ABCs of School Avoidance: Fallout from the Pandemic

James Wallace, M.D.
Associate Professor Of Psychiatry
Department Of Psychiatry And Pediatrics
University Of Rochester
Speaker:

James Wallace MD

Associate Professor Of Psychiatry
Department Of Psychiatry And Pediatrics
University Of Rochester

Contact:
585-273-2561
james_wallace@urmc.rochester.edu
Disclosures

We have no relevant financial relationship with a commercial interest to disclose:
Goals

• Who refuses to attend school?
• What psychiatric disorders and other factors underlie school refusal?
• Are there Interventions built on collaboration and communication between families, schools, Primary Care providers, Mental Health providers, wraparound and crisis services?
School Refusal
Pre-COVID Epidemiology

- Prevalence: 1-5%
- Boys = Girls
- Most common age: transitions
  - 5, 6
  - 10, 11
  - 16-18
- No socioeconomic differences
Post-COVID Epidemiology

- Prevalence: 1-5% unknown
- Boys = Girls unknown
- Most common ages: unknown
- Socioeconomic differences unknown

- All children and teens with anxious/slow to warm up temperament are at risk = 20%
How It Starts

• School avoidance starts after an absence:
  - a holiday, illness, weekend, summer or pandemic (cold swimming pool)
• There are often physical symptoms (headache, stomach ache) that improve if child is allowed to stay home
• Sometimes there is an external trigger, sometimes not!!
Bullying: Chicken or Egg

► Bullying triggers anxiety
► Anxious children are targeted for bullying due to their reactive affect and social isolation
► Anxious children “over-perceive” negative affect in others
► Bullying should be solved without students missing any school
Absenteeism’s Short-term Consequences

• Falling academic performance and gaps in learning
• Family stress due to practical issues, transportation, appointments, etc.
• Peer relationships suffer by falling “out of the loop”
Long-term Consequences

• Academic underachievement becomes a new norm
• Predicts future employment difficulties
• At increased risk for psychiatric illness as adult – often anxiety, depression and substance abuse
## Failure to Launch

### Long-Term Outcome of School Refusing Children

*(Flakierska-Praquin et al. 1997)*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still living with parents after 20-year follow-up (failed to launch)</td>
<td>14%</td>
</tr>
<tr>
<td>Did not complete high school</td>
<td>45%</td>
</tr>
<tr>
<td>Adult psychiatric outpatient care</td>
<td>43%</td>
</tr>
<tr>
<td>Adult psychiatric inpatient care</td>
<td>6%</td>
</tr>
<tr>
<td>Single and childless at 20-year follow-up</td>
<td>59%</td>
</tr>
</tbody>
</table>
Associated Psychiatric Disorders

• School refusal is a symptom, not a diagnosis
• Anxiety and depression are the most common associated diagnoses
• Children: mostly anxiety
• Adolescents: 50/50 anxiety and mood disorders
• Oppositional Defiant Behavior is often present 25%
• The COVID pandemic has doubled anxiety and depression in children and teens, therefore…
Students Explain School Refusal
(Kearney & Spear, 2014):

• **Avoiding** emotions provoked by the school setting
• **Avoiding** social complexity or judgment
• **Seeking** adult/parental attention
• **Seeking** tangible reinforcements outside of the school setting (video gaming and social media)
Sleep Hygiene and School Avoidance

Sleep problems and school refusing behaviors are associated with each other but not causative.

Non-attendance allows sleep cycle shift.

Re-establishing sleep hygiene is very challenging:
- get up early, no naps, no eating during the night, no electronics an hour before sleep or during the night.
Parents of School Refusing Children

► increased rate of panic disorder, agoraphobia and depression
► have trouble tolerating child’s distress
► have trouble being brief, calm and firm

► Therefore, high incidence of generational transmission of anxiety and avoidance
Useful Adult Interventions: Calm and Firm

- Normalize anxiety
- Challenge catastrophic negative beliefs
- Don’t overly protect child
- Actively problem solve
- Be scientific and objective

- Parents can model:
  - coping and relaxation
  - role playing
  - rehearsal
  - graduated challenges
Limit the Medical Assessment

• Pursue only likely medical causes and determine when “enough is enough”
• The longer the child is out of school, the more difficult it is to return
• Beware the “Home Instruction Letter” request (remember the two facts about anxiety)
Assessment of School Refusal

• Gather information from many vantage points (home, school, daycare, etc.)

• Allot sufficient time and more than one appointment to build trust and empathy

• Clinical Interviews include may include:
  • Family together
  • Child alone or with sibling
  • Caretakers without child
Critical team building

• Collaborate with all team members and providers, especially the “weakest links”

• Get information directly and be wary of biased reporting
Screening and Assessment Tools

• Provide additional information – not diagnostic
• SCARED to assess anxiety
• GAD 7 to assess anxiety
• PHQ 9 to assess depression
• www.projectteachny.org
“A” Getting to Work: Preparing for School Exposure

- Have child/teen get up and dressed
- Take them to busy places, on errands to stores, cousins, camps, sports – to get used to crowds and noise
- Work at the 4 cornerstones of health and mental health
  - healthy *eating*
  - improved *sleep* hygiene
  - regular *exercise*
  - maximum safe *social* exposure
“B” Help Families Work with the School

- Find their “trusted person”
- Go to walk-through orientations for building transitions or re-entry
- Plan for day 1 (support options at counseling office, school nurse or main office)
- Initial plan might be stepping stones
“C” Exposure by Imagination (in vitro)

- Talk about school (the S word)
- Enthusiastic back-to-school shopping
- Tell reassuring stories about school
- Talk about upcoming routine, sleep needs, etc.
- Ask child what they remember, what their thoughts are and manage distortions
“D” Gradual Live Exposure (in vivo)

- Drive past the school, into the school parking lot, bus loop, front door
- Take full advantage of orientations and tours
- Take full advantage of walk through opportunities, meeting teachers, modeling curiosity and managing anxieties
- Try to meet teacher and “trusted person” before school starts
- “Prepay” anxiety in August to decrease anxiety on day 1
CBT - Exposure-based Cognitive Behavioral Therapy has the most empirical support for the treatment of anxiety disorders in youth

- Psycho-education
- Somatic management skills training (relaxation, diaphragmatic breathing, self-monitoring)
- Cognitive restructuring (challenging negative expectations and modifying negative self-talk)
- Exposure methods
- Relapse prevention plans (booster sessions and coordination with parents and school)
- Coping Cat (Kendall, 1990)
The CAMS Study Findings

• Exposure-based Cognitive Behavioral Therapy
  50-60% efficacy
• SSRI antidepressants (sertraline)
  50-60% efficacy
• Combination
  80% efficacy
• Placebo
  24% efficacy
“F” Medication Treatment

SSRI antidepressants should be considered for the treatment of youth with anxiety and/or depression with:

- Severe symptoms
- Impairment that makes psychotherapy difficult
- Partial response to good therapy
Medication Treatment Studies: Evidence for Efficacy

- Fluvoxamine (Rupp 2001)
- Fluoxetine (Birmaher 2003)
- Sertraline (Brawman-Mintzer 2006)
- Sertraline (Walkup 2008 CAMS)
- Duloxetine (Wright 2009)
Summary of Management of School Avoidance

- Gradual exposure to build mental muscles
- Helping parents find calm and firm “parent power”
- Building a collaborative team

In more severe cases:
- CBT Therapy with exposure for kids and families
- Medicine when necessary for more serious anxiety and depression
Websites

• [Understood.org](http://www.understood.org) “What to do if Your Child Refuses to go to School”
• [www.childanxiety.org](http://www.childanxiety.org)
• [www.aacap.org](http://www.aacap.org)
• [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)
• [www.projectteachny.org](http://www.projectteachny.org)
References


References (cont.)


References (cont.)


Q & A

James_Wallace@urmc.rochester.edu