SCHOOL REFUSAL: RECOMMENDATIONS FOR TEACHERS AND SCHOOL PSYCHOLOGISTS

Be sure that a complete physical examination has been conducted to eliminate any organic cause for somatic complaints (stomachache, nausea, etc.).

Recognize that depression often coexists with school refusal. In assessing the child, considering and measuring this characteristic can increase the effectiveness of the treatment plan devised for the child.

Assess the student's motivation for avoidance. Consider whether the motivation is reactive or proactive:

- For the student who is reactive to school, interventions should enhance positive motivation for attending school: minimize external demands for performing and conforming ("threats"), help the student to explore ways to add activities that would be nonthreatening and motivating.

- When students are proactively motivated, staying home to watch TV, or running around with gangs is more interesting than that which the school offers the child. Interventions must be in the form of a new program of intrinsically motivated activities, which are greater than that which pulled the child away from school. Programs using contemporary culture (e.g., sports) and opportunities to assume special roles in school (e.g., student official), and de-emphasize formal school settings are a good way to begin overcoming proactive avoidance.

Use a firm, but kind, approach when dealing with the child.

Attempt to supply the student with thoughts stressing that school is not a fearful place and that the child is brave and can attend school. The teacher should provide the student with special tasks that can be accomplished with success.

For younger children, allow the parent to accompany them to school and sit near him/her. Then gradually phase the parent out of the classroom through successive approximations. Or allow the child to bring loved objects to school such as a blanket or a toy.

Set the child up with peer support in the classroom. This will help establish social reinforcement for attending.

Don't be overly attentive to the child's crying and carrying on when coming to school. This only feeds his/her anxiety and becomes a tool to getting attention he/she wants.

Systematic desensitization is the most commonly used method in treating children's fears. While the child is relaxing, have him/her build a gradual fear hierarchy (e.g.,

relax, imagine riding the bus, then walking into class, etc.). Conclude with the most fear-provoking stimulus (e.g., giving a presentation in class). Seek supervision before attempting this approach.

For children who have problems with relaxation, emotive imagery has been found to be very helpful. An example would be to have the child sing songs with themes that stress courage and strength.

The use of cognitive behavioral strategies to change behavior is also useful. Focus on thought patterns for treatment. Train the child to replace maladaptive thoughts with adaptive thoughts (e.g., "If I make a mistake, the whole class will make fun of me" to "I am a brave boy or girl. I am doing the best I can.").

Modeling can also be used with these children.

- Filmed modeling: A child views a film in which a child similar to his/herself approaches or interacts with the feared object or situation (bus, school, classroom, etc.)

- Participant modeling: This is live modeling coupled with the school psychologist /school counselor or peer physically guiding the child toward the feared object or situation (bus, school, classroom, etc.). More behavior gains are seen with this procedure.

"In Vivo Desensitization" can increase attendance, academic performance, social involvement, and relationships, and decrease depressive symptoms. (In Vivo means working in the actual setting, as opposed to a laboratory or office). For example, in the first week, the professional would spend an hour a day with the child walking through the school hallways. A subsequent week might be spent sitting in homeroom with the child for two hours a day. Eventually the professional's time with the student fades, and independent time in school increases.

Employ DRO (differential reinforcement of other behaviors) to counteract attention-getting behaviors. For example, reinforce when the child is calm, laughing, or mentioning something in or around school.

Use contingency contracting procedures as a means of positive reinforcement for school-related efforts. For example, a token economy can be implemented at home or school.

The school psychologist, counselor, and other school officials should work closely with the family. Both the school and the parents should be involved in decisions regarding school attendance.

When working with the parents, it is important to maintain an optimistic attitude and use words such as "stress" and "pressure" when discussing the child's complaints.

Work with parents on parenting and social skills for the child.

Additional Resources:

Csoti, M. (2003). *School phobia, panic attacks, & anxiety in children.* Philadelphia, PA: J. Kingsley Publishers.

Kearney, C. (2001). *School refusal behavior in youth: A functional approach to assessment and treatment.* Washington, DC: American Psychological Association.

Paige, L. (1997). School phobia, school refusal, and school avoidance. In G.G. Bear & K.M. Minke, Children's needs II: Development, problems, and alternatives. Bethesda, MD: National Association of School Psychologists.

Wimmer, M. (2003). *School refusal: Assessment and intervention within school settings.* National Association of School Psychologists.

www.aboutourkids.org/articles/refusal.html: Understanding School Phobia.
www.childnetma.org/KB/phobias.html: School Phobia.
www.choc.com/pediatric/hhg/bschphob.htm: School Phobia.

Contributors:

Wendy Neil
Jennifer Paliaro
Jennifer Stadler