When Children Refuse School

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For Christopher A. Kearney, Ph.D.

With gratitude

Thought-leader and generous colleague who has taken the study and treatment of school refusal from theoretical to empirical, and in the process has changed for the better the lives of many school-aged youth and their families.
Agenda

Understanding School Refusal: Model and Assessment
- The scope and consequences of school refusal behavior.
- Assessment of school refusal behavior: Examining the motivating conditions underlying school absence.
- Consultation with school personnel and parents: Calling a truce to assist the youth.
- Case Conceptualization: Planning the prescriptive treatment of school refusal.

The Prescriptive Treatment Approach
- Treatment of school refusal behavior motivated by escape from negative affect: A focus on generalized anxiety, phobia, panic, depression and social phobia.
- Treatment of school refusal behavior motivated by positive attention and reinforcement: A focus on separation anxiety and when parents give up and give in.

Pharmacotherapy and Alternative Strategies for Intractable School Refusal
- The role of medication in combination treatment of school refusal.
- Strategies for difficult-to-treat youth and families: Considerations for intensive treatment and residential programming.
The Scope and Consequences of School Refusal Behavior
School Refusal Behavior (SRB) is an overarching term representing an inability to maintain age-appropriate functioning vis-à-vis school attendance and/or to adaptively cope with school-related stressors that contribute to nonattendance.
“No, no, I don’t want to go!”

- Transient pleas for staying home:
  - Not uncommon and cause little upset
  - Associated with certain times of the year (e.g., end of vacation) or circumscribed events (e.g., oral reports, tests)
  - Quickly overshadowed by the overall positive effects of being in school: seeing friends, learning, being reinforced by teachers and others
School Refusal Behavior (SRB)

- Child-motivated refusal to attend school, remain in class for the entire day, or both, in reference to youth ages 5 to 17 years
- NOT a DSM diagnosis
  - Occurs across a range of clinical presentations, family dynamics, educational needs
- Creates significant impairment
  - # of days missed
  - Poor school and grade performance
  - Interpersonal conflicts
  - Concrete consequences (detentions, fines, legal action)
  - Disrupts developmental progression and milestones
SRB in contrast to:

- **Delinquency**: Rule-breaking behaviors and status offenses found in conduct disorder (stealing, aggression, property destruction, substance abuse, violating curfews, etc.)

- **School withdrawal**: Parent-motivated absenteeism or deliberately keeping child at home to meet parent’s or family needs, prevent spousal kidnapping, sabotage efforts to reintegrate child to school, etc.

- **School resistance**: Student behaviors such as missing school that occur in reaction to perceived injustices or excessive demands at school
Spectrum of SR Behaviors

- School attendance under stress and with pleas for non-attendance
- Repeated misbehaviors in the morning to delay/avoid school
- Repeated tardiness in the morning followed by attendance
- Periodic absences or skipping of classes
- Repeated absences or skipping of classes mixed with attendance
- Complete absence of school during a certain period of time
- Complete absence of school for an extended period of time

Increasing severity and dysfunction

Adapted from Kearney, 2001.
Levels of School Refusal

Self-corrective
- Less than 2 weeks
- Remits spontaneously

Acute
- 2 weeks to 1 calendar year
- Treatment definitely indicated

Chronic
- More than 1 calendar year
- Often requires higher level of care
SR Prevalence

• 1%-2% of general population of youth; 5-15% of clinic referred youth
  • Increased in youth with history of anxiety, depression, or previous SR

• Boys = girls

• All rates increased in: inner cities, public schools, older grades, more impoverished schools

• Peak ages:
  5-6 years old Kindergarten  10-13 years old Middle School  14-15 years old High School

  More acute onset  More insidious onset
  More severe absenteeism
Common Risk Factors & Triggers

- School transitions (increased expectations)
- Classroom changes
- Bullying
- Upcoming exam or speech
- Prolonged absence from illness
- Death or illness in parent or caregiver
- Family transitions or conflict
- Traumatic experiences
- School shootings or other traumatic experiences portrayed in the media
## Socioemotional Consequences:

<table>
<thead>
<tr>
<th>Short-Term</th>
<th>Long-Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic complaints</td>
<td>School dropout</td>
</tr>
<tr>
<td>Poor academic performance</td>
<td>Unstable job histories, unemployment</td>
</tr>
<tr>
<td>Disruption of extracurricular activities</td>
<td>Alcohol abuse</td>
</tr>
<tr>
<td>Family conflict / Child maltreatment</td>
<td>Chronic anxiety &amp; depression</td>
</tr>
<tr>
<td>Peer difficulty / social alienation</td>
<td>Legal problems</td>
</tr>
</tbody>
</table>
Multi-tier model for problematic school absenteeism

Increasing severity of absenteeism and intervention intensity

Tier 3: Intervention-Intensive
- Alternative education programs.
- Parent/family involvement strategies.
- Specialized programs, Intensive case study & management, Second-chance programs.
- Residential therapeutic programs.

Tier 2: Intervention-Targeted
- Psychological approaches for anxiety and non-anxiety based absenteeism.
- Student engagement approaches.
- Teacher and peer mentor approaches.

Tier 1 Intervention Universal
- School climate interventions.
- Safety-oriented or health based strategies.
- School-based mental health or social-emotional learning programs.
- Parental involvement initiatives and culturally responsive approaches.
- District-wide policy review and attendance initiatives.
- Orientation activities.
- Summer bridge and school readiness programs.
- School dropout prevention programming.

Increasing severity of absenteeism and intervention intensity:
- Severe absenteeism: 5%-10% of students
- Emerging absenteeism: 25%-35% of students

From Kearney & Albano, 2018
Treatment of School Refusal: Meta-analytic results (Maynard, Heyne et al., 2015)

- Primary outcome of most studies: School attendance
  - Anxiety is a secondary outcome

- Evaluated 6 psychosocial treatments (and 2 medication + psychosocial treatment studies) published 1980-2014
  - All but one psychosocial treatment was CBT
  - N=435 (range n=1 to n=50 in a study)

- Comparison conditions in psychosocial intervention studies:
  - Alternate treatment (4)
  - Wait list/no treatment (2)

- Treatment:
  - CBT w/parent training (2)
  - Individual CBT (2)
  - Behavioral therapy with child/parent/teacher (1)
  - Rogerian group therapy (1)

- Number of sessions varied from 4 to 12
Effects of treatment on attendance

Hedges’ $g$ (corrects for small $n$ bias) = 0.54, $p = .00$

**Figure 4.** Effects of psychosocial treatments on attendance.
Effects of treatment on anxiety

Hedges’ $g = 0.006$ NS

Figure 3. Effects of psychosocial treatments on anxiety.
Caveats to the literature

- Evidence is modest but supports CBT
  - Few methodologically rigorous studies: non or insufficient details on randomization; little to no blinding of participants & IEs
  - Weak control conditions
  - Only 1 study had longer-term follow up; unknown if effects are sustained
  - Anxiety not assessed over longer term to know if there is decrease over time with greater exposure to school

- Further empirical study is needed!

Campbell Systematic Review, 2015
A Functional Cognitive Behavioral Model of School Refusal Behavior

4 Reasons for School Refusal Behavior

- Avoid school-based stimuli that provoke negative emotions
- Escape aversive social/evaluative situations
- Pursue tangible reinforcers outside of school
- Pursue attention from significant others

From Cook & Kearney, 2007
Negative Reinforcement

- Function 1: Escape “bad” feelings of anxiety or depression and feel better at home
  - Generalized anxiety disorder
  - Depression
  - Panic/Agoraphobia
  - Dysthymia
  - Phobic disorders
  - PTSD
Negative Reinforcement

- Function 2: Avoid or escape social and evaluative situations so that anxiety does not occur
- Social phobia (social anxiety disorder)
How negative reinforcement works

Impact of rescue:
- remembers situation at the height of fear
- prevents habituation
- no experience of mastery
- escape is reinforced

Impact of exposure:
- remembers success that allows habituation
- learns anxiety passes on its own
- willing to approach increasingly challenging situations
- feeling of mastery
- reinforcement for hanging in

From Chansky (2004)
Positive Reinforcement

- Function 3: Attention seeking behavior
  - Separation anxiety disorder
Positive Reinforcement

- Function 4: Gaining tangible, positive reinforcement
- Parent-child problems
Clinical Presentations with SR

<table>
<thead>
<tr>
<th>Comorbid Psychiatric Disorders</th>
<th>Family Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depression</td>
<td>• Poor cohesion</td>
</tr>
<tr>
<td>• Separation Anxiety Disorder</td>
<td>• High conflict</td>
</tr>
<tr>
<td>• Generalized Anxiety Disorder</td>
<td>• Enmeshment</td>
</tr>
<tr>
<td>• Social Phobia</td>
<td>• Detachment</td>
</tr>
<tr>
<td>• Simple Phobia</td>
<td>• Divorce</td>
</tr>
<tr>
<td>• Oppositional Defiant Disorder</td>
<td>• Child self-care</td>
</tr>
<tr>
<td>• Conduct Disorder</td>
<td>• Child maltreatment</td>
</tr>
<tr>
<td>• Substance Abuse</td>
<td>• Parent psychopathology</td>
</tr>
<tr>
<td>• Learning/ Language disorders?</td>
<td></td>
</tr>
</tbody>
</table>
Assessing School Refusal

- What is primary function of school refusal? What motivates or maintains this behavior?

- Multi-Method Multi-Informant Assessment
  - Clinical interview with child and caregivers (e.g. ADIS 5)
  - Self- and parent-report measures
    - Assess anxiety, depression, family functioning, ADHD
    - School Refusal Assessment Scale (SRAS)
      - 24-items assessing 4 functions of school refusal
      - Highest score = primary function
  - Collateral information from school officials and other providers
    - CBCL/TRF
    - School records
    - Direct Observation (Behavioral Assessment Tests)
Contextual Factors

May affect school refusal

Can influence the scope and length of treatment

Community Factors

Parent Factors

School Factors

Child Factors

Family Factors
SR Assessment: Focus on Function!

School Refusal

Negative Reinforcement
- Avoidance of Negative Affect
- Avoidance of Social Evaluation

Positive Reinforcement
- Seeking Attention
- Pursuit of Tangible Rewards

Cook & Kearney, 2007
Avoidance of Negative Affect

- Escape “bad” feelings of anxiety, sadness, worry, fear, somatic complaints
- Commonly occurs with anxiety or depression

Relevant SRAS questions:

“How often does your child stay away from school because he/she will feel sad or depressed if he/she goes?”

“How often does your child have bad feelings about school (e.g., scared, nervous, sad) when he/she thinks about school on Saturday or Sunday?”
Avoidance of Social Evaluation

- Avoid or escape social and evaluative situations
- Commonly occurs with Social Anxiety Disorder

Relevant SRAS questions:

“How often does your child stay away from school because he/she feels embarrassed in front of other people at school?”

“How often does your child stay from school because he/she does not have many friends there?”
Seeking Attention

- Receive attention or sympathy from parents or others
  - Clinginess, reassurance-seeking, difficulty separating, tantrums in the morning, enjoying one-on-one time during the day

Relevant SRAS questions:

“How often does your child feel he/she would rather be with you or your spouse than go to school?”
“How much would your child rather be taught by you or your spouse at home than by his/her teacher at school?”
Pursuit of Tangible Rewards

- Skipping school or classes to pursue reinforcers that are more powerful than school
  - Video games, sports, friends, Internet, sleeping late

Relevant SRAS questions:

“When your child is not in school during the week, how often does he/she leave the house and do something fun?”
“When your child is not in school during the week, how often does he/she see or talk to other people (aside from family)?”
Behavioral Assessment Tasks

- Test of the child and parents’ behavioral limits
- Identify target symptoms for intervention
- Identify antecedents and consequences
- Provide quantifiable data to track outcomes
- Ideographic, portable, and cost-effective

Antecedents  Behaviors  Consequences
Individual BAT Situations

- **Social**: reading aloud, conversations with peers, asking the teacher for help, taking an exam
- **Separation**: walking into school, saying goodbye to parent, riding school bus
- **GAD**: purposefully making mistakes, forgetting to turn in homework
### School-based Anxiety Fear Hierarchy

#### Fear Thermometer (SUDS)

<table>
<thead>
<tr>
<th>Situation</th>
<th>SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving an oral report in class</td>
<td>10</td>
</tr>
<tr>
<td>Not calling mom at all during day</td>
<td>8</td>
</tr>
<tr>
<td>Taking an exam in the classroom</td>
<td>7</td>
</tr>
<tr>
<td>Asking the teacher a question in class</td>
<td>6</td>
</tr>
<tr>
<td>Asking the teacher for help after class</td>
<td>5</td>
</tr>
<tr>
<td>Having my homework marked up</td>
<td>3</td>
</tr>
<tr>
<td>Working on a group project</td>
<td>3</td>
</tr>
</tbody>
</table>
The Neglected Variable in the Equation: Assessing Youth Development

- Anxiety and mood changes are expected and normal

- Temperament sets the stage....

- Tasks of development vary with age
Cumulative lifetime prevalence of major classes of DSM-IV diagnoses

NCS-A, N=10,123; Merikangas et al., 2010, JAACAP
Brainstorming Exercise 1!

- What are the key developmental tasks of childhood, ages 5 through 12?

- How do you know that these tasks are being met?
Main Milestones of Childhood

- Language: ability to speak, communicate, read non-verbal cues, and understand others

- Cognitive: ability to reason, think, learn, problem-solve, remember

- Social: develop and keep meaningful relationships; respond to others’ feelings
More Childhood Milestones

- Overcome earlier fears of childhood (the dark, monsters, small animals).
- Your child is capable of greater reasoning and searching for more meaning than simple “Because I said so” statements.
- Children become more curious and seek information from many sources.
- Right versus wrong is a concept that is now understood, as is truth versus lie.
- Children now experience shame and guilt through for their transgressions.
Key early behavioral indicators of meeting milestones

- Initiates friendships, play
- Becomes age/self-sufficient with ADLs
- Self-soothes
- Seeks appropriate stimulation/activity
- Accepts and tests limits within reason
- Learns to negotiate
- Completes tasks; asks for help
- Secure attachment
Brainstorming Exercise 2!

- What are the key developmental tasks of adolescence, ages 12 through 22?

- How do you know that these tasks are being met?
Adolescent Developmental Milestones

- Emotional independence from parents
- Develop self identity (This is who I am)
- Behavioral independence from parents (assertiveness, task completion, initiative)
- Manage money responsibly
- Make and keep long term friendships
- Take control of personal self care (e.g., sleep, health care, exercise, diet, self-soothing)
## Developmental Hierarchy: 10 year old

### Success Thermometer

<table>
<thead>
<tr>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Not Ready!" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="Own it!" /></td>
</tr>
</tbody>
</table>

### Developmental Hierarchy

<table>
<thead>
<tr>
<th>Situation</th>
<th>Ready?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owning up to when I make a mistake or mess something up at home</td>
<td>10</td>
</tr>
<tr>
<td>Finding something to do when I’m bored</td>
<td>8</td>
</tr>
<tr>
<td>Walking my dog after school each day</td>
<td>7.5</td>
</tr>
<tr>
<td>Calming myself down</td>
<td>7</td>
</tr>
<tr>
<td>Making my own snack/lunch</td>
<td>6</td>
</tr>
<tr>
<td>Waking up to an alarm</td>
<td>5</td>
</tr>
<tr>
<td>Picking out my own clothes to wear each day</td>
<td>2</td>
</tr>
</tbody>
</table>
## Adolescent Independence

<table>
<thead>
<tr>
<th>Domain</th>
<th>Dependent Lots of Help</th>
<th>In Transition Some Help</th>
<th>Independent On own</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waking up on own (alarm)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting dressed</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Picking out clothes</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Making bed</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dealing with boredom</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Organizing belongings</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Managing friendships</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Making meals or snacks (breakfast/lunch)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Brushing teeth</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Showering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completing chores</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Being on time for things at home or school</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Consultation with School Personnel and Parents
## School Collaboration

<table>
<thead>
<tr>
<th>Maintain strong relationships with school officials</th>
<th>Collaborate on treatment plans and exposure planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Establish reward and consequence system</td>
</tr>
<tr>
<td></td>
<td>Agree to an academic “catch up” plan</td>
</tr>
<tr>
<td>Identify a “go-to” safe adult at school</td>
<td>Educate them about the child’s anxiety, including likely triggers</td>
</tr>
<tr>
<td></td>
<td>Provide strategies to facilitate the child’s coping</td>
</tr>
</tbody>
</table>
Coordinate Parents & School Officials

- Identify point person to serve as a liaison between family and school staff

- Assess past SR behavior, social behavior, etc.

- Assess school environment (e.g., lockers, cafeteria, free spaces) & resources

- Understand rules about absenteeism, leaving school early, etc.

- Obtain course schedules, grades, required make-up work

- Assess and reframe school officials’ goals and attitudes regarding child

- Provide psychoeducation about school refusal (e.g., function of SR behavior)
Possible School Accommodations

- “If I had a magic wand…”
- Be creative and note that these will be removed/reduced after set period of time

- Truncated school day / more "resource" periods
- Modified assignments
- Creation of "cover story"
- Reduce public speaking
- Testing in private, quiet place
- Use nurse's office restroom
- "Free passes" to visit guidance counselor
- Dropping a class
- Fun activity breaks

- Consider Section 504 plan or IEP if significant and unrelenting impact on school functioning
## Putting it All Together: Assigning Roles

<table>
<thead>
<tr>
<th>Situation</th>
<th>Child Role</th>
<th>Parent Role</th>
<th>School Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting to school</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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<tr>
<td>Getting to school</td>
<td>Get out of bed within 3 reminders</td>
<td>Get dressed by 7:30am Use coping thoughts &amp; take deep breaths</td>
<td></td>
</tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Getting to school</td>
<td>Get out of bed within 3 reminders</td>
<td>Provide clear expectation of school attendance</td>
<td>Remove fun and comfortable items</td>
</tr>
<tr>
<td></td>
<td>Get dressed by 7:30am</td>
<td>Use “empathize and encourage”</td>
<td>Praise each step</td>
</tr>
<tr>
<td></td>
<td>Use coping thoughts &amp; take deep breaths</td>
<td></td>
<td>Remind of rewards</td>
</tr>
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<th>School Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting to school</td>
<td>Get out of bed within 3 reminders</td>
<td>Provide clear expectation of school attendance</td>
<td>Potentially send attendance officer to home</td>
</tr>
<tr>
<td></td>
<td>Get dressed by 7:30am</td>
<td>Use “empathize and encourage”</td>
<td>Preferred teacher to meet child at door</td>
</tr>
<tr>
<td></td>
<td>Use coping thoughts &amp; take deep breaths</td>
<td>Remove fun and comfortable items</td>
<td>Scheduled “check in” with guidance counselor after 2nd period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Praise each step</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remind of rewards</td>
<td></td>
</tr>
</tbody>
</table>
Case Conceptualization
## Prescriptive CBT

- **Goal:** Re-introduce child to appropriate academic setting and achieve full-time school attendance with minimal distress

<table>
<thead>
<tr>
<th>ALL Functions</th>
<th>Negative Reinforcement (Avoidance of Negative Affect/Social Evaluation)</th>
<th>Positive Reinforcement (Seeking Attention or Rewards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance is the goal</td>
<td>Psychoeducation</td>
<td>Psychoeducation</td>
</tr>
<tr>
<td>Establish Routine</td>
<td>Reduce accommodation</td>
<td>Reduce accommodation</td>
</tr>
<tr>
<td>Bring parents and school officials together</td>
<td>Coping skills (cognitive, social problem solving)</td>
<td>Effective commands</td>
</tr>
<tr>
<td></td>
<td>Exposure!!!</td>
<td>Contingency management</td>
</tr>
<tr>
<td></td>
<td>Positive reinforcement</td>
<td>Consistent expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased supervision</td>
</tr>
</tbody>
</table>
Establish Routine: essential 1st step

- Outline typical school day morning (including child and parent responses).
- Establish routine with set times.
Establish Routine

- **Basic rule:** Child cannot do anything during school hours that he or she would not be allowed to do at school.
- Child should be **out of the home** and **receiving little attention**
  - Bring child to work, to a relative or neighbor’s home, or to local library or café.
- Arrange supervision if child is at home.
- **Remove** all games, toys, books, music, snack foods, access to electronics, access to bedroom, reinforcing interactions.
- Child should sit alone, do boring chores, or complete homework sent home from school.
- Supervising adult is not an entertainer or playmate!
Establish Routine

- Nights and Weekends
  - Link fun activities/rewards to school attendance
  - If child did not attend school that day, no computer time, TV, extracurricular activities, etc.
  - Set up consequences for non-school attendance for the weekend
If child does not attend school:

- Enact routine of chore/school work/reading on own

- Every 45 minutes, ask child if they want to go to school
Treatment of SR Motivated by Escape from Negative Affect
Youth-Focused CBT

- Psychoeducation
- Skill building
  - Somatic Management
  - Cognitive Restructuring
  - Problem Solving
  - Social skills training
- Graded Exposure*
Youth-Focused CBT

- Psychoeducation
  - Normalize emotional response: Anxiety and mood changes are safe, natural, adaptive
  - Reduce stigma, blame, and misinformation

Feelings

Thoughts

Behaviors
Youth-Focused CBT

- Somatic Management: Reduce and/or tolerate physiological symptoms of anxiety and heaviness of depression
  - Breathing retraining
  - Progressive Muscle Relaxation
  - Imagery
  - Mindfulness
Youth-Focused CBT

• Cognitive Restructuring
  • Provide corrective information about anxiety and threat
  • Identify automatic thoughts and treat these as hypotheses to be tested
  • “Check the Facts” on anxious thoughts by searching for evidence
  • Develop more helpful, balanced, realistic responses

---

Do I know for sure that ______ will happen?

What else could happen?

What evidence do I have for and against my fear?

What’s the worst case/best case/most likely outcome?

What would I tell a friend?
Youth-Focused CBT

- Problem Solving
Youth-Focused CBT

- Problem Solving

Forgot my homework

- Ask a friend for help
- Talk to the teacher
- Hand it in tomorrow
Youth-Focused CBT

- Exposure = facing feared and avoided situations in a graded fashion

**Impact of RESCUE (avoidance):**
- Remembers situation at the height of fear
- Prevents habituation
- No experience of mastery
- Escape/avoidance is reinforced

**Impact of EXPOSURE:**
- Remembers success that allows habituation
- Learns anxiety passes on its own
- Feeling of mastery
- Reinforcement for hanging in

From Chansky (2004)
Exposure

- Goals of exposure:
  - Provide experience performing in and managing difficult situations
  - Practice and refine skills
  - Gather evidence to refute anxious thoughts
  - Habituate and/or tolerate anxiety
# School Attendance Hierarchy

## Fear Thermometer (SUDS)

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Anxiety</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Least Anxiety</td>
<td>1</td>
</tr>
</tbody>
</table>

## School Refusal Fear Hierarchy

<table>
<thead>
<tr>
<th>Situation</th>
<th>SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending a whole day in school</td>
<td>10</td>
</tr>
<tr>
<td>Spending 2 hours at school</td>
<td>8</td>
</tr>
<tr>
<td>Going to select classes, rest of day in library</td>
<td>7</td>
</tr>
<tr>
<td>Go to school in AM; sit in library</td>
<td>7</td>
</tr>
<tr>
<td>Visit a teacher at school</td>
<td>5</td>
</tr>
<tr>
<td>Meet with guidance counselor</td>
<td>4</td>
</tr>
<tr>
<td>Talk to a teacher on the phone</td>
<td>3</td>
</tr>
<tr>
<td>Regulate morning routine</td>
<td>2</td>
</tr>
</tbody>
</table>
Exposure Guidelines

- Start low on the hierarchy
  - First exposure should be successful
- Set “doing” (not “feeling”) goals
- Don’t be afraid of repeat exposures
- Keep records/data (e.g. monitoring SUDS before, during, and after the exposure task)
- Be creative!
- Provide child with feedback at the end of exposure
Types of Exposures

In vivo
- Directly facing a feared object or situation in real life

Imaginal
- Often used for tasks that cannot be accomplished in session (or at all)

Interoceptive
- Deliberately bringing on physical sensations that are harmless, yet feared (e.g. panic symptoms)
Common Exposures

**Social Anxiety**
- Answering questions about absences
- Having a conversation with a peer
- Asking/answering a question in class
- Asking a teacher for help
- Giving a speech to a group

**Perfectionism**
- Practice making a mistake on an assignment
- Completing an assignment “imperfectly”
- Playing Jeopardy and getting questions wrong

**Somatic Symptoms/Panic**
- Chair spinning
- Breathing through a straw
- Put heads between legs and sit up quickly

**Separation Anxiety**
- Staying home while parent goes out
- Parent leaves and turns off cell phone
Doing Exposure

Exposure: Facing **all** avoided situations

- **Places**
Doing Exposure

Exposure: Facing **all** avoided situations

- Places
- People
Doing Exposure

Exposure: Facing **all** avoided situations

- Places
- People
- **Feelings** (emotions and somatic sensations)
Treatment of SR Motivated by Positive Attention and Reinforcement
Working with Parents

Goals: Reduce child dependence on adults; increase child confidence; child returns to school
Anxiety: Common Caregiver Responses

Overprotection Trap

Natural instincts to protect & comfort

Fear that situation is "too important to fail"

Anticipation of child's negative reaction or failure
The Cycle of Negative Reinforcement

Parent: Mike, please send an email to your teacher asking for the missed HW

Mike: I can't right now.

Parent: Mike, you need to do this. You haven't done anything all day.

Mike: I'm too stressed. You don't get it! Just Leave me ALONE!

Parent: Fine. I'll do it for you, but next time you have to do it on your own!

Mike storms away, slams door, isolates self
Why does the cycle continue?

- When the demand is removed (parent completes task or stops asking), Mike’s anxious avoidance and acting out behavior is reinforced.
Why does the cycle continue?

- When parent completes the task for Mike, it decreases conflict and possibly gets Mike back on track with school. Frustration with Mike and concern for him decrease. Parent’s overinvolvement is reinforced.
Anxiety + Overprotection Cycle

Anxiety Symptoms
- Fear new experiences
- Avoidant coping
- Overreliance on others

Overprotective Parenting
- Complete tasks for youth
- Allow avoidance
- Prevent learning

Stalled Development & Persistent Anxiety/SR
A scene that every parent should watch

- [https://www.youtube.com/watch?v=hkmvuV6PK20](https://www.youtube.com/watch?v=hkmvuV6PK20)
Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

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<tr>
<th>Situation</th>
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| Woken up for school | Says, “I’m sick”  
Refuses to get out of bed | I feel bad. If he’s sick, he really can’t go to school. I’m rushed to get to work.  
I make him breakfast and let him stay home. I’ll email his teachers for the work later. | Seems relieved.  
Says, “Thanks, Mom. I love you.”  
Goes back to sleep |
Parenting “Dos”

- Be a “coping model”
- Praise approach behaviors
- Ignore avoidance behaviors
- Resist urges for overinvolvement
- Develop reward chart
- Collaborate on hierarchies
- Provide prompts and reminders for coping skills
Parenting “Don’ts”

- Agree with or model anxiety
- Reinforce avoidance
- Accommodate by completing tasks for the youth
- Criticize the youth for experiencing anxiety
Manage parental anxiety....

- Transfer to your child?
- Learn to recognize your own triggers
- Self-soothe
- Stick with realities
- Problem solve
- Take care of your own needs!
Communication Skill

• “Empathize & Encourage”
  • Validate child’s experience & show confidence in his or her ability to manage distress and problems

• Empathize
  • Show child that you hear him and understand his anxiety
  • Demonstrate calm, accepting attitude towards child
  • Encourages open communication
  • Helps child identify and label feelings and thoughts

• Encourage
  • Express confidence in child’s ability to cope
  • Remind child of past successes and inherent strength
  • Engage child in problem solving
Communication Skill

• “Empathize & Encourage”
  • Validate child’s experience & show confidence in his or her ability to manage distress and problems

• “I know that you’re nervous about your math test. You’ve handled lots of math tests before and I know you can handle it again.”
# Use of Rewards and Consequences

<table>
<thead>
<tr>
<th>Reward ALL steps towards school attendance</th>
<th>Remove ANY and ALL reinforcing activities when youth does not complete step</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Praise</td>
<td>• Turn off WiFi</td>
</tr>
<tr>
<td>• Use of electronics</td>
<td>• Remove access to phone, TV, books, games</td>
</tr>
<tr>
<td>• Stickers</td>
<td>• Play loud music in bedroom</td>
</tr>
<tr>
<td>• New iPhone game</td>
<td>• Remove pillows and comforter</td>
</tr>
<tr>
<td>• Choosing special dinner</td>
<td>• Restrict extracurricular activities</td>
</tr>
<tr>
<td>• Sleepover with friends</td>
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</tr>
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<td>• Extra time with parent</td>
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Agreeing with anxiety
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Reinforcing Avoidance
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Empathize and Encourage
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Not reinforcing avoidance
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Praise each step
Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

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<td>“Remember, if you go to school you will earn computer time later today.”</td>
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Additional Strategies

- Restructure parent commands
  - Coach parents to provide clear instructions in a calm, neutral tone
- Develop reward/consequence plan for school attendance
- Family communication skills training
  - Coach all family members to use active listening skills and engage in joint problem-solving
  - Reduce criticism, hostility, detachment
- Peer refusal skills training (for youth)
  - Teach skills to resist offers from peers to miss school
  - Focus on modeling, role play, feedback
- Behavioral contracting
Behavioral Contracting

- Goal
- Steps for Success
- Rewards
- Consequences
- Signatures
Behavioral Contracting

- **Goal**
  - Mary will be ready to leave for school on time

- **Steps for success**
  - Mary will back her backpack the night before
  - Mom will remind Mary of the time 15 minutes before it's time to leave
  - Mary will wait to go on computer until after she is ready to leave

- **Rewards**
  - Mary will earn 30 minutes extra screen time each day she is on time for school.
  - If Mary is on time 4/5 days per week, her weekend curfew will extend 30 min

- **Consequences**
  - Mary loses access to all screens if she is late to school
  - If Mary does not follow her steps for success at least 4/5 days, her weekend curfew will be moved 30 min earlier

- **Signatures**
The Role of Medication and Combination Treatment
A medicated generation is growing up with quick fixes for mood and behavior. Here are the benefits—and the risks.

ARE WE GIVING KIDS TOO MANY DRUGS?

Jamari, 6, is being treated for what doctors believe is a mood disorder.

NOVEMBER 3, 2003
School Refusal Meta analysis:
Maynard, Heyne et al., 2015

- Medication + CBT: Fluoxetine or Imipramine
  - Effects on attendance positive and significant ($g=0.61; p=0.046$)
  - Effects on anxiety not significant ($g=-0.05, p=0.80$)
Medication and child anxiety

- Evidence supports SSRI efficacy for child anxiety triad (SAD, SoP, GAD)
- Good evidence specifically for: fluvoxamine, fluoxetine, paroxetine, sertraline

Meta-Analysis: Rates of Improvement

<table>
<thead>
<tr>
<th>Study</th>
<th>Difference</th>
<th>PBO</th>
<th>SSRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUPP Anxiety Study (2001)</td>
<td>47%</td>
<td>29%</td>
<td>76%</td>
</tr>
<tr>
<td>Birmaher et al. (2003)</td>
<td>25%</td>
<td>36%</td>
<td>61%</td>
</tr>
<tr>
<td>Rynn et al. (2001)</td>
<td>80%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Wagner et al. (2004)</td>
<td>40%</td>
<td>38%</td>
<td>78%</td>
</tr>
<tr>
<td>Rynn et al. (2007)</td>
<td>12%</td>
<td>24%</td>
<td>36%</td>
</tr>
<tr>
<td>Walkup et al. (2008)</td>
<td>31%</td>
<td>24%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30%</strong></td>
<td><strong>31%</strong></td>
<td><strong>61%</strong></td>
</tr>
</tbody>
</table>

NNT=3.3

Courtesy of D. Pine
CAMS Overview

- SAD, SoP, GAD
- \( N = 488 \), ages 7-17
- 12-week acute trial: CBT, SRT, Comb, Pill PBO
- Pills-only double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders
CBT Treatment in CAMS

- 12 weekly individual child CBT sessions
- 2 parent sessions
- Sessions 1-6: psychoeducation, new skills
- Sessions 7-14: “exposure”
PT Treatment: Sertraline

- Dosing strategy: fixed, flexible
- Dosing range: 25-200 mg/day
- Dosing schedule
  - Week 1 25 mg/day – titration
  - Week 8 200 mg/day (maximum)
Baseline Characteristics

- 74% ages 7-12, mean age 10.7
- 79% Caucasian
  - 12% Latino; 9% African American
- 50% male children
- No group differences at baseline
Acute Response & Remission

COMB > CBT = SRT > PBO

Response=CGI-I; Remitted=No AD
CAMS Long Term Response

Piacentini et al., 2014
CAMELS Long Term Follow-up

488 Enrolled in the CAMS

140 Assigned to receive sertraline and CBT
133 Assigned to receive sertraline alone
139 Assigned to receive CBT alone
76 Assigned to receive placebo

319 Enrolled in CAMELS

92 (66% of 140) Received sertraline and CBT
90 (68% of 133) Received sertraline alone
90 (65% of 139) Received CBT alone
47 (62% of 76) Received placebo

169 Did not Participate

146 Could not contact/ were not interested
23 Declined further contact during the CAMS

1 CAMELS visit:  
   n = 3
2 CAMELS visits:  
   n = 6
3 CAMELS visits:  
   n = 22
4 CAMELS visits:  
   n = 35
5 CAMELS visits:  
   n = 16

1 CAMELS visit:  
   n = 9
2 CAMELS visits:  
   n = 15
3 CAMELS visits:  
   n = 11
4 CAMELS visits:  
   n = 37
5 CAMELS visits:  
   n = 19

1 CAMELS visit:  
   n = 10
2 CAMELS visits:  
   n = 13
3 CAMELS visits:  
   n = 8
4 CAMELS visits:  
   n = 33
5 CAMELS visits:  
   n = 20

Ginsburg et al., 2018, JAACAP
Responder status associated with increased likelihood of remission. *p< .05

Ginsburg et al., 2018, JAACAP
Responder status associated with increased likelihood of group membership.
*p< .05

Ginsburg et al., 2018, JAACAP
Sobering Take Home Message

• CAMS did not enroll youth with significant school refusal

• Despite high-quality treatment, stable remission is difficult over the long term (only 21.7% consistently “anxiety-free”)

• Many youth in need of longer and more robust treatments
Strategies for Difficult to Treat Youth and Families
Dig deeper: Factors limiting response

• Inadequate treatment plan
  • Review with supervisor/team
  • Need to increase exposure intensity/frequency?
  • Consider adjunctive treatments for specific conditions (e.g., HRT for trich/tics; medication augmentation)

• Comorbidity not adequately identified or addressed

• Development: What normative tasks are not being mastered?

• Social/Environmental stress
  • Bullying, peer issues, social media

• Unidentified learning problem
  • Consider neuropsychological evaluation

• Family factors
  • Are parents following through with their part?
Alternative Schooling Options

- May be appropriate for chronic school refusal with significant emotional, behavioral, or family needs
- Inform parents about their special education rights and the CSE process
  - Consider consulting with an educational advocate
- Placement options include:
  - Smaller private schools
  - Special education schools with enhanced therapeutic support
  - 1:1 school settings (e.g. Fusion Academy, Links Academy)
  - Residential schools
  - Day treatment programs
  - Wilderness programs
For more information

- [www.effectivechildtherapy.com](http://www.effectivechildtherapy.com)
- [www.anxietybc.com](http://www.anxietybc.com)
- [www.adaa.org](http://www.adaa.org)
- [www.abct.org](http://www.abct.org)

- Special thanks to Lauren Hoffman, Psy.D.!

- Follow me on twitter!
  - [@AnneMarieAlbano](http://twitter.com/AnneMarieAlbano)