

School Refusal, School Anxiety, School Attendance



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OHI GUIDESTONE

Learning Objectives



Doing What Works: Effectively Addressing School Refusal

**1.
Defining School
Refusal/Impact**

**2.
Adverse
Childhood
Experiences,
Toxic Stress,
and School
Refusal**

**3.
Attachment,
Toxic Stress,
and School
Refusal**

**4.
Doing What
Works:
Relationships,
Team Approach,
and Behavioral
Interventions**

Defining School Refusal- Refusal vs. Truancy



Criteria for Differential Diagnosis of School Refusal and Truancy

SCHOOL REFUSAL

TRUANCY

Severe emotional distress about attending school; may include anxiety, temper tantrums, depression, or somatic symptoms.

Lack of excessive anxiety or fear about attending school.

Parents are aware of absence; child often tries to persuade parents to allow him or her to stay home.

Child often attempts to conceal absence from parents.

Absence of significant antisocial behaviors such as juvenile delinquency.

Frequent antisocial behavior, including delinquent and disruptive acts (e.g., lying, stealing), often in the company of antisocial peers.

During school hours, child usually stays home because it is considered a safe and secure environment.

During school hours, child frequently does not stay home.

Child expresses willingness to do schoolwork and complies with completing work at home.

Lack of interest in schoolwork and unwillingness to conform to academic and behavior expectations.

School Refusal/Absenteeism Impact:

Who is affected

Kindergarten and 1st grade classes often have absenteeism rates as high as those in high school. Many of these absences are excused, but they still add up to lost time in the classroom.

1 in 10 kids

in kindergarten and 1st grade are chronically absent. In some schools, it's as high as 1 in 4.¹



2 in 10 low-income kids miss too much school. They're also more likely to suffer academically.¹



2.5 in 10 homeless kids are chronically absent.²



4 in 10 transient kids miss too much school when families move.²

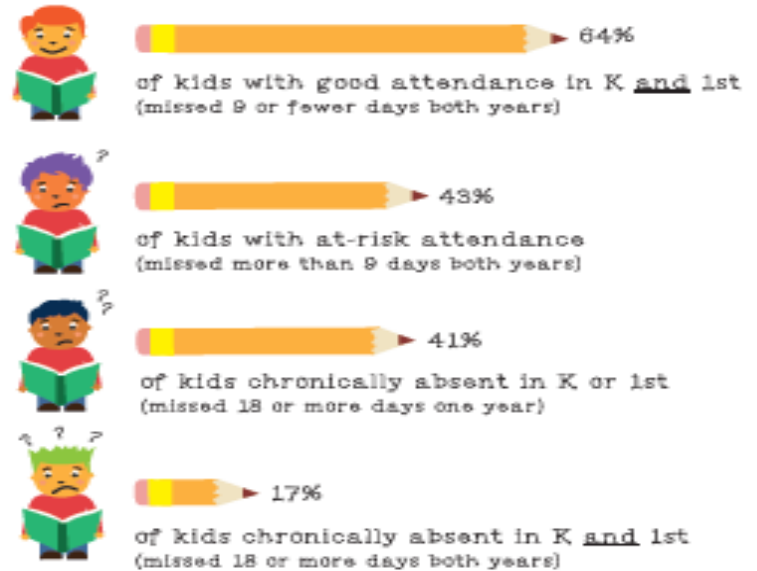


Why it matters

If children don't show up for school regularly, they miss out on fundamental reading and math skills and the chance to build a habit of good attendance that will carry them into college and careers.

Preliminary data from a California study found that children who were chronically absent in kindergarten and 1st grade were far less likely to read proficiently at the end of 3rd grade.

Who Can Read on Grade Level After 3rd Grade?³



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Attendance in the Early Grades." N.p., n.d. Web. 15 May 2017.

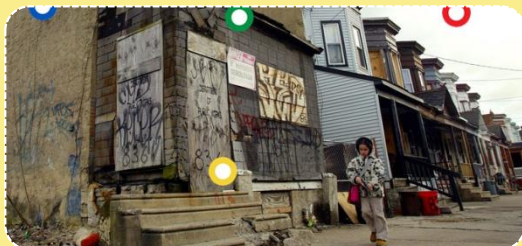
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School Refusal, Absenteeism and Adverse Childhood Experiences: The Intersection of Toxic Stress, Mental Health and School Attendance



In the general population 1/10 children is chronically absent in grades K-1

Disproportionally affected:



**Low Income
Children
(2/10)**

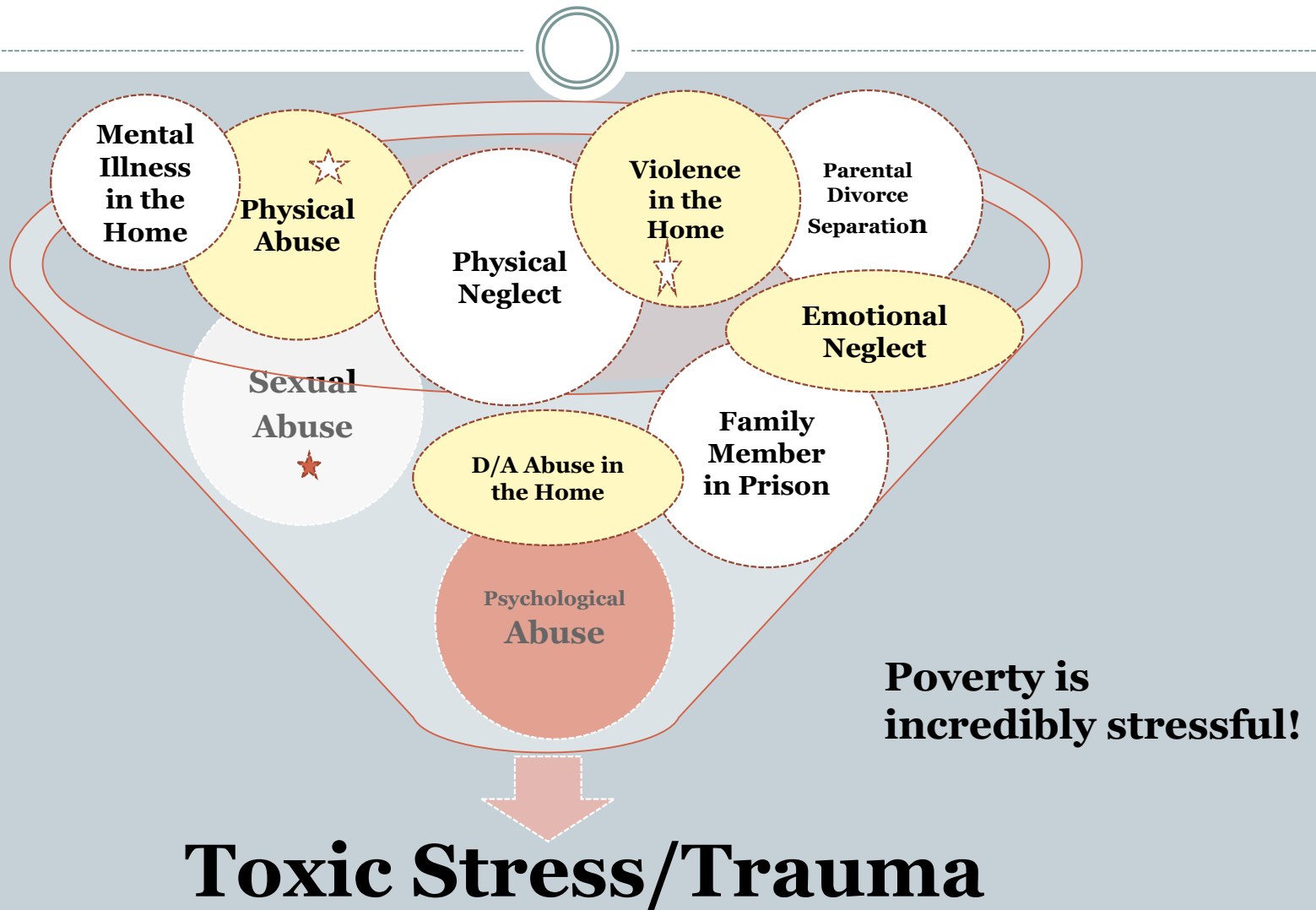


**Homeless Children
(2.5/10)**



**Children from
Transient Families
(4/10P)**

The Intersection of Mental Health and School Attendance: Adverse Childhood Experiences Resulting in Toxic Stress/Trauma



ACE's in Community Mental Health at OGS



In the ACE's Study: Cross section of middle class US adults
percentage of those with 4 ACE's: **12.5 %**.



OhioGuidestone Fiscal Year 2016:
50 % those who completed the
ACE's questionnaire indicated an
ACE's score of 4 or more! 80 %
indicated at least 1 ACE.

Meaning: There is a 50 % chance that my
student I am assessing right now is
suffering from the extreme effects of
trauma and/or toxic stress.

Stress Matters



POSITIVE

Brief increases in heart rate,
mild elevations in stress hormone levels.

TOLERABLE

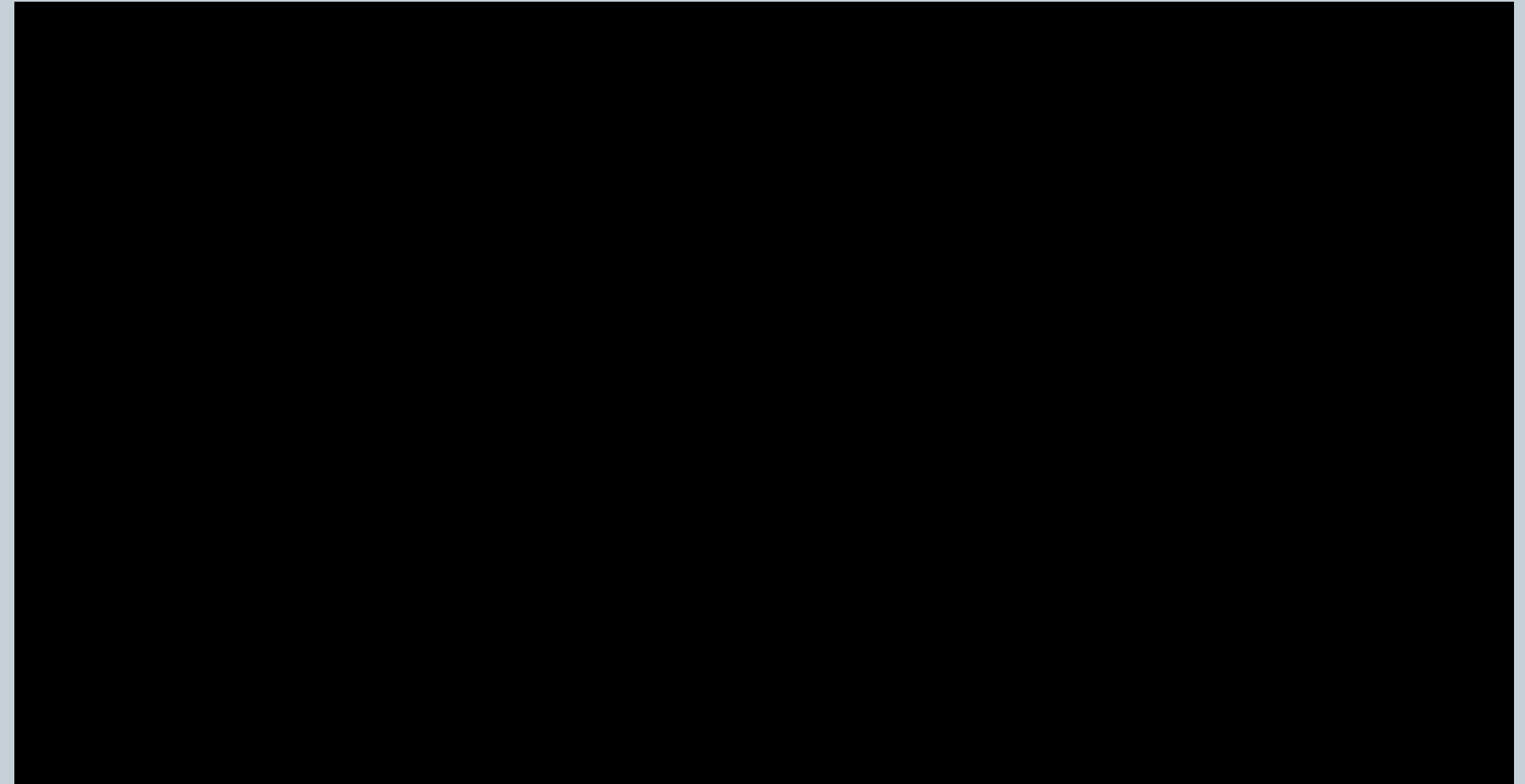
Serious, temporary stress responses,
buffered by supportive relationships.

TOXIC

Prolonged activation of stress
response systems in the absence
of protective relationships.

Many (but not all) children who are chronically absent suffer from the effects of Toxic Stress.

Toxic Stress - Impact



H. (2011, September 29). 3. Toxic Stress Derails Healthy Development. Retrieved from <http://www.youtube.com/watch?v=rVwFkcOZHJw>

How Stressed is this Child? How Stressed is this Family?



When a child is chronically absent, ask:

- How stressed is this child? How stressed is this family?



What to look for:

- **Poverty**
- **Mental Illness**
- **Addiction**
- **Domestic Violence**

Opioid Epidemic Alert!

Look for Adverse Childhood Experiences.

Talking Points:
Begin with empathy.
Ask about needs.
Ask about stress.

Then, ask about absences and how you can help!

What does Toxic Stress Do?

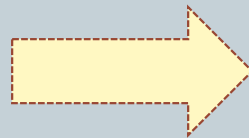


“...prolonged activation of the stress response system can disrupt the development of brain architecture and other organ systems and increase the risk for stress related disease and cognitive impairment...”

Center on the Developing Child

What does this mean for chronically absent children?

Many of our chronically absent students live in poverty, many are affected by the presence of addiction and mental illness in the home, some have incarcerated parents.



Constant activation of the stress response system!

Toxic Stress and Hyperarousal: Fight/Flight/Freeze



What does Toxic Stress do?

Toxic Stress means that your brain, mind, and body are constantly “working”. Even when you are seemingly resting, your body is still flooded with stress hormones. As a result other important brain tasks such as forming neural connections, don’t happen. Children exposed to toxic stress can be perpetually tired, cranky, aggressive, and ill.



Disrupted Brain Development:

Fewer neural connections. Architecture of the brain develops differently. Risk of Cognitive impairment.

Increased Risk of Disease:

Obesity, Hypertension, Heart Disease, Depression, Poor Immune System, Sleep Problems, Anxiety, Attention, Concentration, and Memory Problems.

School Refusal vs. Truancy Re-Examined



Chronic Toxic Stress begins

Student:

Hyperarousal –

Fight/Flight Response

Angry

Argumentative

But: Somewhat relationally engaged – and has some “buy in” into interventions.

Does some school work and some homework with encouragement.



Student can be engaged, still cares about relationships. Behaviors are self protective, to avoid hurt, if need be preemptively!

School Refusal vs Truancy cont.



Chronic Toxic Stress continues...

Student:

Hyperarousal, seemingly nonsensical responses to perceived threats.

Physical and mental illness (anxiety, depression, impulsivity). Low energy. **Increased Absences.**

Increasingly: Freeze response, shut down, not “caring” about school, people.

Self preservation. Homework is not a part of this!



Student disengages. Difficult to re-engage. Feels powerless. Seeks behaviors and experiences that make him feel alive: Both adaptive and maladaptive.

School Refusal vs. Truancy cont.

Toxic Stress as the new “normal.”

Student: Moves into Safety Ethic

Appears non-caring.

Difficult to engage. Little buy-in.

Self preservation: School work and homework are “irrelevant”.

Oscillating fight/flight/freeze, whatever “works” best.

Lying/stealing, etc.

Truancy



Truant children and children who exhibit school refusal can have overlap!
School refusal in the face of toxic stress can become truancy.
Early, effective, comprehensive intervention is the key to preventing truancy.

Impaired Attachments and School Refusal/Truancy



Toxic Stress Impacts Attachment/Relational Patterns



Student may be:

- Very needy, constantly seeking proximity.
- Or disengaged.
- Fearful, running away, out of building.
- Angrily engaged.

Definitely not securely attached!

Moving Towards More Secure Attachments



**Commonality:
Lack of Secure Base**

**Build: More
secure base(s)
(at school and
at home).**

**Anxious
Avoidant
Attachment**

**Anxious
Ambivalent
Attachment**

**Disorganized
Attachment**

**Secure
Attachment**

**How: Teaching
affect
regulation
through co-
regulation!
(Schore & Schore)**

How to respond to Toxic Stress in the Chronically Absent Student



Responding to Anxiety by Creating a Neuroception of Safety: Getting to Social Engagement

1 Social Engagement

Talking, engaging, co-regulating, self soothing and calming to inhibit sympathetic-adrenal influence.

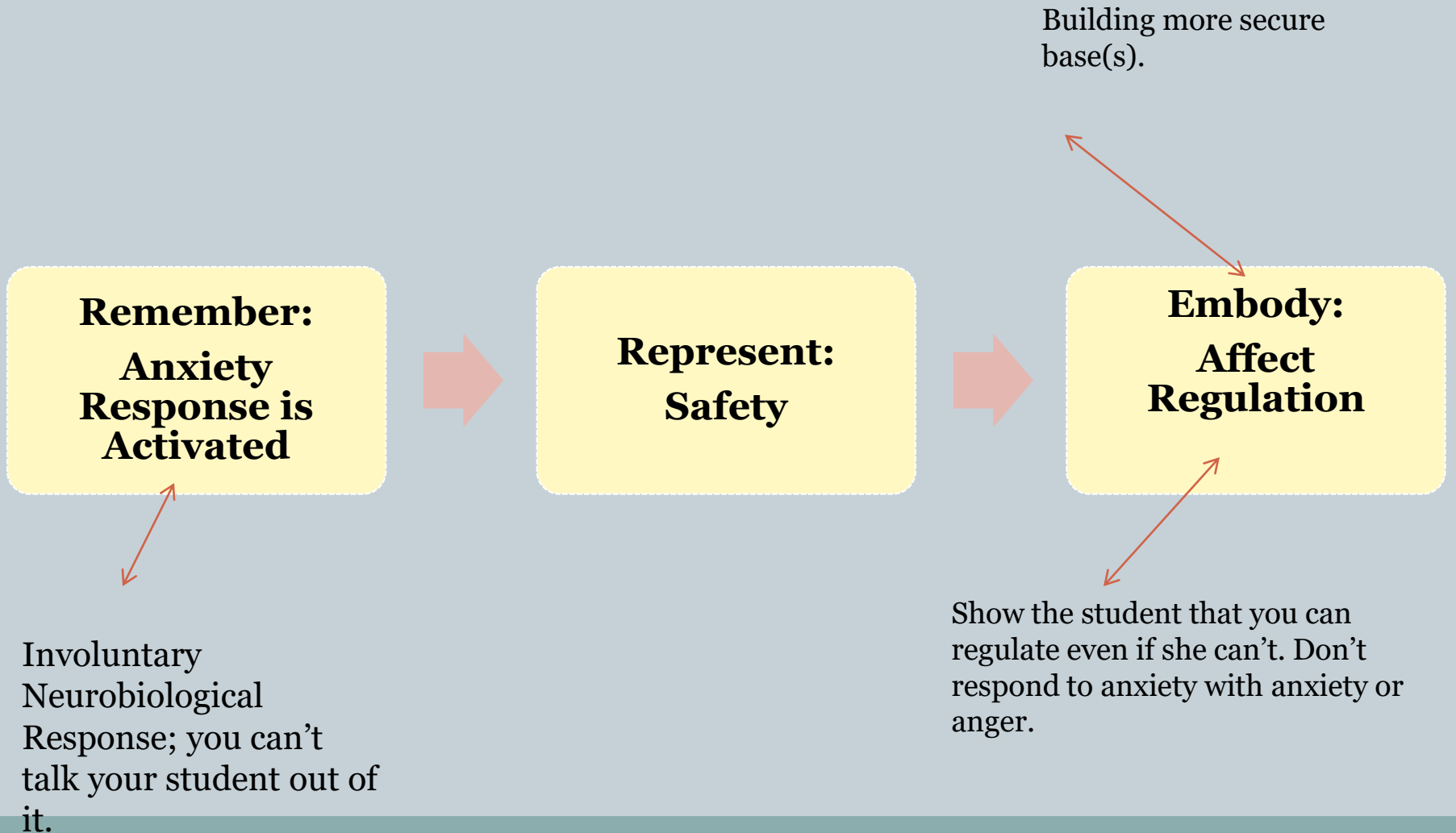
2 Mobilisation

Actively combatting the stressor through engaging the SNS. Running, fighting or freezing. Turns of gut.

3 Immobilisation

Shutting off from the stressor and shutting down the body using the older vagus PNS. Dissociation, collapse, passive avoidance.

Moving into Social Engagement with a Chronically Absent Student



Doing what Works: Do's and Don'ts



“The primary treatment for children with school refusal is an early return to school.” Freemont , 2003

- Do: Attempt a quick return to school. The longer the absence, the harder the return to school.
- **Provide extensive support for this return to school.** Without this support, your anxious student will experience overwhelming anxiety which will reinforce the “benefits” of staying at home.



Doing What works: If the Quick Return to School does not go smoothly...



Relational Support

Many, but not all, students who are chronically absent may suffer from separation anxiety.

Do: Allow the parent to be with the student, then gradually “phase out” parental presence replacing it with another attachment figure.

Guidance Counselor, School Social Worker Support.

All must understand, recognize and respond to fight/flight/freeze response! Attend to parental anxiety.

Doing What Works:



How you are with the child matters:



Body Language:

- Don't get too close. Approach slowly.
- Use soft tone of voice.
- Make eye contact, but carefully, avert gaze if eye contact increases fight/flight response.
- “Match” posture. Don't “tower” over the child, get down to child's level.
- Offer a way to “retreat” without losing face.
- Time matters. It takes time to fire down the fight/flight response and to “unfreeze.”
- Check if music works. Offer soft items to “handle”.

Communicate that you are safe through your being, child probably can't take in your words right now.

Doing what Works:

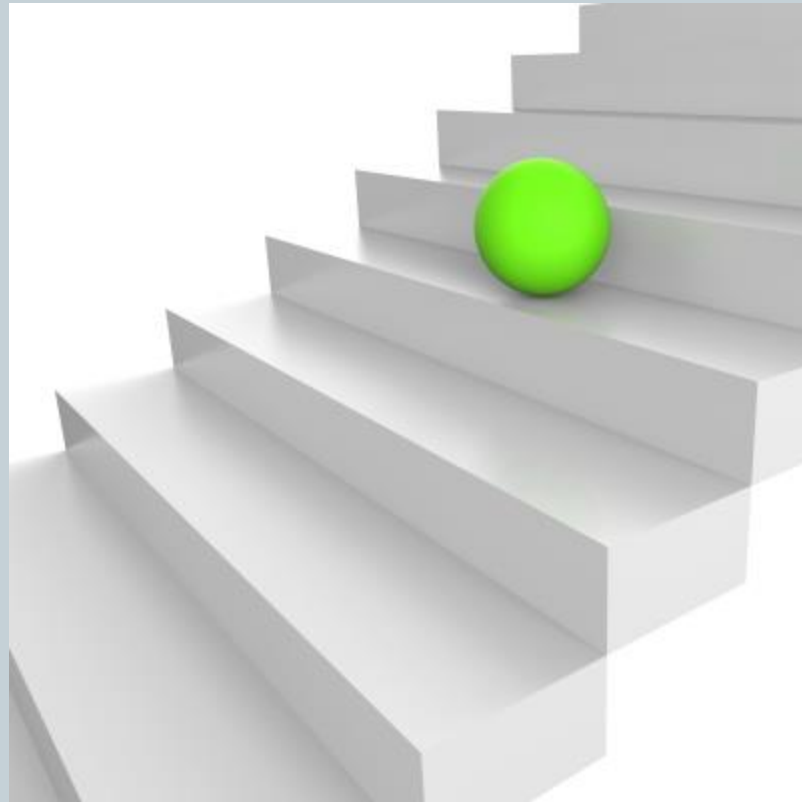


Coordinate Interventions as a Team:



- Pediatrician/Urgent Care/Minute Clinic: Rule out physical illness. However: Do accept and understand that anxiety can cause intense physical symptoms that are very real.
- School Staff: Create a safe environment. Perhaps allow the student to “visit” school in the afternoon for some gradual exposure. Educate all staff about anxiety. There should be no shaming the child/parent.
- Parents/Guardian: Educate the caretaker. Listen to the caretaker. Acknowledge caretaker stress about the issue. Identify needs.
- If the problem persists, the child may need an Intervention Plan.
- Talk to the student. Be empathetic. Embody safety. Find out what the student needs to return to school. It may not be what we think it is....

Doing what works: Gradual Exposure/Extinction



One Step at a Time:

- Allow parent to attend, then slowly phase out parent. Attend to parental anxiety!
- Allow “visit” to the school when students are there, if needed with the parent.
- Allow partial attendance, then step it up.

Avoid “Flooding” - too much too soon – as this will only reinforce school avoidance.

Gradual Exposure: Relationships



Understand that the student may not have been socialized into supportive relationships due to toxic stress/trauma. It may take time for student and family to begin to accept help.



- **You are teaching through embodiment (and some words) that caring and helpful relationships are caring and helpful and are not a threat.**
- By doing this you are teaching the client how to “fire down” the fight/flight/freeze response.
- Once this has happened, social engagement can begin (slowly).

Doing what Works:

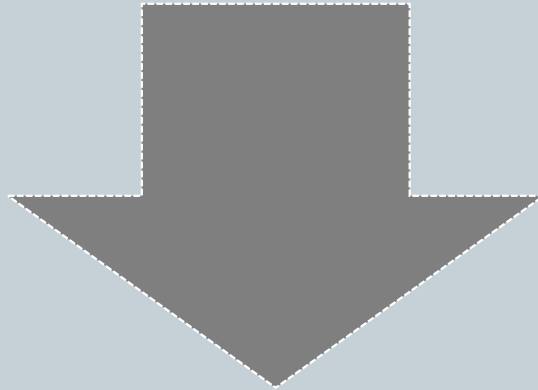


Actively teach age appropriate coping skills:

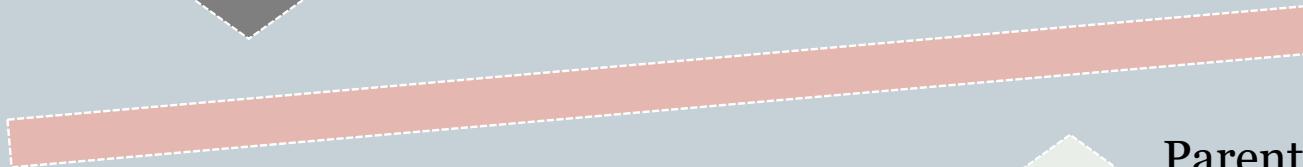
- Distraction
- Mindfulness (coloring, breathing)
- Moving into relationship
- Acceptance of unpleasant feelings (parents/staff may need this too).
- Music and Movement, Body Awareness
- Quiet room

Help the student “ride the wave” of anxiety until it subsides. Just enough to be slightly uncomfortable, but not so much the student becomes incapacitated due to anxiety (perhaps expressed in a temper tantrum).

Embedding Cultural Competence – Working with Students from Marginalized Groups

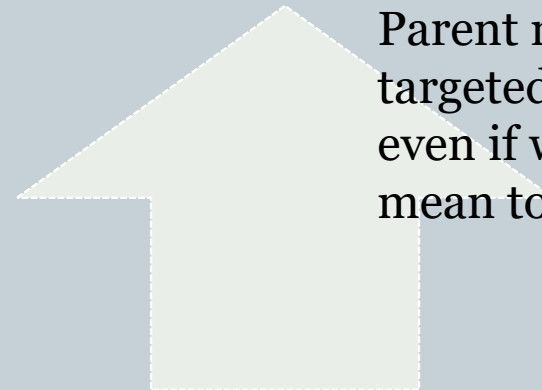


**Dominant
Group**



Being a part of a
target group is
stressful.

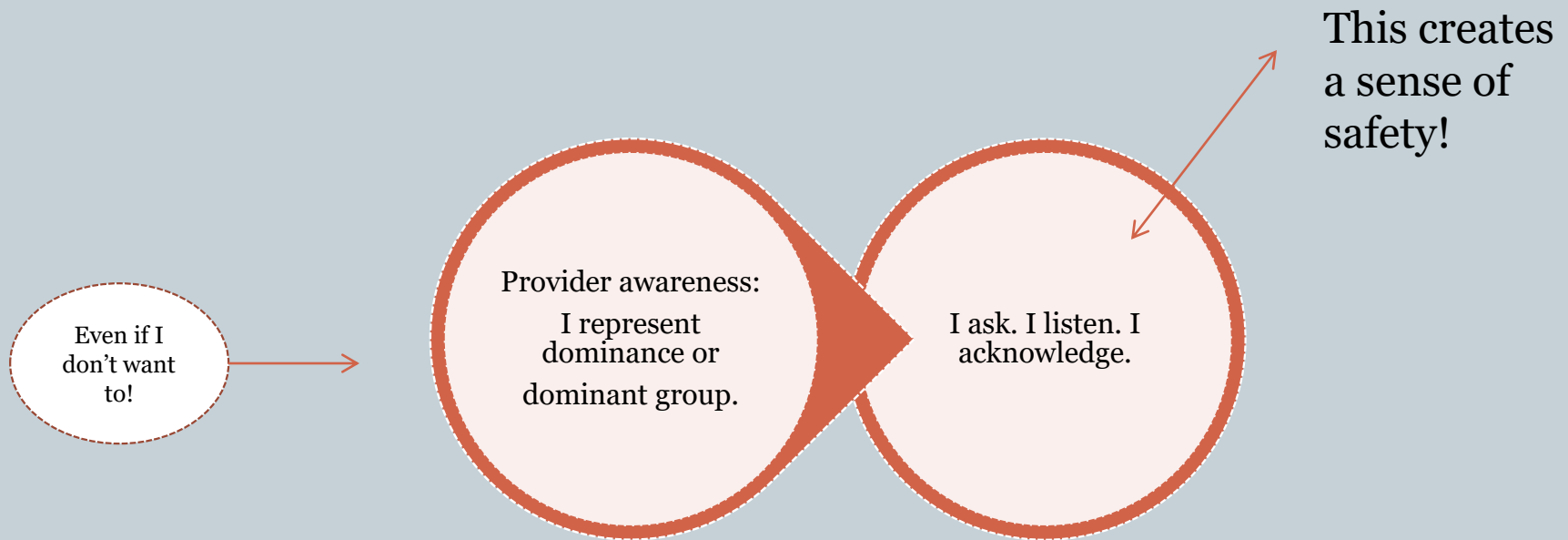
**Target
Group**



Parent may feel
targeted/attacked
even if we did not
mean to target.

Embedding Cultural Competence in TCC

Staff must be reflective about who they represent for students/families living under conditions of toxic stress.

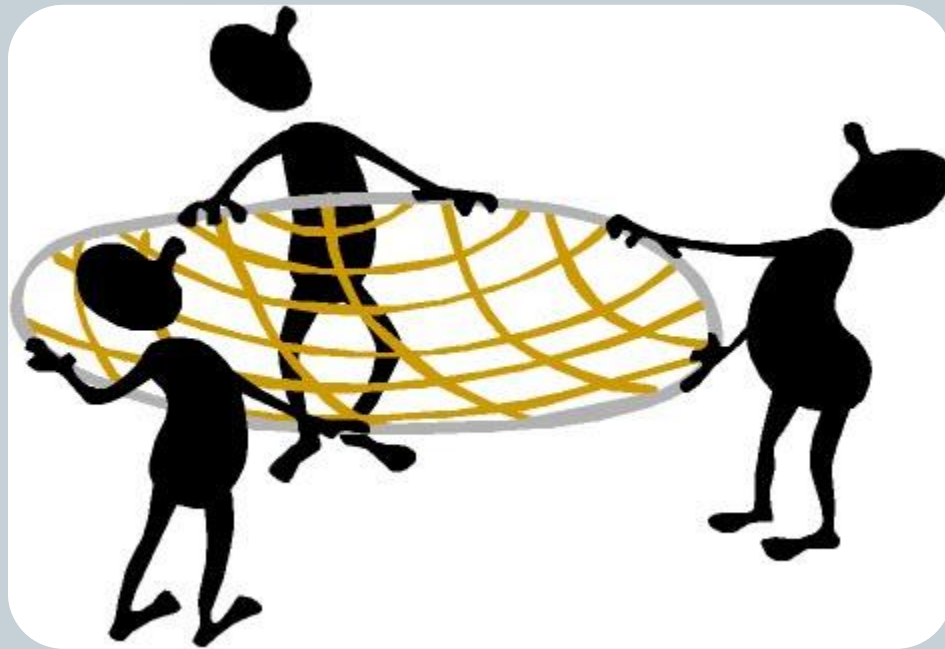


The Importance of Language



Staff/provider message has to be clear:

- We do not blame you and we understand that you may be stressed. We want to hear about your experience on your terms.
- Language matters: Do I contribute to a sense of safety with the words I use?



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