SCHOOL PHOBIA: When School Becomes Your Biggest Fear

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SCHOOL PHOBIA
“I Ain’t Afraid of No School”

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SCHOOL REFUSAL BEHAVIOR

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OBJECTIVES

• Review Definition, Risk Factors, and Types of School Refusal Behavior
• Review Assessment of School Refusal Behavior
• Review Treatment of School Refusal Behavior, including roles of the student, parents, school staff, and frontline professionals.
• Enter into brilliant and interesting discussion about this (and any related) topics
DISCLOSURES

• I have no financial or emotional investments in any products, pharmaceuticals, programs, or companies.

• Except those that make really good brownies
Who am I?

• Land of Cleve, OH
• Cincinnati, OH
  – University of Cincinnati
• Cambridge, MA
  – Cambridge Health Alliance
• Boston, MA
  – MGH/McLean Hospital
• Salem, MA
  – North Shore Medical Center
OUTLINE

• Terminology/Definitions
• Understanding School Refusal Behavior
  – Statistics, Risk Factors, Consequences
  – Forms/Functions of Refusal Behaviors
• Assessment of School Refusal Behavior
• Treatment of School Refusal Behavior
• Resources
TERMINOLOGY and DEFINITIONS

School Refusal Behavior
TERMINOLOGY

• School Phobia
• Truancy
• Absenteeism
• Chronic Non-Attendance
• Emotionally-Based School Refusal
• School Refusal Behavior
DEFINITION

• School Refusal Behavior
  – 5 to 17 years old
  – Difficulty attending part of or an entire school day
    • Attend initially, then leave later in day
    • Entirely absent from school
  – High absentee rate: 13.5 days in a year
  – Chronic school refusal: >1 year
UNDERSTANDING

School Refusal Behavior
STATISTICS

• Exact numbers impossible due to differences in definitions/reporting
• Prevalence of 1 to 8% in the US
• 28% of children in US will have school refusal at some point
• No significant difference between genders, ethnicity, or general geography
• High Risk ages
  – Transition points, with starting in a new building
  – 5-6yo, 11-13yo

• High Risk times of the year
  – Following vacations
  – Following holidays

• High Risk events
  – Moving to a new home/town
  – Major family issues: death or divorce
  – Major medical issues
  – Bullying or threats to safety
  – Traumatic experiences
RISK FACTORS

- **Neuropsychiatric**
  - Psychiatric Disorders, including Sleep Disorders
  - Substance use disorders

- **Cultural**
  - Gangs
  - Bullying
    - 160,000 kids miss school daily due to fear of bullying
    - Electronic aggression increasingly frequent
  - Recent immigrants
    - Higher dropout rates
  - LGBT
    - 8/10 verbally harassed, 4/10 physically harassed at school
    - 40% homeless youth are LGBT, often due to family rejection

- **Chronic medical issues**
RISK FACTORS

• Family
  – Financial / low socioeconomic status / single parent
    • Help with chores, caring for siblings, income from work
  – Problematic family/marriage issues
  – Worried about parents with substance issues
  – Abuse/unsafe home environment
  – Parental mental health issues (separation anxiety, fear of harm to child)
  – Foster children
    • Multiple school changes, higher repeating grades, dropout
    • Higher rates homelessness, incarceration, mental health issues
  – Homelessness
RISK FACTORS

• School
  – Negative interactions with peers and staff
  – Lack of feeling connected with school
  – Academic difficulties
  – Difficulty with school routine
  – Performance-oriented class
Anxious Attenders vs Non-Attenders

• Study by Ingul and Nordahl in 2013 of 865 Norwegian high schoolers
• Divided into high vs normal anxiety and high (13.5+ days) vs normal absence groups
• Compared high anxiety attenders vs non-attenders
  – Most important differentiating factors are psychiatric severity and negative personality traits
  – Often start with more risk factors (social anxiety/panic, family issues, behavioral issues)
  – Which affect them more over time due to negative outlook and experiences (self-blame and panic) and less ability to cope (less friends and social activities)
PSYCHIATRIC DIAGNOSES

• As high as 2/3 of school refusers have psychiatric diagnosis
• Separation Anxiety Disorder
• Generalized Anxiety Disorder
• Social Anxiety Disorder
• Oppositional Defiance Disorder
• Depression, including Sleep Disorders
• ADHD/Learning Disorders and Autism Spectrum Disorders
Kearney’s Four Functions/Types of School Refusal Behavior

• Avoidance of general school-related distress
  – Often young
  – Worry about the bus, entering school/classroom, a particular teacher, a particular class, peers, transitions, the cafeteria
  – Various patterns of distress

• Avoidance of social and performance situations
  – Often teenagers
  – Worry about making mistakes/embarrassment, social situations, performance/presentations/talking in class, phys ed class
  – Distress about certain classes/times of day
Kearney’s Four Functions/Types of School Refusal Behavior

• To obtain attention from significant others
  – Often young, don’t complain about school
  – Behaviors:
    • Tantrums/defiance in AM - Running away from school
    •Stubborn/guilt-inducing behaviors to stay home
    • Wanting to stay with parents (home, school, or work)
    • Calling parents during the day
  – Includes separation anxiety
  – Often miss early part of the day, then settle down

• To do enjoyable activities
  – Often adolescents
  – Often secretive, not distressed, and are “bored”
  – Spend time sleeping, TV/video games, with friends, working
  – Often leave for lunch or random time
Forms of School Refusal Behavior

- Attendance with pleas to stop
- Behavioral issues in the morning
- Repeated tardiness, with attendance
- Intermittent absences/skipping
- Periods of absences/skipping
- Complete absence for a period of time
- Complete absence for an extended period
School Refusal Behaviors

- Depressive symptoms / fatigue
- Anxiety symptoms / fear / clinging
- Somatic complaints
- Noncompliance / refusal
  - Leave bed/the house, enter the school, do work
- Outbursts / tantrums / aggression
- Running away from school / home
- Lying / skipping school
Early Signs of School Refusal

- Difficulty getting out of bed in the morning
- Somatic complaints (stomach / headaches)
- Complaints about school
- Frequent tardiness
- Absences on stressful days (tests, presentations)
- Frequent nurse visits or requests to go home
- Excessive worrying about a parent while at school
CONSEQUENCES

• Short-term
  – Academic issues, social alienation, troubled peer relationships, and lower self-esteem

• Long-term
  – Setting a precedent for dealing with difficulty
  – Dropout
    • Financial issues/unemployment
    • Relationship/marital issues
    • Psychiatric difficulties / substance use
    • Crime
    • Homelessness
CONSEQUENCES

• Family
  – Tension
  – Lost work
  – Possible legal issues

• Systemically
  – School: slows down classroom, lower standardized scores
  – Society: higher unemployment/missed work, crime, substance, homelessness
CONSEQUENCES

• Study by Armstrong et al in 2011 to evaluate school personnel’s perceptions of school refusers

• Types of school refusers
  – Frequent fliers, school phobics, sick students (legitimate and non-legitimate)

• Social constructs of school refusers
  – Defiant, socially uncomfortable,
  – Failing, invisible, sick, adult/parentified

• Personnel’s perception of student and reason for refusal influenced their interactions and decisions
ASSESSMENT

School Refusal Behavior
ASSESSMENT

• Parents
  – Questionnaires
    • School Refusal Assessment Scale-Revised
    • Fear Survey Schedule for Children-Revised
    • Conners Rating Scales
    • Youth Self Report
  – Daily behavioral charting and ratings
• School
  – Behavioral observations
  – Recording daily attendance and behaviors
  – Questionnaires
    • Child Behavior Checklist
    • Conners Rating Scale
    • Teacher’s Report Form
  – Evaluation for 504/IEP
ASSESSMENT

• Frontline Professionals
  – Interviews with student, parents, teachers
  – Questionnaires and rating scales
  – Review of school-based data and observations
  – Direct observation while in school
  – Structured diagnostic evaluations
  – Neuropsychological Testing
  – Emergency Service Programs
    • For unsafe statements or behaviors
ASSESSMENT

• School Refusal Assessment Scale-Revised
  – 24 questions for parents
  – 24 questions for the student
  – Questions rated from 0 to 6

  – Questions focus on and clarify the function of the school refusal behaviors
    • Using 4 functions of School Refusal Behavior by Kearney
TREATMENT

School Refusal Behavior
TREATMENT

• General guidelines
• Student
• Parents
• School
• Frontline Personnel
• Unsuccessful
TREATMENT

• General Guidelines
  – Admit there’s a problem
  – Try to determine what the problem is and seek help
  – In order for things to be different, we need to do things differently
  – Early intervention
  – Firm boundaries and limit setting – always maintain the mind-set that the student is going to school
  – Consistency
TREATMENT

• General Guidelines
  – Awareness of developing negative attitudes (blaming), interactions, and relationships
  – Focus on increasing positive interactions
    • Neutral, simple statements
    • Positive reinforcement of positive behaviors, no matter how small
  – Multi-dimensional approach
    • Team approach, with team leader (primary contact for family)
    • Focus on productive interactions with all members of the team
    • Frequent communication between all members
  – Adjusting educational expectations
TREATMENT

• Developing a plan
  – Agree on expectations and develop clear goals, rules (including rewards and consequences), and timeline
  – Pay attention to complexity of plan and potential obstacles
  – Start with gradual transition back
  – Daily charting of progress and goals
  – Continue participating in extracurriculars
  – More family contact leads to higher compliance / motivation
  – Longer adherence to a plan, the better members learn roles
  – Periodically reassess the plan and be flexible
TREATMENT

• Study by Nuttall and Woods in 2013 focusing on important elements of successful treatment in 2 successful cases

• Psychological Factors:
  • Developing feelings of safety, security, belonging, confidence, and value
    – Developing feelings of safety, security, and belonging
      • Places to go with little pressure/demands, small group sizes
    – Confidence, self-esteem, and value
      • Individualized rewards, giving responsibility, sense of identity in school
TREATMENT

• Support for Psychological Factors:
  • Developing positive relationships between home and school
    – Positive, nurturing approach (role modeling by adults)
    – Flexible and individualized approach to learning
    – Positive experiences
      • Developing friendships, building on strengths/interests
      • Spending time together as a family
    – Believing in and taking an interest in the student
      • Positive, individualized feedback from teachers
    – Making positive contribution/participation at school
    – Supporting social interaction and communication
TREATMENT

• Factors Supporting the Family:
  – Identifying and supporting families’ needs
  – Positive working relationships between home and school
    • Access to professionals with regular communication
    • Key professional with positive relationship as contact person
    • Flexibility in scheduling to accommodate family schedule
  – Improving parenting skills
    • Firm, honest approach with family; family support meetings
  – Behaviors should not be reinforced
    • Encourage firm boundaries, no enjoyable activities when home
  – Avoiding comparisons to family members
  – Listening, supporting, and encouraging the family
TREATMENT

• Role of Professionals and Systems:
  – Early identification and assessment of need for intervention
  – Effective systems for monitoring attendance and addressing cause of refusal behaviors
  – Collaboration between professionals
  – Discussions about the impact of not attending school
  – Regular monitoring, reviewing, and celebrating progress
  – Key adult available in school
    • Flexibility and autonomy to attend to student
  – Whole school approach
    • Communication between staff, support from leadership
Maslow’s Hierarchy of Needs

Anxiety leads to motivation to secure most basic need
TREATMENT

• Student
  – Open communication with parents and school personnel
  – Tell parents and school personnel if having issues with bullying or safety
  – School should be the top priority and primary job, giving both the knowledge and life lessons that will lead to success in life
  – School only gets harder the more you miss
  – Reminders of consequences of missing school, including not graduating, leading to limited jobs and making $1 million dollars less over a life time
TREATMENT

• Parents
  – Set an example, showing that school matters and only allowing absence if truly sick
  – Restrict activities when home from school
  – Avoid extended vacations leading to school absence
  – Structure and routines
    • Morning routines
    • Night-time routines
      – Homework
      – Getting clothes and backpack ready the night before
    – Sleep routine: **NO ELECTRONICS 30 MINUTES BEFORE BED!!**
Getting Your Child to Say "Yes" to School

A Guide for Parents of Youth With School Refusal Behavior

Christopher A. Kearney
TREATMENT

• Getting organized!
  – Organize contact information for school
  – Set up regular contact with the school
    • Obtain attendance records
    • Class schedule and grades
    • Current homework and required make-up work
    • Current behavior in school, including peer interactions
    • Review school attendance rules
    • Discuss expected timeline and obstacles for success
    • Learn legal, disciplinary, and other consequences
TREATMENT

• Getting organized!
  – Tracking refusal behavior with daily charts
    • Follow daily for patterns and whether improving
    • Track time in school (daily school reports)
    • Track whether misses are legitimate or not
    • Track level of distress
      – Mornings
      – Afternoons
      – Evening
      – Specific events
  • Track morning behavioral issues
TREATMENT

• Students who refuse to avoid general distress
  – Characteristics
    • Often young
    • Worry about the bus, entering school/classroom, a particular teacher, a particular class, peers, transitions, the cafeteria
    • Various patterns of distress

  – Treatment focus on understanding and improving the cause
  – Feelings/Emotions
    • Relaxation techniques: Breathing, Muscle relaxation, general relaxation
  – Thoughts/Cognitions
    • Helping to challenge fears and think of alternative explanations for their concerns
    • Avoid invalidating statements (“don’t worry”) or repeatedly reassuring (“it’ll be okay”)
TREATMENT

• Students who refuse to avoid general distress
  – Behaviors
    • Often late in the mornings
      – Inform school of arrival, school greeter at the door
      – If refuses to leave, sit and wait, encouraging every 15 minutes
      – Maintain expectation of going to school
    • Missing most of the day
      – Develop a plan with school of gradual return
      – Start small (first/last/favorite class/lunch, then home) and build
      – No fun things during school hours – as if grounded all day (sitting on bed, chores, school work)
  • Sunday anxiety: fun activity Sunday, then relax at night, fun activity Monday night
TREATMENT

• Students who refuse to avoid social and performance situations
  – Characteristics
    • Often teenagers
    • Worry about making mistakes/embarrassment, social situations, performance/presentations/talking in class, phys ed
    • Distress about certain classes/times of day
  – Feelings/Emotions
    • Normalize: everyone feels uncomfortable in certain situations
    • Relaxation techniques
TREATMENT

- Students who refuse to avoid social and performance situations

  - Thoughts/Cognitions
    - Challenge negative thoughts and black/white thinking, using realistic scenarios
      - Fear something bad will happen/embarrassment or assume they know what others think about them (mind reading)
      - Daily review/challenging with parent, non-judgmental
    - Goal is to do what is necessary despite distress

  - Behaviors
    - Start small and advance
    - Attend rest of non-distressing day and arrange somewhere to go for distressing part
    - If performance: practice in low stress situations, such as with family or teacher alone
TREATMENT

• Students who refuse for attention
  – Characteristics
    • Often young, don’t complain about school
    • Behaviors:
      – Tantrums/defiance in AM - Running away from school
      – Stubborn/guilt-inducing behaviors to stay home
      – Want to stay with parents (home, school, or work)
      – Calling parents during the day
    • Includes separation anxiety
  • Often miss early part of the day, then settle down
  • Control morning routine of the entire family with behavior
TREATMENT

• Students who refuse for attention
  – Plan is to take control
  – Schedule a regular morning routine, 2 hrs before must arrive, time for each task, including “extra time”
  – Pay attention to appropriate behaviors and ignore inappropriate behaviors
  – Formal rewards for going to school without a fuss
    • TV, video game, time with parents
  – Formal punishments for going to school with a fuss
    • Loss TV/video game/friend time, does chores instead
    • Focus punishments on most disruptive behavior first
    • Avoid extreme punishments (taking away Christmas)
TREATMENT

- Students who refuse for attention
  - Change how you speak to him
    - Short, direct commands, telling him what you want him to do
    - No lecturing, criticizing, bargaining
  - Dealing with repeated questions/phone calls
    - Answer questions once, then ignore
    - Limit of 2 phone calls from school, only if good behavior
  - Dealing with kids that run away from school
    - Increased monitoring at school, adult escorts between classes
    - Develop a plan if they leave
  - Force a child to attend school
    - Last resort, only if prior steps have failed after weeks
    - Requires 2 adults and ability to follow-through consistently
TREATMENT

• Students who refuse for attention
  – Separation anxiety
    • Challenge their worries, reinforcing daily that it’s okay
    • Get to school early, meet school official, praise for bravery, then leave quickly. May have alternative transporter
    • Don’t take him home. If he refuses to let you leave, stay at school until he’s ready.

  – If still unable to get student to school
    • BOREDOM! Minimal interaction/attention
    • Sit in chair or bed most of the day. Homework, chores, reading
    • If at work with you, sit in one spot
    • After school: chores, no socializing, punishments – can extend to weekends
TREATMENT

• Students who refuse to do fun things
  – Characteristics
    • Often adolescents
    • Often secretive, not distressed, and “bored”
    • Spend time sleeping, TV/video games, with friends, working
    • Often leave at lunch or random time
  – Significant cooperation with school and monitoring
    • Notifications daily with arrival and immediately when gone
    • Monitored during high risk times, escorting from class to class
    • Attendance log signed by each teacher – punished for non-signature
  – Find out where likely to go, with whom skips
TREATMENT

• Students who refuse to do fun things
  – Contract for school attendance
    • Recognizes need for independence and autonomy
    • Start with simple contract of responsibilities, rewards, punishments; start with 2 weeks
    • Work up to more complex plan with specific attendance goals
  – Change how you speak
  – Reward attendance, punish non-attendance
  – Help him refuse offers from friends
  – Nightly meetings to discuss how day went
  – Try to make school more interesting
  – Police: call if young or if older and fear of high risk/dangerous behavior
TREATMENT

• Problems getting out of bed
  – Follow rules of good sleep hygiene
  – NO ELECTRONICS before bed or in bedroom
  – Act as snooze alarm; set alarm across room; sit and talk to them, making it difficult to sleep
  – Contracts with rewards/consequences
  – Don’t give up: late is better than not going
TREATMENT

• “Nothing motivates my kid”
  – Re-start with a “clean slate”, giving back some basic privileges as “good faith” act
  – Focus on part-time attendance
  – Punishments:
    • Electronics
    • Snacks
    • Toys
    • Chores
    • Time w friends
    • Doing anything but sitting on the bed
TREATMENT

• School
  – Promote a positive and inviting school environment
    • Bullying prevention programs
    • LBGT support groups
  – Access to school nurses, counselors, psychologist
  – Education for staff on awareness of attitude towards school refusers
  – Early intervention and frequent communication with family about attendance and behavior
  – Consistency across all classes with plan and adherence
  – Frequently reassessing effectiveness and learning needs
  – Coordinated School Health Program
TREATMENT

- School
  - Individualized Educational Plan options
    - Structured recording of attendance
    - Written attendance contract
    - Attendance charting/log
    - Frequent recognition/reward of attendance
    - Increased monitoring of attendance
    - Immediate notification to parents about absences
    - Required documentation for legitimate absences
    - Modification of homework and make-up work
    - Assignment of “buddy” or special assistant helping student attend class and complete work
    - Additional tutoring (at home can reinforce avoidance)
TREATMENT

• School
  – Individualized Educational Plan options
    • Modification of class schedule
      – Preferred classes in AM or noncore classes in AM
    • Mediation/resolution of difficulty with teachers/peers
    • Designated calm, quiet place for when distressed
    • Check-ins with staff, point person able to address needs
    • Increase participation in extracurricular/social activities and work-study placements
    • Agoraphobia: change classes early or eat lunch in less crowded space, no assemblies
    • Separation anxiety: alternative person to transport child to school, school greeter at front door
    • Autism Spectrum Disorder: social skills groups
TREATMENT

• Frontline Professionals
  – Focus on psychiatric diagnoses and comorbidities
  – Reinforcing importance of decreasing negative and increasing positive interactions
  – Frequent communication with parents and with school
  – Regular monitoring, reviewing, and celebrating progress

• Therapy
  • Cognitive Behavioral Therapy
    – Cognitive restructuring
    – Desensitization/exposure therapy
    – Operant behavioral techniques
    – Contingency management
    » Attendance contract and attendance journal for teachers to sign
TREATMENT

• Frontline Professionals
  – Therapy
    • Research shows CBT to be effective in 67% of cases
      – No conclusive evidence of a particular approach
      – Mostly based on in/outpatient mental health treatment patients
      – Methodological concerns about current studies of “successful” CBT approaches
    • Family Therapy
    • In-Home Therapy
  – Neuropsychological Testing
  – Referral to a Psychiatrist
TREATMENT

• Frontline Professionals
  – Medications
    • Anxiety (Generalized Anxiety, Social Anxiety, Panic Disorder, Separation Anxiety)
      – SSRIs (Fluoxetine, Sertraline, Celexa)
      – SNRIs (Effexor, Remeron)
      – Benzodiazepines (Ativan, Klonopin)
      – Alpha Agonists (Guanfacine, Clonidine, Propranolol)
      – Buspirone
    • Depression
      – SSRIs (Fluoxetine, Sertraline, Celexa)
      – SNRIs (Effexor, Remeron)
      – Wellbutrin
TREATMENT

• Frontline Professionals
  – Medications
    • Sleep Disorders
      – Melatonin
      – Clonidine
      – Trazodone
      – Benzodiazepines (Ativan, Klonopin)
    • Oppositional Defiance Disorder (and Mood/Bipolar Disorder)
      – Alpha Agonists (Guanfacine, Clonidine)
      – Antipsychotics (Risperidone, Abilify, Seroquel)
      – Mood Stabilizers (Depakote, Lithium, Lamictal)
    • ADHD
      – Stimulants (Ritalin, Adderall, Concerta)
      – Alpha Agonists (Guanfacine, Clonidine)
      – Strattera
TREATMENT

- Preventing relapse
  - Continue strategies that worked, at lesser level
  - Continue strategies during school breaks
  - Continue ignoring minor complaints about school
  - Expect your child to attend every day
  - No backsliding!
  - Continue remediating family/behavioral/learning issues
  - Ongoing, intermittent contact between team members
  - "Booster" sessions to reinforce skills
TREATMENT

• Unsuccessful
  – Determine where the problem is
    • Too complicated a plan
    • Obstacles not dealt with
    • Pessimism/lack of motivation/fatigue
    • Intense resistance by child
    • Psychiatric symptoms
    • Severe family dynamics
    • School not following through
  – Discrepancy in viewpoints
    • Observe independently, review records, interview individuals
    • Determine most reliable sources
TREATMENT

• Unsuccessful
  – Difficulty from school
    • Hostility to child
    • Staff may insist child be sent home during the day
    • Poor record keeping/monitoring
    • Inappropriate class schedule
  – Plan
    • Assign hostile staff member to team and get input
    • Designate specific location when distressed (counselor/nurse/library/office) instead of home
    • Remove obstacles to monitoring
    • Change class schedule
    • Consider Special Education Advocate (FCSN, NAMI)
TREATMENT

• Unsuccessful
  – Reluctant/ambivalent parents
    • Less ready to admit there’s a problem
    • Difficulty in trusting school officials and information
    • Pessimistic about intervention and change
    • Weak in support of school and remediation plans

  – Plan
    • Strong collaborative approach, with school working closely through daily communication
    • Enlisting other family members
    • Strong conveyance of consequences
    • Delay of referral to legal agencies contingent on cooperation
TREATMENT

• Unsuccessful
  – Resistant Parents
    • Reject absenteeism as an issue, perceive school as threatening, and become evasive or hostile OR
    • Absenteeism is low priority, due to family issues (homelessness, unemployment, DV)
    • Miss meetings, don’t return calls, deliberately keep kids home from school
  – Plan
    • Persistence in contacting them (certified mail)
    • Enlisting other family members to help
    • Offer to work closely and refer to other services
    • Work closely with other services involved with the family
    • Consider legal involvement (51A with DCF, CHINS/CRA)
TREATMENT

• Unsuccessful
  – Government Agencies
    • Department of Children and Families (DCF)
      – File a 51A for concerns of neglect/abuse
    • Massachusetts Juvenile Court System
      – Child Requiring Assistance (CRA)
        » Previously Child in Need Services CHINS
        » Parent
          • Runaway
          • Stubborn Child
        » School
          • Habitual Truant
          • Habitual School Offender
TREATMENT

• Unsuccessful
  – Student continues with severe resistance
    • Associated with significant psychiatric symptoms or ongoing family/environmental turmoil

  – Plan: further evaluation and treatment
    • Neuropsychological testing
    • More intense therapeutic options
      – Family therapy
      – In-Home Treatment
TREATMENT

• Unsuccessful
  – Plan: further evaluation and treatment
    • Additional Services
      – Therapeutic Mentoring
      – Community Service Agency (CSA)
      – Family Stabilization Team (FST)
    • MCPAP evaluation through Pediatrician
    • Emergency Service Program evaluation
    • Hospitalization
      – Partial Hospitalization Program
      – Community-Based Acute Treatment (CBAT)
      – Inpatient level of care
TREATMENT

• Unsuccessful
  – School Alternatives
    • Summer school
    • Therapeutic school
    • Part-time and night schools
    • Online school
    • Home-schooling
    • GED programs
RESOURCES

School Refusal Behavior
RESOURCES

– Massachusetts General Hospital Schoolpsychiatry.org “Child/Adolescent Mental Health Information”
– Boston Children’s Hospital “Anxiety Disorders in Children”
– New York University Child Study Center “Understand School Refusal”
– Columbia University Clinic for Anxiety and Related Disorders: www.anxietytreatmentnyc.org

– National Association of School Psychologists NASP “School refusal: information for educators”; “Information for Families”
– American Academy of Family Physicians “Information from your family doctor: what to do when your child refuses to go to school”
– Child Anxiety Network: www.childanxiety.net
– Anxiety Disorders Association of America: www.adda.org
– Center for Mental Health Services: www.mentalhealth.org
– Coordinated School Health Program: http://www.cdc.gov/healthyouth/cshp/
– Anxiety and Depression Association of America ADAA “School Refusal”
– Massachusetts Special Education Resources http://www.doe.mass.edu/sped/parents.html
– Federation for Children with Special Needs

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