

Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP) TeleECHO Clinic

2/16/2023

School Avoidance: Approach to Evaluation and Management
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www.mdbhipp.org

Conflict of interest disclosure

- No potential conflicts of interest
- Faculty at the Johns Hopkins School of Medicine
- ECHO funding through the Health Resources and Services Administration



Learning Objectives

- Describe a multi-step approach to evaluating and managing school avoidance
- Identify 4 different functions of school avoidance
- Review comorbid psychiatric conditions that are often present in the setting of school avoidance



Framing the Challenge

Approaches to evaluation and treatment

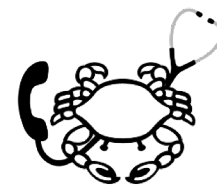


Conceptual Framework



PCP as quarterback

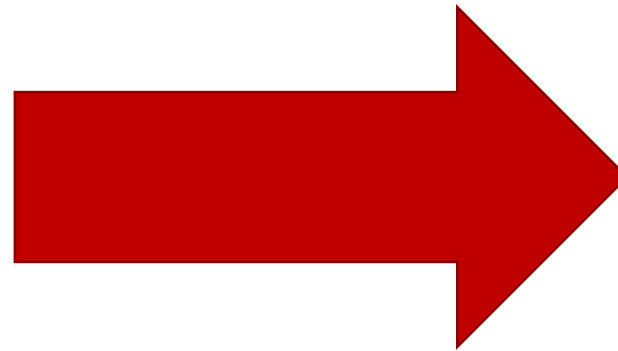
- Do what you can
 - Understand the problem
 - Diagnose and treat what's there (and treatable)
- Get help from others
 - Provide an explanation for others
 - Refer out when needed for therapy
 - Enlist parents to help (and maybe get treatment themselves)
 - Enlist the school to help (and maybe make accommodations)



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School Avoidance



The Case of Joshua

“He just needs to go to school”



The Case of Joshua

- 13 year old boy, living with both parents, in 7th grade at a well-resourced and intense middle school
- Had never been in treatment before
- Shy and gentle kid, overweight, and a good athlete
- Always struggled academically but never in danger of failing
- Avoiding school starting in October. It was now December.



What Everyone Tried

- School: calling the truancy officer to Josh's house, filed on Josh's behalf with CPS for neglect, yelled at mom, faxed me 40 pages of emails exchanged with mom
 - "Once he walks through the doors, he's fine."
- Mom: bribing Josh (videogames), taking things away from Josh (also videogames), yelling at Josh ("you're the reason this family is falling apart!"), faxed me 40 pages of emails with school
 - "I don't get it, he could make everything better if he just went to school."



A Brief Detour

A study of school avoidance



School Avoidance

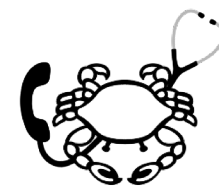
- The **Great Smoky Mountain Study**

- 4,500 children in North Carolina aged 9, 11, and 13
- Racial composition: 70% white, 22% native, 6% African American
- 34% below the federal poverty line

In this study:

- Examined students over a 3-month period
- Evaluated students had at least 1 day of school refusal during that period

Great Smoky Mountains



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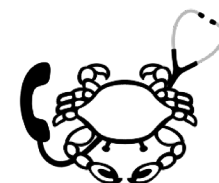


School Avoidance – Definitions and Prevalence

- Anxious school avoiders: kids who fail to reach or left school because of anxiety
- Truant school avoiders: children who failed to reach or left school without permission or excuse

	Prevalence	Gender (F/M)	Mean Age
Pure ASR	1.6% (130)	52.1%/47.9%	12.3 ^b
Pure truancy	5.8% (482)	34.9%/65.1% ^a	14.7 ^c

Egger, H. L., Costello, J. E., & Angold, A. (2003). School refusal and psychiatric disorders: a community study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(7), 797-807.



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What are they worried about?

	Pure ASR	Pure Truancy
Fear of what will happen at home	17%	1%
Worry about harm befalling a parent	18%	4%
Fear specific to school	36%	1%
Social anxiety	9%	1%



What is it like in school for these kids?

	Pure ASR	Pure Truancy
Bullied	29%	9%
Difficulty making friends due to withdrawal	19%	6%
Difficulty making friends because of aggression	18%	4%
Conflictual peer relationships	27%	16%
Performance anxiety	7%	1%



Diagnostic considerations

The Functional Profiles of School Refusal Behavior

Diagnostic Aspects

CHRISTOPHER A. KEARNEY

University of Nevada, Las Vegas

ANNE MARIE ALBANO

New York University School of Medicine

- Sample of students referred to a clinic specifically for school refusal
 - 63% male
 - Mean age 11 years (range 5 – 17)
 - Looked a diagnosis

Diagnostic Overview and Comorbidity Based on Combined Child and Parent Reports

<i>Type of Diagnosis</i>	<i>Level of Diagnosis</i>				
	<i>Primary</i>	<i>Second</i>	<i>Third</i>	<i>Fourth</i>	<i>Fifth</i>
Separation anxiety disorder	22.4	2.1	0.7	0.0	0.0
Generalized anxiety disorder	10.5	9.8	6.3	0.7	0.0
Oppositional defiant disorder	8.4	5.6	1.4	1.4	0.0
Major depression	4.9	1.4	0.7	0.7	0.0
Specific phobia	4.2	0.0	0.7	0.0	0.7
Social anxiety disorder	3.5	4.2	0.0	0.7	0.0
Conduct disorder	2.8	1.4	0.0	0.0	0.7
Attention deficit hyperactivity disorder	1.4	1.4	0.7	0.7	0.0
Panic disorder	1.4	0.0	0.0	0.0	0.0
Enuresis	0.7	1.4	0.0	0.0	0.0
Posttraumatic stress disorder	0.7	0.0	0.0	0.0	0.0
Agoraphobia	0.0	1.4	0.0	0.0	0.0
Sleep terror disorder	0.0	0.0	0.0	0.0	0.7
No diagnosis	32.9				

NOTE: Figures are percent of total sample size ($N = 143$). Diagnoses are ordered by prevalence of primary diagnosis.

Back to Joshua

What is he running away from? What is running towards?



Back to Joshua

- From the interview
 - His take: “I want to go to school and I try to make myself go, but I just can’t.”
 - Psychological: “I always worry about everything and I always have.”
 - Cognitive: “school just seems too hard this year” and he has always struggled with reading comprehension and staying organized



Generalized Anxiety Disorder

DSM V Diagnosis

- Excessive anxiety and worry, on more days than not, for at least 6 months, about a number of events or activities
- The individual finds it difficult to control the worry
- The anxiety is associated with at least one of the following:
 - Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance
- The anxiety or physical symptoms cause significant distress or impairment in a major area of functioning
- ***Impairment cannot be better explained by another disorder (panic disorder, social phobia, separation anxiety, or PTSD)***



Generalized Anxiety Disorder

- Prevalence: between 1% and 3% of pediatric populations
 - Lowest in preschool
 - Peaks between 9 and 10
 - Starts increasing again starting at age 13
- Strongly runs in families
- Fairly stable over time if left untreated



Back to Joshua

- He's always been an anxious kid, so why is this happening now?
 - Maternal grandmother died in September (one month before he stopped going to school)
 - Mother lost her job
 - Parents started fighting
 - Mother began to struggle with depressive symptoms



Separation Anxiety Disorder

DSM V Diagnosis

- Excessive fear or anxiety concerning separation an attachment figure, including at least three of the following:
 - Recurrent distress when anticipating separation from figure, persistent and excessive worry about losing major attachment figures, persistent and excessive worry about an event that causes separation, refusal to do things out of fear of separation, reluctance to be alone without attachment figure, nightmares about separation, repeated complaints of physical symptoms when separation occurs
- Symptoms last at least 4 weeks
- The disturbance impairs functioning
- *Not better explained by another mental disorder, such as autism spectrum disorder or agoraphobia and worries about ill health or other harm befalling significant others in generalized anxiety disorder*



Separation Anxiety Disorder

- Prevalence: around 5% of pediatric populations
 - Peaks between 7 and 9
 - Declines starting around age 11
 - One of the most common disorders among kids presenting to treatment
- Even more strongly runs in families
- 80% of kids no longer meet criteria after 3 years, even if left of untreated
 - However, without treatment, panic disorder often emerges



What about parents?

Anxiety and Depressive Disorders in Fathers and Mothers of Anxious School-Refusing Children

CORINNE MARTIN, M.D., STEPHANE CABROL, M.D., MANUEL PIERRE BOUVARD, M.D.,
JEAN PIERRE LEPINE, M.D., AND MARIE CHRISTINE MOUREN-SIMÉONI, M.D.

French study that looked at the parents of 51 kids with anxiety disorders and at least 15 days of school avoidance

- 49% of these kids had separation anxiety
- Assessed lifetime history of psychiatric illness in mothers and fathers



What about parents?

Lifetime history of:	Mothers	Fathers
Panic disorder and/or agoraphobia	37%	12%
Any anxiety disorder	78%	49%
Any depressive disorder	51%	20%



Additional Factors to Consider



Bullying and School Avoidance

Figure 2. Percentage of students ages 12–18 who reported being bullied directly and/or indirectly at school during the previous 6 months, by grade level: 2001

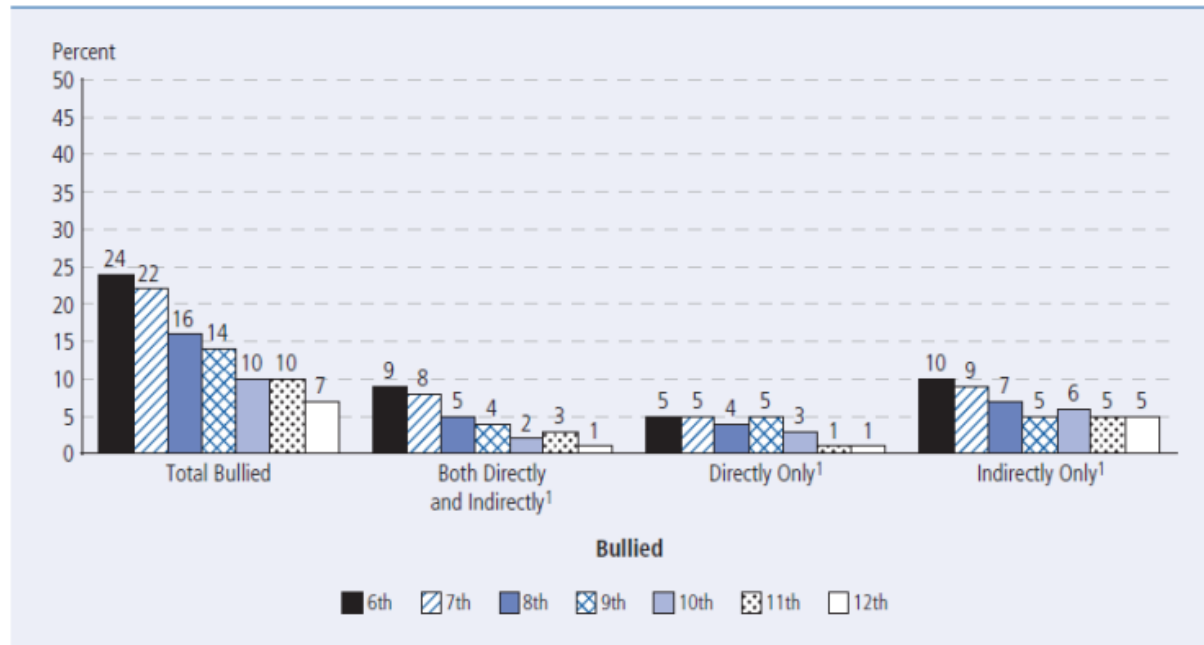
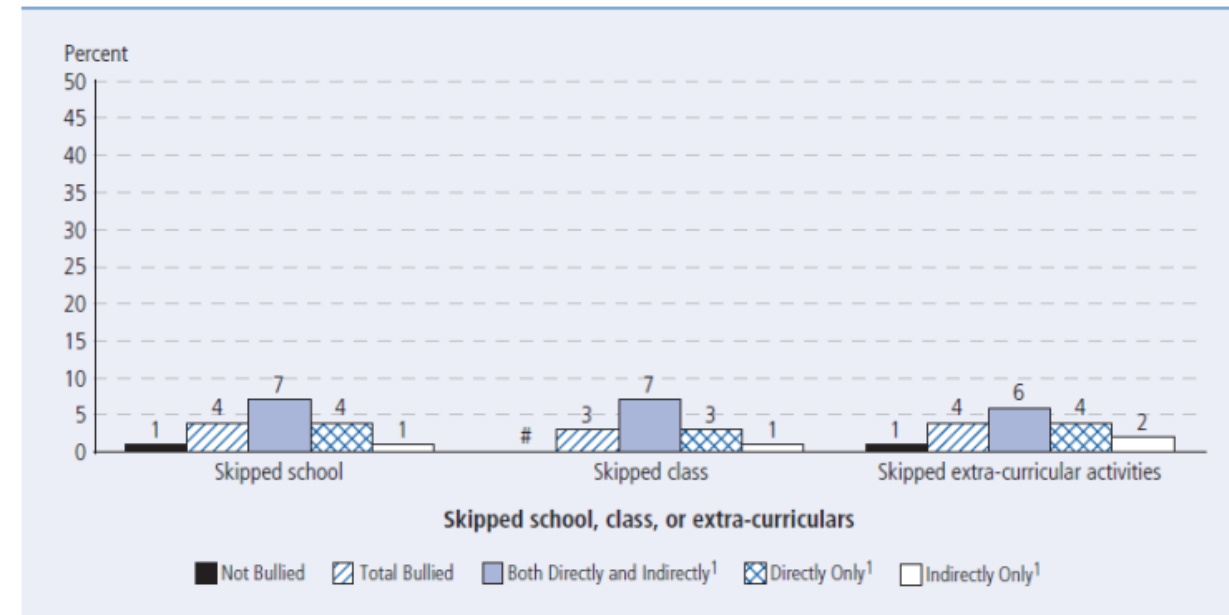
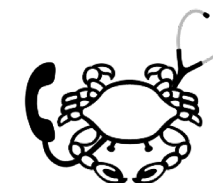


Figure 5. Percentage of students ages 12–18 who reported skipping school, class, or extra-curricular activities during the previous 6 months, by reports of being bullied directly only, bullied indirectly only, or being bullied directly and indirectly at school: 2001



DeVoe, J. F., & Kaffenberger, S. (2005). Student Reports of Bullying: Results from the 2001 School Crime Supplement to the National Crime Victimization Survey. Statistical Analysis Report. NCES 2005-310. *US Department of Education*.



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Maryland Schools and Bullying

Bullying, Harassment, or Intimidation in Maryland Public Schools

A Report to the Maryland General Assembly
on Incidents Reported under the Safe Schools
Reporting Act of 2005

Division of Student Support, Academic
Enrichment, and Educational Policy

March 2022 Legislative Report



- Maryland DoE Model Policy on Bullying, Harassment or Intimidation
 - <https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/MarylandsModelPolicyBullyingHarassmentIntimidation.pdf>
 - Includes information on statewide bullying policies in schools
 - Establishes a timeline for how schools will respond to reports of bullying
- Bullying Reporting Form
 - https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/BullyingReportingFormMSDE_060122.pdf
 - Form that necessitates response from school personnel



School Avoidance and COVID-19

- Overall prevalence of school avoidance has seemed stable after the pandemic (Wallace 2021), **however**
 - The long school layoff made for a challenging re-integration for anxious children
 - More than 140,000 children experienced the death of a primary or secondary caregiver during the in-person school layoff
 - Some data suggests worsening overall mental health among children (eg, pediatric ED visits for suicide attempts)



Evaluating School Avoidance

Examining reinforcers and making a treatment plan



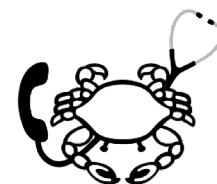
Understanding and Treating Joshua

- School avoidance = simple behavior, complicated antecedents
- Think of looking at 4 different functions (Chris Kearney):
 - What internal feelings are school avoidant kids seeking relief from?
 - What school-related aversive experiences are being avoided?
 - Is any positive attention being gained from school avoidance?
 - Are there any tangible benefits from school avoidance?



Assessing School Refusal

- Avoid negative internal feelings that are generated by attending school
 - Most common and generally younger students
 - Often with somatic symptoms
 - Mixed diagnostic picture (consider PHQ-9, SCARED, and/or GAD-7)
- Escape school-related aversive social or evaluative experiences
 - More rare and generally older students
 - Linked to very specific negative experiences
 - High prevalence of anxiety disorders
- Gain attention from significant others
 - More common among younger students
 - Very high separation anxiety prevalence
- Pursue tangible reinforcement outside of school
 - High prevalence of oppositional defiant disorder



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Four Profiles for School Avoidance

“Run from school”

- Avoid negative internal feelings that are generated by attending school
- Escape school-related aversive social or evaluative experiences

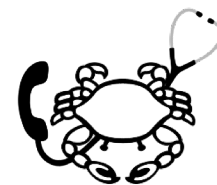
“Run to someplace else”

- Gain attention from significant others
- Pursue tangible reinforcement outside of school



What function are we seeing?

- School Refusal Assessment Scale – Revised Version
 - Developed by Christopher Kearney, a leading expert on school refusal
 - Well established in the literature
 - Simple to score
 - Child and parent versions
 - Child Scale: <https://schoolavoidance.org/wp-content/uploads/2021/11/sras-child-version.pdf>
 - Parent Scale: <https://schoolavoidance.org/wp-content/uploads/2021/11/SRAS-interactive-pdf-004.pdf>
 - Scoring: https://www.3seducational.com/uploads/1/0/0/4/100460442/how_to_score_the_school_refusal_assessment_scale.pdf
 - 24 questions for each version



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What function are we seeing?

School Refusal Assessment Scale-Revised (C)

Name: _____

Age: _____

Date: _____

Please select the answer that best fits the following questions:

1. How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

2. How often do you stay away from school because it is hard to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

3. How often do you feel you would rather be with your parents than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

School Refusal Assessment Scale-Revised (P)

Name: _____

Date: _____

Please select the answer that best fits the following questions:

1. How often does your child have bad feelings about going to school because he/she is afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

2. How often does your child stay away from school because it is hard for him/her to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

3. How often does your child feel he/she would rather be with you or your spouse than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Building a Treatment Plan

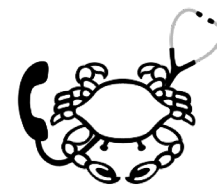
Addressing antecedents and reinforcers



Four Profiles of School Avoidance

- Avoid negative internal feelings that are generated by attending school
 - What we do: treat the underlying disorder when applicable
- Escape school-related aversive social or evaluative experiences
 - What we do: try to address the problem in school
- Gain attention from significant others
 - What we do: educate parents, gently encourage family treatment and work with parents on reinforcement
- Pursue tangible reinforcement outside of school
 - What we do: increase supervision, limit the availability of those reinforcers

Kearney, C. A., & Albano, A. M. (2004). The functional profiles of school refusal behavior: Diagnostic aspects. *Behavior Modification*, 28(1), 147-161.



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Understanding and Treating Joshua

- To help Joshua, we needed to address a complicated cause:
 - Generalized anxiety disorder (his overall level of anxiety)
 - Separation anxiety disorder (his worries about his mother and his situation at home)
 - Academic concerns (academic accommodations to make sure his needs are met)
 - School and home's responses to Joshua's behavior that only increases his anxiety



Understanding and Treating Joshua

- Step 1: Addressing Joshua's Generalized Anxiety Disorder (overall level of anxiety)
 - Focused therapy on treatment of anxiety (CBT)
 - Started medication treatment for anxiety



Understanding and Treating Joshua

- Step 2: Addressing Joshua's Separation Anxiety Disorder (his worries about his mother and his situation at home)
 - Met with parents without Joshua present to better understand their perspective and experience
 - Gently (and successfully) encouraged mother to seek treatment of her own



Understanding and Treating Joshua

- Step 3: Address Joshua's academic concerns (academic accommodations to make sure his needs are met)
 - Neuropsych testing revealed significant learning disabilities (and also notable strengths)
 - An IEP was implemented to address his learning issues and anxiety



Understanding and Treating Joshua

- Step 4: Alter the school and home's responses to Joshua's behavior that only increases his anxiety
 - Mother emphasized not reinforcing refusal behaviors
 - 8am – 4pm was unreinforced (boring)
 - 4pm – night was treated like a regular evening
 - School took a more empathic stance once they understood the problem
 - Allowed Josh to re-enter school in a graduated way
 - Avoiding punishment and overwhelming Joshua with missed work
 - Created a plan that allowed him to take a class off when he felt he needed to



Summary

- School Avoidance is a simple behavior with a complex etiology
- Evaluation must examine: psychiatric disorders, learning issues, bullying, and family issues
- Each problem area must be addressed to maximize the chance of improvement
 - We can't address them without the help of parents and the school



References

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