School Anxiety School Refusal in the School Setting

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Illinois School Code

Compulsory Attendance (105 ILCS 5/2601)
Sec. 26-1. Compulsory school age – Exemptions. Whoever has custody or control of any child between the ages of 7 and 16 years shall cause such child to attend some public school in the district wherein the child resides the entire time it is in session during the regular school term.

Identifying a Student at Risk

Absences from school
• Excessive excused and unexcused absences
• Increase in truancies
• Avoids portion of school day (e.g. gym class, particular teacher(s) or period(s) of school)

Increase in somatic symptoms
• Exhibits stomachaches, headaches, nausea, vomiting, etc. especially on school days
• Frequent visits to doctors or specialized medical attention
Identifying a Student at Risk (cont’d)

Change in grades or academic achievements
• Avoids or struggles to complete academic tasks
• Missing assignments or incomplete assignments
• Pattern of academic failure
• Decreased motivation associated with increased negative feelings towards school
• Easily overwhelmed with school and home expectations and/or assignments

Identifying a Student at Risk (cont’d)

Marked change in attitudes or behaviors
• Distressed about school more often than peers their age
• Feelings and attitudes towards school have negatively changed
• Behavior patterns only occur on school days
• Pattern of negative peer relationships
• Avoidance of school-related activities
• Difficulties with social skills and peer relationships

Factors that Contribute to School Refusal

Difficulties with...
• managing feelings of discomfort
• experiencing disappointment
• applying conflict resolution skills
• communicating needs effectively to parents, peers, and/or school staff
History and Context of Behavior

• Chaotic/Dysfunctional family system
• Past academic and behavioral problems
• Lack of motivation and self-confidence
• Family and/or peer group does not value education
• Poor perception of school success and confidence related to school achievement
• Lack of strong connections to school
• Poor coping skills to manage stress

When we’re anxious or uncomfortable..

• Our Fight – or – Flight system gets activated by the perception of threat/danger
• The perceived fear is greater than the actual threat/danger
• Everyday occurrences become overwhelming
• Behaviors interfere with daily functioning

Maladaptive Coping (Avoidance)

• Based on misappraisal of the threat
• Intention is to avoid fear stimulus or the danger it signals
• Coping patterns develop as a way to create immediate relief and avoid experience of discomfort
Emotional and Cognitive Functioning

- Assessing discrepancy between emotional and cognitive levels of development
- Understanding different stages of emotional development
- Considering emotional development when formulating expectations
- Developing emotional maturity

Distress Tolerance

- Lack of crisis survival strategies
- Underdeveloped skills to manage feelings such as disappointment, anger, sadness
- Difficulty applying coping strategies to stressors

Emotional Regulation

- Difficulty managing emotions
- Lack of self soothing techniques
- Poor impulse control
Functions of School Refusal Behavior (Kearney)-4 Domains

Domain 1: Avoidance of Negative Affect (somatic complaints, sadness, general anxiety)
- Fatigue, somatic complaints, sadness, general anxiety

Domain 2: Escape from Evaluative or Social Situations (social phobia, OCD perfectionism)
- Social phobia, OCD, perfectionism

Domain 3: Attention Seeking Behavior (separation anxiety, sympathy from family, high enmeshment)
- Separation anxiety, sympathy from family, high enmeshment

Domain 4: Pursuit of Tangible Reinforces (video games, internet, sleep, drug use)
- Video games, internet, sleep, drug use

Domain 1
Avoidance of Negative Affect

Traits:
- Anxiety symptoms, difficulty advocating for self, inability to self soothe
- Depressive symptoms, low tolerance for managing distress
- This student commonly presents with a lot of somatic complaints

Interventions:
- Provide education about anxiety and effective response techniques
- Recognize patterns of behavior
- Teach ways to manage physical/somatic symptoms
- Develop anxiety/avoidance hierarchy and work on exposure situations
- Gradual re-exposure to school setting
Domain 2
Escape from Evaluative or Social Situations

Traits:
• Isolation and/or decrease of social activities
• Difficulty managing social situations
• Perfectionism/Fear of Failure
• Black and White Thinking
• Perseverates/obsesses on thoughts

Interventions:
• Psycho-education
• Anxiety/avoidance hierarchy
• Modeling and role-play
• Cognitive restructuring
• Gradual re-exposure to school setting

Domain 3
Attention Seeking Behavior

Traits:
• Seeks reassurance from parent
• Separation anxiety
• Poor boundaries/high emeshment
• Parents may be overly sensitive and reactive to somatic complaints
Domain 3
Attention Seeking Behavior

Interventions:

Intense Parent training that includes:
- Structure and routine
- Clear expectations
- Altered use of language with child
- No options regarding school attendance

Domain 4
Pursuit of Tangible Reinforcers

Traits:
- Poor sleep hygiene/patterns (i.e. student stays up late and sleeps during the day)
- Access to privileges without meeting expectations,
- Lacks motivations to attend school
- Possible drug use and/or internet, gaming addiction
- Struggles with limits and resists authority

Domain 4
Pursuit of Tangible Reinforcers

Interventions:
- Family based treatment
- Contingency contracting
- Communication skills
- Peer refusal skills training
- Holding child accountable
- Escorting child to class
- Rule out addictive disorders and seek alternative treatment when necessary
Strategies and Interventions

Absence Policy

• Clear and enforceable attendance standards that hold students and parents accountable for attendance and policies that promote increased school attendance
• Require a physician note for all absences
• Legal consequences
• Develop a relationship with truancy officers

Strategies and Interventions (cont’d)

Communication

• Maintain consistent dialogue between school personnel and parents on student’s progress and expectations (i.e. weekly contact with parent)
• Creating rapport between student and staff helps the student to experience a connection with the school
• Provide accommodations in a supportive school environment
• Communicate openly with parents
• Set clear expectations and follow through

Strategies and Interventions (cont’d)

Social

• Encouragement of extracurricular activities and student participation can decrease anxiety, foster independence and increase connections in the school setting
• Address negative peer relationships in the school environment, such as bullying, teasing, etc.
• Social skill development may be necessary to promote change
• School social workers, counselors, psychologists, teachers and peer groups are resources for intervention
A psychological/neuro-cognitive assessment and/or intervention may be warranted if patterns of academic failure are present.

Identifying and implementing emotional/behavioral/academic accommodations for students may be needed.

Strategies and Interventions (cont’d)

- Family Therapy

  - Family Systems Perspective
  - Identify patterns of behavior
  - Purposeful parenting vs. Emotional Reactive parenting
  - Create goals for parenting that are in service to family values
  - Aligned parenting creates expectations that increase consistency and structure

- Family Therapy (cont’d)

  - Create realistic Family Contract
  - Identify and Strategize obstacles to following Family Contract
  - Explore healthy and unhealthy patterns of Communication
  - Language development
  - Evaluate progress and obstacles regularly
Suggestions for Parents

• Avoid enabling your child
• Create home environment that fosters structure and consistency
• Communicate effectively
• Increase self awareness
• Recognize patterns that contribute to child’s anxiety

Increasing Awareness in School Personnel

• BE AWARE and manage frustration and emotional reactions to parents and students involved in truancy situations.
• BE AWARE of mental illness and emotional functioning of students and family members when creating interventions

Therapeutic Treatments for School Refusal

• Cognitive Behavioral Therapy
• Exposure/Response Prevention
• Skill building: Communication, Conflict Resolution, Study/organization, Self esteem and Social Skills
• Intensive individual therapy, family therapy and parent education
• Collaboration with school support staff
Exposure and Response Prevention Treatment for School Anxiety

- Make a list of feared stimuli/situations
- Arrange stimuli in hierarchical order
- Use the hierarchy to develop and implement plan of systematic exposure to stimuli/situations that trigger anxiety
- Goal: to experience the fear and correct faulty beliefs to create adaptive patterns of anxiety
- The exposure is assisted by the therapist and is never forced on the patient

Exposure and Response Prevention Treatment for School Anxiety

- Therapeutic anxiety prevention relies on the experience of short term discomfort and interrupting patterns of avoidance
- The maladaptive anxiety is corrected by the awareness gained during the exposure (i.e. there are no long term negative effects by the experience)

Cognitive Behavioral Model for the Treatment of Anxiety Disorders

Fear Stimulus

\[ \text{Misinterpretation of Threat} \]
\[ \text{Anxiety} \]
\[ \text{Avoidant Coping} \]
\[ \text{Absence of Corrective Experience} \]
Case Study

Case Study #1
Sam is a 15 year old male. He is shy and smaller frame than his peers. He reports having migraines bi-weekly and is under the care of a neurologist. Sam has missed approximately 40% of the school year at the time of assessment. He does not participates in extracurricular activities and rarely goes out with friends. Mom is frustrated with the school for the referral. His grades have decreased and he misses many consecutive days of school.

Case Study

Case Study #2
Lucy is a 16 year old female junior and referred to treatment because of recent legal issues. She reports using cannabis daily and has a underage drinking ticket. She is failing most of her classes. Her family origin is chaotic and she comes from a single parent home. Her mother says it is difficult because she must work and her work day begins at 7:00am. Lucy reports that she cannot sleep and is unable to get up to attend school. She stays home most mornings sleeping and misses school because she does not have transportation. She states she really does not care for school and does not see a purpose in a high school diploma. She does not understand why she has been referred to treatment because she wants to drop out and get her GED.

Contact

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