



Anxiety and School Refusal

Amanda Dudley & Stephanie Rollings

School Refusal Program
Centre for Developmental Psychiatry
& Psychology

Feeling
anxious or
constantly
worrying?

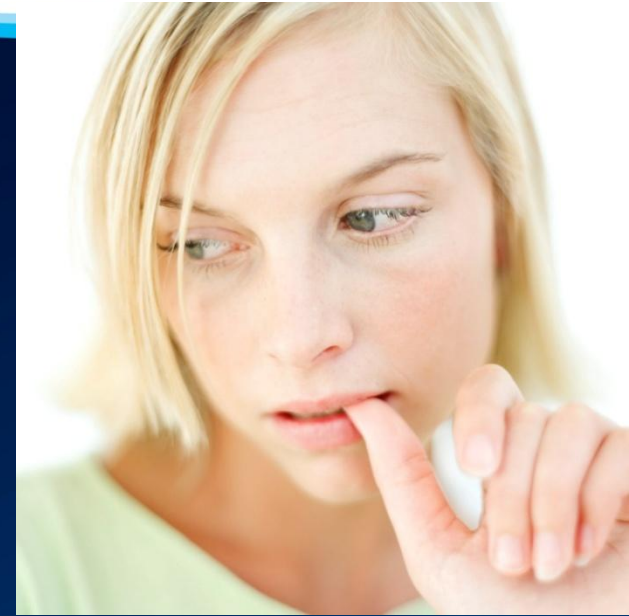
Anxiety

- **Anxiety as a normal reaction**
e.g. Feel nervous/worried before an exam or public speaking.
- **Anxiety as a disorder**
 - Intensity
 - Multiple symptoms
 - Length of time
 - Impairment



Anxiety Disorders

- 15-20% childhood & adolescence
- More common in females
- Associated with depression
- Increases with age
- Long-term impact



Common Anxiety Signs and Symptoms

Emotions

Worry
Apprehension
Excessive shyness

Physical

Heart racing, shortness of breath, butterflies, nausea
Headaches, stomach aches, diarrhoea, vomiting
Sleep disturbance

Behaviour

Avoidance
Distress
Tantrums, crying

Cognitive

Expect bad things to happen
Underestimate coping ability
Trouble concentrating



School Refusal

- **Definition**

- Severe difficulty attending school resulting in prolonged absence
- Severe emotional upset
- At home with parents' knowledge
- Absence of antisocial characteristics
- Reasonable efforts by parents to enforce attendance (Berg, 1997)



Common precipitants

based on 41 SRP cases

Bullying	32%
Transition to high school	29%
Legitimate absence due to illness	29%
Family stress	15%
Academic problems	12%
Illness in others	10%
Traumatic life event	7%
Parent returning to work	7%
Fear/difficulties with teacher	7%
Change of school within yr	7%
Divorce/separation	5%

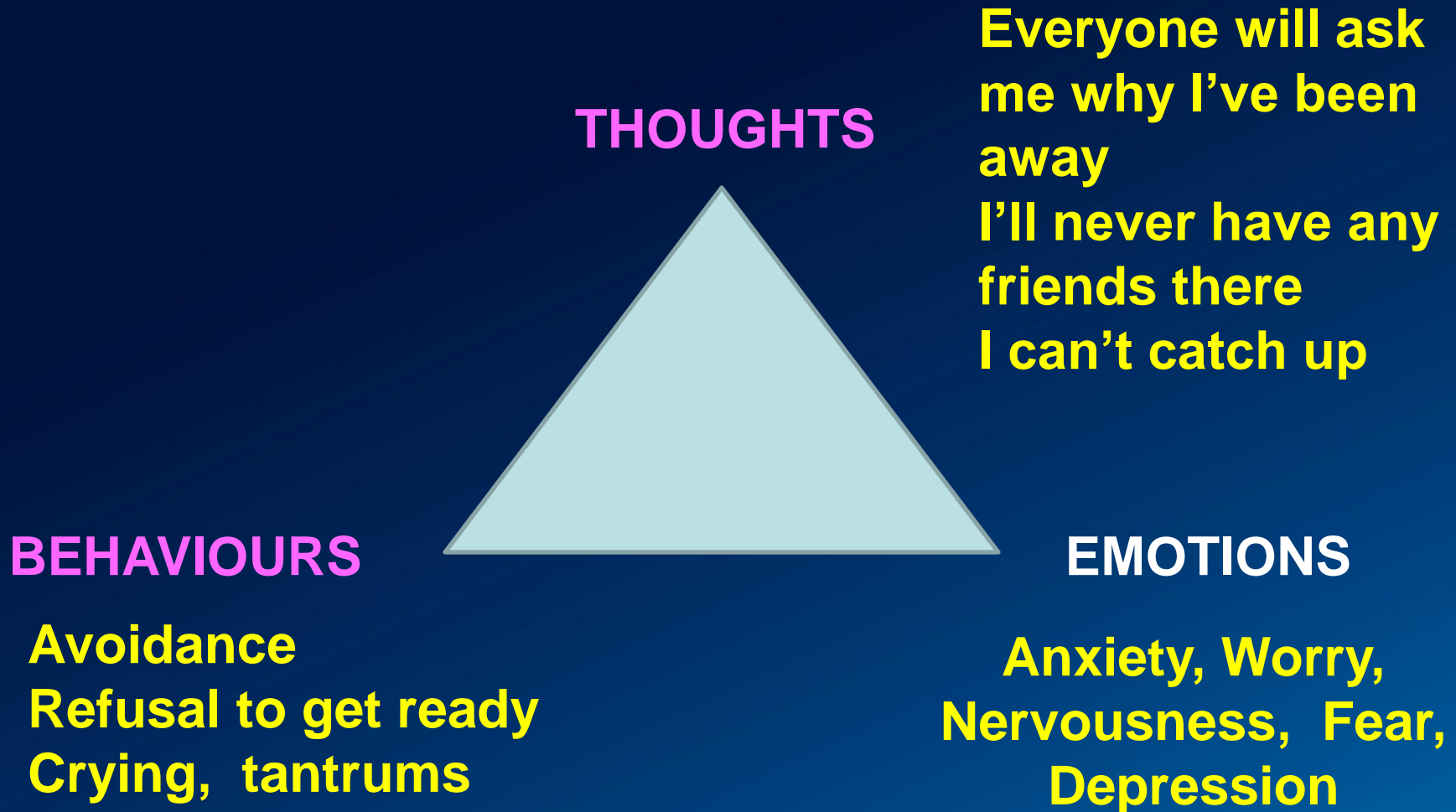


School Refusal: Research

- Cognitive - behavioural therapy
- Less effective with adolescents
- Medication as an adjunct
- Our research



Cognitive-Behavioural Therapy





Intervention with young person

Aims:

Learn skills for managing anxiety

Return to school as soon as possible

- **Relaxation**
- **Cognitive Therapy**
- **Social skills training**
- **Exposure**





Unhelpful or negative thinking styles

- Expecting bad things to happen
People will give me a hard time about being away.
- Focus on negative aspects of school
I hate everything about school.
- Regard unpleasant events as catastrophic
What if someone sees me? I'd die if that happened.
- Underestimate ability to cope
I won't be able to find anyone to sit with at lunchtime



Social Skills Training

- Answering questions re: absence
 - Brainstorm possible responses
 - Combine with cognitive therapy
 - Practice through role-play
- Assertiveness
- Dealing with bullying
- Joining in with a group
- Inviting a friend to do something



Exposure to feared situation

'Imaginal' – confronting situation through imagination, recalling situation through verbally describing the emotional details of feared situation

'In Vivo' – facing situation through physically confronting feared situation

Graded approach - hierarchy



Developing Attendance Plans

- Choice in plan
- Written down, detailed
 - **arrival time, who, where, what to expect**
- Use of back-up plans, reset 'goalposts'
- Avoid increasing expectations too early
- Big picture = getting to school each day
- Exposure is hard work



Role of Parents in Managing School Refusal

- Understand anxiety and school refusal
- Active management of school attendance
(facilitating exposure)
- Promoting a coping approach

School Refusal = Fear / anxiety + Avoidance



Parent Strategies

- United, consistent approach
- Managing home environment
- Smooth morning routine
- Clear messages about school attendance





Vague messages about school attendance

- Are you going to school today?
- Don't worry. There's nothing to be scared of. It will all be OK.
- Why are you doing this? You're upsetting the whole family.
- Dad and I don't know what to do if you won't go.
- If you can't get there today, it's only going to be harder tomorrow.



Clear messages about school attendance

- I've asked you already. It's time to get up for school.
- Dad and I will do whatever we have to in order to get you to school.
- We cannot allow you to remain at home.
- I know this is hard but it has to happen. You have to go to school.
- Today after school, we can go by the video store and you can choose a movie to watch tonight.
- You have five minutes to get dressed for school.



Parent Strategies

- Planned ignoring
- Modelling confidence
- Escorting to school
- Rewards for facing feared situations
- Communicating with the school





School Intervention: The role of school & teachers

- Understand anxiety & school refusal
- Provide warmth & support
- Facilitate exposure plans
- Promote a coping approach





What can schools/teachers do:

- Understand it is a complex problem
- Notice absences immediately and act
- Maintain contact with school
 - phone calls
 - email
 - home visits
 - meet at school



Talking with YP about school refusal

- “I’ve noticed you haven’t been at school lately.”
- “I’m wondering about what is happening for you that is making it hard for you to get to school.”
- “Tell me about.....
 - friends
 - subjects
 - schoolwork
 - teachers
 - what is happening in the morning before school



What can schools/teachers do:

- Identify concerns the YP has within the school environment:
 - Peers & bullying
 - School subjects (likes, dislikes, classwork)
 - Teachers
- Provide strategies to deal with identified problems



Case Example of School Strategies:

- P.E. teacher to meet YP & mum at tree near school gate
- Graded exposure plans (back up: library)
- Spent time alone in library to settle before entering class with a friend, commenced attending classes gradually
- Quiet room set up for recess & lunch
- Reward: extra time spent doing Art
- Bag left in office
- 2 designated people for him at school
- No homework initially



Planning for school return

- Identify other factors outside of school
- Provide a mentor/teacher for YP
- Curriculum modification
- Dealing with running away
- Avoid ultimatums
- Share information with relevant teaching staff
- Close communication with parents
- Caution for high risk times (holidays)

STRICTLY CONFIDENTIAL

TO: All School Personnel involved in the teaching/welfare of X

RE: School Return Plan

BACKGROUND:

X is experiencing significant levels of anxiety and has been school refusing for many months. X and his parents are attending the School Refusal Program at Monash Medical Centre.

The aim is to reintegrate X into full time schooling as soon as possible with the following strategies:

PREPARATION STRATEGIES:

- X to be given some school work by staff, focus on having exposure to school curriculum. Not concerned with completion of these tasks.
- To meet with LM on Wednesday in the office on his first day.
- X wishes to return to school full-time, however there is a back up plan consisting of gradual attendance.

STAFF STRATEGIES:

- Please welcome X into your class with a smile. Do not make reference to his absence.
- Modification of work requirements and assessment tasks will need to occur due to his absences.
- Removal of homework for the next month until he begins to settle in.
- X may complain of feeling unwell and may wish to be sent to the Sick Bay to be sent home. Without getting into discussion or argument the best tactic is to be patient and ignore behaviours such as these. X should only be sent to LM or RW if he continues or is distressed, **not** to sick bay.
- Use lots of positive reinforcement and encouragement about his efforts in general and with the school work.
- Be careful and sensitive about placements for group work.
- For the remainder of this term, where possible, avoid selecting X to participate in activities that would draw class attention (e.g completing tasks at the front of the class, giving oral presentations). Gradual exposure alternatives to be organised where appropriate (ie. oral presentation to class teacher in quiet room during lunch or after school).

It will be important that exceptions are made at this point while X is readjusting to school life.



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In the classroom

- Smile, welcoming and no reference to absences
- Ensuring YP has someone to sit and work with
- Provide structure and certainty
- Reduce chance of “bad things” happening
- Opportunities to experience success
- Praise (adolescents - quiet & understated generally best)
- Patience



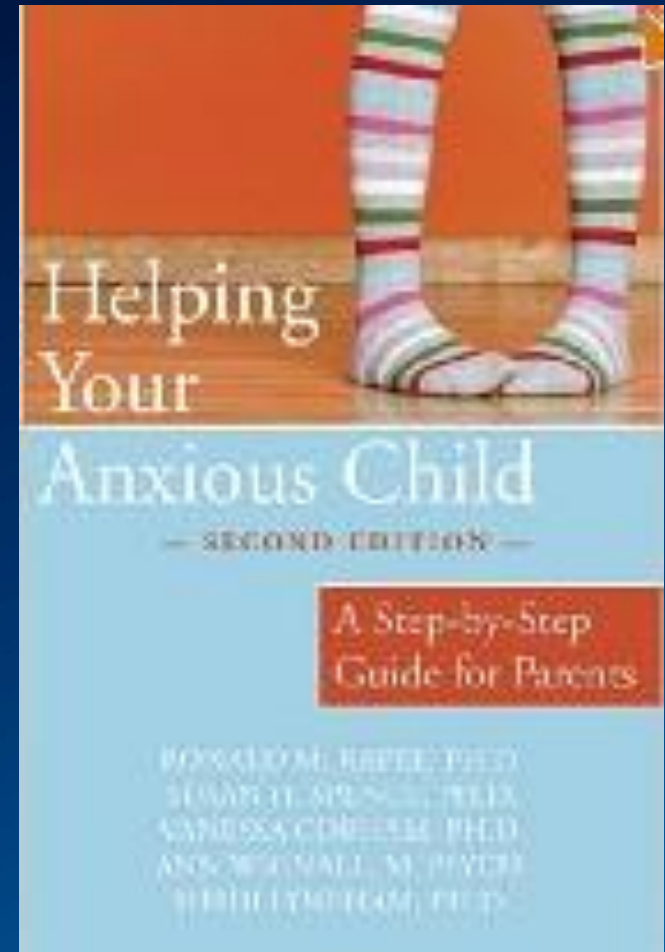
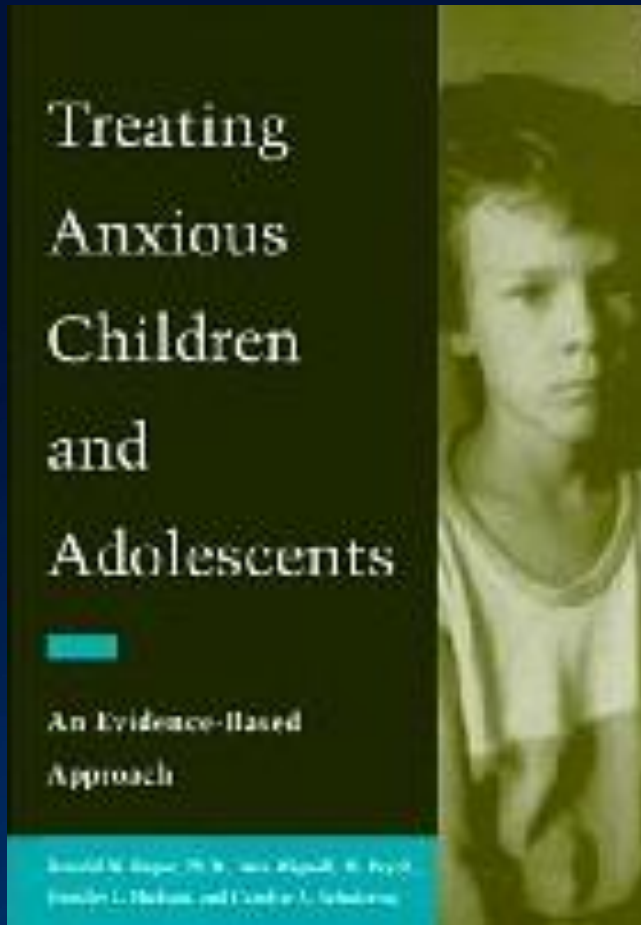
Important principles for SR treatment:

- Identify and intervene early
- Exposure to school is key
- Set plans to provide structure
- Optimism and persistence



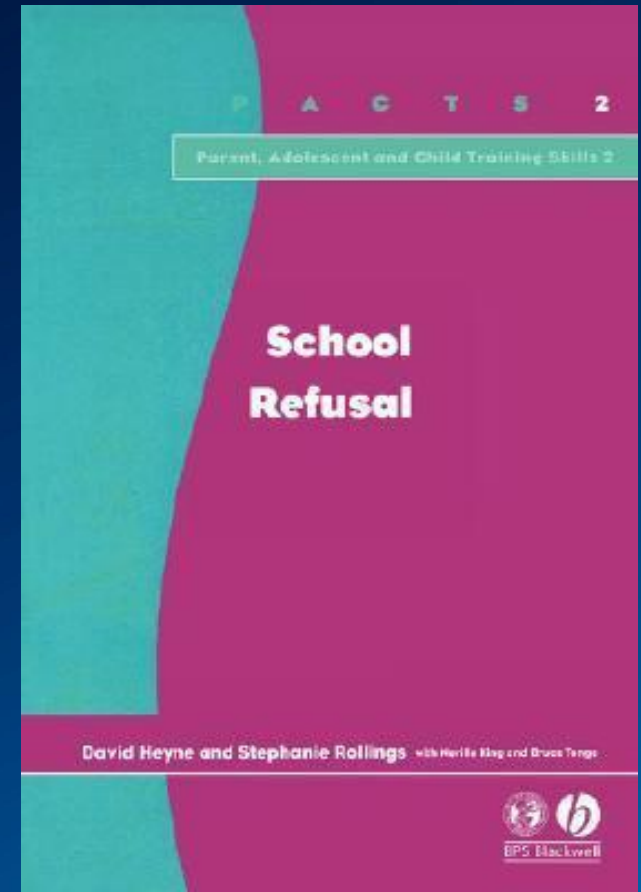
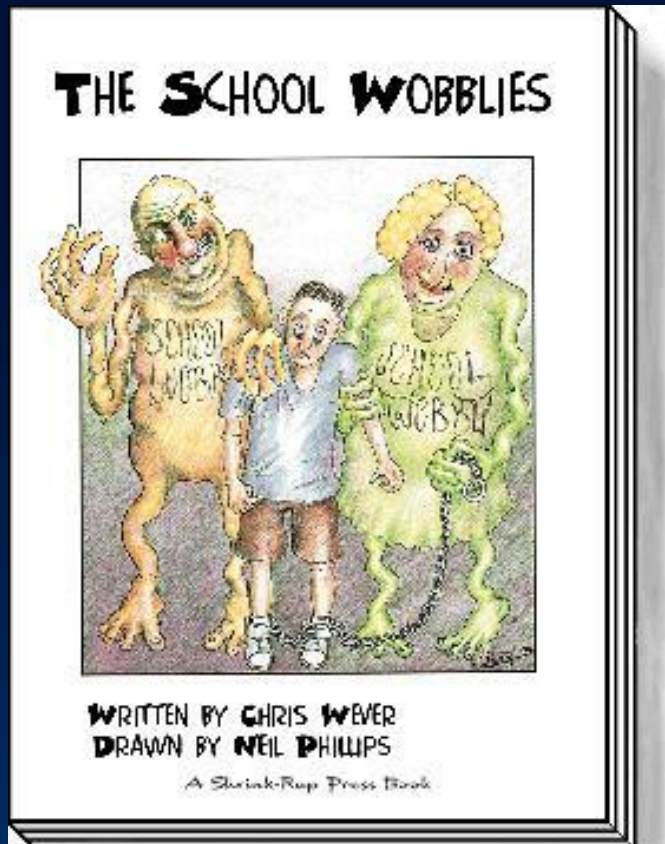
Useful References: Anxiety

- Rapee et al (2000)
- Rapee et al (2008)



Useful References: School Refusal

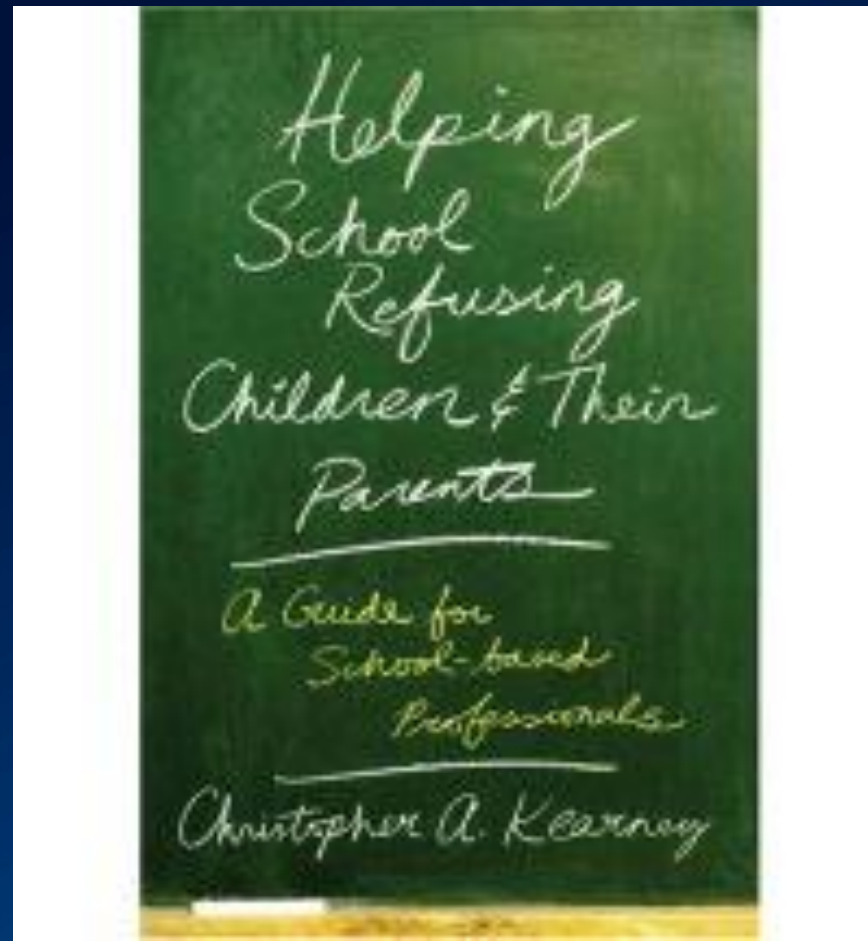
- **Wever, C. (2000)**
- **Heyne & Rollings (2002)**





Useful References: School Refusal

- **Kearney, C (2008)**





Useful Websites & Contact Numbers

- **Youth beyondblue** www.youthbeyondblue.com
- **Mental health** www.mentalhealthvic.org.au
- **ReachOut** www.reachout.com.au
- **Headspace** www.headspace.org.au
- **ADAVIC** www.adavic.org
- **Kids helpline** **1800 551 800**
- **Parent line** **13 22 89**



For further information

Tel: 03 9594 1300

Fax: 03 9594 6333

Email: amanda.dudley@med.monash.edu.au

stephanie.rollings@med.monash.edu.au

Website:

www.med.monash.edu.au/spppm/research/devpsych/srp



**Timeline
(months)**

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Assessment

CBT

CBT &
Fluoxetine

CBT &
Placebo

* 12 sessions of
CBT / 12 weeks
medication

3

3 month Post TX Assessment

6

Monthly booster sessions (x3)

9

6 month Follow Up Assessment

15

12 month Follow Up Assessment

