



MCPAP Clinical Conversations:

School Refusal: Clinical Characteristics, Functional Assessment, and Intervention Strategies

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April 26, 2022

Outline

- Introductions
- Discussion of Format
- Presentation
- Comments and Questions (15-20 mins)

Learning Objectives:

1. Examine characteristics of school refusal behavior, along with relevant and impactful contextual variables.
2. Learn assessment strategies to clarify the function of school refusal behavior and inform individualized treatment recommendations.
3. Identify intervention strategies, multidisciplinary approaches, and community resources for youth struggling with school refusal behavior.

Outline

- Defining School Refusal
- Anxiety and School Refusal
- Impact of the COVID-19 Pandemic on School Refusal
- Assessment of School Refusal
- Functional Model of School Refusal
- Clinical Vignettes
- Strategies for Addressing School Refusal
- Resources

What is School Refusal

Difficulty attending school or remaining in classes for the entire day

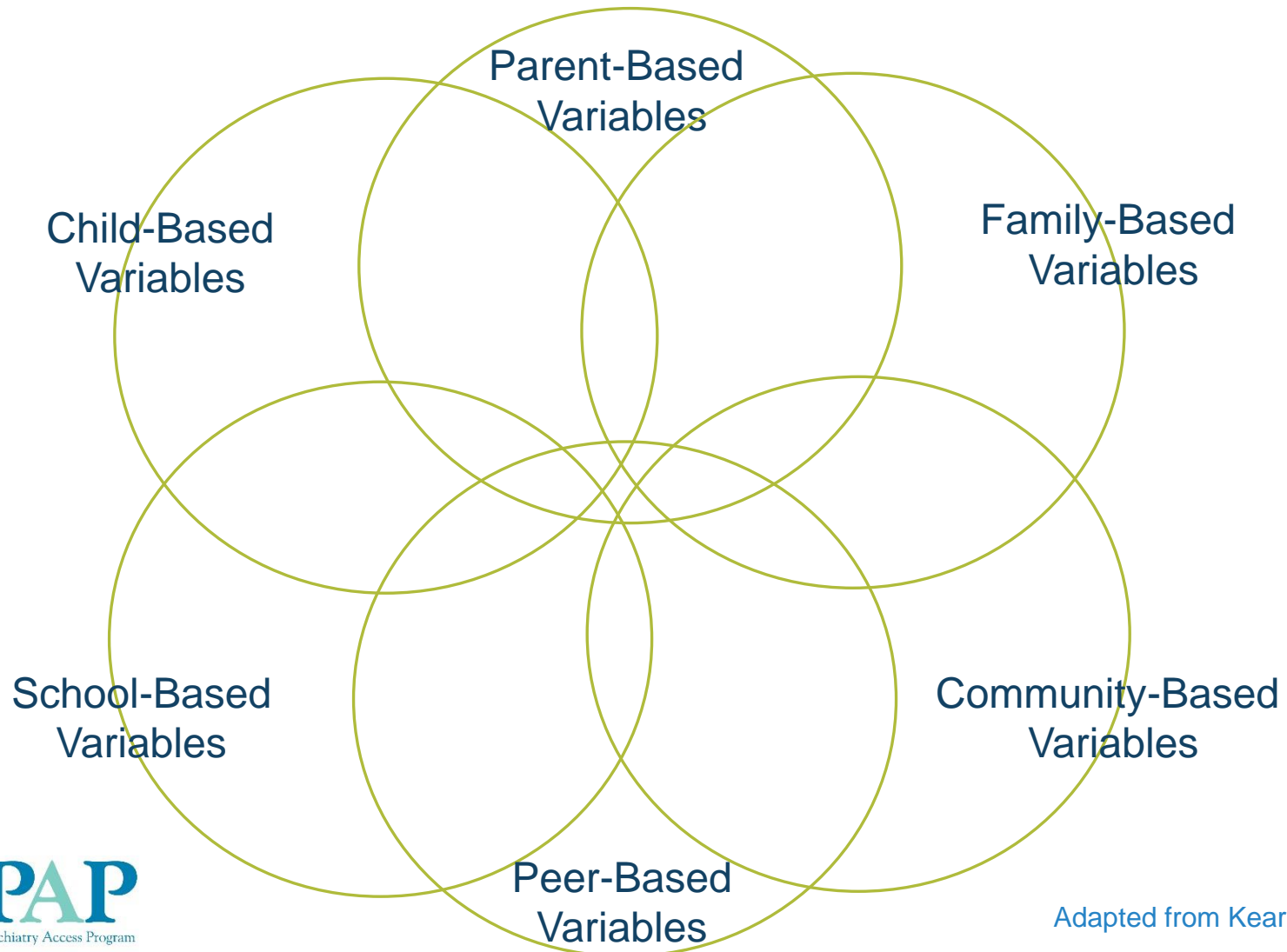
Range of attendance problems:

School attendance
with stress and pleas
for nonattendance



Complete absence from
school for an extended
period of time

Contextual Variables to Consider



Legitimate Reasons to Avoid School

- True medical illnesses
- Medical doctor, dentist, or other professional appointments
- Family emergencies
- Religious holidays
- Hazardous weather conditions
- School-sanctioned release for work-study, college, or other educational programs
- Homelessness or other severe family conditions
- True school-based threats to personal self or property (i.e. excessive bullying, verbal or physical assaults, etc.)

School Withdrawal

- Asking an adolescent to secure a job to help support the family, babysitting siblings
- Hiding marks from child abuse from school officials
- Helping parents with daily chores
- Punishing the child for misbehavior
- Trouble on the part of parents to separate from their child
- Excessive conflict with school officials
- Keeping the child at home as a safety person if the parent is highly anxious
- Fear of child contracting and/or spreading COVID-19

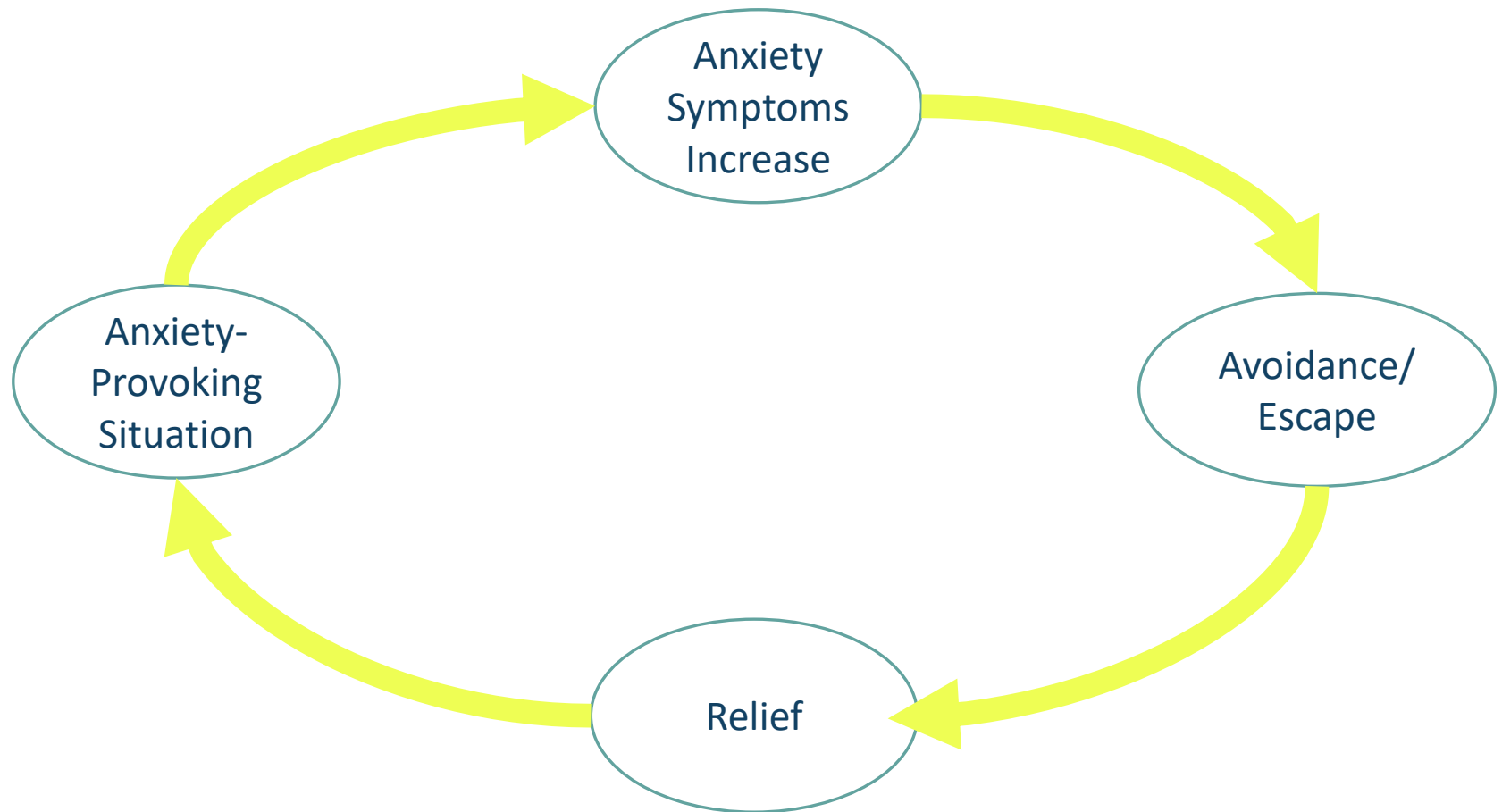
School Avoidance and Somatic Complaints

Many school-avoidant youth endorse somatic complaints:

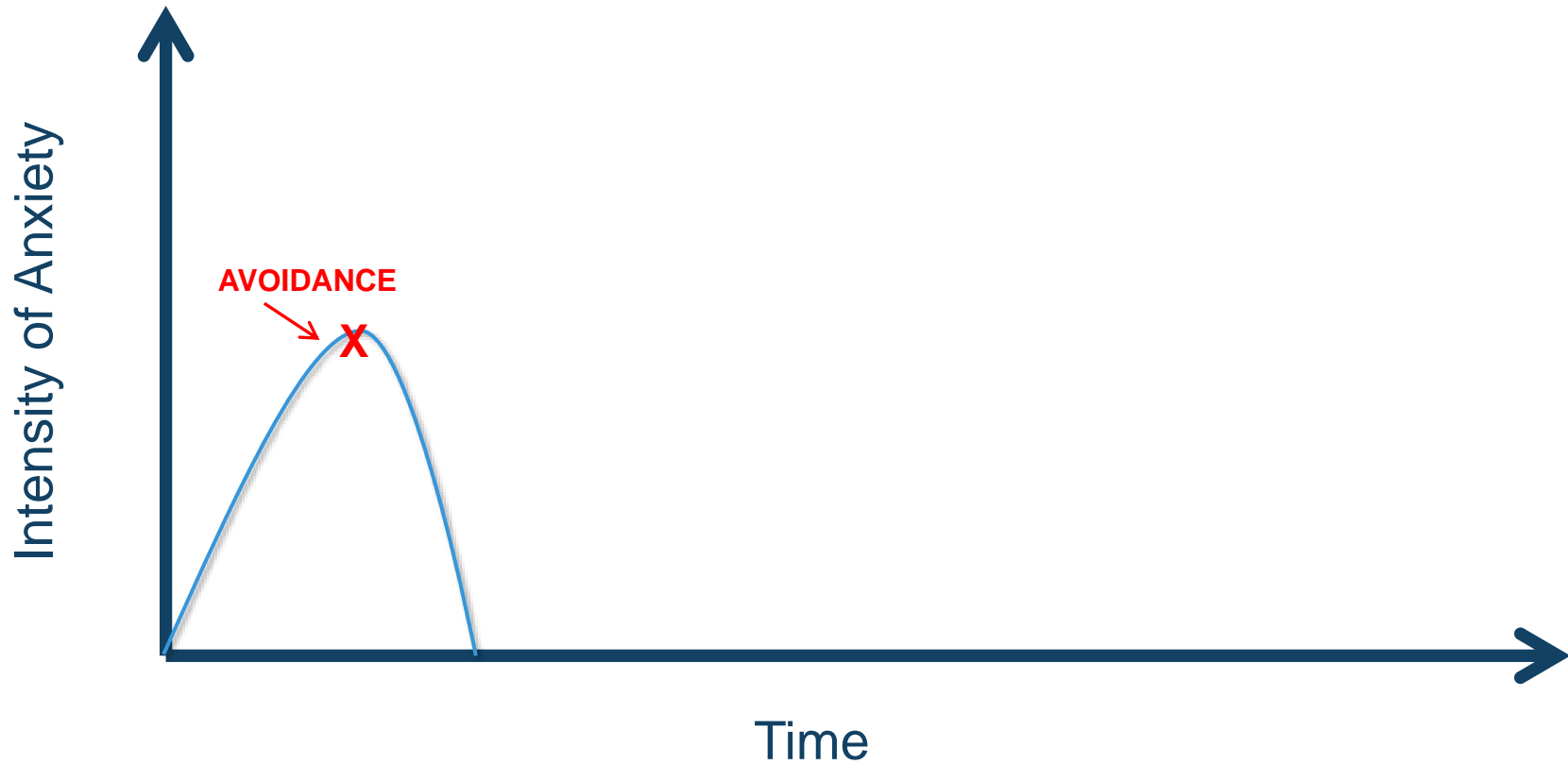
- Stomachaches
- Headaches
- Sleep problems

Possible medical concerns should be ruled-out via thorough physical examinations and treatment prior to addressing school refusal behavior via behavioral/psychiatric methods

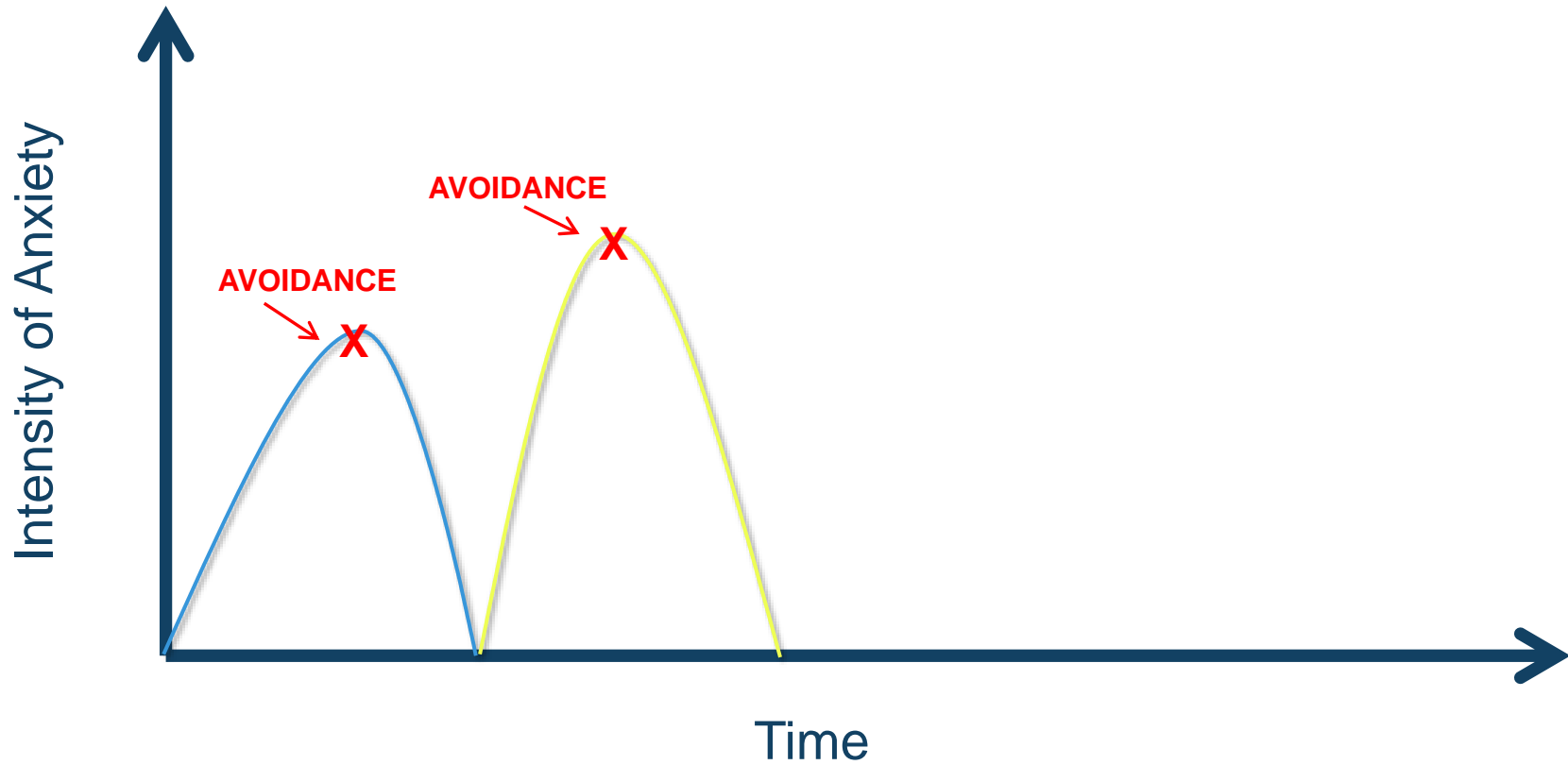
Cycle of Anxiety via Negative Reinforcement



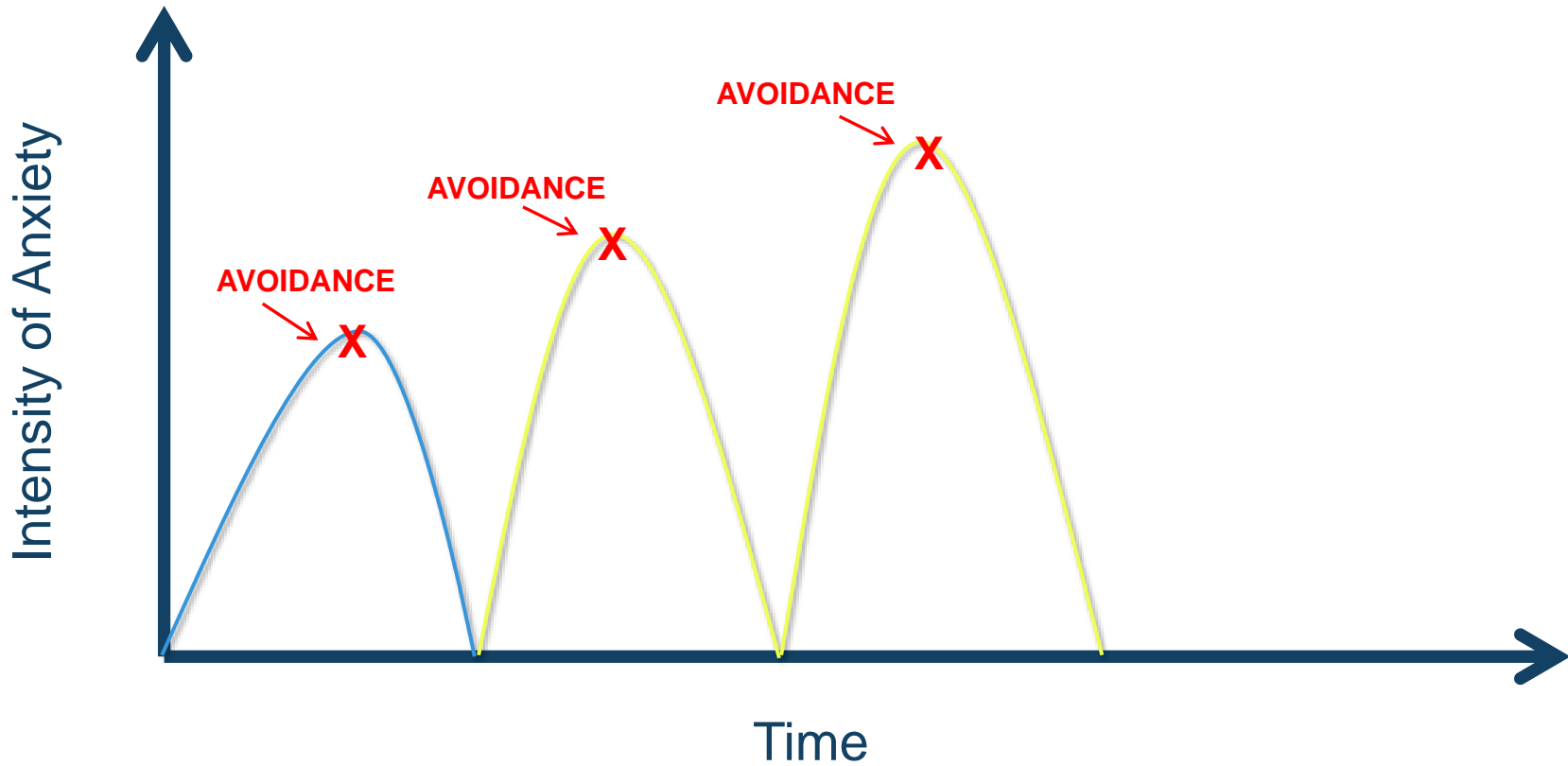
Development of Anxiety Disorders



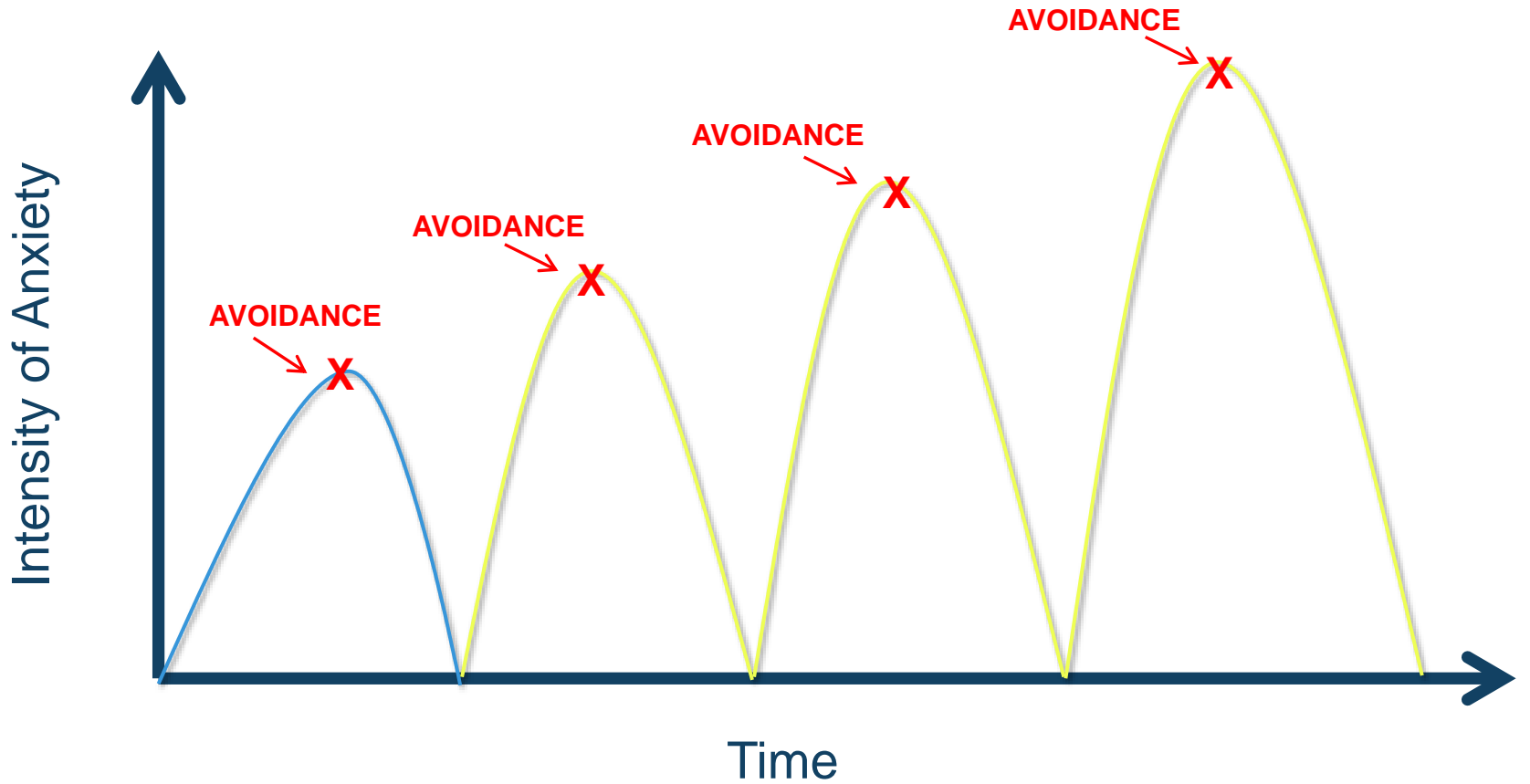
Development of Anxiety Disorders



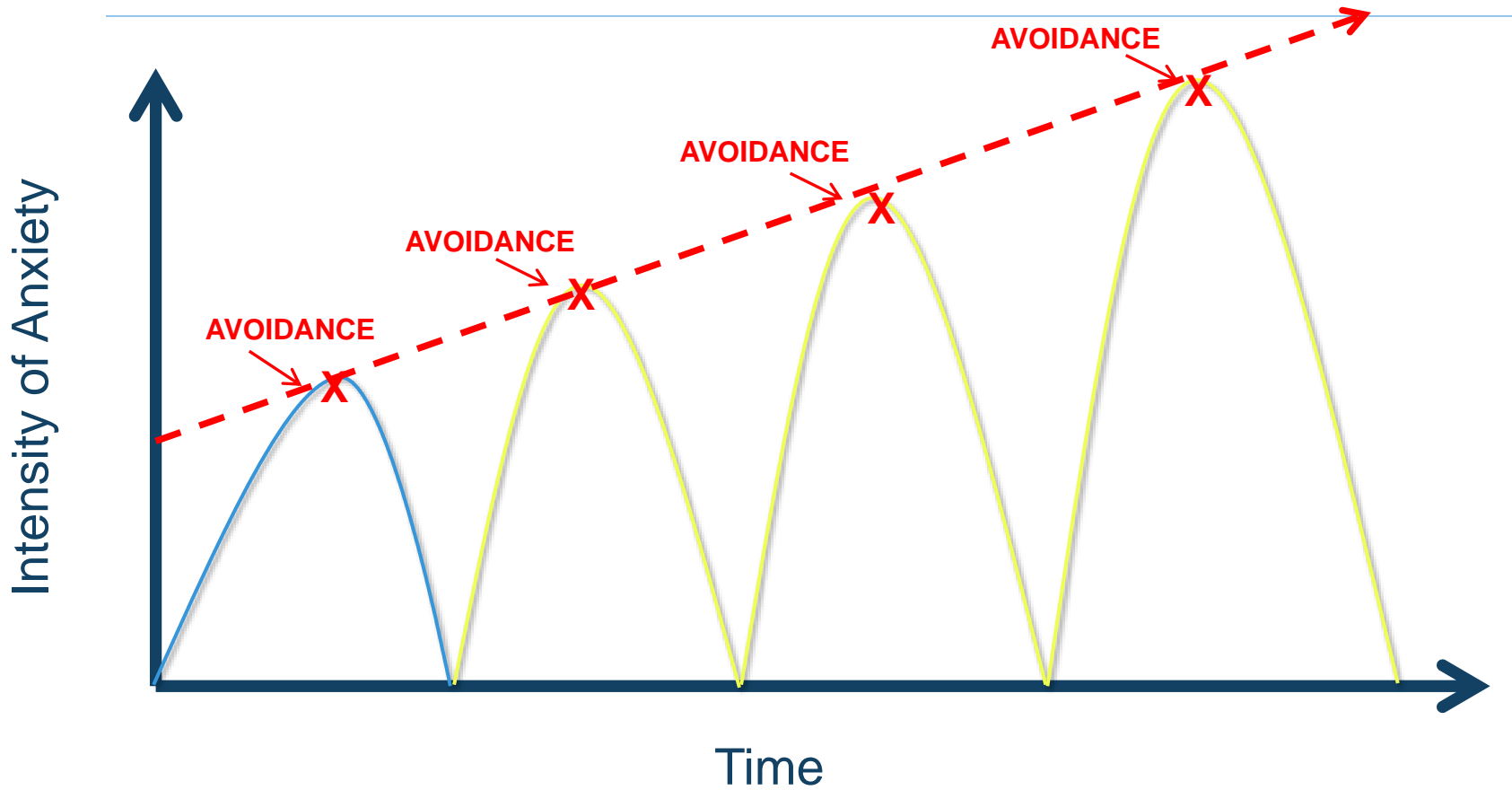
Development of Anxiety Disorders



Development of Anxiety Disorders



Development of Anxiety Disorders

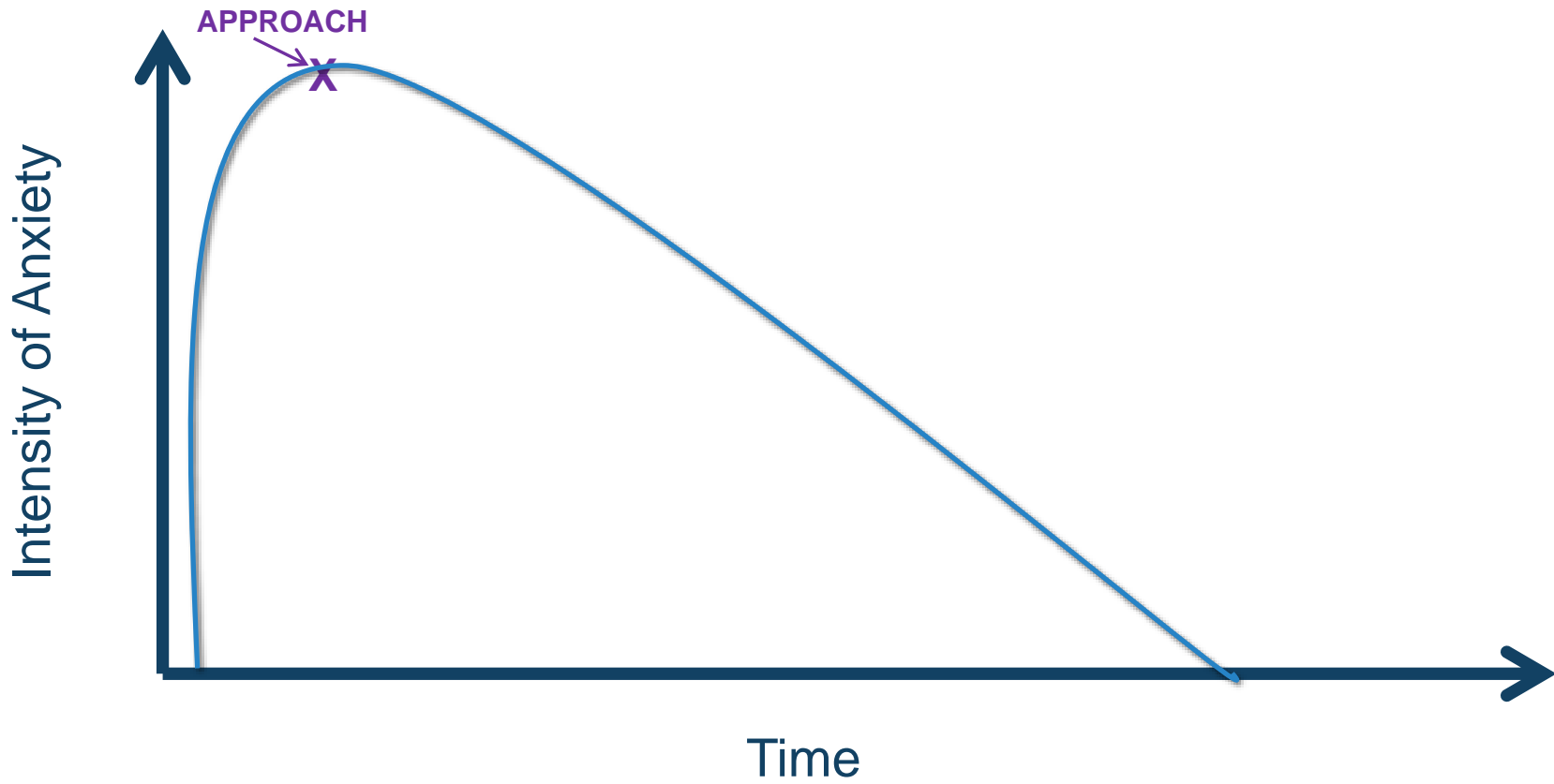


Take Home Message:

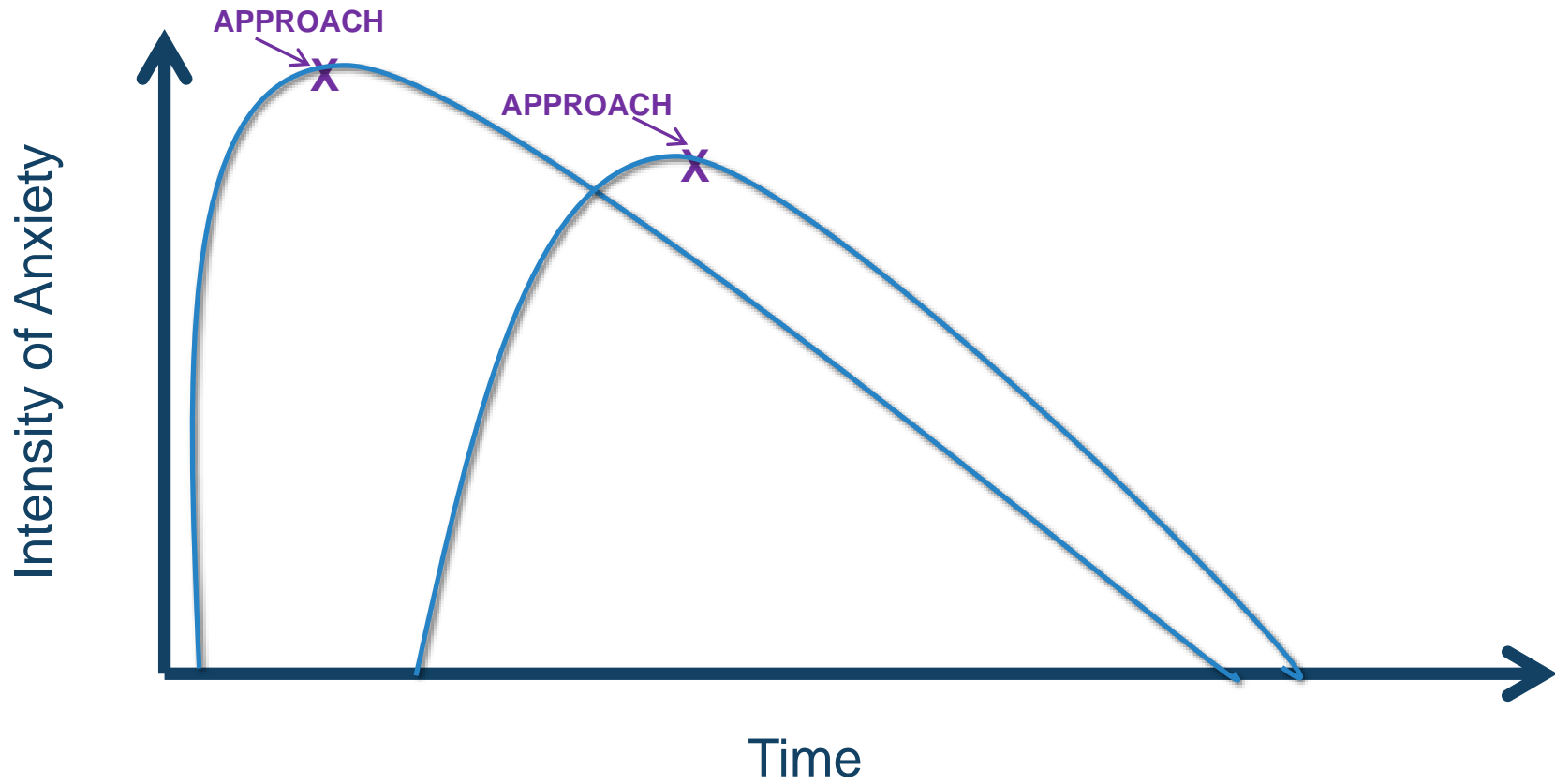
Avoidance Fuels Anxiety



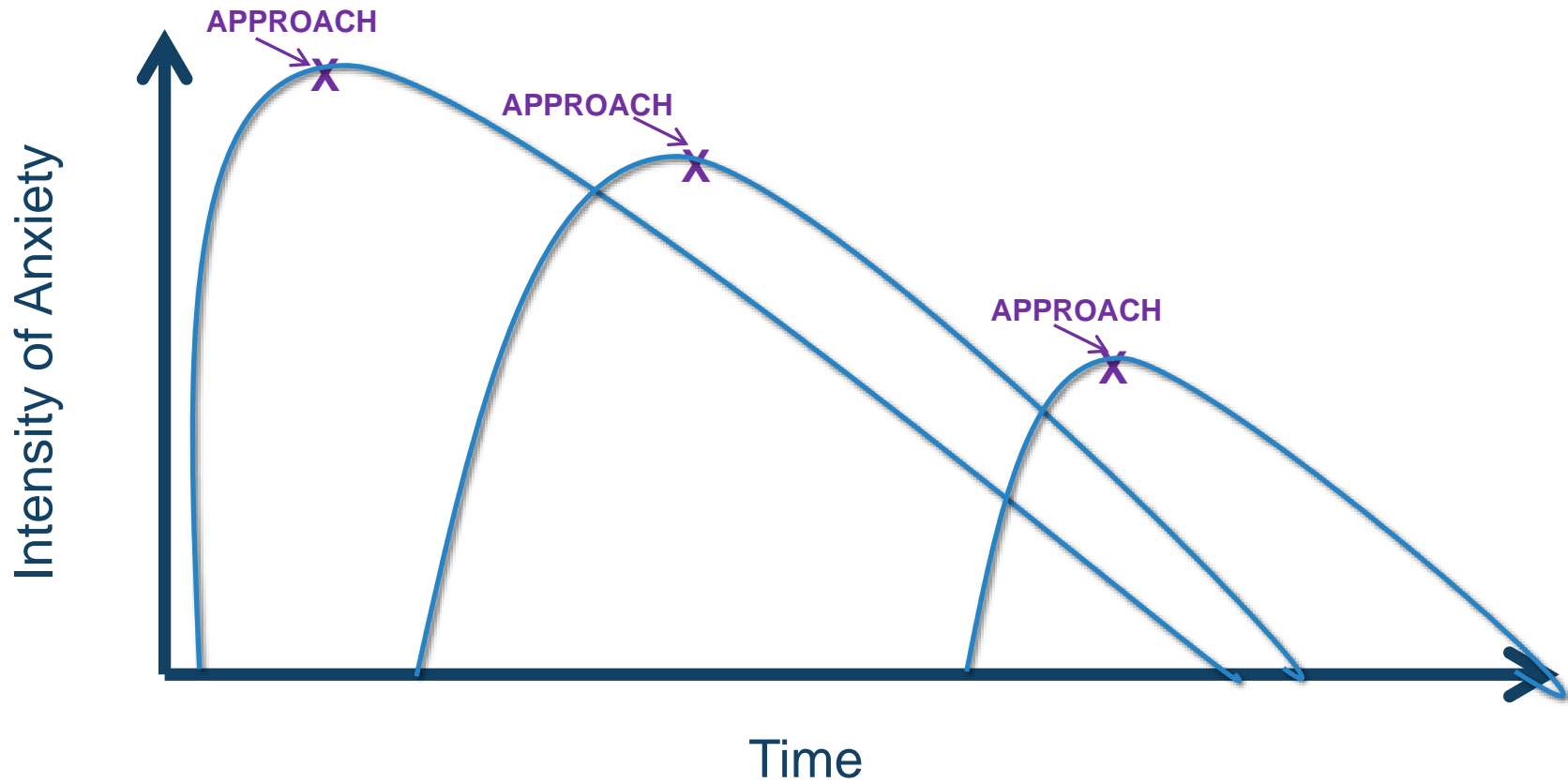
Exposure Therapy



Exposure Therapy



Exposure Therapy



COVID-19, Anxiety, and School Refusal

School refusal almost triples since COVID-19 lockdowns, say parents and expert

ABC Radio Melbourne / By Matilda Marozzi

Posted Thu 11 Mar 2021 at 2:43pm, updated Thu 11 Mar 2021 at 6:13pm



The Coronavirus Pandemic > | **LIVE** Covid-19 Updates Coronavirus Map and Cases Timeline of a BA.2 Infection Endemic Diseases, Explained

The Students Returned, but the Fallout From a Long Disruption Remained

“They’re like, ‘The world’s out of control, why should I be in control?’” the principal of Liberty High School in Bethlehem, Pa., said of some of his struggling students.



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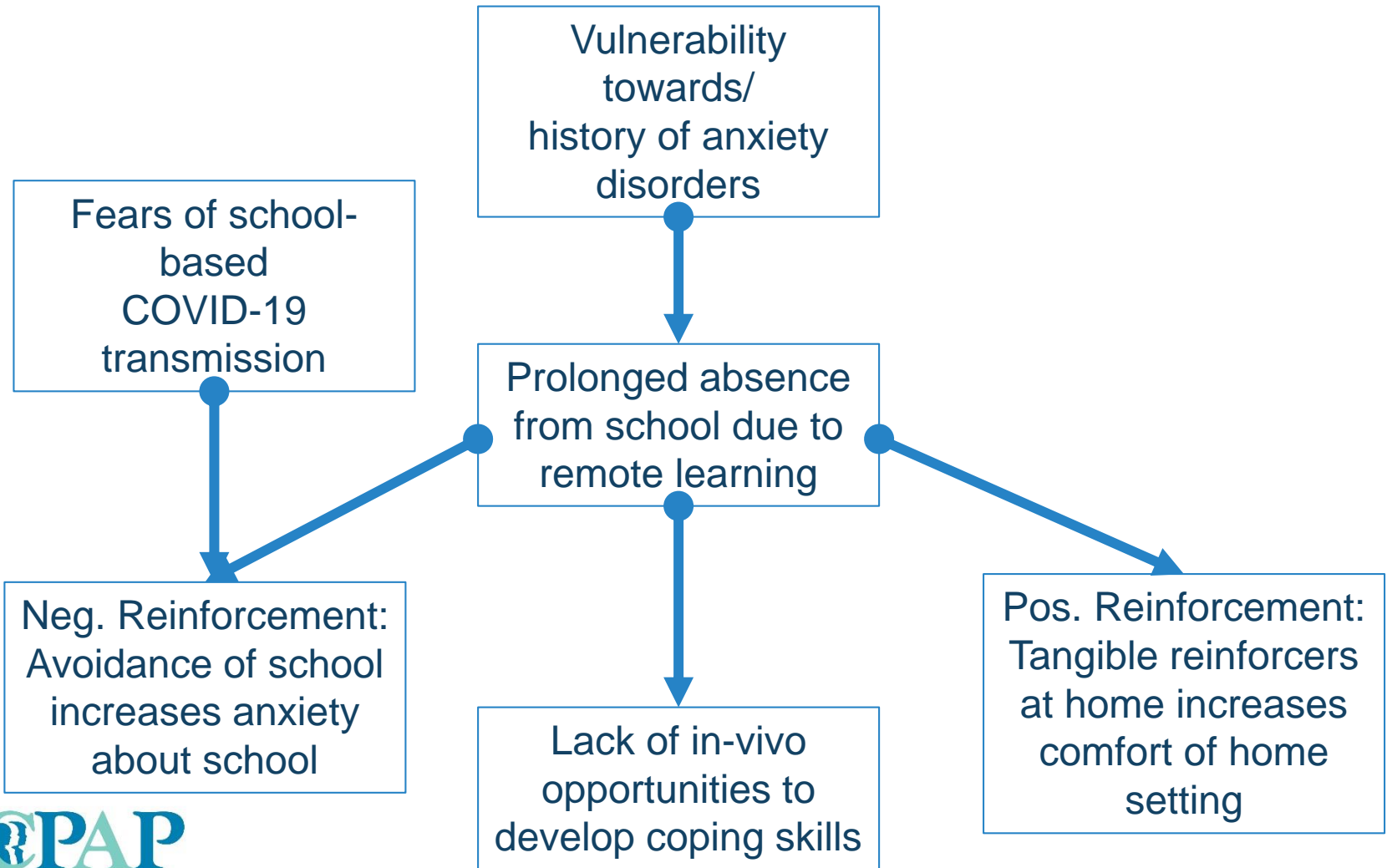
What to Do When Your Kid Refuses to Go to School

Experts say that as classrooms have reopened, school refusal is widespread.

By [Katherine Hutt Scott](#) | Jan. 4, 2022, at 10:47 a.m.



COVID-19, Anxiety, and School Refusal



Assessment of School Refusal

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
0	1	2	3	4	5	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

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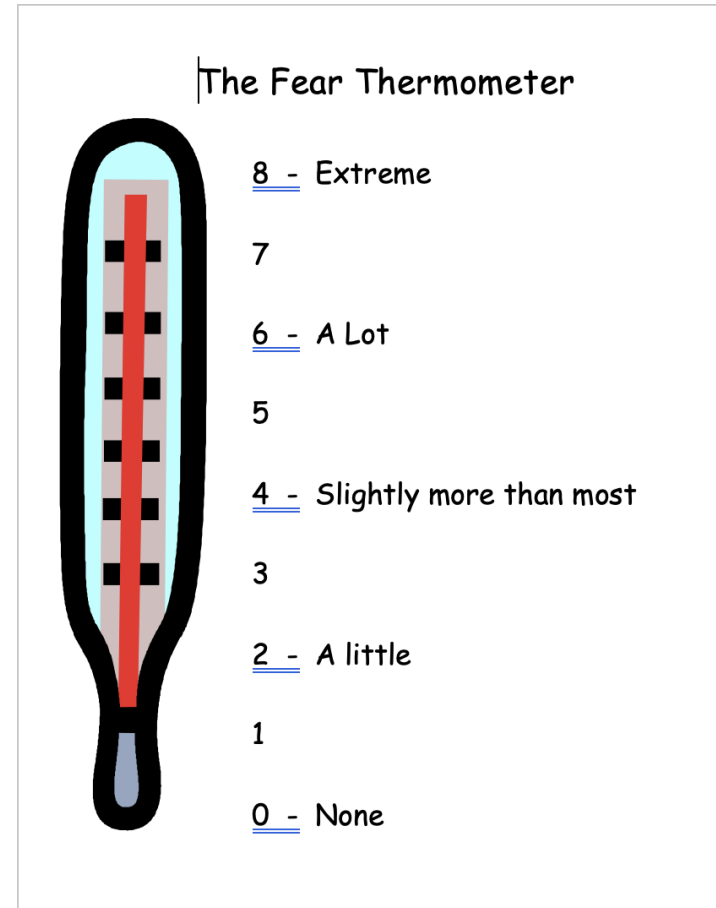
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Assessment of School Refusal

MONITORING FORMS:

For each school day, track:

- Number of hours in school
- Distress rating (use rating scale) at different times of day
 - Morning
 - Afternoon
 - Evening



Functional Model of School Refusal Behavior:

Why do kids avoid school?

Think FUNCTION

1. To avoid general school-related situations that cause distress
2. To escape school-related social/performance situations that cause distress
3. To get attention from significant others/caregivers
4. To get to do fun activities outside of school

Function of School Refusal Behavior

Refusal due to Negative Reinforcement:

- To AVOID general school-based situations or stimuli that evoke negative affect
- To ESCAPE aversive school-based or social activities or evaluative situations

Function of School Refusal Behavior

Refusal due to Positive Reinforcement:

- To ACCESS attention from significant others/caregivers
- To ACCESS tangible reinforcers outside of school/ to get to do fun activities outside of school

Function of School Refusal Behavior

Refusal for Multiple Reasons:

- To avoid general school-related situations that cause distress
- To escape school-related social/performance situations that cause distress
- To get attention from significant others/caregivers
- To get to do fun activities outside of school

Clinical Vignettes

EXAMPLE #1:

Troy is a 9yo boy who wakes every morning complaining of a stomachache and insisting that he does not want to go to school. He whines, cries, and procrastinates getting ready, resulting in high conflict with parents each morning. He does eventually get in the car and get to school. Teachers note that he is sullen and tearful throughout the day. His mood improves shortly before pick-up, and he "seems more like himself" in the afternoon and early evenings. However, by bedtime he is often in tears in anticipation of the next school day. He seeks excessive reassurance from caregivers about the following school-day, leading to delayed bedtime onset and overall disrupted sleep. Troy cannot articulate any particular reason for his school-based distress, instead insisting "I just hate school" when asked.

What is the Function of the Behavior?

EXAMPLE #1:

Troy is a 9yo boy who wakes every morning *complaining of a stomachache* and insisting that he does not want to go to school. He whines, cries, and procrastinates getting ready, *resulting in high conflict with parents each morning*. He does eventually get in the car and get to school. *Teachers note that he is sullen and tearful throughout the day*. His mood improves shortly before pick-up, and he "seems more like himself" in the afternoon and early evenings. However, by bedtime he is often *in tears in anticipation* of the next school day. *He seeks excessive reassurance from caregivers about the following school-day, leading to delayed bedtime onset and overall disrupted sleep*. *Troy cannot articulate any particular reason for his school-based distress, instead insisting "I just hate school" when asked.*

- Avoidance of general school-based situations or stimuli that evoke negative affect
- Access attention from caregivers

Clinical Vignettes

EXAMPLE #2:

Seneca is a 15yo female who identifies as queer. She “loved” school before the pandemic, but has struggled to transition to high school in-person. Seneca reports believing that she does not fit in at her new high school, that she is being judged by others, and that she feels overwhelmed by the size of the high school. In addition, she witnessed another student vomit in the hallway on one of the first days of the school year, and now endorses fears that she will vomit in front of everyone if she has to answer a question or give a presentation. She reports nausea and panic symptoms most mornings, and has begun to restrict her eating behavior before and during school to avoid provoking more nausea and/or vomiting. She misses 2-3 days of school per week. If she does attend school, she often goes to the school nurse complaining of nausea or panic, and parents pick her up.

What is the Function of the Behavior?

EXAMPLE #2:

*Seneca is a 15yo female who identifies as queer. She “loved” school before the pandemic, but has struggled to transition to high school in-person. Seneca reports believing that she does not fit in at her new high school, that she is being judged by others, and that she **feels overwhelmed by the size of the high school**. In addition, she witnessed another student vomit in the hallway on one of the first days of the school year, and now endorses fears that she will vomit in front of everyone if she has to answer a question or give a presentation. She reports nausea and panic symptoms most mornings, and has begun to restrict her eating behavior before and during school to avoid provoking more nausea and/or vomiting. She misses 2-3 days of school per week. If she does attend school, she often goes to the school nurse complaining of nausea or panic, and parents pick her up.*

- Escape school-related social/performance situations
- Avoidance of general school-based situations or stimuli that evoke negative affect
- Access attention from caregivers

Clinical Vignettes

EXAMPLE #3:

Marissa is a 12yo girl has avoided school entirely for the past 4 months. Her parents highlight a longstanding history of generalized anxiety disorder, and note the onset of depression 6 months ago accompanied by passive suicidal ideation. Her mother has taken a leave of absence from work to attend to Marissa's needs. Her parents report that they attempt to get her to school every morning, but note that she often will not get out of bed until close to noon. When she reports elevated depression in the morning, she is often curled up in a ball in her bed and one of her parents will lie in bed with her or rub her back. Other mornings Marissa complains of stomachaches or menstrual cramps, for which her mother gives her a hot compress. Her mother expresses that she feels Marissa has "no joy" in her life, and so when she is awake, her mother encourages joint activities, including watching TV, baking, or doing crafts.

What is the Function of the Behavior?

EXAMPLE #3:

Marissa is a 12yo girl has avoided school entirely for the past 4 months. Her parents highlight a longstanding history of generalized anxiety disorder, and note the onset of depression 6 months ago accompanied by passive suicidal ideation. *Her mother has taken a leave of absence from work to attend to Marissa's needs.* Her parents report that they attempt to get her to school every morning, but note that she often will not get out of bed until close to noon. When she reports elevated depression in the morning, she is often curled up in a ball in her bed and *one of her parents will lie in bed with her or rub her back.* Other mornings Marissa complains of stomachaches or menstrual cramps, for which her *mother gives her a hot compress.* Her mother expresses that she feels Marissa has "no joy" in her life, and so when she is awake, *her mother encourages joint activities, including watching TV, baking, or doing crafts.*

- Access attention from caregivers
- Access tangible reinforcers outside of school

Clinical Vignettes

EXAMPLE: Finn is an 18yo male and a high school senior whose parents report that he struggled with the social isolation of the pandemic and who was eager to return to in-person activities. However, his parents now report inconsistent attendance, frequent tardiness, and reports from school that he is often leaving early. His teachers also report multiple incomplete assignments. He and his parents have frequent, volatile arguments around school attendance. He drives himself to school, but parents are aware that he has either skipped school entirely, or left early, in order to spend time with an older peer who recently returned home from college. Troy often refuses to get out of bed in the morning, and is often still in bed when parents have to leave for work. On days he will not attend school, he reportedly spends much of his days playing videogames at home.

What is the Function of the Behavior?

*EXAMPLE: Finn is an 18yo male and a high school senior whose parents report that he struggled with the social isolation of the pandemic and who was eager to return to in-person activities. However, his parents now report inconsistent attendance, frequent tardiness, and reports from school that he is often leaving early. His teachers also report multiple incomplete assignments. He and his parents have frequent, volatile arguments around school attendance. He drives himself to school, but parents are aware that **he has either skipped school entirely, or left early, in order to spend time with an older peer who recently returned home from college.** Troy often refuses to get out of bed in the morning, and is **often still in bed when parents have to leave for work.** On days he will not attend school, he reportedly spends much of his days playing videogames at home.*

- **Access tangible reinforcers outside of school**

Intervention Strategies

- Interventions for Negatively Reinforced School Refusal
 - Psychoeducation about emotions/Normalizing emotions
 - Psychoeducation about the association between avoidance and anxiety/depression/distress
 - Instruction in coping skills:
 - Relaxation techniques
 - Mindfulness strategies
 - Cognitive restructuring
 - Increasing School Attendance through Graduated Exposure

Example #2:

Seneca is a 15yo female who identifies as queer. She “loved” school before the pandemic, but has struggled to transition to high school in-person. Seneca reports believing that she does not fit in at her new high school, that she is being judged by others, and that she feels overwhelmed by the size of the high school. In addition, she witnessed another student vomit in the hallway on one of the first days of the school year, and now endorses fears that she will vomit in front of everyone if she has to answer a question or give a presentation. She reports nausea and panic symptoms most mornings, and has begun to restrict her eating behavior before and during school to avoid provoking more nausea and/or vomiting. She misses 2-3 days of school per week. If she does attend school, she often goes to the school nurse complaining of nausea or panic, and parents pick her up.

Seneca's Exposure Hierarchy

Seneca's Fear Hierarchy

Rating	Exposure Task
10	All day at school without going to the nurse's office or getting picked up
9	Eating a snack right before giving a presentation at school
8	Deliberately answering a question wrong in school
7	Going to the nurse for 15 minutes only, returning to class Watching vomit videos after having eaten
6	Eating a large breakfast in the morning
5	Texting a friend to ask to hang out Answering a question in class that I know the answer to
4	Watching videos of vomit
2	Eating a small breakfast in the morning

Intervention Strategies

- Interventions for Positively Reinforced School Refusal
 - Reducing caregiver accommodation of school refusal/
Decreasing attention from caregivers
 - Graduated Exposure
 - Attention-based Differential Reinforcement of Appropriate Behaviors
 - Increasing structure and routines
 - Instituting a Morning Routine, improved sleep hygiene
 - Behavior plan for Expectations around School Refusal
 - Establishing Tangible Rewards and Consequences for Non-Attendance

Seneca's Behavior Plan

- If Seneca gets out of bed by 7:15am with ≤ 3 reminders, she gets access to 1 hour of Netflix in the afternoon.
- Each half day that Seneca spends at school is rewarded with \$3 towards an iTunes giftcard. Each full day that Seneca spends at school is rewarded with \$6 towards an iTunes giftcard. Total value of giftcard for the week is calculated and given to Seneca on Friday afternoon.
- If Seneca **does not** attend school:
 - She must leave her room in the morning. If she does not get out of bed by 8:00am, parents will give a final warning, and then take the sheets and covers off of the bed without saying anything.
 - Parents will install a doorknob with an exterior lock and key, to which only they have access. Door to her room will be locked until the end of the school day.
 - WiFi is disabled in the home, and Seneca's parents take her phone.
 - Seneca will do schoolwork or read at the kitchen table during the day.
 - Minimal interaction with parents while at home during school hours.

Seneca's Behavior Plan Cont'd

- If Seneca texts parents requesting a pick-up, parents will respond:
 - “I am sorry that you are having a hard time, and I know that you are braver than you think.”
 - Offer 2 coping strategies:, i.e., “You could try ABC categories or Box breathing.”
 - Let Seneca know you are going back to work, “I am going back to work now, and I love you.”
 - Parents will not respond to texts for an additional hour after their last text.
- School non-attendance due to illness only if:
 - Fever
 - Vomiting/diarrhea

Primary Care Interventions

- Highlight importance of monitoring and functional assessment
- Brief Interventions
 - Psychoeducation about Association between Anxiety and Avoidance
 - Instruction in Coping Skills
 - Diaphragmatic breathing, Progressive muscle relaxation (PMR), Mindfulness Techniques
 - Brainstorm Rewards/Consequences for School Attendance
 - Sleep Hygiene/Behavioral Sleep Plan
 - Addressing the “Sunday Scaries”
 1. Plan fun activity for Sunday during the day, and keep Sunday night quiet and relaxing
 2. Encourage kids to focus only on Monday not the whole week
 3. Plan a small reward on Monday after school to incentivize (treat at pickup)
- Referrals to Behavioral Health Specialists

Outpatient Behavioral Health Resources

Outpatient Psychotherapy

- Center for Effective Child Therapy (CECT) at Judge Baker Children's Center
- Massachusetts General Hospital Child CBT Program
- CBTeam
- The Concord Center
- New England Center for OCD and Anxiety
- Boston Child Study Center
- McLean Anxiety Mastery Program (MAMP; IOP)

Outpatient Parent Coaching/Guidance

- The Be Center—Daniel Crump, LISCW & Dr. Luciana Payne, PhD
- The Concord Center

PHP and Residential Treatment Programs

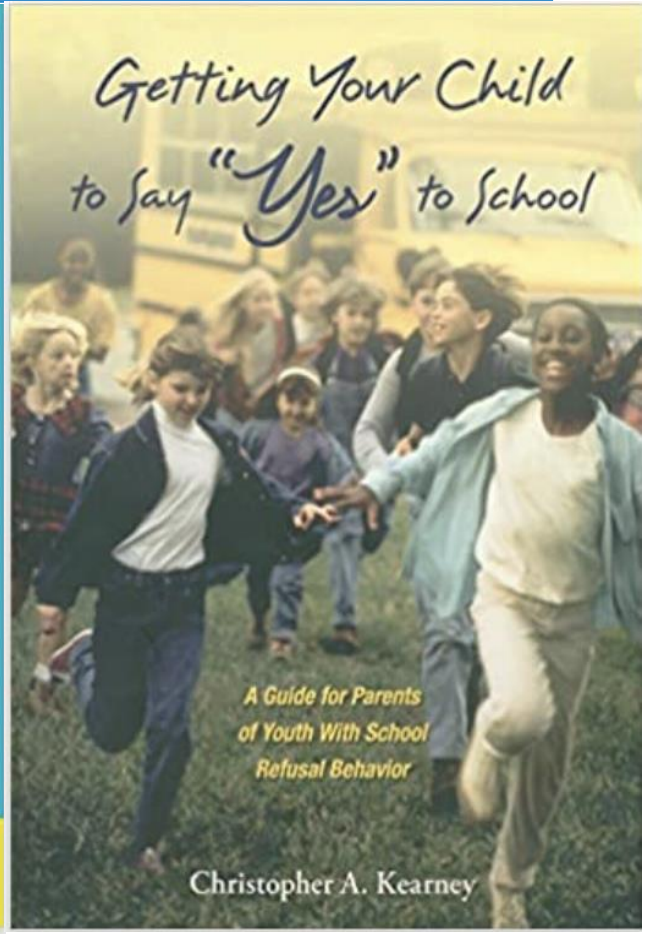
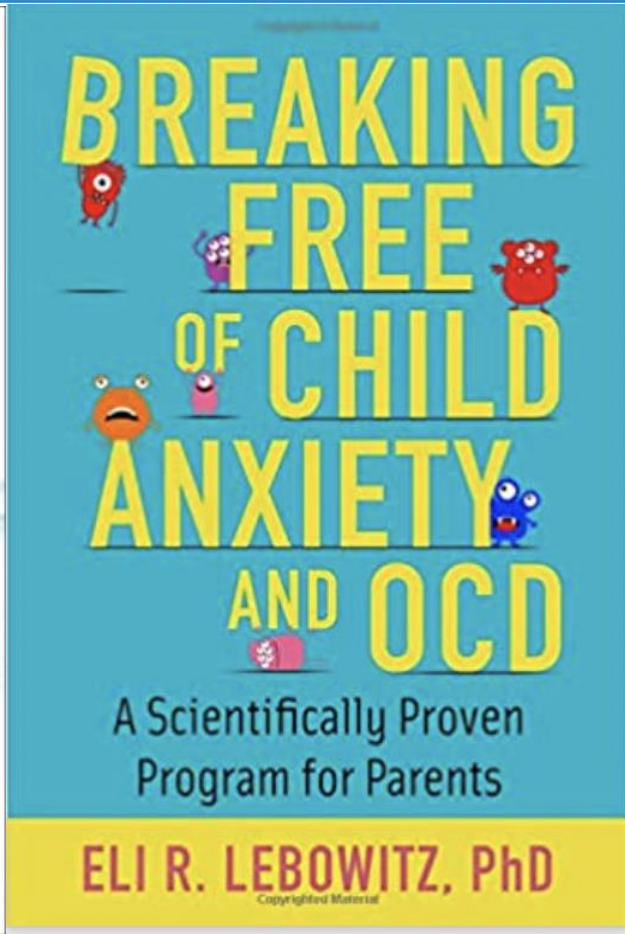
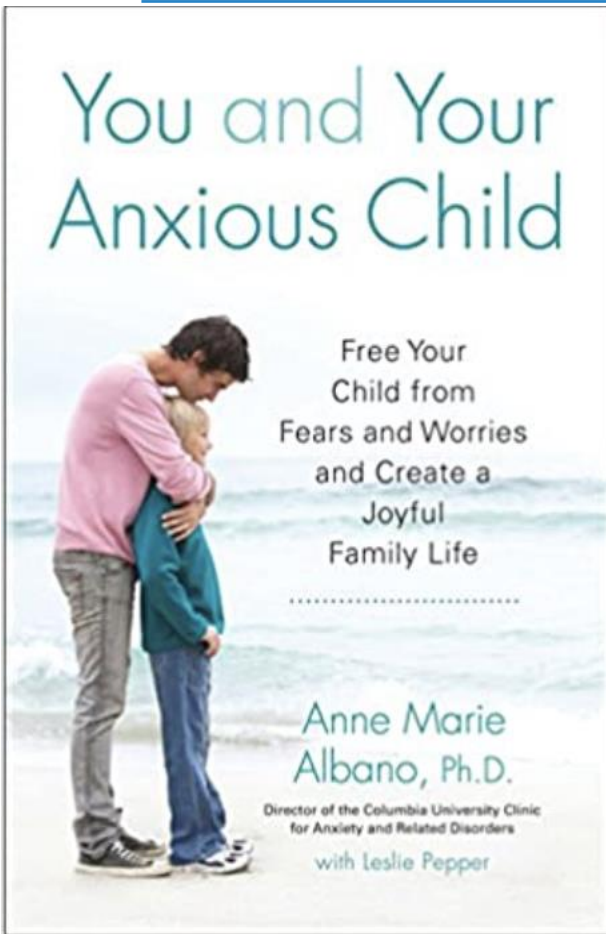
Partial Hospitalization Programs

- McLean Acute Residential Treatment Program (ART, Belmont)
- McLean 3East PHP (DBT)
- Salem Hospital Adolescent Partial Hospital

Residential Treatment Programs

- McLean Acute Residential Treatment Program (ART, Middleboro)
- McLean 3East Residential (DBT)
- McLean OCDI-Jr
- Franciscan Hospital CBAT

Resources for Parents



Questions and Comments