WELCOME to the

Supporting Our Students
ECHOn

Session will start in less than 15 minutes
ECHO: Evidence-Based Approaches to Helping with School Refusal

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Conflict of Interest Disclosure Statement

No Conflicts of Interest
Learning Objectives

• Understand school refusal behavior and its comorbidities
• Recognize avoidant coping strategies
• Learn about the assessment of school refusal behaviors
• Learn about evidence-based treatments for school refusal behaviors
Why do kids refuse to go to school?

1) **avoid** school-based stimuli that provoke negative **emotional experiences**
2) to **escape** aversive social or evaluative **situations**
3) to get **attention** from significant others (e.g., parents)
4) to pursue **reinforcement** outside school of (e.g., video games)

Kearney & Albano, 2007
School Refusal VS. Truancy

- Refusers: **Anxious-avoidant individuals that are trying to escape the discomfort and overwhelming feelings** triggered by school situations.
- Truantees: Youth that **are absent to engage in deviant or preferred behaviors**.
  - Conduct Disorder
  - Oppositional Defiant Disorder
  - Deviant Peer affiliations
  - Low socioeconomic status of the parents
  - Families on unemployment
  - Frequent relocations
  - Low parental control

Knollmann, Knoll, Reissner, Metzelaars, & Hebebrand, 2010
School avoidance

School refusal
- Absence: Parents are aware, the child spends most of his or her time at home
- Symptoms: Anxiety, especially in the morning; shaking or shivering [with fear], dizziness, tachycardia, nausea, stomach pain, vomiting, hyperventilation; depressive symptoms
- Diagnoses: Emotional disorder, adjustment disorder, depression, somatoform disorder, phobia, panic disorder

School anxiety
- Fear of exams, social anxieties, bullying
- Diagnoses: Anxiety disorder, social phobia, adjustment disorder

School phobia
- Fear of separation from parents
- Diagnoses: Separation anxiety disorder of childhood

Truancy
- Absence: Parents are not aware, the child spends most of his or her time away from the family home, plays truant together with others
- Symptoms: Opposition, lies, delinquency, aggressive behavior, impulsive behavior; hyperkinetic symptoms
- Diagnoses: (hyperkinetic) conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder with conduct disorders

“Mixed symptoms”
- Absence: occasionally, parents are aware, occasionally they aren’t
- Symptoms: externalizing and internalizing symptoms (see above)
- Diagnoses: Mixed disorder of conduct and emotions, adjustment disorder with mixed disturbance of emotions and conduct

Knollmann et al., 2010

Dartmouth-Hitchcock
School Refusal

- Between 10 – 35% of kids refuse to go to school at some point
- 3-5% (about 1 kid per class) significant school refusal (80% of days in a 2-week period)

Common Risk Factors:
- Major Depressive Disorder
- Adjustment Disorder
- Somatic Disorders
- Other Anxiety Disorder (Test anxiety)
- Separation Anxiety Disorder
- Low self-efficacy
- Poor emotional regulation
- Parental Mental Health Problems

Reliance on AVOIDANT COPING MECHANISMS

Havik, , Bru, & Ertesvåg, 2015; Pina, Zerr, Gonzales, & Ortiz, 2009; Reissner, Jost, Krahn, Knollmann, Weschenfelder, Neumann, Wasem, & Hebebrand, 2015
Avoidant Coping

HIGH DISTRESS → LOW OR NO DISTRESS
Reducing Distress through Tolerance and Meaningful Distractions
Unhealthy Avoidant Coping
Double Loop

Child’s Refusal Behaviors

Cue

Behavior

Cue

Consequence

Child

Parent

Relief

Time to go to school

Parent decides no school

Consequence

Dartmouth-Hitchcock
What do we do about it?
Assessment

• Medical examination to rule-out need for primary medical treatment
• Conduct a broad-based assessment of academic and psychological concerns
• Conduct a FUNCTIONAL ASSESSMENT of refusal behaviors
• School Refusal Assessment Scale (Kearney & Albano, 2007)
  1) avoid school-based stimuli that provoke negative emotional experiences
  2) to escape aversive social or evaluative situations
  3) to get attention from significant others (e.g., parents)
  4) to pursue reinforcement outside school of (e.g., video games)

Elliot & Place, 2017
What do we do about it?

Treatment

- Individual Cognitive Behavioral Therapy (Evidence-Based)
  - Treatment of Underlying Pathology
  - Gradual Exposure to School Related Stimuli
  - Contingency Management
- School-Driven Behavioral Techniques utilizing RTI (promising)
- Multi-modal therapies (strong Promising Evidence;
  - CBT with individual (50% specific to school avoidance; 50% underlying pathology
  - Family Counseling
  - School-consultation involving therapist, parents, and school personnel
  - Directed exercise and social groups
- Limited evidence for combining interventions

Elliot & Place, 2017; Reissner, et al., 2015
Facilitators of Treatment/Protective Factors

- Acute onset of symptoms
- Younger age at symptom onset
- Less time spent absent from school
- Early diagnosis and treatment
- Lower psychiatric morbidity
- Lesser extent of avoidance

Knollmann, et al., 2010
Take home

• Recognize avoidant coping in your students
• Conduct a thorough assessment of school avoidance
  • Refusal vs. Truancy
  • Determine if medical intervention should be primary
  • Assess mental health comorbidities
  • Conduct a functional Assessment and use evidence-based assessment tools
• Use a cognitive behavioral approach to treatment
• Coordinate all efforts with the team
Resources

Review articles:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2747113/

Guidance for Parents:

Assessment Tools:


