

School Avoidance



TANMH Symposium
Oakton Community College
February 8, 2019

Objectives & Key Questions

Better understand and answer:

- What is school avoidant behavior, what does it look like, and why does it happen?
- Why focus on school avoidance?
- What are the most effective ways to assess and intervene?
- How can we work together to support students with school avoidance?

Objectives & Key Questions (continued)

School avoidance is challenging to assess and treat across settings because of the nonattendance.

- How can we help when students aren't here (school, therapy, hospital)?
- How can we understand patterns we can't see?
- How can we support parents in getting students to us?
- How can we know which interventions to utilize and when?

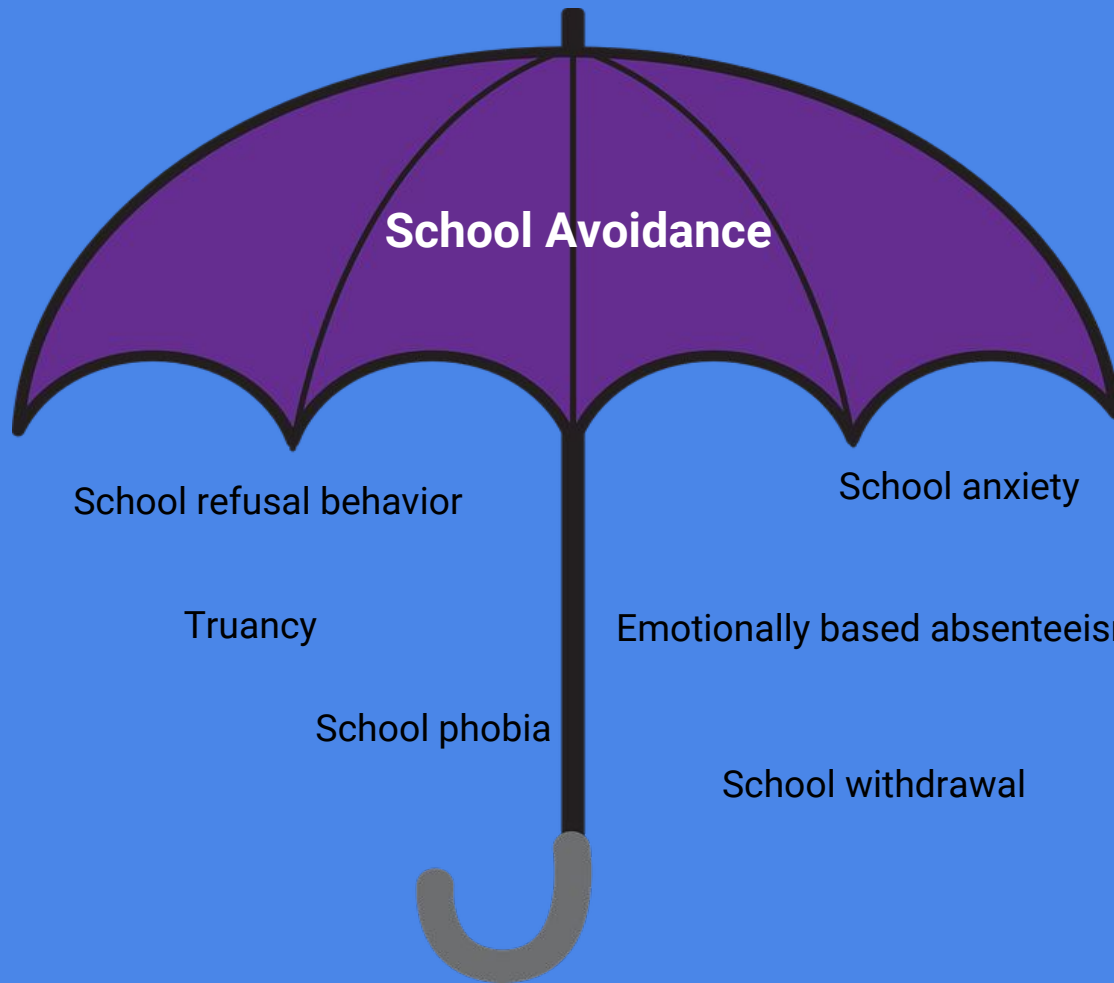
Why School Avoidance Matters

- Increased prevalence and visibility within our communities
 - More referrals for treatment/support in school and in community
 - More attention in research and in the media
- Demands significant amount of time and resources
- Requires collaboration from all areas of the student's life: home, school, community

DEFINING SCHOOL AVOIDANCE

What is School Avoidance?

- “Spectrum of problematic, illegitimate absenteeism that includes youths who miss school for extended periods of time, youths who miss school sporadically, youths who skip certain classes or who are tardy to school, youth with severe morning misbehaviors to attempt to miss school, and youths who attend school with great anxiety and somatic complaints that precipitate ongoing pleas to miss school in the future”
- “Child-motivated refusal” to attend school, to stay for full day of school and/or to engage as expected in school



Why Current Definitions are Challenging

- Historically, dichotomous view of student as either “phobic” or “truant”
- Definitions are often murky and/or changing within research and practice
- “Lack of clear definition” makes it challenging to generalize research outcomes and collect data
- Broad definitions have slowed the process of creating, implementing, and evaluation specific interventions

Malmquist, 1965; Kearney & Silverman, 2004

Working Definition for Today

School avoidance:

- Repeated behavior with definable antecedents and consequences
- Symptom of distress within student's internal and/or external environments
- Pattern that can change with evidence-based interventions
- Is not a mental health diagnosis in and of itself, may suggest one

IMPACT OF SCHOOL AVOIDANCE

Impact of School Avoidance

- Up to 25% youth will engage in some kind of school refusal behavior by 18
- “Present fairly equally across gender, racial, and income groups”
- “Serious public health” issue
- Often does not improve without targeted intervention
- Required multifaceted approach to assessment and treatment
- Pattern of behavior often indicates myriad of other stressors and struggles

School
Avoidance

The diagram features a white iceberg floating in a blue sea. The tip of the iceberg, which is above the water line, is labeled 'School Avoidance'. The much larger part of the iceberg is submerged below the water line and is labeled with several psychological and behavioral factors: 'Anxiety', 'Family stress', 'Perfectionism', 'Cognitive rigidity', 'EF difficulties', 'Poor distress tolerance', 'Social anxiety', and 'Depression'. The water line is a horizontal line that separates the visible tip from the hidden base.

Anxiety

Family stress

Perfectionism

Cognitive
rigidity

EF difficulties

Poor distress tolerance

Social
anxiety

Sleep issues

Depression



School Avoidance: Timing

- Most common times school avoidance occurs:
 - Transitioning to a new building
 - Returning from school break, or extended absence
 - Beginning or end of the year
 - Start of the week
- Understanding the timeline
 - Often presents as “new”, “urgent”, or “needing attention now”
 - Research indicates avoidance is often present for 1-2 years before treatment

Warning Signs: In School

- Arriving late, frequent breaks, frequent check-ins with staff, asking to leaving early
- Increased trips to nurse, frequent somatic symptoms
- Pattern of avoiding large assignments, presentations, tests
- Anxiety or avoidance of social situations
- Hard to separate from parents, home, and/or electronics

Warning signs: Out of School

- Socially withdrawn or isolated
- Change in routines, overall functioning, activities of daily living
- “Dropping” after school activities, hobbies, social events
- Struggling to leave house
- Missing appointments with therapist, doctor, etc.
- Seeking negative attention and/or acting out

Consequences of School Avoidance

- Short-term consequences
 - Academic: falling behind/piling up, reinforces “scary” tasks
 - Social: isolation/withdrawal, “where have you been?”
 - Family: increased stress, unintended enabling
- Long-term consequences
 - Academic: lack of progress, failure to launch
 - Social: social adjustment issues, “left behind”
 - Family: relationship stress, financial and occupational strain
 - Internal: at increased risk for mood and anxiety disorders

Consequences of School Avoidance

- Often depends on age of student
 - More intense in older students
 - Often multi-year pattern
 - Stakes are higher academically and socially
- Natural and logical consequences
 - “Enforcing” logical academic consequences can have serious long term impact
 - Hope is that this will be temporary, short-lived

Consequences & Empathy

- Supporting students with school avoidance can be challenging
 - Building awareness of our emotions and reactions
 - Validating ourselves and one another
 - Requires significant energy, time, resources
- Keeping adolescent development and “typical teenage” patterns in mind
- Building resilience
 - Within ourselves, our systems, and the students
 - “Limits are love”

ASSESSING SCHOOL AVOIDANCE

Assessing School Avoidance

Phase 1: What is happening?

Phase 2: Why is it happening?

Phase 3: How can we best intervene?

ABC



Data

- Collect data from as many sources as possible on
 - History
 - Intensity
 - Duration
 - Frequency
 - Internalizing and externalizing symptoms
 - External stressors
 - Why now? Specific triggers?

SRAS: School Refusal Assessment Scale

- SRAS-R: School Refusal Assessment Scale-Revised (2007)
 - Evidence-based assessment tool developed from clinical trial in 1993
 - One scale for children, one for parents
 - Scoring the assessment reveals intensity of school refusal behaviors and provides data around *function* of refusal

SRAS-Parent

18. If it were easier for your child to make new friends, would it be easier for him/her to 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

19. Would it be easier for your child to go to school if you or your spouse went with him/her?

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

20. Would it be easier for your child to go to school if he/she could do more things he/she likes to do after school hours (for example, being 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

21. How much more does your child have bad feelings about school (for example, scared, nervous, or sad) compared to other kids his/her age?

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

SRAS-Child

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

Common Functions of School Avoidance

Avoiding school-related stimuli that provokes negative emotions

Escaping aversive social and/or evaluative situations

Seeking attention from primary caregivers

Gaining tangible rewards outside of school

Kearney & Silverman, 2004

Understanding the Function

- Function may be a combination of factors and may change with time
- Avoiding and escaping:
 - Negative reinforcement
 - Trends: Younger students, more sporadic refusal, specific triggers
- Seeking and gaining:
 - Positive reinforcement
 - Can be connected to separation anxiety or attention seeking behaviors
 - Trends: Problematic secondary gain, family stressors

Functions & Common Diagnoses

Avoiding - Social anxiety, panic, bullying, severe depression

Escaping - Perfectionism, OCD, medical issues

Seeking - Separation anxiety, attention, basic needs, medical issues

Gaining - Technology or substance overuse/addiction, sleep

Student in Context

- Viewing the student in context of their environment
- Assessing home environment, family dynamics, social connections
- Evaluating student's developmental, learning, and communication skills
- Pausing to evaluate student's basic needs
- Ongoing safety assessment (physical, emotional, psychological)

Functions: What Do They Look Like?

- Case examples

Planning the Intervention

- Once we understand the function(s), we can plan intervention
- Before we move forward, need to consider:
 - What is reasonable and feasible given resources, patterns, and timeline?
 - How much distress can student, family, and team tolerate?
 - What are short and long-term goals?
 - What is Plan B and Plan C?

INTERVENING

Intervening: Evidence-based approaches

Key themes from research:

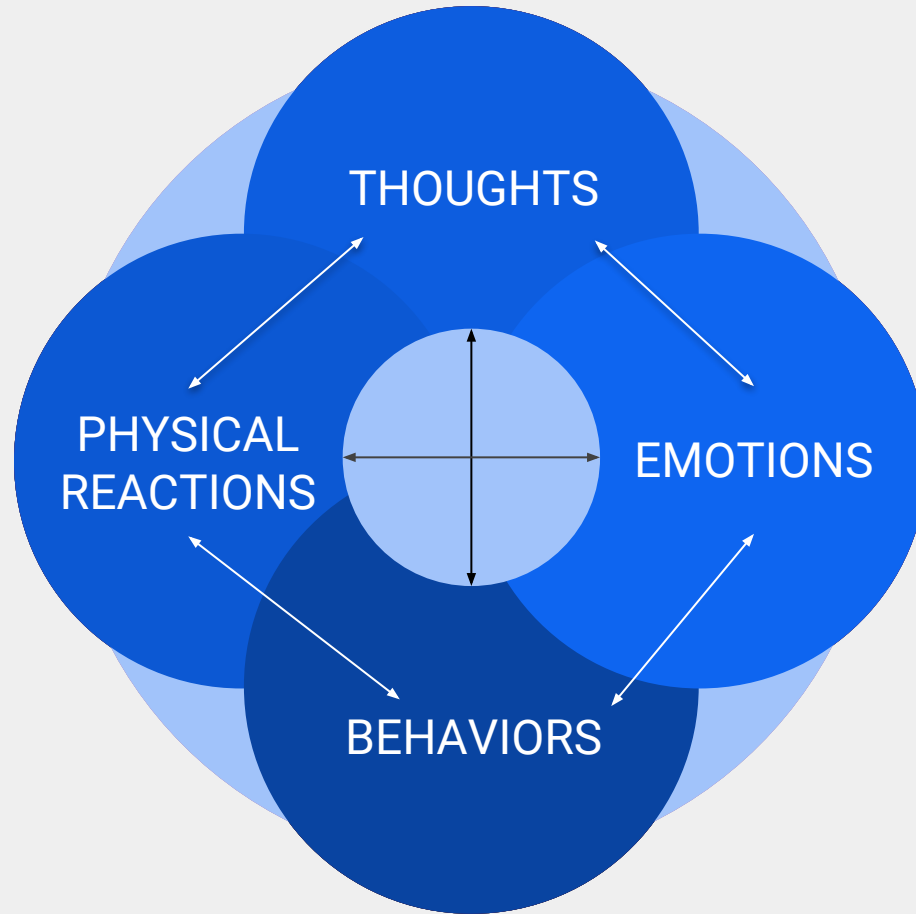
- Wraparound approach
- Targeting behavior change first
- Identify and teaching lagging skills
- Building resiliency
- Challenging distortions
- Changing narratives
- Establishing new patterns

Intervening: Evidence-based approaches

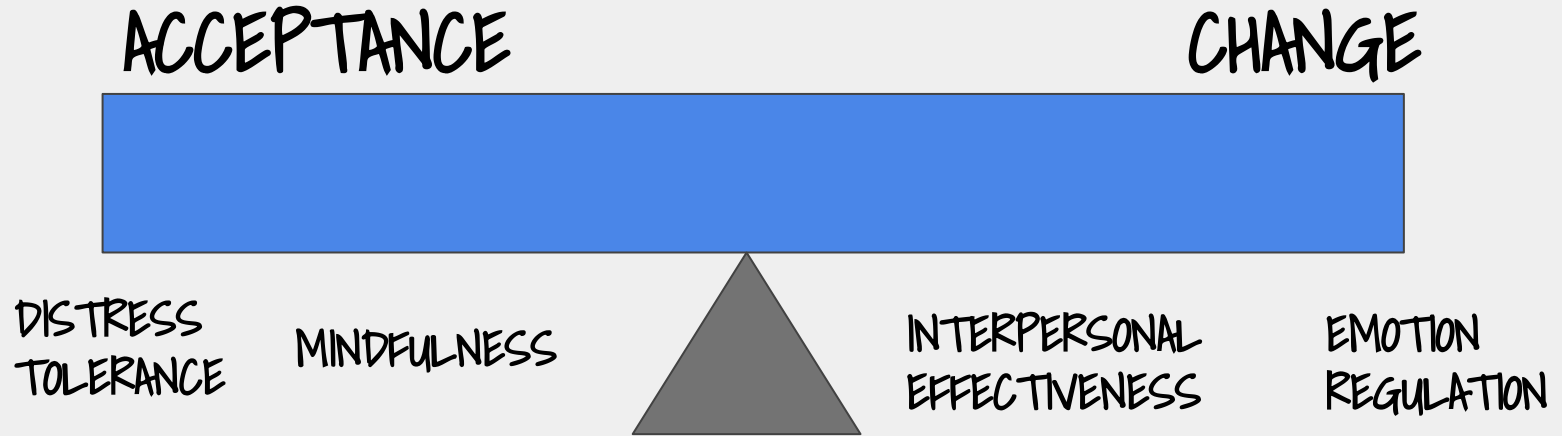
Specific evidence-based approaches :

- FBA, behavior planning, incentive-based models
- CBT
- DBT
- ERP
- Family therapy
- Medication

Cognitive
Behavioral
Therapy
(CBT)



Dialectical Behavior Therapy (DBT)



Intervening: Evidence-based approaches

- Function of refusal determines the approach
 - Avoid and escape: start with addressing the anxiety, ERP
 - Seek and gain: start with incentive plan and “limits are love” approach
- Interventions are most likely to be successful when:
 - Team is involved
 - Plan is clear, consistent, and predictable (and with contingencies)
 - SMART goals

Intervening: Evidence-Based Approaches



Intervening: In School

- Identify and track signs/symptoms early
- Focusing on the positive
 - Where can student feels successful in school?
 - How can student become connected to school?
- Developing, maintaining, and/or repairing relationships with:
 - Administrators
 - Classroom teachers
 - Support staff and mental health specialists
 - Peers

Intervening: In School

- Encourage families to seek outside supports and collaborate regularly
- Allocate resources (when available) to support school avoidance
 - Time on meeting agendas, student assistance team meetings
 - Space for students to utilize in building
 - Point people for working with students and collecting/analyzing data
- Connecting with community resources for referrals and crisis support
- Engaging parents early and often

Intervening: With Families

Productive:

- Clearly define expectations
- Work with who you have
- Allow for student input
- Regular communication
- Setting up for success
- Validation

Counterproductive:

- Engaging in power struggles
- Lack of follow through
- Unclear or ever-changing goals and/or point people
- Telling not showing

Intervening: Considerations for Therapists

- Understanding function(s) of school avoidance
- Balancing school avoidance with patient's co-occurring or underlying diagnoses and symptoms
- Being mindful of role(s) you are playing for student and family
- Assessing when to refer up and out
- Maximizing parent engagement
- Connecting with community resources
- Collaborating with other supports (PCP, school, natural supports)

Intervening: Coping Ahead

- Because intervention is targeting pattern of behavior that is often longstanding and emotionally charged, things often intensify before they improve.
- Have a plan for managing increased symptoms as intervention progresses
- Anticipate distress around holding limits
- Expect non-linear progress and setbacks
- Coordinate response to defiant, willful, and/or unsafe statements or behaviors

Intervening: Higher Level of Care

- When does it make sense for student to leave school for treatment?
- What is the goal of higher level of care for students with school avoidance?
- How can we work together to share recommendation of higher level of care with families?
- What to do if parents and/or student are not on board?

Intervening: Compass Approach

- Phone call/initial screening
- Intake evaluation (free of charge)
- Treatment recommendation
 - Compass PHP or IOP, IPU/ED, outpatient referrals, or other placement
 - Follow up with referral source and team around intake (with ROI)

Intervening: Compass Approach

If student starts at Compass in PHP or IOP:

- Treatment team: psychiatrist, individual therapist, family therapist, teacher
- Therapeutic milieu
- Individualized treatment plan
 - Assessment for treatment tracks
- Daily academic and EF support
- Ongoing collaboration with family, school, outpatient providers

Intervening: Compass & School Avoidance

- Assessing for function (at time of intake and ongoing)
- Gathering information from school, outpatient, and family
- Tailoring treatment approach to functions
 - Complex Anxiety/ERP treatment track
 - Increased family therapy, coaching, and support
 - Resource track
 - Behavior plans and attendance contracts

Intervening: Compass & School Avoidance

- Connecting with school team early and often
- Collaborating to assess existing school plans and supports
 - What is sustainable? What is supportive vs. enabling?
- Keeping student connecting to school building, staff, and academics
- Working together to plan reentry/transition

Intervention: Getting Back to School

- Ongoing collaboration and communication while student is out
- In person staffing/re-entry meeting with key players:
 - Student and parents, school administrators, support staff, nursing
- Gradual transition plan
 - Concrete goals for academic and social-emotional progress
 - Coping skills and support plan
- Follow up plan
 - Who is point person for student and parents?
 - What to do when student doesn't show or wants to leave?
 - When will team meet again?

Post-Secondary

- Paucity of research pertaining to school avoidance in general and school avoidance for post-secondary or young adult population specifically
- Many adolescents under the false impression that things will be easier in post-secondary settings due to flexible schedules, increased choices and independence, broader social options

Post-Secondary

- Psychoeducation for adolescents and families is crucial:
 - Challenging distorted assumptions about post-secondary setting
 - Increasing motivation and investment in doing the difficult work required now
 - Focusing on both the hard and soft skills
 - Focusing on short-term (college, etc) and longer term (adulthood, relationships, work)

Wrapping Up

- School avoidance is complicated to define and treat
- Successful treatment must include the student, family, school, and treatment team whenever possible
- Understanding the underlying, contributing and co-existing treatment issues and diagnoses as well as the function served by the school avoidance is key

Q & A

Sources

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