

# Intervention Strategies to Engage Students and Parents Struggling with School Anxiety School Refusal

Patrick McGrath Phd

School Anxiety / School Refusal Program  
Alexian Brothers Behavioral Health Hospital



**ALEXIAN**  
BROTHERS  
HEALTH SYSTEM

# Illinois School Code

105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

Sec. 26-1. Compulsory school age-Exemptions. Whoever has custody or control of any child between the ages of 7 and 17 years (unless the child has already graduated from high school) shall cause such child to attend some public school in the district wherein the child resides the entire time it is in session during the regular school term, except as provided in Section 10-19.1, and during a required summer school program established under Section 10-22.33B

"Chronic or habitual truant" shall be defined as a child who is subject to compulsory school attendance and who is absent without valid cause from such attendance for 5% or more of the previous 180 regular attendance days.

# Identifying a Student at Risk

## Absences from school

- Excessive excused and unexcused absences
- Increase in truancies
- Avoids portion of school day (e.g. gym class, particular teacher{s} or period{s} of school)

## Increase in somatic symptoms

- Exhibits stomach aches, headaches, nausea, vomiting, etc. especially on school days
- Frequent visits to doctors or specialized medical attention

# Identifying a Student at Risk (cont'd)

Change in grades or academic achievements

- Avoids or struggles to complete academic tasks
- Missing assignments or incomplete assignments
- Pattern of academic failure
- Decreased motivation associated with increased negative feelings towards school
- Easily overwhelmed with school and home expectations and/or assignments

# Identifying a Student at Risk (cont'd)

Marked change in attitudes or behaviors

- Distressed about school more often than peers their age
- Feelings and attitudes towards school have negatively changed
- Behavior patterns only occur on school days
- Pattern of negative peer relationships
- Avoidance of school-related activities
- Difficulties with social skills and peer relationships

# Factors that Contribute to School Refusal

Difficulties with...

- Managing feelings of discomfort
- Experiencing disappointment
- Applying conflict resolution skills
- Communicating needs effectively to parents, peers, and/or school staff

# When we are Uncomfortable or Anxious

- Our Fight – or – Flight system gets activated by the perception of threat/danger
- The perceived fear is greater than the actual threat/danger
- Everyday occurrences become overwhelming
- Behaviors interfere with daily functioning

# Maladaptive Coping (Avoidance)

- Based on misappraisal of the threat
- Intention is to avoid fear stimulus or the danger it signals
- Coping patterns develop as a way to create immediate relief and avoid experience of discomfort



# Distress Tolerance

- Lack of crisis survival strategies
- Underdeveloped skills to manage feelings such as disappointment, anger, and sadness
- Difficulty applying coping strategies to stressors

# Emotional Regulation

- Difficulty managing emotions
- Lack of self soothing techniques
- Poor impulse control

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

## 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 Reinforcers (video games, internet, sleep, drug use)

# Domain 1:

## Avoidance of Negative Affect

### Traits:

- Anxiety symptoms, difficulty advocating for self, inability to self sooth
- Depressive symptoms, low tolerance for managing distress
- This student commonly presents with a lot of somatic complaints

# Domain 1:

## Avoidance of Negative Affect

### Interventions:

- Provide education about anxiety and effective response techniques
- Recognize patterns of behavior
- Teach ways to manage physical/somatic symptoms
- Develop anxiety/avoidance hierarchy and work on exposure situations
- Gradual re-exposure to school setting

# Domain 2:

## Escape from Evaluative or Social Situations

### Traits:

- Isolation and/or decrease of social activities
- Difficulty managing social situations
- Perfectionism/Fear of Failure
- Black and White Thinking
- Perseverates/obsesses on thoughts

# Domain 2:

## Escape from Evaluative or Social Situations

### Interventions:

- Psycho-education
- Anxiety/avoidance hierarchy
- Modeling and role-play
- Cognitive restructuring
- Gradual re-exposure to school setting

# Anxiety Disorders are:

Highly prevalent (most common class of mental disorder)

Real & potentially disabling

Found in all groups of people

Under-recognized & under-treated

Variable in presentation

Treatable



# The Costs of Anxiety Disorders

Symptom distress and disability

Medical and psychological complications

Impact on family / Alienation

1/3 of indirect costs of mental illness due to anxiety

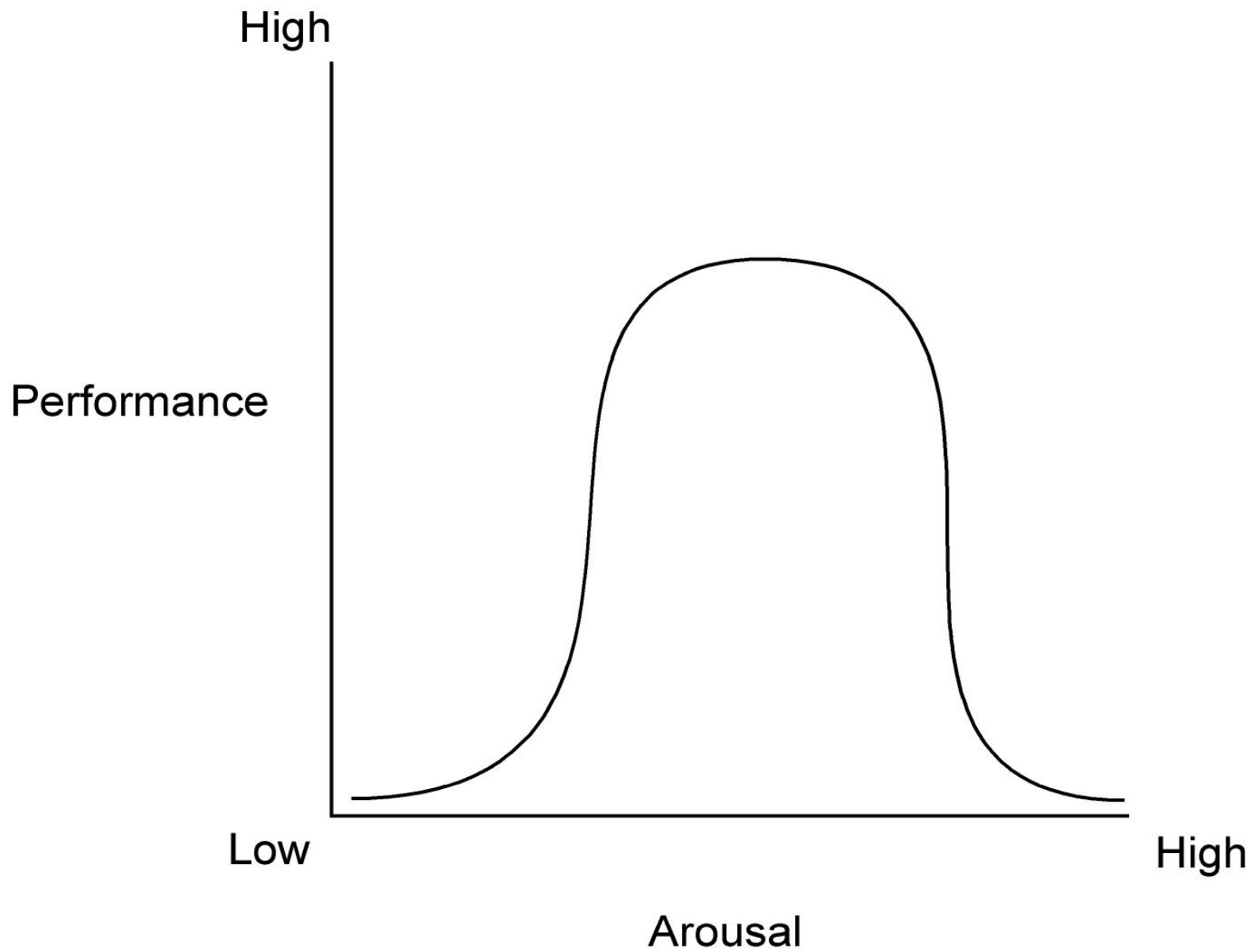
# What is Anxiety?

Normal, natural, built in through evolutionary processes

Response to the perception of future threat or danger

We need this to prepare for future potential difficulties

Some anxiety is actually good for performance (Yerkees-Dobson)



# What is Panic?

Normal, natural, built in through evolution

Response to the perception of immediate threat or danger

We need this to protect ourselves from danger

# Panic Continued

Panic is our “Fight – or – Flight” response

Natural selection selected out those that did not  
have this response system

It is an alarm reaction

Good in short bursts, problem if returns when there  
is no external cue for danger

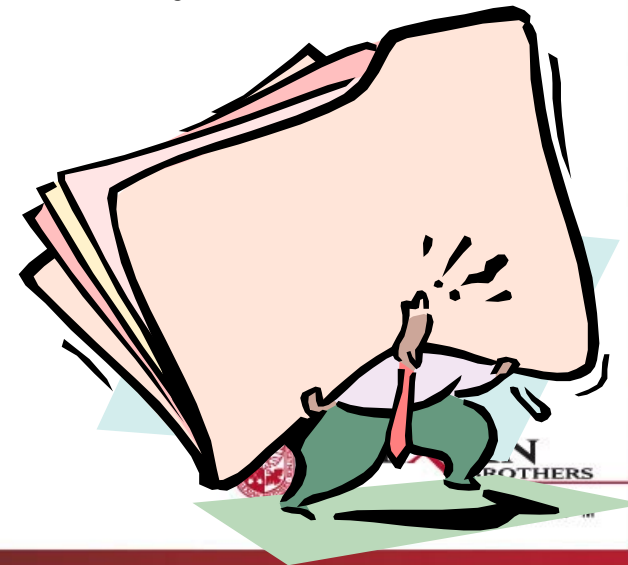
# Anxiety Disorders

Our Fight – or – Flight system gets activated when it does not need to

The fear is perceived but, by most standards, is far less than it is judged to be

Everyday occurrences become overwhelming

Behaviors interfere with functioning daily



# Cognitive Behavior Therapy for Anxiety Disorders

Correct misinformation and faulty threat appraisals

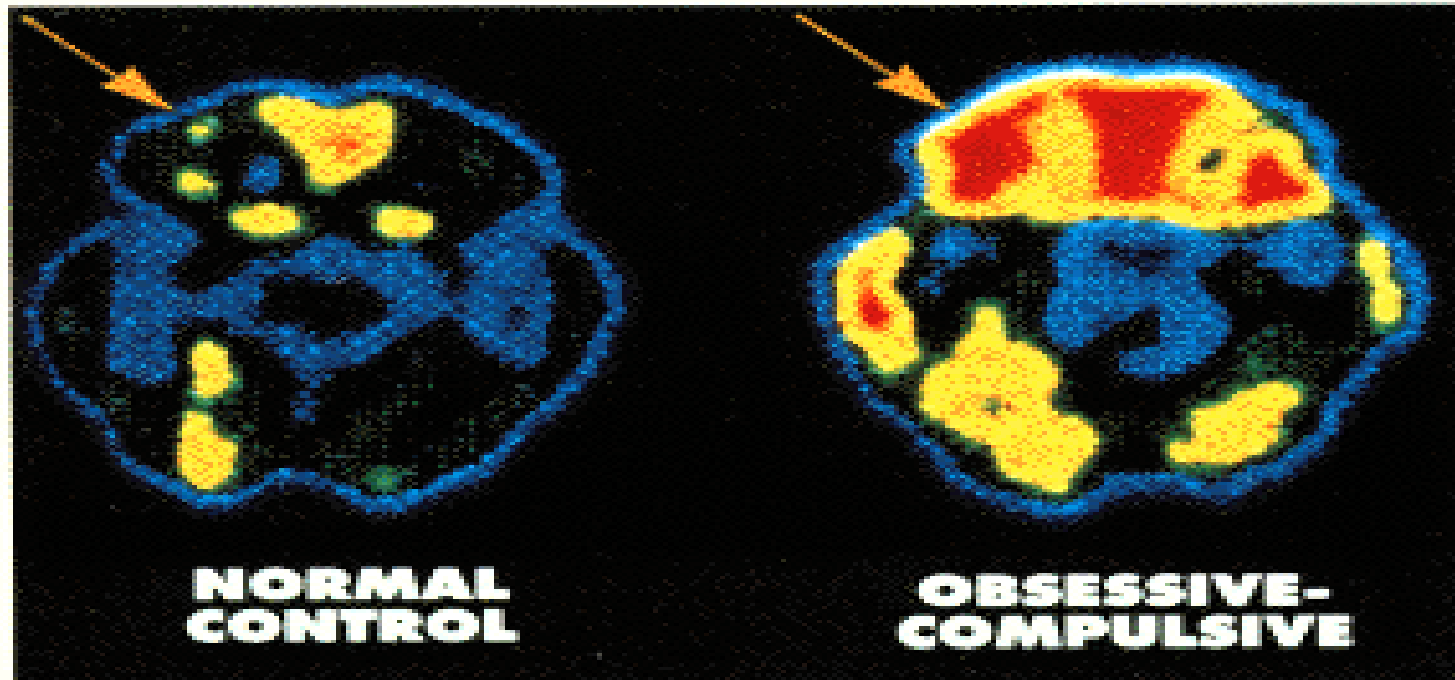
Teach adaptive (nonavoidant) coping skills

Contain maladaptive (avoidant) coping

Facilitate exposure and readjustment to feared situations

Teach relapse prevention

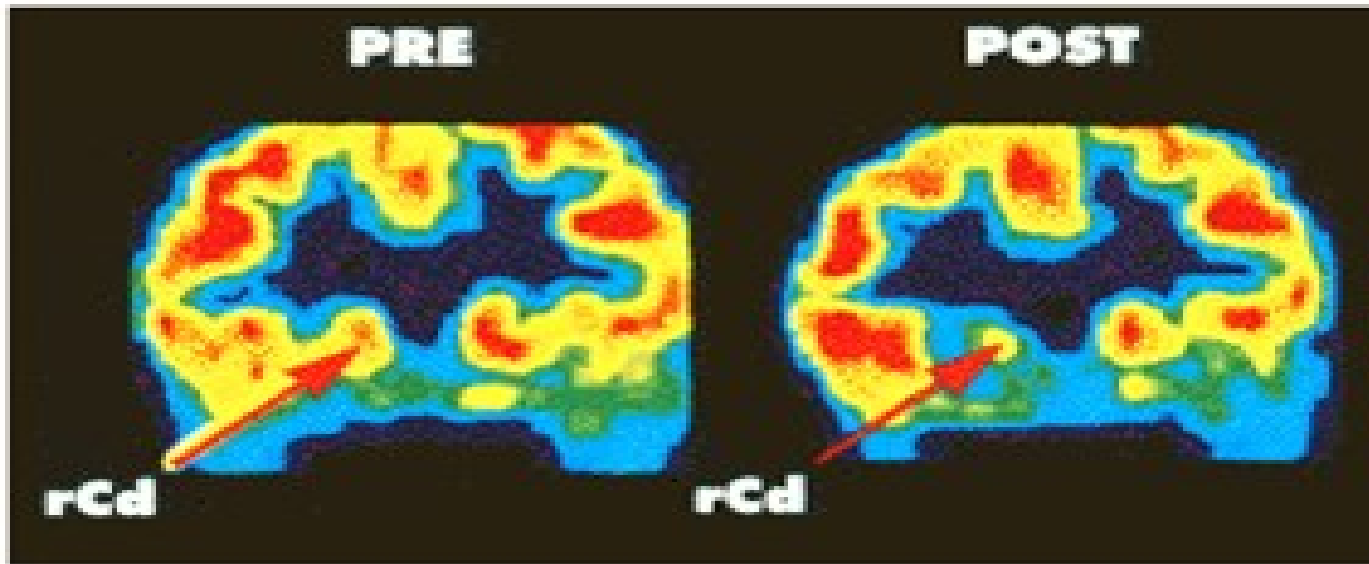
# PET Scans



**HIGH ENERGY USE IN THE BRAIN  
OF A TYPICAL PERSON WITH OCD**



# PET Scans

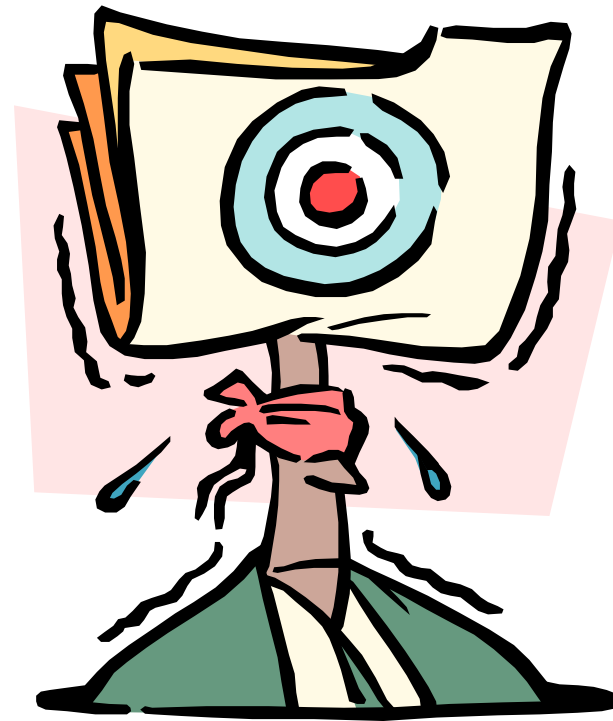


Pre and post CBT and ERP  
for an OCD patient

# Four Basic Fears

Threats to the integrity of:

- \*Physical Status
- \*Mental Status
- \*Social Status
- \*Spiritual Status



# Common Distortions

## Severity

- It will be the worst thing in the world and I will die

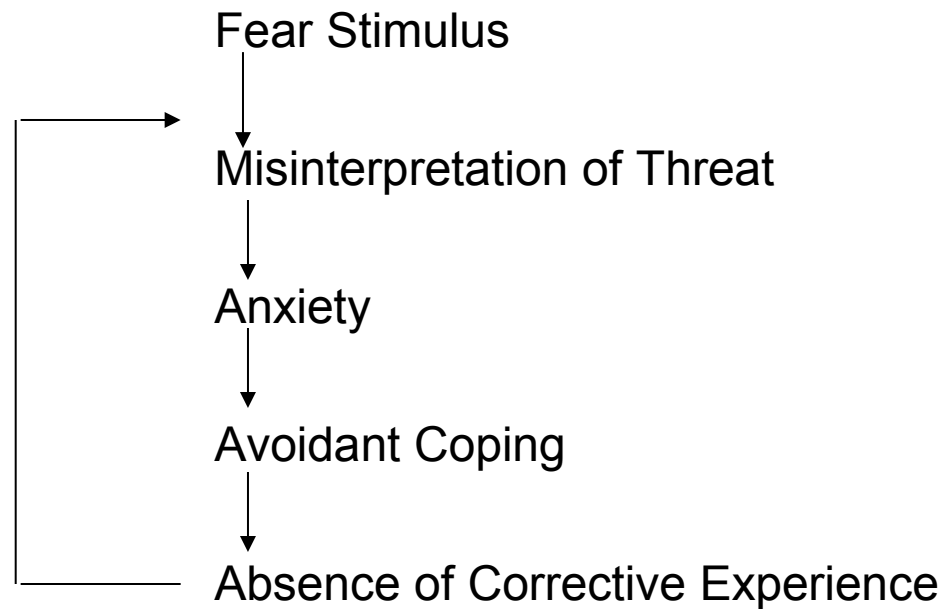
## Probability

- It will definitely happen, no question

## Efficacy

- I will not be able to handle it

# Cognitive Behavioral Model for the Treatment of Anxiety Disorders: Maintenance



# What maintains Stress?

Avoidance

Reassurance seeking

Distraction

# Rewards

*Short Term* - People with anxiety want to feel good right now, so they do rituals to get that immediate good feeling, or they avoid what it is they are afraid of, or seek a great deal of reassurance.

*Long Term* - In order to overcome anxiety, you need to practice being anxious right now so that you can learn that you can handle the anxiety. That anxiety will dissipate, therefore allowing you to feel better in the long run.



# Domain 3:

## Attention Seeking Behavior

### Traits:

- Seeks reassurance from parent
- Separation anxiety
- Poor boundaries/high enmeshment
- Parents may be overly sensitive and reactive to somatic complaints

# Domain 3:

## Attention Seeking Behavior

### Interventions:

Intense Parent training that includes:

- Structure and routine
- Clear expectations
- Altered use of language with child
- No options regarding school attendance



# Domain 4:

## Pursuit of Tangible Reinforcers

### Traits:

- Poor sleep hygiene/patterns (i.e. student stays up late and sleeps during the day)
- Access to privileges without meeting expectations
- Lacks motivations to attend school
- Possible drug use and/or internet, gaming addiction
- Struggles with limits and resists authority

# Domain 4:

## Pursuit of Tangible Reinforcers

### Interventions:

- Family based treatment
- Contingency contracting
- Communication skills
- Peer refusal skills training
- Holding child accountable
- Escorting child to class
- Rule out addictive disorders and seek alternative treatment when necessary

# Strategies and Interventions

## Absence Policy

- Clear and enforceable attendance policies will help motivate students
- Count all absences rather than differentiating between excused and unexcused
- Require a physician note for all absences
- Legal consequences
- Develop a relationship with truancy officers

## Communication

- Maintain consistent dialogue between school personnel and parents on student's progress and expectations (i.e. weekly contact with parent)
- Creating rapport between student and staff helps the student to experience a connection with the school

# Strategies and Interventions (cont'd)

## School Wide Interventions

- Peer helpers/call or contact from peer when absent from school
- Incentive program (gift card, etc)
- Automatic or personal phone call to student in the morning
- Encourage positive praise for accomplishments
- Establish connections with school staff/teachers
- Identify patterns of utilizing supports (limitation on time spent in social worker and/or nurse office )

# Strategies and Interventions (cont'd)

- Hold students and parents accountable for attendance policy and truancy policy
- Screening in Middle School
- Provide accommodations in a supportive school environment
- Set clear expectations and follow through
- Academic failure may indicate the need for
  - Psychological/neuro-cognitive assessment
  - Emotional, behavioral, or academic accommodations

# Strategies and Interventions (cont'd)

## Classroom Assistance/Teacher Interventions

- Have preplan strategies with student that identify coping skills and supports that can be utilized in class
- Periodic check in with students during class
- Organization of materials (color code notebooks, folders, etc)
- Prevent feelings of being overwhelmed
  - breaking assignments down
  - Photocopy pages of novel instead giving entire reading assignment/book
  - Simplify and differentiate content being taught
  - Highlight important due dates on syllabus/calendar – visual cues

# Strategies and Interventions (cont'd)

- Location of student's desk, proximity helpful
- Establish a "safe zone" in the classroom
- Daily Routines
- Write class objectives and classroom schedule on board
- Set time limits
- Utilize peers in groups to help student to increase connection in classroom
- Discuss with student what are they doing tonight
- Plan for transitions

# Strategies and Interventions (cont'd)

## Classroom and Student Interventions

- Write out what is making anxious/upset and have a brief response to student
- 2 minute break(s)
- Use skills that increase self soothing
- Stress Ball
- Mindfulness and grounding techniques
- Square or triangle breathing techniques
- Journal or drawing for limited amount of time (example 2 minute)
- Writing down the facts
- Hierarchy or Anxiety thermometer



# Strategies and Interventions (cont'd)

## Social

- Encouragement of extracurricular activities and student participation can decrease anxiety, foster independence and increase connections in the school setting
- Address negative peer relationships in the school environment, such as bullying, teasing, etc.
- Social skill development may be necessary to promote change
- School social workers, counselors, psychologists, teachers and peer groups are resources for intervention

# Family Engagement Strategies

- Develop connections by establishing rapport with parents or guardians to form relationships and define mutual goals
- Help parents identify obstacles and goals (Hierarchy)
- It is important to initiate and maintain communication between school personnel and parents on the student's progress and expectations. Sending a written weekly report home to parents provides consistent dialogue between home and school of the student's progress.
- Provide resources for family (community resource packet with therapist, adolescent groups, community mental health center, etc.)
- List of how to respond when child is struggling (i.e. less talking, clearly defined expectations, etc)

# Family Therapy Overview

- Family Systems Perspective
- Purposeful parenting vs. emotional reactive parenting
- Goals for parenting that are aligned with family values
- Healthy and unhealthy patterns of communication
- Language development

# Family Therapy Interventions

- Create realistic family contract
- Identify patterns of behavior
- Identify and strategize obstacles to following family contract
- Evaluate progress and obstacles regularly
- Aligned parenting creates expectations that increase consistency and structure

# Strategies and Interventions (cont'd)

BE AWARE and manage frustration and emotional reactions to parents and students involved in truancy situations

BE AWARE of mental illness and emotional functioning of students and family members when creating interventions

# Sample Family Contract

## Expectations

1. Attend School
2. Be ready at 7:00
3. Chores
4. Homework
5. Extracurricular Activities

## Privileges

- 2 hours of screen time
- Go out on Friday night
- Allowance
- Cell phone privilege
- Video games, lab top

# Strategies for Parents

- Increase self awareness
- Avoid enabling your child
- Create home environment that fosters structure and consistency
- Communicate effectively
- Recognize patterns that contribute to child's anxiety

# Emotional and Cognitive Development

- Assessing discrepancy between emotional and cognitive levels of development
- Understanding different stages of emotional development
- Considering emotional development when formulating expectations
- Fostering emotional maturity



# Verbal Communication

- Provide child with choices
- Language such as “It is your choice” vs. “You have to”
- “What do you think you could do” vs. “you’ll be ok”
- Look for teaching opportunities that work towards goal attainment
- Use language that is purposeful
- Less is more

# Therapeutic Treatments for School Refusal

- Cognitive Behavioral Therapy and Exposure/Response Prevention
- Skill building: Communication, Conflict Resolution, Study/organization, Self esteem and Social Skills
- Intensive individual therapy, family therapy and parent education
- Collaboration with school support staff

# Exposure and Response Prevention Treatment for School Anxiety

- 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

# Exposure and Response Prevention Treatment for School Anxiety

- 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 (i.e. there are no long term negative effects by the experience)

# Suggestions for Providers

- Build rapport and trust with family members
- Empathy
- Teach skills and tools that may be useful
- Avoid judgments and channel frustrations
- Provide resources

# Suggestions for Providers (cont'd)

- Work with parents to set realistic expectations
- Understand resources and limitations when forming expectations
- Meet parents where they are
- Provide support where needed

# Suggestions for Providers (cont'd)

- Work with parents to set goals for their child based on family values
- Goals should be both long and short term
- Goals should be specific, measurable, achievable, realistic and timely (SMART)
- The expectations should be clear and consistent
- Avoid power struggles

# Don't Try Harder, Try Different

Should is not a helpful word

Can't versus won't

Practice does not make perfect, it makes routine

Control is an illusion

Specialness

Everything in the world is neutral

All that we have are perceptions or interpretations



# Contact

**Patrick McGrath PhD**

**Director of the Center for Anxiety and OCD**

**Patrick.McGrath@alexian.net**

Alexian Brothers Behavioral Health Hospital  
1650 Moon Lake Boulevard  
Hoffman Estates, IL. 60169  
(847)882-1600