure/routine, provide positive reinforcement and monitoring of symptoms and the critical role of consistency
- ***Ally*** - All parties must come together with the shared goal of school re-entry and reducing anxiety through an in-school behavior plan. Encourage expanding the team to include outside mental health treatment when the situation calls for it.

We Can All Use a Helping Hand



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY





MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



THANK YOU

100
WWW.MGH¹⁰⁰CME.ORG

EXTRAS