

# Anxiety and School Avoidance

How to Help Children Attend School

## *Parent Workshop*



**TUESDAY, APRIL 13, 2021**

**6:00PM**

LEARN MENTAL HEALTH CONDITIONS THAT MAY LEAD TO SCHOOL AVOIDANCE, COMMON TREATMENT STRATEGIES, AND PARENT STRATEGIES TO IMPROVE SCHOOL ATTENDANCE.

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# **Anxiety and School Avoidance**

## **How to Help Children Attend School**



### *Parent Workshop*

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# Objectives



- Increase awareness of:
  - Mental health conditions contributing to school avoidance
  - Steps caregivers can take to help children attend school
  - Common treatment strategies for school avoidance



# What is School Avoidance/Refusal?



- School avoidance can happen at any age, often most severe in older students.
  - School refusal includes Pre-K and kindergarten students with relatively mild separation anxiety to more severe cases of students of any age who miss weeks/months of school.
- School refusal behavior is not...
  - A DSM diagnosis
    - ✦ School refusal is often the result of separation anxiety, social anxiety, performance anxiety, or anxiety related to test-taking, athletic competition, or academic difficulties.
  - Truancy
    - ✦ Truant students hide absences from their parents, do not experience emotional difficulties associated with attending school, and avoid school in order to engage in a more desired activity, such as playing video games or hanging out with friends.

# Transient Episodes of Anxiety

- Are expected and cause relatively little interference in functioning for the average child or adolescent
- Are associated with new or unexpected events (e.g., thunder; first day of school)
- Can be handled with minimal reassurance or encouragement

# School avoidance/refusal behaviors



## Signs of school refusal behaviors:

- Substantial distress while attending school with pleas to the parent for future non-attendance
- Severe misbehaviors in the morning to avoid attending school
- Chronic lateness to school
- Skipping certain classes or periods during the school day and/or leaving school early
- Lengthy absences from school

# Spectrum of School Refusal Behaviors



School attendance under stress and with pleas for non-attendance

Repeated misbehaviors in the morning to delay/avoid school

Repeated tardiness in the morning followed by attendance

Periodic absences or skipping of classes

Repeated absences or skipping of class mixed with attendance

Complete absence of school during a certain period of time

Complete absence of school for an extended period of time

# Common Risk Factors & Triggers



- School Transitions (increased expectations)
- Classroom changes
- Upcoming exam or public speaking
- Bullying
- Prolonged absence from illness
- Death or illness in parent or caregiver
- Family transitions or conflict
- Traumatic experiences
- School shootings or other traumatic experiences shared in the media



# Prevalence of school avoidance



- **It commonly takes place:**
  - Between the ages of 5 and 6
  - Between ages 10 and 13
  - At times of transition such as entering middle school or high school (ages 14-15)
- **School avoidance is not uncommon.**
  - According to the Anxiety and Depression Association of America, 2 to 5 percent of school age children experience school avoidance



# Anxiety disorders are the most common child/adolescent mental illness

- According to a 2010 study in the Journal of the American Academy of Child and Adolescent Psychiatry, nearly one in three children (31.9 percent) will meet the criteria for an anxiety disorder by the age of 18.
- Anxiety disorders often co-occur with other disorders such as depression, eating disorders, and attention-deficit/hyperactivity disorder (ADHD).

# Potential Diagnoses:

- Generalized anxiety disorder
- Panic disorder (with agoraphobia)
- Specific phobia
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Obsessive Compulsive Disorder
- Depression
- Oppositional Defiant Disorder

# Impact of school avoidance



- If left untreated, chronic school refusal/avoidance can lead to...
  - Short term consequences
    - ✦ More family distress, academic deterioration, poor peer relationships, disruption of extra-curricular activities
  - Long term consequences
    - ✦ Disruption in developmental progression and milestones, school or legal conflicts, drop out, unstable employment, drug use, chronic anxiety and depression, economic deprivation and social isolation.
- The longer a child is out of school, the more difficult the problem becomes and the more difficult it is for the child to return to school

# Assessment:

## Why do children refuse school?

- Before anyone can begin to effectively intervene with school refusal behavior, we have to assess why the child is refusing to come to school.
  - To avoid school related stimuli or situations that provoke negative feelings (i.e. dread, anxiety, depression, physical symptoms)
  - To avoid aversive social situations and real or imagined negative evaluation from peers and/or teachers
  - To obtain attention from significant others
  - To obtain the tangible rewards that come with getting to stay out of school

# Sue

Sue, a 4<sup>th</sup> grader, has stopped attending school. She went the first couple of days with a huge fuss in morning, which continued for a few hours in the classroom. Now things have gotten worse and now she refuses to even get out of bed in the morning. She vomits at night and reports having terrible stomach aches in the morning. She is afraid to sleep alone in her bedroom at night; she has been sleeping in her parents' bed for over two years.

# SEPARATION ANXIETY DISORDER



- FEAR OF SEPARATION FROM MAJOR ATTACHMENT FIGURES (POSSIBLE HARM)
- AVOIDANCE OF BEING LEFT ALONE
- EXCESSIVE WORRY ABOUT SEPARATION
- PHYSICAL SYMPTOMS ON SEPARATION
- COMMON FEARS
  - GOING TO SCHOOL
  - BEING LEFT WITH SITTERS
  - SLEEPING AWAY FROM HOME

# Kevin

Kevin, just transitioned from elementary school to middle school. He is **beginning to show increases in absenteeism**. When carefully questioned, he revealed that he ‘can’t handle’ the idea that kids are *probably* laughing at him behind his back. He says ‘he hates having to walk through the hallways between classes, knowing that other people are looking at him.’ He worries constantly what the other kids are thinking about him and he is worried that he might say something or do something ‘dumb’.

# SOCIAL ANXIETY DISORDER



- FEAR OF DOING SOMETHING EMBARRASSING
- AVOIDANCE OF SITUATIONS INVOLVING POTENTIAL EVALUATION
- WORRY ABOUT WHAT OTHERS THINK
- SELF CONSCIOUSNESS
- LIMITED FRIENDS
- COMMON FEARS:
  - MEETING NEW PEOPLE
  - SPEAKING IN GROUPS (CLASS)
  - SPEAKING TO AUTHORITY (TEACHER)
  - STANDING OUT



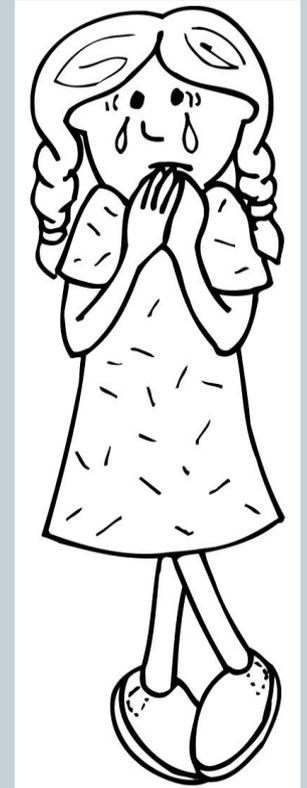
# Antonio

Antonio, a 3<sup>rd</sup> grader, is worried about the FCATs and other tests. On Fridays, test days, the teacher notices that he looks upset, almost as though he might break down and cry. He reports a fear of not being able to move on to 4<sup>th</sup> grade if he does poorly on the FCAT. He constantly asks his mother and teacher for reassurance that he won't be retained. No matter what Antonio is told, he still worries. Antonio performs satisfactorily (grade level) in math and reading. He is often absent due to frequent headaches, especially on Fridays.

# GENERALIZED ANXIETY DISORDER



- EXCESSIVE WORRY ABOUT EVERYDAY LIFE ISSUES
- EXCESSIVE REASSURANCE SEEKING
- STOMACH ACHES, HEADACHES, ETC.
- IRRITABILITY, POOR CONCENTRATION
- COMMON FEARS
  - NOVELTY
  - MAKING MISTAKES
  - PERFORMANCE (SCHOOL, SPORTS)
  - NEGATIVE NEWS



# Tracey

Tracey, a 15-year-old girl, is having **trouble staying in her classes. After about 10 minutes she asks to leave each class and she sits in the office. When questioned, Tracey talks about “terrible feelings” that she gets including nausea, feeling as though she may have trouble breathing, and worrying that others may notice that she might lose ‘control.’**

# Panic Attack Symptoms

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Derealization or depersonalization
- Fear of losing control or going crazy
- Fear of dying
- Tingling sensations
- Chills or hot flashes

# PANIC DISORDER

- RECURRENT, PERSISTENT PANIC ATTACKS (SUDDEN)
- FEAR OF FUTURE ATTACKS OR PHYSICAL SYMPTOMS, WORRIES ABOUT DYING, LOSING CONTROL OR GOING CRAZY
- AGORAPHOBIA - AVOIDANCE OF SITUATIONS WHERE ATTACKS MAY OCCUR
- COMMON FEARS
  - PUBLIC TRANSPORT
  - DISTANCE FROM SAFETY SPACES
  - SPORTS / EXERCISE



# Differential Diagnostic Issues: Social Anxiety vs. Panic Disorder

- **Social Anxiety**

- Panic attacks are cued by social situations
- Avoided situations always involve other people
- Main fear is of negative evaluation, embarrassment, rejection, humiliation

- **Panic Disorder**

- Panic attacks occur spontaneously
- Situations are avoided whether or not others are involved
- Main fear is of the symptoms of panic: “Something is physically wrong with me!”

# Differential Diagnostic Issues: Panic Disorder vs. GAD



- **Panic Disorder**

- Symptoms of the fight or flight response
- The symptoms themselves cause fear and/or avoidance
- The panic dissipates upon avoidance or escape from the situation

- **GAD**

- Symptoms of tension, apprehension, and stress
- The physical symptoms are not the focus of worry or fear
- The anxiety and worry continue despite avoidance or escape of situations

# Differential Diagnostic Issues: Social Anxiety vs. GAD



## • Social Anxiety

- Worry is focused on performance and social/evaluative situations
- The anxiety dissipates upon avoidance or escape of the situation
- Difficulty making or keeping friends
- Focus is on what other people think

## • GAD

- Worry in areas other than performance or interpersonal
- The worry does not stop, even with active avoidance or escape
- Friendships are not typically problematic
- Focus is usually on a self-imposed, unrealistic standard

# Impairment: Consider Impact on School Functioning

For example, in school setting:

You may not hear “Child is worrying” but instead **child’s school work is deteriorating** (because child is so distracted from worrying).

You may not hear “child is worried about being away from their parents” (due to separation anxiety disorder), instead, **child has high rate of absenteeism.**

# Consider Impact on Functioning

You may not hear “child worried about what others think,” instead, **child’s grades are dropping, does not participate in class and does poorly on tests** (due to interfering social evaluative fears).

You may not hear about child who feels like she needs to vomit every day (due to panic disorder), instead, **child is making frequent visits to the school nurse and is frequently picked up early by parent.**

# Avoidance is a key sign of anxiety

Sue has **stopped attending school**. She went the first couple of days with a huge fuss in morning, which continued for a few hours in the classroom.

Kevin **hates having to walk through the hallways between classes**, knowing that other people are looking at him.

Antonio is **often absent on Fridays, test days**.

Tracey is **having trouble staying in her classes**. After about **10 minutes** she asks to leave each class and she sits in the office.

# School anxiety prevention for early grades



- If your child is going into preschool
  - Take them on a tour a few days or weeks before school starts.
  - Talk to your child about what the routines will be like at school.
- At home, normalize their feelings, don't dwell on their complaints and verbalize confidence in their abilities

# Interventions for early grades



- If you think your child will be reluctant to separate, it's very helpful to have someone primed to meet and engage your child (focus on activities or classroom tasks without focusing on anxiety) when you arrive.
- If your child tends to have trouble with new social situations:
  - Arrange for play dates with some new classmates before school begins.
  - Role-play social situations at home

# Seek to understand...



What is the function of the school avoidant behavior?

- To avoid school-based situations that cause negative affectivity (depression, anxiety).
- To escape social or academic pressures.
- To receive attention from care-givers.
- To pursue tangible rewards for staying home such as sleeping late, time on the computer, or being with friends who are skipping school.

# How to Support Your Child



- Talk about reasons for not wanting to go to school, engage in problem solving/brainstorm solutions, and help them rehearse responses
- Help child to identify and label feelings and thoughts
- Demonstrate a calm and accepting attitude
- Listen seriously and validate their feelings
- Talk about the positive aspects of school (without ignoring your child's negative feelings)

# Preparing a Child for a Return to School



- Show confidence in child's ability to manage distress and problem solve
  - Give calm encouragement
  - Resist pacifying or giving easy reassurance
- Meet with your child's teacher/school staff (if possible in advance of their return)
- Casually check in with your child
- Consult with your child's pediatrician regarding physical symptoms

# Tips for Parents



- Insist on school attendance. Acknowledge your child's concerns, but reinforce child's immediate return to school.
- Make a commitment to be firm in the morning about attending school.
- Use a reward system for the child when they meet goals such as getting up in the morning, completing morning routine etc.
  - Develop this system together with your child.
  - Be careful to not positively reinforce staying home from school.

# Identify School Supports



- Chronic school refusal requires a team approach of parents, school staff, and community healthcare providers working together to help the child to maintain school attendance.
- Help your child to build a support system.
- Meet with a counselor or therapist for individual or family therapy.

# Family Self Care



- Chronic school refusal not only is stressful for the child, but also the parents and the rest of the family.
- Tune into the emotions you are experiencing about your child's school avoidance.
- If you can cope well with your own emotional reactions, you are in much better shape to be able to help your child and deal with the situation.

## Self Care Tips:

- Increase quality family time
- Take time for yourself
- Ask for help from supportive family, friends
- Seek professional help if needed

# Evidence Based Treatments for Child Anxiety Disorders

- Cognitive–behavioral approaches
  - Teaches coping strategies such as relaxation, problem solving, reducing negative self-talk, and increasing healthy self-talk.
  - Other strategies may include rewards for school attendance, parent training, goal setting, and setting up contracts.
  - Ex. Behavioral Assessment Tasks
    - ✦ Addresses specific target behaviors by testing behavioral limits through understanding the relationship between Antecedents, Behaviors and Consequences

# Cognitive Behavioral Treatment



1. Relaxation
2. Cognitive Restructuring
3. Hierarchical Exposure

## Treatment Formats:

- Group
- Individual
- Parent Involvement

# CBT: Cognitive Restructuring/Detective Thinking



1. Identify automatic thoughts
2. Dispute by challenging probability
3. Dispute by challenging severity
3. Develop coping statements (rational responses)

# Principles of Exposure



- Ideas of hierarchy
- Staying in the situation long enough to face fear
- The role of repetition
- Understand that progress will not be smooth but need to persevere despite setbacks
- Safety barriers
- The role of rewards



# Possible diagnoses/targets for exposure



- “School phobia”
  - Expose child to going to school
- Panic disorder with agoraphobia
  - Expose child to the feelings in her body
- Social Anxiety Disorder
  - Expose child to social situations such as sleep over, going to friends’ houses, school
- Separation Anxiety Disorder
  - Expose child to separation situations

# Why Exposure?



- Allows child to re-experience the anxiety or fear provoking event in a safe, secure environment
- Cognitive restructuring is made more relevant by addresses the anxious automatic thoughts that are elicited during exposures
- Physiological symptoms may be targeted by teaching coping methods

# School-based interventions



- **Reentry plans**
  - A plan that addresses what steps will be taken when the student refuses to come to school should be developed in collaboration with the parents.
  - A gradual/progressive reentry plan is often recommended for older students or students who are extremely anxious or depressed.

# Where to get help?



- For a youth who is NOT in immediate crisis, but is displaying symptoms of a mental health problem, or has just has asked for help/to talk to someone:
  - Your local mental health centers offer a variety of services, including:
    - Individual, family and group counseling for a variety of issues, parenting training/support, psychiatry/medication monitoring
    - Different levels of care: outpatient, intensive outpatient, partial hospitalization
- For a youth who is experiencing a ***non-life threatening*** behavioral or emotional **CRISIS:**
  - Parents/Guardian call PerformCare to request Children's Mobile Response and Stabilization Service at **1-877-652-7624**
  - Visit within 24 hours

# Additional Resources



- Association for Behavioral and Cognitive Therapies  
[www.abct.org](http://www.abct.org)
- Anxiety and Depression Association of America  
[www.adaa.org](http://www.adaa.org)
- Effective Child Therapy, Evidenced Based Mental Health Treatment for Children and Adolescents  
<https://effectivechildtherapy.org>
- National Alliance on Mental Illness [www.naminj.org](http://www.naminj.org)

# Thank You!



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