But I Don’t *Wanna* go to School!: Strategies for Addressing School Avoidance

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Welcome!

• Objectives
  – Define school avoidance as a target problem
  – Review of interventions for school avoidance
    • Tips from the trenches
  – SCH School Avoidance Group for Parents & Caregivers
Definition of school avoidance

- "Refusal" vs. "Avoidance"
- Common definition of school refusal (Maynard et al., 2015)
  - Reluctance, refusal to attend school resulting in absences (behavioral dysregulation)
  - Stay at home with parents’ knowledge vs. hiding it
  - Emotional distress at idea of attending school (somatic complains, unhappiness, anxiety)
  - Absence of severe antisocial behavior
  - Parental efforts to improve school attendance
- Not an official disorder; symptom of multiple presenting concerns
  - Approximately 50% of school refusal cases are due to anxiety (e.g. Walter et al., 2010)
It is really important for youth to go to school regularly
- Academic learning
- Social development
- Access to needed resources for special needs

If they do not attend school due to avoidance
- Avoidance reinforces anxiety and other emotional patterns
- The longer kids stay out of school, the harder it is for them to return
  - Snowball effect for work, friendships, etc
- Decreased routine and social activities = increased risk for depression
- Persistent avoidance = increased risk for dropping out and subsequent problems
  - Economic, marital, and social problems (e.g., difficulty obtaining and maintaining employment).
How much missed school matters?

• **State school attendance laws**
  - “Washington law requires children from age 8 to 17 to attend a public school, private school, or to receive home-based instruction (homeschooling) as provided in subsection (4) of [RCW 28A.225.010](https://app.leg.wa.gov-pdf). Children who are 6- or 7-years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.”
  - “Chronic absenteeism, defined as missing 18 or more days of school during a school year, significantly affects student learning. For more on this, visit the OSPI Student Attendance and [Chronic Absenteeism page](https://www.k12.wa.us/student-attendance/).”

• **The Becca Bill- truancy law**
  - Two unexcused absences- school schedules meeting with parent
  - Five unexcused absences w/i 30 days- written truancy plan with family
  - Seven unexcused absences w/i 30 days OR 10 unexcused absences w/i 1 year
    - School files petition with juvenile court to compel student to attend school
    - Parents fined $25/unexcused absence
    - Referral to community truancy board to solve problem outside of court
Absenteism is not always school avoidance

- Illness keeps child home *per medical advice*
- Objective school climate issues (e.g., threats, academic needs not met)
- Other psychosocial factors prevent school attendance
  - Family dysfunction – low supervision, permissiveness
  - Parents withdraw child from school
  - Homelessness, lack of resources to get to school
  - Presence of other *primary* diagnosis (e.g., psychosis, substance use)
- Truancy
  - Lack of fear, hide absences from caregivers, antisocial behavior, not staying at home, lack of interest in schoolwork
Many youth will avoid school for multiple reasons
May start with one reason, and become another
Avoidance affects the whole system

Regardless of the reason, routine is really important!

<table>
<thead>
<tr>
<th>Avoidance-based reasons</th>
<th>Reward-based reasons</th>
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<tbody>
<tr>
<td>To avoid school-related situations that increase negative affect (e.g., anxiety, irritability)</td>
<td>Attention</td>
</tr>
<tr>
<td>To escape aversive situations (e.g., social, evaluative)</td>
<td>Tangible Rewards</td>
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Cognitive-Behavioral Therapy (CBT) Model for School Avoidance

**Cognitive-Behavioral Model:** thoughts, feelings, and actions are all related

- **Thoughts create feelings:** "I don’t like school! I don’t want to go to school! I’m gonna mess up! I’ll fail my test! I’m too overwhelmed! I can’t do it"

- **Feelings create behavior:** Anxious, distressed, worried, angry, stomach-ache, headache, feel sick

- **Behavior reinforces thoughts:** Not going to school, stay in bed, tantrums, refuse to get ready, go to nurse’s office, call/text to get picked up

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CBT for School Avoidance

• Changing the cycle

Diagram showing the cycle of thoughts, feelings, and behavior.
• The faster kids get back into school, the better their prognosis

• Two general approaches
  – **Progressively increasing attendance**: Mostly use for avoidance-based reasons (e.g., kids who are anxious about school)
  – **All at once**: Mostly use for reward-based reasons (e.g., kids who miss school because there is something “better” to do)
Avoidance: The Escalation

(A person is confronted with an anxiety-producing situation which leads to an uncomfortable sense of worry and agitation.)

(The anxiety-producing situation is avoided, and the person receives a feeling of relief. However, next time the anxiety will be worse.)
“Ride the wave”

- Our job is to help youth tolerate anxiety and distress about school.
  - Anxiety that goes up must come down and you don’t have to do anything to fix it
  - It will not hurt your child to experience distress/anxiety when in school
SUDS (Subjective Units of Distress)

The distress thermometer –
Subjective Units of Distress Scale (SUDS)

Try to get used to rating your distress, fear, anxiety or discomfort on a scale of 0-100. Imagine you have a ‘distress thermometer’ to measure your feelings according to the following scale. Notice how your level of distress and fear changes over time and in different situations.

<table>
<thead>
<tr>
<th>SUDS Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>100</td>
<td>Highest distress/fear/anxiety/discomfort that you have ever felt</td>
</tr>
<tr>
<td>90</td>
<td>Extremely anxious/distressed</td>
</tr>
<tr>
<td>80</td>
<td>Very anxious/distressed, can’t concentrate</td>
</tr>
<tr>
<td>70</td>
<td>Quite anxious/distressed, interfering with performance</td>
</tr>
<tr>
<td>60</td>
<td>Moderate anxiety/distress, uncomfortable but can continue to perform</td>
</tr>
<tr>
<td>50</td>
<td>Moderate anxiety/distress, uncomfortable but can continue to perform</td>
</tr>
<tr>
<td>40</td>
<td>Minimal anxiety/distress</td>
</tr>
<tr>
<td>30</td>
<td>Mild anxiety/distress, no interference with performance</td>
</tr>
<tr>
<td>20</td>
<td>Alert and awake, concentrating well</td>
</tr>
<tr>
<td>10</td>
<td>Totally relaxed</td>
</tr>
</tbody>
</table>

Fear Thermometer
SUDS Rating

Build a hierarchy
10  Freak out anxiety
9   Extreme anxiety
8   Strong anxiety
7   Pretty strong anxiety
6   Kind of strong anxiety
5   Moderate anxiety
4   Somewhat anxious
3   A little bit of anxiety
2   Tiny bit of anxiety
1   Calm
Anxiety & Avoidance Hierarchy

Slowly increase attendance and remove safety behaviors (e.g., calls/texts home)

- Sit in parking lot
- Work in office for 1 hour
- Full day in classroom
- Join for 3 subjects
- Join class for reading/preferred class
- Work in office and join class for recess/lunch
- Work in office for 1 hour
- Join class for reading/preferred class
- Sit in parking lot
What to do if they do; what to do if they don’t

- **If they do**: positive reinforcement
  - Find ways of rewarding even very small steps toward attendance
  - Reward *effort*
- **If they don’t**: remove reinforcers from the environment
  - No access to preferred things at home
    - May include access to their bedroom, comfort items
- **Either way**
  - Be consistent
  - Consequences happen on a day-to-day basis
  - Let’s get creative
  - Obtain SUDS ratings to demonstrate patterns of anxiety
Refining a positive reinforcement system

• Define your system
  – Point system, star chart, marble jar, etc.
  – Consider both an immediate reinforce and a long-term plan

• Reward menu
  – Include all “freebies” and frequently requested items
  – Include special time in addition to stuff
  – Ever-changing to meet the ever-changing needs/desires of an adolescent
  – Parents set exchange rate
  – Include both “low hanging fruit” and “big ticket items”
  – Once exchange rate is set ➔ No negotiations
Sick Rules: When is it OK to stay home?

- Objective fever (>100 degrees)
- Significant vomiting, diarrhea, bleeding
- Lice

Yes, you should still go to school when:
- Vomit/diarrhea due to anxiety
- Fatigue
- Stomachache, headache
- “I just don’t feel good”

Clear these rules with medical team when necessary.
What you think matters a lot!

Check in with yourself: Are you falling into a thinking trap?
• Collaborative Problem Solving
  – Brainstorm solutions to the problem without saying no to anything
  – Pick one to start
  – Collect **objective** data on implementation for one week

• Behavioral Pacing
  – Gradually increasing stamina over time
  – Helpful for youth who have been out of school for some time
Partnerships: Getting support

• Dynamic plans that allow for flexible reintegration
• Examples:
  – Identifying intermediate places for them to work if not in the classroom
  – How they would get access to work if not in the classroom
  – What language staff should use when discussing attendance
  – How staff should respond if other students are asking a lot of questions
• Spell out how plan to increase time and reintegrate into all classes, and how school staff would coordinate that
A note on alternative academic programs

• OK to consider alternative/home/cyber school when:
  – Documented academic needs that cannot be addressed in school
    • Justification for how other program meets needs school cannot
  – Safety of patient or others
  – In line with family beliefs (prior to onset of anxiety)

• For anxiety: NOT recommended
  – Take it “off the table” during the first session
The role of parents and caregivers is **CRITICAL**
- Supporting youth who are distressed
  - Implementing the reinforcement system
- Setting and enforcing behavioral limits
- Coordinating with the school team
• “Possibly efficacious” (Silverman, Pina and Viswesvaran, 2008)
• Complicated by:
  – Few rigorous studies, small sample sizes
  – Inconsistent definition and treatment approach- individual focus, comparison group
  – High attrition (Chu et al., 2014; Last, Hansen, Franco, 1998)
• Recent meta-analysis (Maynard et al., 2015)
  – Effective in improving attendance \( (g = 0.61, 95\% \text{ CI} = [0.01, 1.21], \ p = .046) \) but not in treating anxiety \( (g = -0.05, 95\% \text{ CI} = [-0.40, 0.31], \ p = .80) \)
  – CBT + meds > CBT > comparison group
• Unanswered questions
  – How much parental involvement?
  – Replication of effects?
  – What are the long-term effects (Heyne et al., 2002: maintenance of gains at 4.5 months post)
  – Is this a stand-alone treatment?
Seattle Children’s School Avoidance Group

• Susan Sidman, M.Ed. & Kendra Read, PhD
• Parent/caregiver-only group
• Runs once per semester (starting October and February, roughly)
• 8 weeks
• Request referral from PCP in order to schedule initial evaluation
School Avoidance Resources

- Getting Your Child to Say “Yes” to School: A Guide for Parents of Youth with School Refusal Behavior, by Christopher Kearney
- When Children Refuse School: A Cognitive-Behavioral Therapy Approach Parent Workbook (Treatments That Work Series), by Christopher Kearney & Anne Marie Albano
Anxiety Resources

- Association of Behavioral and Cognitive Therapies: www.abct.org
- Anxiety and Depression Association of America: www.adaa.org
- Division 53: Society of Clinical Child and Adolescent Psychology: www.effectivechildtherapy.com
- WorryWise Kids: www.worrywisekids.org
- National Child Traumatic Stress Network: www.nctsnet.org
- International OCD Foundation: www.iocdf.org
- Child Anxiety Tales: copingcatparents.com
Anxiety Resources

- *Cognitive Therapy Techniques: A Practitioner’s Guide* (Leahy)
- *Using Homework in Psychotherapy: Strategies, Guidelines, and Forms* (Tompkins)
- *Treating Anxious Children and Adolescents* (Rapee, Spence)
- *Helping Your Anxious Child* (Rapee, Spence)
- *Talking Back to OCD* (March, Benton)
- *Freeing Your Child from OCD* (Chansky)
- *Mastery of Anxiety and Panic in Adolescents, Therapist Guide* (Pincus)
- *Riding the Wave Workbook* (Pincus)
- *Treating Trauma and Traumatic Grief in Children and Adolescents* (Cohen, Mannarino, Deblinger)
- *The Explosive Child* (Greene)
- *Parenting a Child who has Intense Emotions* (Harvey)