



SCHOOL AVOIDANCE AND ANXIETY: DEFINITIONS AND INTERVENTIONS

Presented by:

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Presentation Objectives

- Increase knowledge and awareness of:
 - What are school avoidance and anxiety, and what these challenges may look like (presentation, behaviors, etc.)
- Interventions and strategies for parents, school staff, and other professionals
- Resources for addressing school avoidance, anxiety, and other mental health concerns

Definitions

- School avoidance is *different* than truancy.
 - **Truancy** is the problem or situation of children being absent from school regularly without permission
- **School avoidance:** there is typically a deeper-rooted meaning behind the desire to not want to go to school
 - Academic challenges, bullying, struggles with mental health concerns (I.e. Anxiety and/or depression)
- **Anxiety** is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.
 - People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as stomach aches, headaches, sweating, trembling, dizziness or a rapid heartbeat.

❖ School avoidance is not uncommon.

❖ According to the Anxiety and Depression Association of America, 2% to 5% of school age children experience school avoidance.

❖ It commonly takes place between the ages of 5-6, ages 10-11, and at times of transition (i.e. entering middle or high school).

Prevalence of School Avoidance



School Avoidance and Anxiety Behaviors

- A child may exhibit behaviors on the following spectrum:
 - Substantial distress while attending school with pleas to the parent for future non-attendance
 - Severe misbehaviors in the morning to avoid attending school
 - Chronic lateness to school
 - Frequent visits to the nurse's office
 - Skipping certain classes or periods during the school day and leaving school early
 - Lengthy absences from school

- Academic deterioration, poor peer relationships, school or legal conflicts (Possible DCPD involvement), and increased anxiety can result.
- Other long-term effects can include:
 - dropping out of school, college or work avoidance, economic deprivation, low self-esteem and social isolation.

The longer a child is out of school, the more difficult the problem becomes and the more difficult it is for the child to return to school.

Impact of School Avoidance





ASSESSING SCHOOL AVOIDANCE

Before anyone can begin to effectively intervene with school avoidance behavior, we must assess why the child is refusing to come to school.



Assessment – Why Do Children Avoid School?

To obtain attention from significant others

To obtain the tangible rewards that come with getting to stay out of school

To avoid aversive social situations and real or imagined negative evaluation from peers and/or teachers

To avoid school related stimuli or situations that provoke negative feelings (i.e. dread, anxiety, depression, physical symptoms)

Anxiety disorders
are the most
common
child/adolescent
mental illness

According to a 2010 study in the Journal of the American Academy of Child and Adolescent Psychiatry, nearly one in three children (31.9 percent) will meet the criteria for an anxiety disorder by the age of 18.

Anxiety disorders often co-occur with other disorders such as depression, eating disorders, and attention-deficit/hyperactivity disorder (ADHD).

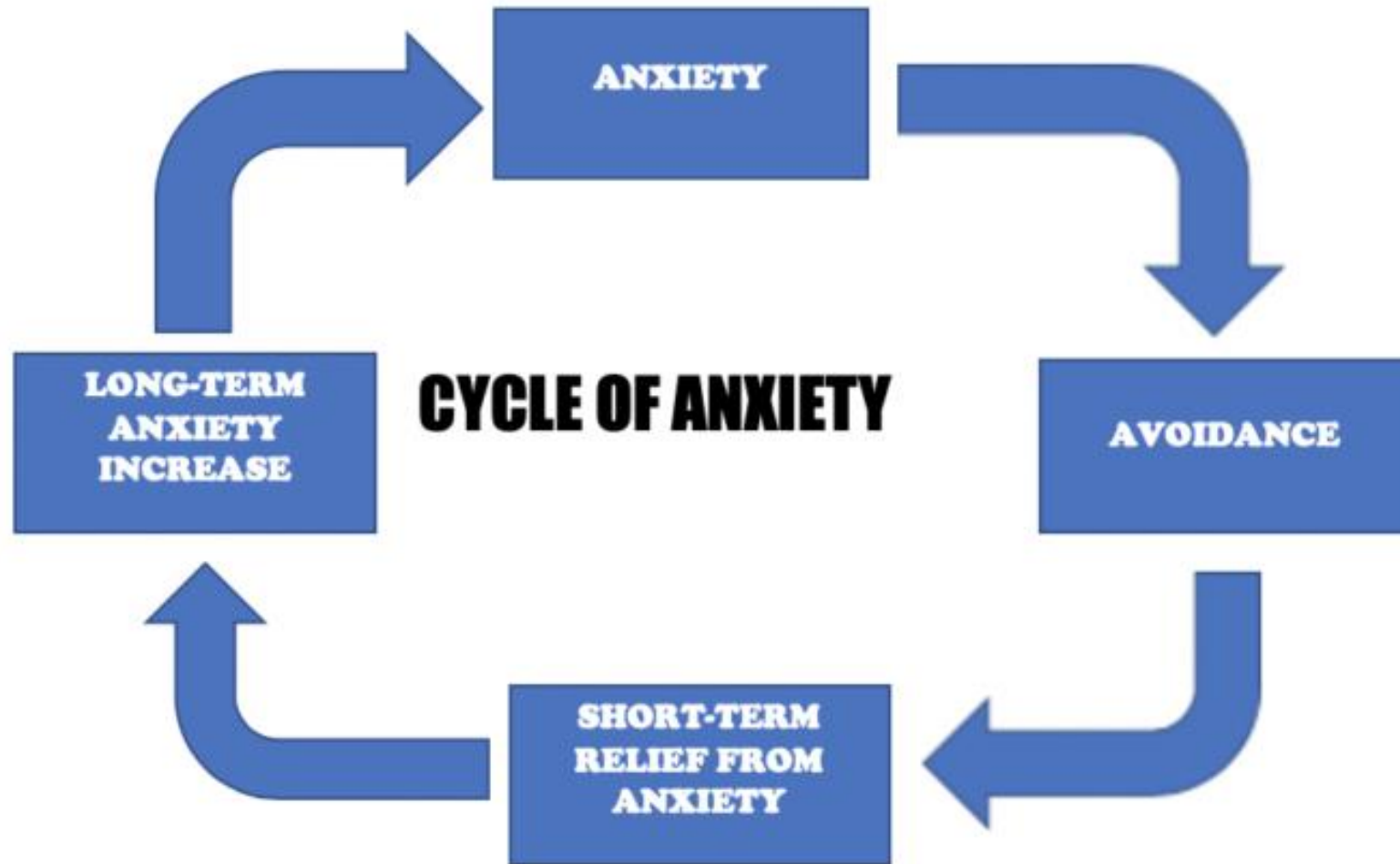
- The coronavirus pandemic has caused an increase in stress levels for all. But sometimes, stress is something more. These signs could mean your child needs medical care for depression, anxiety or another health concern:

- Sleeping more or less than usual
- Not eating enough or eating too much
- Getting upset when a parent leaves (separation anxiety)
- Loss of interest in activities or friends
- Ongoing health problems like stomachaches, nausea or headaches
- Episodes of dizziness, trouble breathing, shakiness or sweating

If you think your child might need mental health care, don't wait. Mental health issues don't go away on their own. Talk with your child's pediatrician or contact your school.

In the chat- Has anyone noticed an increase of anxiety in their child since the coronavirus started?

Signs of Anxiety and Depression in Youth



Types of Anxiety and Concurrent Diagnosis

Anxiety Disorders

- ❖ Generalized anxiety disorder
- ❖ Panic disorder (with agoraphobia)
- ❖ Specific phobia
- ❖ Social Anxiety Disorder
- ❖ Separation Anxiety Disorder
- ❖ Obsessive Compulsive Disorder

Concurrent Diagnosis

- ❖ Depression
- ❖ Oppositional Defiant Disorder

SEPARATION ANXIETY DISORDER (SAD)



- Defined as excessive concern, worry, dread or anticipated dread of being separated from an attachment figure
- Some anxiety upon separation from caregiver can be developmentally appropriate
- If continues and/or becomes more intense, can be considered a disorder

PANIC DISORDER



- Recurrent, persistent, *panic attacks* (sudden intense physical symptoms)
- Fear of future, attacks, or worry about dying, losing control, "going crazy"
- Fear of having another panic attack
 - Since there is no specific trigger, avoidance of places or situations that a panic attack occurred in the past is common

Differential Diagnosis

Social Anxiety

- Panic attacks are cued by social situations
- Avoided situations always involve other people
- Main fear is of negative evaluation, embarrassment, rejection, humiliation

Panic Disorder

- Panic attacks occur spontaneously
- Situations are avoided whether or not others are involved
- Main fear is of the symptoms of panic: Something is physically wrong with me!

GENERALIZED ANXIETY DISORDER (GAD)

- Excessive, constant worry about the everyday life issues – almost daily
- "something bad is going to happen" or "what if this happens.."
- Some symptoms include:
 - Excessive reassurance seeking –second guessing
 - Stomach aches, headaches, migraines, etc.
 - Irritability, poor concentration
 - Sleep disturbances



SOCIAL ANXIETY DISORDER

- Excessive fear/worry in social situations about being judged, negatively evaluated, or humiliated
- May cause challenges with:
 - Making or maintaining friendships
 - Speaking in groups
 - Speaking with authority figures (teachers/parents)
 - Feeling confident
- May lead to avoidance of situations involving social interactions



Impairment: Consider Impact on Functioning

- Remember there is a difference between *feeling anxious* and an *anxiety disorder* - criteria to qualify as a mental health disorder, is when there is significant impairment to functioning
 - School/work
 - Socially/interpersonally
 - Daily activities
- It is important to pay careful attention to the children who are showing impaired functioning. Often the impairment is due to anxiety related or other mental health symptoms.

Examples in a School Setting – Impaired Functioning

- Some examples include:
 - You may not hear “your child is anxious” but instead: **your child’s schoolwork is deteriorating** (because the child is so distracted from worrying).
 - You may not hear “your child is anxious and worried about being away from mom” (due to separation anxiety disorder), instead: the **child has high rate of absenteeism.**
- You may not hear “your child is worried about what others think,” instead: **your child’s grades are dropping off because child does not participate and does poorly on tests** (due to interfering social anxiety).
- You may not hear about your child who feels like they need to vomit every day (due to panic disorder), instead: the **child is making frequent visits to school nurse and is frequently picked up early.**

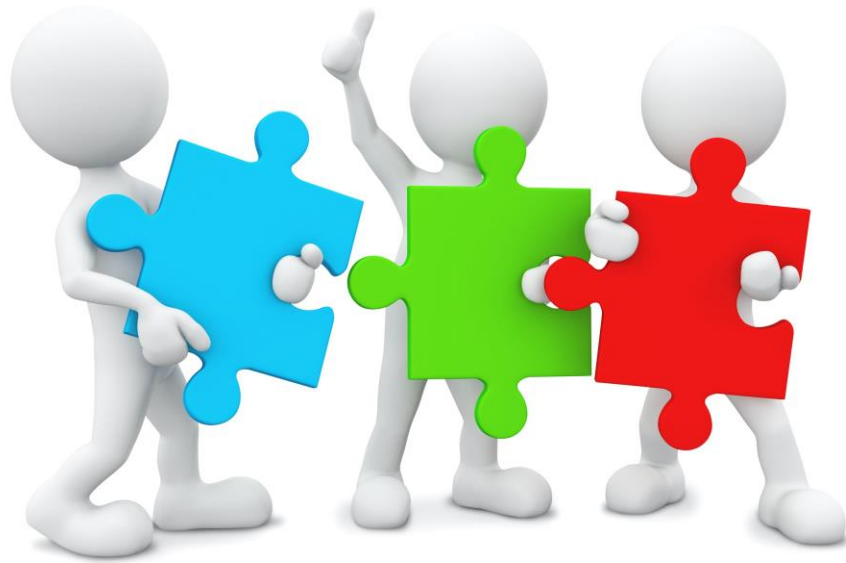
Interventions

School-based Interventions

Parental Interventions

Mental Health Professional Interventions

Team Approach



Chronic school avoidance requires a team approach of parents, school staff, and community healthcare providers working together to help the child to return to school and to maintain school attendance.

Due to the negative consequences of missing school and worsening of anxiety symptoms the longer a youth is absent, a return to school as soon as possible is recommended.

School-Based Interventions

Re-entry 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.

A gradual re-entry plan is often recommended for older students or students who are extremely anxious or depressed.



School-Based Interventions



- Gradual re-entry 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.
- For older students or those with significant anxiety or depression, allowing for progressive reentry over a 1–2 week period may be effective.
- Identify key supports within the school (i.e. school counselor, school psychologist, etc.) to ensure your child knows what resources and support they have in school. The student should be helped to identify the staff members with whom he or she feels safest.

- If your child is reporting physical symptoms preventing school attendance, consult with your child's pediatrician.
- Communicate with your child about their reasons for not wanting to go to school
 - Help your child to identify and label feelings and thoughts.
- Encourage them to identify the positive aspects of school, such as friends or a favorite subject
- YOU are your child's biggest resource and ally

What Parents Can Do

What Parents Can Do

- Demonstrate calm, accepting attitude towards child.
- Insist on school attendance. Acknowledge your child's concerns ***and*** reinforce child's immediate return to school. Consistency is key
- Use a reward system for the child when they meet goals such as getting up in the morning, completing morning routine etc.
- Be cliché: "I know you're nervous ***and*** I know you can do it"
 - Words are powerful



THE WAY WE
TALK TO OUR
CHILDREN
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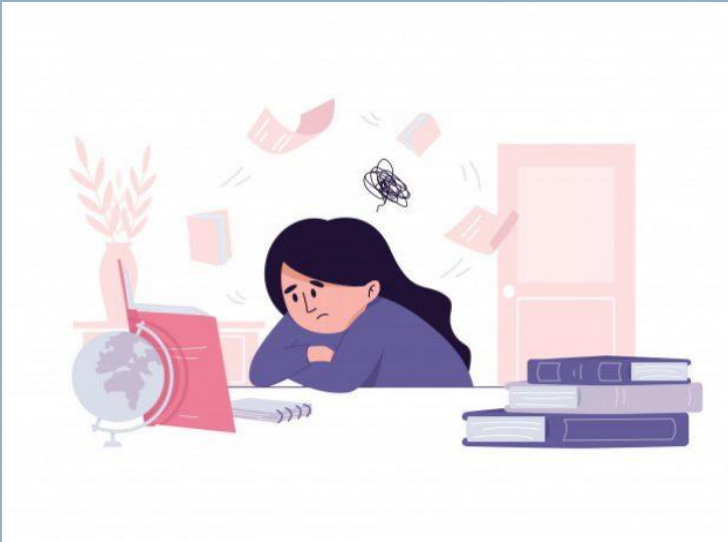
PEGGY O'MARA

What Parents Can Do



- When kids express anxiety about going back to school listen *seriously* and *actively*.
- *Don't dismiss these fears ("Nothing to be worried about! You'll be fine!").
 - *Listening to them and acknowledging your child's feelings will help them to feel more secure. You can add to their confidence by helping them strategize about how to handle things they are concerned about.*
- Keep in mind that kids often want to be able to talk about something they're upset about without expecting you to fix the problem.
- Your job is to validate their feelings ("I know that's hard") and demonstrate confidence that they can handle the situation.

Addressing School Avoidance – Virtual Learning



- Being on camera can cause anxiety – especially for those that struggle with self-esteem
- Although virtual learning may be convenient because there is no longer a commute to school, the lack of structure may cause decreased levels of motivation

How to address virtual school avoidance and anxiety:

- Talk with your child about their struggles
 - Open ended questions - "what has been the hardest part of virtual learning for you?"
- Avoid "toxic positivity" - it is important to acknowledge that not everything is okay
- You don't have to have all the answers or know the "right thing" to say.
 - Like mentioned in the previous slide, majority of the time, kids just want to be *heard* and *validated* - they don't need solutions or things to be "fixed"
 - Kids often just need someone to listen to them and know that they are not alone or "crazy"
- Work with school staff - teachers, child study team, counselors - "virtual team approach"



Stress Management

- Chronic school avoidance is not only stressful for the child, but also the parents and the rest of the family.
- Tune into the emotions *you* are experiencing about your child's school avoidance
- If you can cope well with your own emotional reactions, you are in much better shape to be able to help your child and deal with the situation.
- "You can't pour from an empty cup"
- What helps you, will help your children

Ways to Manage Stress

- Increase quality family time
- Take time for yourself – implement healthy boundaries and self-care activities
 - Practice healthy stress management techniques
 - Gratitude
 - Mindfulness
 - Deep Breathing
 - Ask for help from supportive family and friends
 - Join parent support groups
- Seek professional help if needed – individual and/or family





Seeking Help

- If your child has frequent periods of poor school attendance and attendance does not improve with behavioral strategies or if your child has other anxiety symptoms/mental health concerns, reach out and get professional help.
- You are not alone, and you do not have to be alone
- Seeking help can be hard

Types of Mental Health Services – Levels of Care

Outpatient (*individual/family*)

Intensive In-Community
Services

Intensive Outpatient

Partial Hospital Program

Evidence Based Treatments for Child Anxiety Disorders

Mental Health Treatment Includes:

- Cognitive–behavioral approaches (CBT) that teach coping strategies such as relaxation, problem solving, reducing negative self-talk, and increasing healthy thought processes.
- Other strategies may include rewards for school attendance, parent education, and goal setting
- Exposure to anxiety provoking situations or events coupled with cognitive and behavioral procedures

Resources for Mental Health Treatment

For youth that are presenting with symptoms of mental health concerns, and are not in immediate crisis

- Local mental health centers can help to further assess the concerns, as well as provide different services
 - Individual, group, family therapy
 - Psychiatric services (i.e. psychiatric evaluations, medication management)

For youth that are experiencing a **non-life threatening** behavioral or mental health emergency/crisis

- Parent/Guardian can contact **PerformCare NJ** at **1-877-652-7624**
 - Available 24 hours a day, 7 days a week, 365 days a year
 - Can provide assessment and linkage to wide variety of services
 - **Children's Mobile Response:** 24/7 Crisis Intervention and Stabilization for children/youth. If there is a life-threatening concern for the youth, call 911 and/or go to the nearest Emergency Room.
- 201-262-HELP

24 Hour Text Lines for Children/Adolescents

- **Crisis Text Line:** Text “SCHOOL” or “HOME” to 741741 for free 24/7 crisis counseling.
- **2nd Floor Youth Helpline:** If you are between the ages of 10 and 24, live in New Jersey, and need to talk about an issue or problem that you are facing.

Call or text 1-888-222-2228 | <https://www.2ndfloor.org/>

Additional Crisis Resources

LOCAL CRISIS RESOURCES

- **St. Joseph's 24/7 Psychiatric Emergency Services (PES):** 973-754-2230

NATIONAL CRISIS RESOURCES

- **National Suicide Prevention Lifeline:** Call 1-800-273-TALK (8255) for free 24/7 support. Call 1-888-628-9454 for support in Spanish.
- **Lifeline Crisis Chat:** Visit www.crisischat.org to talk online with crisis centers around the United States.
- **The Trevor Project:** Call 866-488-7386 or text “START” to 678678 for mental health support specialized for the LGBTQA+ community.
- **Substance Abuse and Mental Health Services Administration’s (SAMHSA) Disaster Distress Helpline:** Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor.

References

American Academy of Child/Adolescent Psychiatry, School Refusal, June 2018

Anxiety and Depression Association of America, School Refusal, Updated February 2021

Cleveland Clinic, Virtual Learning Anxiety: How to Help Your Kids, October 2020

Feriante J, Bernstein B. Separation Anxiety. [Updated 2020 Oct 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560793/>

Fremont, M.D., W. State University of New York Upstate Medical University, Syracuse, New York Am Fam Physician. 2003 Oct 15;68(8):1555-1561.

References Continued

Kearney, C.A., Solutions to School Refusal for Parents and Kids, Current Psychiatry, Vol. 5 No. 12, December 2006.

Miller, Caroline, Back to School Anxiety, Child Mind Institute.

National Institute of Mental Health (2018). Anxiety Disorders. Retrieved May 4, 2020, from <https://www.nimh.nih.gov/health/topics/anxiety-disorders/>

Wimmer, Mary, School Refusal: Information for Educators (2010), National Association of School Psychologists

Thank you for your time &
attention!

