

# Dealing with School Avoidance

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ROBIN BOGGS CHOQUETTE, PSY.D.



# The Yellow Flag

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Student outlook or thoughts change regarding school

Change in school behavior

School Attendance

Somatic Symptoms

Variation in school performance



# Areas of Functioning

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Cognitive (IQ)

Emotional

Occupation/School

Relationships

Self Care



# Abilities that impact Avoidance Behaviors

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Ineffective communication patterns (lack of self advocacy skills)

Inability to tolerate discomfort, anxiety, sadness, disappointment, embarrassment, etc.

Lack of conflict resolution skills

Lack of critical thinking skills

Emotional Immaturity



# Functions of School Refusal Behavior (Kearney)-4 Domains

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## Domain 1:

- Avoidance of Negative Affect (somatic complaints, sadness, general anxiety)

## Domain 2:

- Escape from Evaluative or Social Situations (social phobia, OCD perfectionism)

## Domain 3:

- Attention Seeking Behavior (separation anxiety, sympathy from family, high enmeshment)

## Domain 4:

- Pursuit of Tangible Re-inforcers (video games, internet, sleep, drug use)



# Avoidance of Negative Affect

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Interventions:

Understand anxiety and utilize effective response techniques/language

Recognize patterns of behaviors

Management of physical/somatic symptoms

Develop hierarchy and utilize Exposure Response Prevention Therapy



# Escape from Evaluative or Social Situations

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Interventions:

Education on anxiety and avoidance behaviors

Develop hierarchy for situation/places/things that trigger anxiety and utilize Exposure Response Prevention (ERP) Therapy

Modeling and role-playing anxiety producing scenarios

Cognitive restructuring to manage distorted and/or irrational beliefs



# Attention Seeking Behavior

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Home Strategies that include:

- Structure and routine with consistency
- Language that increases responsibility and accountability for child's behaviors
- No options regarding school attendance
- Clearly defined expectations





# Pursuit of Tangible Reinforcement

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Interventions:

Family therapy to address the family hierarchy

Family contract with clearly defined expectations and privileges

Recognizing patterns of behaviors and hold child accountable

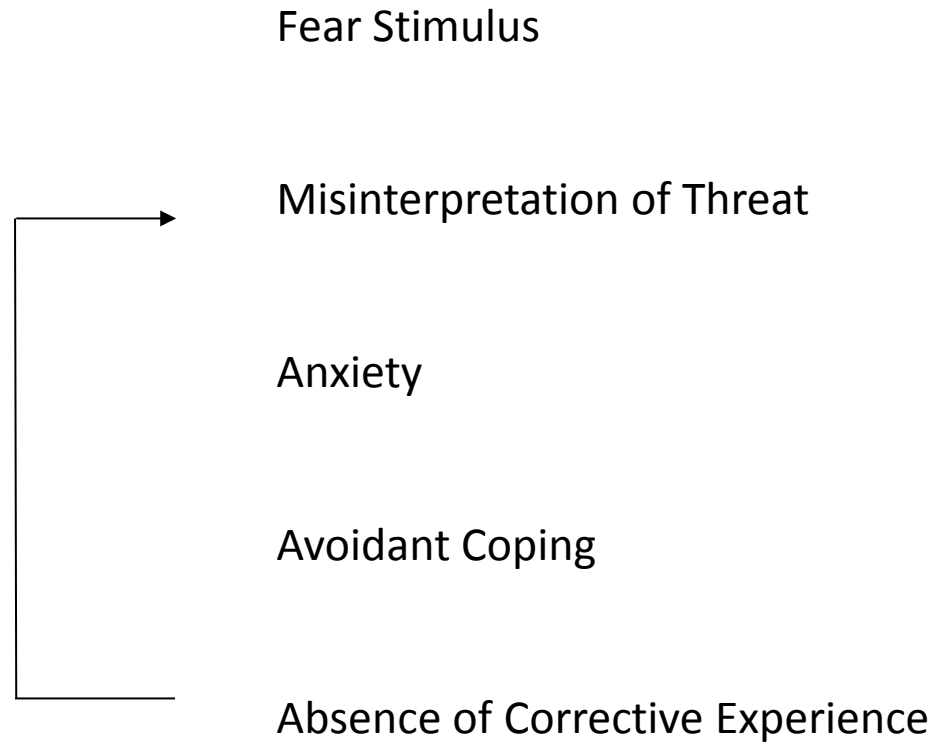
Rule out addictive disorders and seek alternative treatment when necessary

Escorting child to class



# Understanding Anxiety and Avoidance

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# Exposure and Response Prevention Treatment for School Avoidance

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- Make a list of feared stimuli/situations
- Arrange stimuli in hierarchical fashion
- Use the hierarchy to develop and implement plan of systematic exposure to stimuli/situations that trigger anxiety
- Goal: to experience the fear and correct faulty beliefs to create adaptive patterns of anxiety
- The exposure is assisted by the therapist and is never forced on the patient
- Therapeutic anxiety prevention relies on the experience of short term discomfort and interrupting patterns of avoidance
- The maladaptive anxiety is corrected by the awareness gained during the exposure



\* Alexian Brothers Behavioral Health School Refusal

# Emotional Development

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Age 18: Development of personal identity and move towards independence by setting goals. Planning for future (i.e. move away from home, going to college). Being able to tolerate disappointment and increased demonstration of critical thinking skills.

Age 16: More regular use of emotional self-regulation and distress tolerance skills. Ability to think of different possible outcomes and work towards goals when approaching a problem. Identify and understand core-beliefs. Quest to start moving towards independence away from parents (i.e. driving). Experimenting with different behaviors and ideas.

Age 14: Increase in use of critical thinking skills and development of abstract thinking. Heavily influenced by peers' opinions and judgments. Self-esteem will be influenced by peers' opinions. Will advocate for needs and start/practice setting boundaries with peers. Engaging in serious aggression, is rare. Aggressive behaviors are more verbal. Recognizes that outbursts have consequences.

Age 12: Starts to develop critical thinking skills and recognition of more than the obvious answer. Increase in empathy skills and understanding that others may have mixed feelings. Concerned with peer opinions and fitting in but should be able to handle limits and calm self when upset. May become frustrated with limits, due to wanting more immediate gratification.

Age 10: Reasoning becomes logical but if unable to solve problem may ignore or redefine the situation (may appear to lack responsibility). Empathy increases as emotional understanding improves. Start to see interest/concern about peer approval and social support. Develop internal skills for managing emotion.



# Continue Emotional Development

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Age 8: An increase in development of skills to manage peer interactions and social situations. Sensitivity to criticism and struggles with failure, tendency to be competitive and bossy. Peer influence emerges, concerned about being liked by their friends. Aggression is markedly decreased or nonexistent, may see physical reaction to communicate emotions (i.e. pouting when upset). Awareness of others and consideration for other's feelings and needs, especially if other is disadvantaged (understanding of benevolence). Decrease in black and white thinking pattern, able to understand "shades of gray". Fears are less based in imaginary objects.

Age 6: Ambition and responsibility are developed, greater understanding of causes and consequences, strategies for self-control expand. Able to utilize language to manage anger and significant decrease in aggressive behaviors. Temper tantrums, yelling, blaming, arguing behaviors should decrease or abate as the emotions become more regulated and language is more utilized to express emotions.

Age 4: Empathy and problem-solving emerges. May see decline in physical aggression (hitting, fighting, throwing things, etc) although may still see irritability, blaming. During frustration may exhibit infant behaviors. Can express basic emotions (happy, sad, proud and excited)

Ages 2-3: Temper tantrums, self-centered, and immediate satisfaction is hallmark. Often says "no" and shows lots of emotions (laughs, squeals, throws things, cries,). Use of external behaviors to express emotions (i.e. throwing and destroying property). Can play alone and does not need other involvement. Resists change.



# Strategies and Interventions

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Absence Policy

Communication

Social

Rapport with school staff



# *School Anxiety/Avoidance Behavior Strategies for Parents*

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1. School attendance is mandatory, only exception is fever or contagious illness. Do not call child out of school unless its absolutely necessary. A child's anxiety will increase the more school is avoided.
2. If child refuses to attend school, contact school personnel and report child's refusal to attend school, even if it results in an unexcused absence. Allow child to have consequence from school for unexcused absence.
3. Establish and maintain open communication with school personnel regarding your child's feelings about school, difficulties with school, etc.
4. Create an environment at home that fosters structure and consistency. Expectations should include rules, chores, privileges and limits. This will allow children to learn to structure themselves, as well as understand rewards and consequences. Likewise, expectations should be clear regarding school attendance and homework, as well as privileges and consequences given for not meeting expectations. Based on research, structure, routine and consistency work to alleviate anxiety in children.
5. Routine is essential for children with school anxiety/avoidance issues. A daily schedule that is followed consistently through the eyes both when the child is in school as well as out of school is beneficial.
6. Encourage children to enroll in school extracurricular activities to feel more connected to school. Have child choose at least one activity per school term.
7. Provide positive feedback for successes made at school.
8. Seek support from school and/or external resources when your child first starts displaying symptoms of school anxiety/avoidance.
9. If patterns of academic failure are present, psychological and/or neuro-cognitive assessment and/or intervention may be needed due to possible learning disabilities or neuro-cognitive deficit issues that may be present.
10. Negative peer relations may result in school avoidance/anxiety issues. Contact the school social worker if your child is struggling with peer relations, i.e. bullying, difficulty getting along with peers, etc. Therapeutic intervention on the school level may be needed.



\*Alexian Brothers Behavioral Health School Refusal Strategies for Parents

# Resources

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- ***How to Talk so Kids will Listen and Listen so Kids will Talk.*** (2002). Authors: Adele Faber and Elaine Mazlish. Publisher: Collins.
- ***Don't Try Harder Try Different.*** Author: Patrick McGrath, Ph.D.
- ***Kids are Worth It: Giving Your Child the Gift of Inner Discipline.*** (2002). Author: Barbara Coloroso. Publishers: Collins. New York, NY
- ***Kids, Parents, and Power Struggles: Winning for a Lifetime.*** (2001). Author: Mary Sheedy Kurcinka. Publisher: Harper Collins Publishers, New York, NY
- ***Parenting with Positive Behavior Support: A Practical Guide to Resolving Your Child's Difficult Behavior*** (2006). Authors: Meme Hieneman, Karen Childs, and Jane Sergay. Publisher: Brookes Publishing Co. Baltimore, MD
- ***Setting Limits with Your Strong-Willed Child: Eliminating Conflict by Establishing Clear, Firm and respectful boundaries.*** (2001). Author: Robert J. MacKenzie. Publisher: Three Rivers Press
- ***The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children*** (2001). Author: Ross Greene. Publisher: Quill Books, division of Harper Collins Publishers, Inc. New York, NY
- ***When Children Refuse School, A Cognitive-Behavioral Therapy Approach.*** Authors: Christopher A. Kearney and Anne Marie Albano. Publisher: Oxford University Press. New York, NY
- **Alexian Brothers School Anxiety/School Refusal Program**  
**Jackie Rhew (Assistant Director of SASR)**  
1650 Moonlake Blvd, Hoffman Estates, IL **847-755-8516**



\* List provided by Alexian Brothers Behavioral Health Hospital



# Contact

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Robin Boggs Choquette, Psy.D.

Elite Performance Counseling, Inc.

Locations:

43 East Jefferson Street, Suite 205, Naperville, IL

3413A North Kennicott, Arlington Heights, IL

[Robin.Choquette@ElitePerformanceCounseling.com](mailto:Robin.Choquette@ElitePerformanceCounseling.com)

630.215.8211

