School Refusal: Behavioral Dynamics & Intervention Considerations

September 30, 2015
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Agenda

- What is school refusal?
- How do you know it when you see it?
- What drives it?
- What makes it challenging?
- How do you respond to it?

Clarifications

- Truant- derived from the French word "truant" meaning beggar, parasite, lazy person, naughty child, or rogue.
  - Absence from school without the knowledge, approval or consent of parents or school authorities.
- School Phobia- an outdated term that was used to describe a specific fear of a school situation (such as an assembly) which was more emotionally based than oppositional.
- School Refusal Behavior- replaced school phobia and was adopted as a broader and encompassing term. Difficulty attending school or absence from school on account of severe emotional difficulties at the time of attending school.
Clarifications

- Absenteeism - a legitimate or illegitimate absence from school or class.
  - 80% legitimate reasons
  - 20% school refusers
  - 1%-5% are emotionally based absenteeism
  - School refusal is often referred to a family physician by a parent.

What is School Refusal?

- Completely absent from school
- Initially attend and then leave during the school day
- May attend for all or part of the day, but only after a behavioral incident at home or on the way to school
- Unusual distress during the school day and plead for nonattendance or create excuses to go home

Levels of Severity

- Initial - absenteeism remits spontaneously within a two week period
- Substantial - occurs a minimum of 2 weeks and requires some form of intervention
- Acute - lasts from 2 weeks to one calendar year
- Chronic - lasts longer than one calendar year and overlaps two school years
Demographics of Refusers

- Equally common in boys and girls
  - Females: fear based
  - Males: oppositional based
- Peaks in Kindergarten, 6th grade, and 9th grade
- Transcends socioeconomic differences
- Transcends academic or intellectual ability

Long Term Impact

- School refusal which is not addressed may be predictive of later problems
  - Lower academic performance
  - Dropout rates
  - High rates of psychiatric disorders
  - High rates of outpatient psychiatric treatment as adults
  - High rates of stress
  - Social and marital problems later in life
  - Autonomy issues

Warning Signs

- Complains about going to school
- Frequent tardiness or unexcused absences
- Avoids school on test days, when they are suppose to give a speech, or physical education classes
- Many requests or whining about wanting to call or go home
- Worries about a parent while at school
- Many physical complaints
Behavioral Characteristics of School Refusers and Truants

<table>
<thead>
<tr>
<th>School Refusal</th>
<th>Truancy</th>
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</thead>
<tbody>
<tr>
<td>Severe emotional stress about attending school: may include anxiety, temper tantrums, depression, or somatic issues</td>
<td>Lack of excessive anxiety or fear about attending school</td>
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<td>Parents are aware of the absence or the child convinces parents to allow him to stay at home</td>
<td>Children often attempt to conceal their absence from parents</td>
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<tr>
<td>Absence of significant behavioral or antisocial problems</td>
<td>Frequent antisocial behavior, often in the company of antisocial peers</td>
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<td>During school hours, the child stays home because it is safe</td>
<td>During school hours, the child is somewhere other than home</td>
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<tr>
<td>A willingness to do homework and complies by completing work at home</td>
<td>Lack of willingness to do schoolwork or meet academic expectations</td>
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Decision Tree

School non-attendance

Are there any medical problems?  Yes → Physical Illness

Do parents know the whereabouts of the child?  Yes → Truancy

Are parents concerned about the non-attendance?  Yes → Parent-condoned absence

Does the child show significant distress in attending school?  Yes → School Refusal

Interventions based on Function

The prescriptive identification of the purpose of the school refusal (Functional Model) meets the criteria to be considered an evidence based treatment approach (Chorpita et al., 1996; Kearney, 2002, 2007; Kearney, Pursell, & Alvarez, 2001; Kearney & Silverman, 1990, 1999)
Assumptions

- Behavior usually has a purpose that drives it.
- Behavior that leads to gratification of a need gets stronger.
- Behavior that doesn’t is prone to fade.
- Intervention is more likely to succeed when function is accounted for.

Broad Goals of Behavior

- Avoiding/escaping what is unpleasant—and that registers as a desirable thing.
  - (negative reinforcement)
- Gaining what is desirable/valued—and that registers as more positive than that which the status quo offers.

Main Functions of School Refusal Behavior (SRB)

- Avoidance of things related to school that elicit negative/unpleasant affect.
- Escape from aversive social/evaluative situations in school.
- Gaining Attention (parental, staff).
- Gaining tangible reinforcers outside of school.
Multiple Functions

- Many students are motivated by more than one function
- Function(s) may alternate depending on circumstance/context
- Such cases are more complex
- Not accounting for such may lead to ineffective intervention

Multifaceted Reactions involved in SRB

- Negative reactions can have multiple components that need to be understood:
  - Physical
    - Nausea, headaches, phantom pains, etc.
  - Cognitive
    - Negative self-talk, catastrophizing, etc.
  - Behavioral
    - Crying, tantrums, irritability, etc.

Possible Functions of School Refusal Behavior (SRB)
1) To Avoid

- Avoidance of things that unpleasant feelings related to school
  - In school:
    - Specific situations
    - Lunchtime
    - Bullies
    - Restroom
    - Etc
  - Outside of school:
    - Bus trip
    - Etc

Additional Characteristics of Avoidant SRB

- Many also have significant anxiety & depression
- Often more dependent
- Tend NOT to be defiant, misbehaving kids
- Tend to have few other emotional issues
- Tend to come from healthier families

2) To Escape

- From painful/uncomfortable evaluative situations and/or painful/uncomfortable social situations
  - E.g.: embarrassment, shame, ridicule, rejection from peers/staff
  - Hallway interactions, unstructured social situations, assemblies, specific people, group work, speaking in front of others, tests/graded situations, performance-oriented classes, etc.
  - They may actually lack a needed ability to perform
  - Hard time meeting others' expectations or fitting in
  - School serves as a constant reminder of this
Additional Characteristics of Escape SRB students

- Often have higher levels of anxiety & depression
- Often withdraw
- High level of somatization
- May be insecurely attached
- May be socially or physically awkward
- Usually older (11–17)
- May skip classes or frequently request schedule changes
- May avoid school building until last minute, leading to frequent tardiness

3) To Gain Notice/Attention

- These students aren't motivated to avoid something negative; rather, they want to gain something positive
  - E.g., sympathy, notice, interaction with valued people outside of school
- May have little actual distress about school
- May attend if valued other (parent, sib) is with them
- At school, they are more noncompliant, defiant, manipulative, and oppositional
- Physical complaints used instrumentally/intentionally
- Have greater insight into their refusal

Additional Characteristics of Attention-based SRB

- Some may have issues related to separation anxiety; however, refusal is oriented more toward gaining attention from parents/staff
- Tend to be younger (avg. 9–10)
- Tend to come from more enmeshed families where independence & autonomy is discouraged
- Often a history of adults giving in to the child's requests/demands
4) To Gain Tangible Perks Away From School
- SRB affords the opportunity to pursue other more positive/desirable experiences not available in school
- Perks away from school are more powerful & pleasing
  - Sleeping in, spend times with friends, go to interesting places like the mall, play the ponies
- Less anxiety about school
- Greater impulsivity or inability to delay gratification

Additional Characteristics of Tangible Perks SRB
- May devolve into more of a truancy dynamic
- They feel little distress about not being in school
  - "I could attend if I wanted to, but I don't want to... and you can't make me..."
- Usually involves older students
- Often have more attention problems & delinquent behaviors
- Families often have a history of greater conflict & less cohesion & poor parent/child communication

5) Multiple Function SRB
- More complex situation
- More than one function can be operative
- This situation may occur in about 1/3 or all SRB
- In some cases, the multiple functions can be observed simultaneously
- In other cases the original function has faded & another takes prominence
  - E.g.: staying home due to negative experiences in school, but eventually discovering that being at home is highly reinforcing
- These students require more involved interventions and can take more time to resolve
Complexities

- What makes it challenging - comorbidities
- What makes it even more challenging - families

Comorbidity Issues & SRB

No Comorbidity

- About 1/3 of students showing SRB do NOT have a co-morbid issue/diagnosis
Comorbidity

- Important to consider; otherwise, intervention success may be short-lived or otherwise ineffective
- There is NO cookbook, one-size-fits-all approach to intervention for SRB
- Underlying/preexisting disorders/situations may generate, maintain, and/or exacerbate SRB
- It may be necessary to first address the comorbid issue(s)

Separation Anxiety

- Developmentally inappropriate & excessive fear/anxiety concerning separation from key figure/home
- Anticipation of separation can trigger major avoidant strategies/reactions
- Prevalence: 4% among preschoolers; just under 2% for adolescents
- SRB can be an extension of SA
- Comorbid in about 22% of SRB cases

Separation Anxiety Continued...

- When separated from parents, child can become preoccupied, obsessively so, with parental whereabouts
- This may make it impossible to perform in school
- School may then take on negative valence, by association, representing the separation
- Crying, somatic complaints, disruptive behavior
- May engage in such to force parental contact
- Morning routine at home can be such so as to put off going to school; parents can feel captive
**Generalized Anxiety**

- Excessive, and very hard to control, worry about a number of events, activities, situations
- Worrisome, exaggerated & unchecked thoughts interfere with attention & functioning
- Feel tense & anxious most of the time
- Hard to articulate specific worries (due to pervasiveness)

**Generalized Anxiety, continued**

- Can feel restless, fatigued, irritable, inattentive, sleepy (due to sleep disturbance)
- May worry excessively about ability to perform in a number of situations; can be perfectionistic
- Co-occurs in about 11% of SRB kids
- These students often also deal with depression

**Simple/Specific Phobia**

- Fear of specific objects or situations
- Reaction is excessive/disproportionate
- Often able to recognize the fear as unreasonable
- Strong avoidant response is reinforced by the avoidance
- Co-occurs in about 4% of kids with SRB
Social Anxiety

- Feels embarrassed or humiliated in social/performance situations
- Recognizes fear to be excessive
- Interferes with normal functioning
- Does have capacity for age-appropriate social relationships
- Not just reacting to adults; must also occur in peer-centered situations
- Co-occurs in about 3-4% of kids with SRB

Other Less Common Comorbidities

- Panic Disorder (rare in kids until late adolescence)
- OCD—refusal becomes a way to manage/neutralize obsessive/compulsive thoughts & rituals
- PTSD—e.g. if assaulted or sexually abused at school, verbally/emotionally abused at school. Until resolved, forcing attendance risks re-traumatization, thus increasing the avoidance
- Major Depression
- Encopresis & Enuresis
- Learning Disorder
- Substance Abuse

Comorbidities: Key Issues

- May pre-date SRB
- May lead to SRB
- May exacerbate SRB
- May lead to intervention ineffectiveness if not understood & addressed
Families of School Refusers

- Enmeshed
- Conflicted
- Detached
- Isolated
- Healthy
- Mixed

Enmeshed Family

- Lack of boundaries
- Overprotective parents
- Overindulgent, not setting any limits on behavior
- Overly involved with each others' issues/lives; separation issues; loyalty issues

- School Refuser- dual purpose symptoms exhibited
  - Avoid school attendance
  - Elicit a strong nurturing and pampering response from parents

Conflicted Families

- Constantly in conflict
  - Internal unrest; fighting, arguing; poor communication; poor problem-solving

- School refuser- constant anxiety may make adapting to the normal stresses of school attendance overwhelming and unbearable
Detached/Aloof Families

- One or both parents physically or emotionally absent
- Raised by other relatives or foster care system
- Seem uninterested in each other's issues; weak discipline
- School Refuser—Feels no one is there for them or will help with problems at school

Isolated Families

- Rural or Isolated settings
- Limited contact beyond family
- Difficult to reach—closed system
- Keep to themselves; resist involvement/input from the outside
- School refusers—school can be a threatening experience given limited social interactions which could lead to further social isolation

Healthy Families

- Not just dysfunctional families!
- School refusers—difficulty because of a punitive teacher, a bully, academic struggles
Mixed Trait Families

- Some families have 2 or more traits! Yikes!
  - Enmeshed family that is highly conflictual
  - Isolated family with detachment of individual family members

Problematic Parent Situations

- Parents looking for a fight or who are resistant
  - Blame school; externalize responsibility; resist suggested solutions; may threaten legal action, etc.
- Unconcerned parents
  - Downplay problems; little initiative in dealing with the problem; unresponsive to suggestions; miss appointments; looking for quick, easy fixes
- Parents who don’t comprehend
  - Lack understanding; easily drawn “off-task” when team tries to work collaboratively; may be distracted by other personal family, work, marital problems

Considerations

- Given the high level of somatization that these students display, it's important to obtain a complete medical history and a thorough physical examination
  - Mononucleosis
  - Thyroid conditions
  - Diabetes
  - Lead/mercury exposure
  - Anemia
  - Seizures
Considerations

- Conduct separate interviews with parents and the student
  - Interview the student before the parents
  - Enmeshed families - "unispeak" where the parent speaks for the student or the student speaks for the parents
- Look for the reinforcers
  - Determining secondary gains will be key in developing an effective intervention plan and preventing relapses

Considerations

- Pattern of School Absence
  - Only misses school on Thursdays
  - Ask yourself, "Why here? Why now?"
- Consider contextual issues
  - Homelessness and poverty
  - Teenage pregnancy
  - School violence
  - School bullying
  - School climate

General Intervention

- Treatment of choice: Return to school as early as possible!
  - #1 factor in increasing the likelihood of success
  - The longer they remain outside of school the more difficult it will be to return
  - Identify particular classes, a limited time period, or certain days are all good starting points
  - Gradually increase attendance and do not continue alterations indefinitely
  - Even with a partial return, the ultimate goal is attending for a full day on a regular and consistent basis
General Intervention

- Cooperation with the School
  - Schedule change
  - Teacher change
  - Arrive at school through another entrance
  - Arrive early
  - Arrive late
  - Safe area in the school for when stressed
- Mutual agreement
  - With parents is critical to prevent the student from splitting parents or splitting parents and school

Pulling it all together!

- Know the function of the school refusal behavior
- Address the behavior early!
  - A quick response has been found to increase the probability of success
- Common factors Handout - Big Picture!

Thanks for Attending!

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