



# School Refusal: Information for Educators

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Each year, approximately 2-5% of children refuse to come to school due to anxiety or depression. Previously referred to as school phobia, *school refusal* includes kindergarten students with relatively mild separation anxiety and more severe cases where a student misses weeks or months of school because of debilitating anxiety or depression. Because of the serious long-term social and educational consequences associated with missing school, the problem needs to be addressed promptly and aggressively with a team approach that includes teachers, parents, administrators, support staff, and, in some cases, community agencies and physicians.

School refusal is not the same as truancy. Truant students hide their absences from their parents, do not experience emotional difficulties associated with coming to school, and may be involved in illegal activities or just avoid school in order to engage in a more desired activity, such as playing video games or hanging out with friends. Other situations that are not considered school refusal are homelessness and pregnancy.

## DEVELOPMENT OF SCHOOL REFUSAL

School refusal is often the result of separation anxiety, social anxiety, or performance anxiety (e.g., about speaking in front of others), or anxiety related to test-taking, athletic competition, or academic difficulties. Students may refuse to attend school to escape from a situation that causes anxiety or to gain attention from a parent or other caregiver. Some students may feel that the school environment is cold and unwelcoming and a place where they experience failure. Consequently, they give up and just stop coming. Some students feel unsafe at school due to bullying or gang activity, and experience emotional difficulties associated with coming to school.

School refusal has been found to occur more often after vacations, weekends, or at the beginning and end of the school year. Events that prompt school refusal include the death of a loved one, a prolonged illness, moving or changing schools, entering kindergarten, and the transition from elementary to middle school. The problem is more severe in older children than younger children.

## CHARACTERISTICS OF STUDENTS WITH SCHOOL REFUSAL

Anxiety, depression, and physical complaints are frequently associated with school refusal.

### Anxiety

Students with school refusal often exhibit separation, social/performance, or more generalized anxiety reactions as well as other anxiety disorders.

**Separation anxiety.** Students with separation anxiety, which is most common in younger children, become preoccupied with thoughts of harm befalling a loved one and are overly dependent on parents and other caregivers. They may cry, kick, or run away to avoid coming to school. Many young children experience separation anxiety in preschool or when starting kindergarten. However, if the behavior continues for weeks or even months, it is more serious and needs to be promptly addressed.

**Social/performance anxiety.** Students with social/performance anxiety worry about what others think, are concerned about how they will be judged, and fear humiliation. They may have intense anticipatory anxiety about giving speeches, taking tests, or participating in sports.

**Generalized anxiety disorder.** Students with generalized anxiety disorder (GAD) have excessive anxiety and worry about any number of situations and events. Their worry and anxiety is over and above

what the situation calls for. These students are concerned about their competence, unsure of themselves, and perfectionist about their schoolwork. They tend to perceive the world as threatening and may experience anxiety about situations such as war or catastrophic events like tornados and hurricanes. Their anxiety interferes with school performance and can cause fatigue, restlessness, difficulty concentrating, irritability, sleep disturbance, and muscle tension.

Other anxiety disorders, such as obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), panic attacks, and agoraphobia, can be associated with school refusal.

### **Depression**

Depression may be the cause of school refusal behavior for some students. Common characteristics of depression in children and adolescents include depressed mood, lack of interest in activities, irritability, difficulty getting along with others, rebellious or risk-taking behavior, sleep difficulties, physical complaints, fatigue or lethargy, feelings of inadequacy or excessive guilt, difficulty concentrating or indecisiveness, and thoughts of death or suicide. For students who refuse to go to school, the presence of depression is associated with more severe symptoms than for those students with anxiety alone. Many students suffer from both anxiety and depression, two disorders that often occur together.

### **Physical Complaints**

School refusers frequently express physical complaints (headaches, stomachaches) without the presence of a medical condition. Some students ask to go to the nurse's office on a daily basis with complaints about stomachaches or headaches. Sometimes an actual illness, like asthma, contributes to a pattern of school refusal. Here, a student's asthma may be the initial reason for school absence. Later, anxiety about returning to school serves to maintain the school avoidance, even after the student recovers physically. School staff should consult with the child's physician to determine if there are any restrictions for the child at school. If there is no medical reason for staying home, the child should be in school.

### **Common Warning Signs**

It is critical that both parents and educators learn to recognize common warning signs of school refusal and respond quickly. These include:

- Frequent unexcused absences or tardiness
- Absences on significant days (tests, speeches, physical education class)
- Frequent requests to go to the nurse's office despite no apparent signs of illness

- Frequent requests to call home or go home during the day
- Major family event/trauma, sleep difficulties, difficulty concentrating, depressed mood, or irritability
- Difficulty or resistance to getting out of bed in the morning to go to school despite no apparent signs of illness

### **KEY STRATEGIES FOR EDUCATORS**

When teachers or parents suspect that a student is refusing to go to school due to emotional reasons, they should take immediate action. A team approach to assessment and early intervention that involves family, educators, and community providers increases the probability of a successful solution. The team can include the teacher, principal, school counselor, school psychologist, school social worker, school nurse, and community members working with the child (therapist or physician), as well as the student's parents.

#### **Assessment**

A team assessment can include observation, interviews, a thorough review of medical and school records, and attendance history. Questionnaires may be used to gain an understanding of the student's emotional and developmental status. Achievement testing may be needed, particularly if the student is refusing to come to school because of academic difficulties. An assessment can also include determining the antecedents and consequences of the school refusal (what happens before and after).

Teams need to consider whether there is a parent-related reason for the student not coming to school, as in the case of abuse or school withdrawal. Some parents are dealing with their own mental health problems; in these situations, treatment needs to start with the parent. School staff assessing the reasons for a student's absences often find that refusal to attend school is the result of a complex combination of factors.

#### **Interventions**

The goal of intervention is to increase the student's school attendance.

**Mental health services.** For students with anxiety and/or depression, intervention provided by a mental health professional often includes cognitive-behavioral approaches that teach coping strategies such as relaxation, problem solving, reducing negative self-talk, and increasing healthy self-talk. Other strategies may include teaching about anxiety, rewards for school attendance, parent training, goal setting, and setting up contracts.

Medication may be used in combination with cognitive-behavioral therapy for a student who has a psychiatric disorder such as severe anxiety or depression. School personnel should refer the parents to mental health providers outside the school when the problem is severe and/or the student needs more help than can be provided by school staff.

**Reentry plans.** A plan that addresses what steps will be taken when the student refuses to come to school should be developed in collaboration with the parents. Forced school attendance may be appropriate for younger students or those with mild school refusal. A gradual reentry plan is often recommended for older students or students who are extremely anxious or depressed.

Gradual reentry may start with having the student arrive at school but not go inside on day one, enter and visit in the front office on day two, and identify which class is most comfortable and stay just for that class on day three. The student should be helped to identify the staff members with whom he or she feels safest and who can greet the student and provide a safe harbor. For older students or those with significant anxiety or depression, allowing for progressive reentry over a 1-2 week period may be effective. Teams might also consider part-time schooling, or they might temporarily allow a flexible school day for students with extended absences (e.g., over 2 years) due to extreme levels of anxiety and depression and when other interventions have been unsuccessful.

### Other Supportive Strategies

There are many other steps that educators can take to help support students and families dealing with school refusal:

- Encourage parents to set up regular evening and morning routines, reinforce their child’s positive behaviors (participation efforts), and ignore negative behaviors (crying, whining).
- Assist parents in bringing a reluctant or acting-out child into the school. Work with parents to effectively respond to their child’s complaints about school, while clearly ensuring that the child attends school.
- Work with parents to monitor attendance, particularly for older students.
- Welcome the separation-anxious child when he or she arrives at school. Help the child become involved in getting organized for the day. Give the child special jobs, such as handing out papers or collecting books. Praise and encourage the child and provide comfort to younger students when they are upset.
- Set up rewards for school attendance.
- Assign a peer buddy at recess or lunch to help a socially anxious child feel more comfortable. Some

schools issue personal invitations to events and activities to help students feel welcome.

- Provide tutoring and other academic interventions and supports for students who have academic difficulties.
- Show sensitivity to students with performance anxiety. Reduce the need for the student to give speeches or provide an alternate test-taking environment.
- Provide a safe harbor with the counselor, nurse, or school psychologist where the student can go when feeling stressed or overwhelmed.
- Address school safety issues through antibullying and antiviolence initiatives. Students need to know that adults will intervene when they feel unsafe or threatened.
- Create a welcoming, engaging environment that helps students feel connected to their school and teachers.
- Involve families in the school through outreach and after school programs.

### SUMMARY

Successful intervention for students with emotionally based school refusal is attainable by using a team approach, employing best practices such as those outlined in this handout, and maintaining patience and persistence.

### RECOMMENDED RESOURCES

#### Print

- Csoti, M. (2003). *School phobia, panic attacks, and anxiety in children*. New York: Jessica Kingsley Publishers.
- Kearney, C. A. (2007). *Getting your child to say “yes” to school*. New York: Oxford University Press.
- Kearney, C. A. (2008). *Helping school refusing children & their parents: A guide for school-based professionals*. New York: Oxford University Press.
- Wimmer, M. B. (2003). *School refusal: Assessment and intervention within school settings*. Bethesda, MD: National Association of School Psychologists.

#### Online

- Anxiety Disorder Association of America, *Anxiety disorders in children and adolescents, school refusal or avoidance*: <http://www.adaa.org/GettingHelp/FocusOn/children&Adolescents/sra.asp>
- National Institute of Mental Health: <http://www.nimh.nih.gov>

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