



When Children Refuse School

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With gratitude

For Christopher A. Kearney, Ph.D.

Thought-leader and generous colleague who has taken the study and treatment of school refusal from theoretical to empirical, and in the process has changed for the better the lives of many school-aged youth and their families.

Agenda

Understanding School Refusal: Model and Assessment

- The scope and consequences of school refusal behavior.
- Assessment of school refusal behavior: Examining the motivating conditions underlying school absence.
- Consultation with school personnel and parents: Calling a truce to assist the youth.
- Case Conceptualization: Planning the prescriptive treatment of school refusal.

The Prescriptive Treatment Approach

- Treatment of school refusal behavior motivated by escape from negative affect: A focus on generalized anxiety, phobia, panic, depression and social phobia.
- Treatment of school refusal behavior motivated by positive attention and reinforcement: A focus on separation anxiety and when parents give up and give in.

Pharmacotherapy and Alternative Strategies for Intractable School Refusal

- The role of medication in combination treatment of school refusal.
- Strategies for difficult-to-treat youth and families: Considerations for intensive treatment and residential programming.

The Scope and Consequences of School Refusal Behavior

School Refusal Behavior (SRB) is an overarching term representing an inability to maintain age-appropriate functioning vis-à-vis school attendance and/or to adaptively cope with school-related stressors that contribute to nonattendance

“No, no, I don’t want to go!”

- Transient pleas for staying home:
 - Not uncommon and cause little upset
 - Associated with certain times of the year (e.g., end of vacation) or circumscribed events (e.g., oral reports, tests)
 - Quickly overshadowed by the overall positive effects of being in school: seeing friends, learning, being reinforced by teachers and others



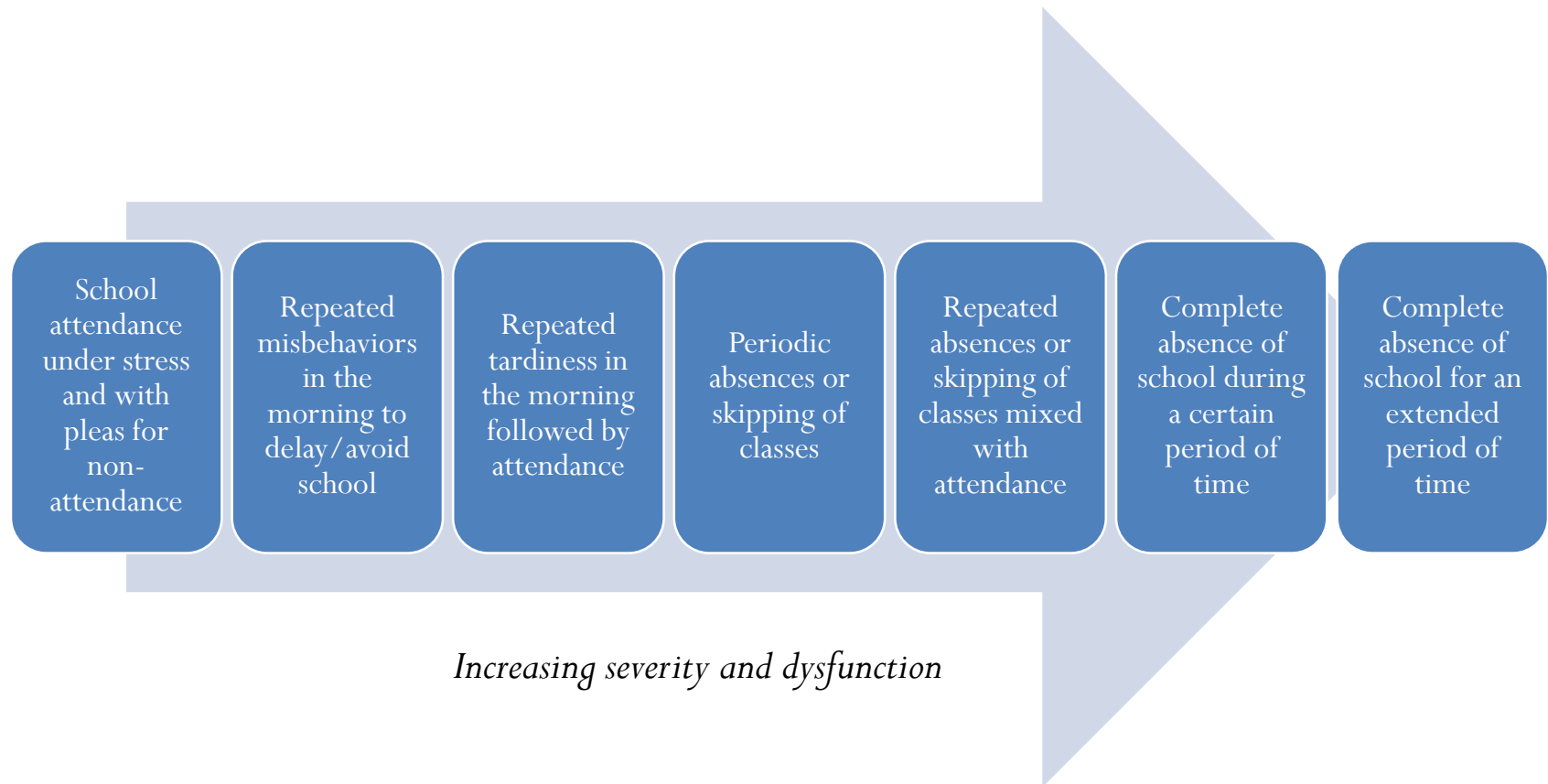
School Refusal Behavior (SRB)

- Child-motivated refusal to attend school, remain in class for the entire day, or both, in reference to youth ages 5 to 17 years
- NOT a DSM diagnosis
 - Occurs across a range of a clinical presentations, family dynamics, educational needs
- Creates significant impairment
 - # of days missed
 - Poor school and grade performance
 - Interpersonal conflicts
 - Concrete consequences (detentions, fines, legal action)
 - Disrupts developmental progression and milestones

SRB in contrast to:

- Delinquency: Rule-breaking behaviors and status offenses found in conduct disorder (stealing, aggression, property destruction, substance abuse, violating curfews, etc.)
- School withdrawal: Parent-motivated absenteeism or deliberately keeping child at home to meet parent's or family needs, prevent spousal kidnapping, sabotage efforts to reintegrate child to school, etc.
- School resistance: Student behaviors such as missing school that occur in reaction to perceived injustices or excessive demands at school

Spectrum of SR Behaviors



Adapted from Kearney, 2001.

Levels of School Refusal

Self-corrective

- Less than 2 weeks
- Remits spontaneously

Acute

- 2 weeks to 1 calendar year
- Treatment definitely indicated

Chronic

- More than 1 calendar year
- Often requires higher level of care

SR Prevalence

- 1%-2% of general population of youth; 5-15% of clinic referred youth
 - Increased in youth with history of anxiety, depression, or previous SR
- Boys = girls
- All rates increased in: inner cities, public schools, older grades, more impoverished schools
- Peak ages:



5-6 years old

Kindergarten

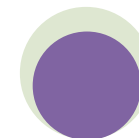
More acute onset



10-13 years old

Middle School

More insidious onset



14-15 years old

High School

More severe absenteeism

Common Risk Factors & Triggers

School transitions (increased expectations)

Classroom changes

Bullying

Upcoming exam or speech

Prolonged absence from illness

Death or illness in parent or caregiver

Family transitions or conflict

Traumatic experiences

School shootings or other traumatic experiences portrayed in the media



Socioemotional Consequences:

Short- Term

Somatic complaints

Poor academic performance

Disruption of extracurricular activities

Family conflict / Child maltreatment

Peer difficulty / social alienation

Long- Term

School dropout

Unstable job histories, unemployment

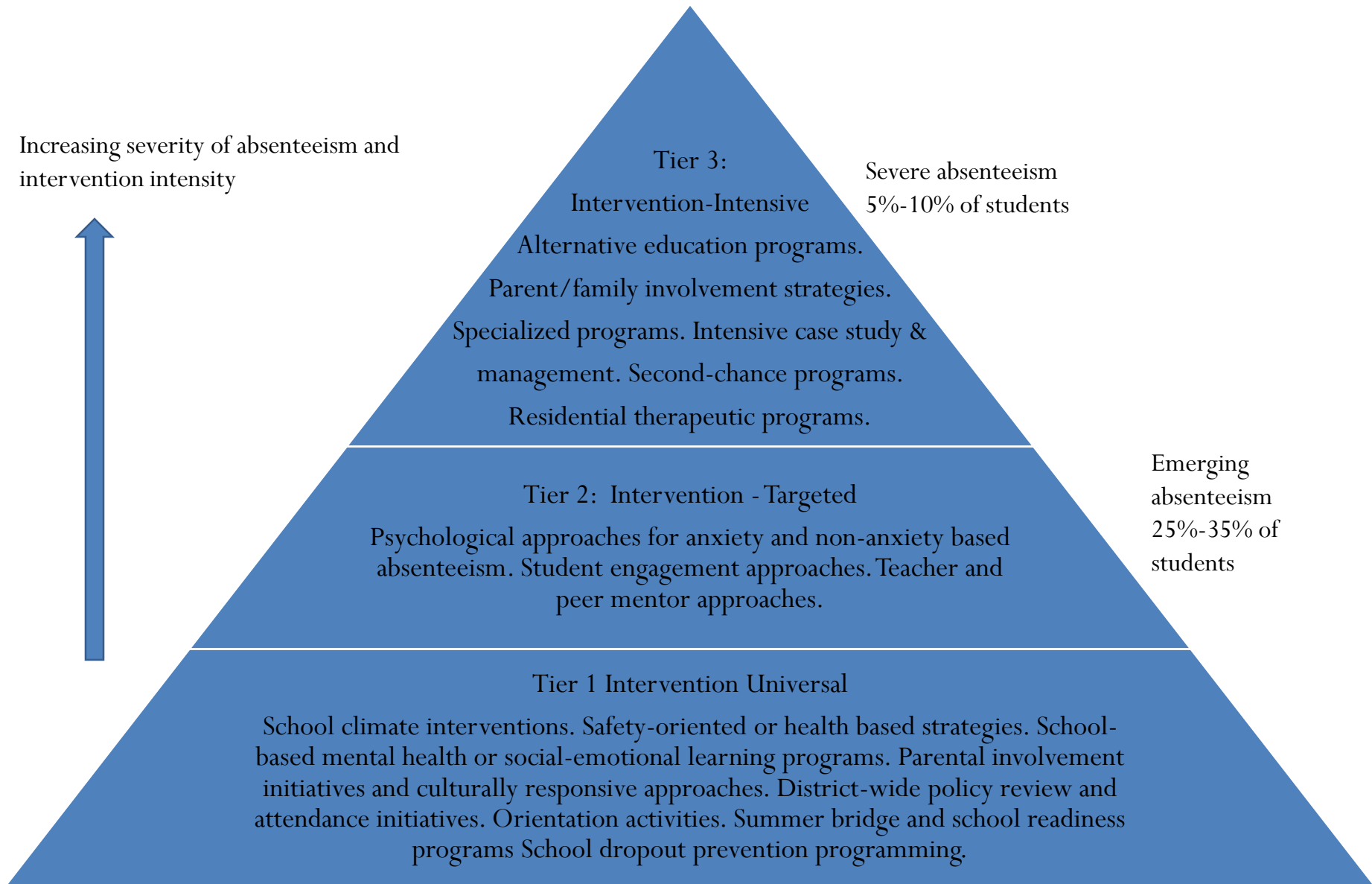
Alcohol abuse

Chronic anxiety & depression

Legal problems

Multi-tier model for problematic school absenteeism

Increasing severity of absenteeism and
intervention intensity



Treatment of School Refusal:

Meta-analytic results (Maynard, Heyne et al., 2015)

- Primary outcome of most studies: School attendance
 - Anxiety is a secondary outcome
- Evaluated 6 psychosocial treatments (and 2 medication + psychosocial treatment studies) published 1980-2014
 - All but one psychosocial treatment was CBT
 - N=435 (range n=1 to n=50 in a study)
- Comparison conditions in psychosocial intervention studies:
 - Alternate treatment (4)
 - Wait list/no treatment (2)
- Treatment:
 - CBT w/parent training (2)
 - Individual CBT (2)
 - Behavioral therapy with child/parent/teacher (1)
 - Rogerian group therapy (1)
- Number of sessions varied from 4 to 12

Effects of treatment on attendance

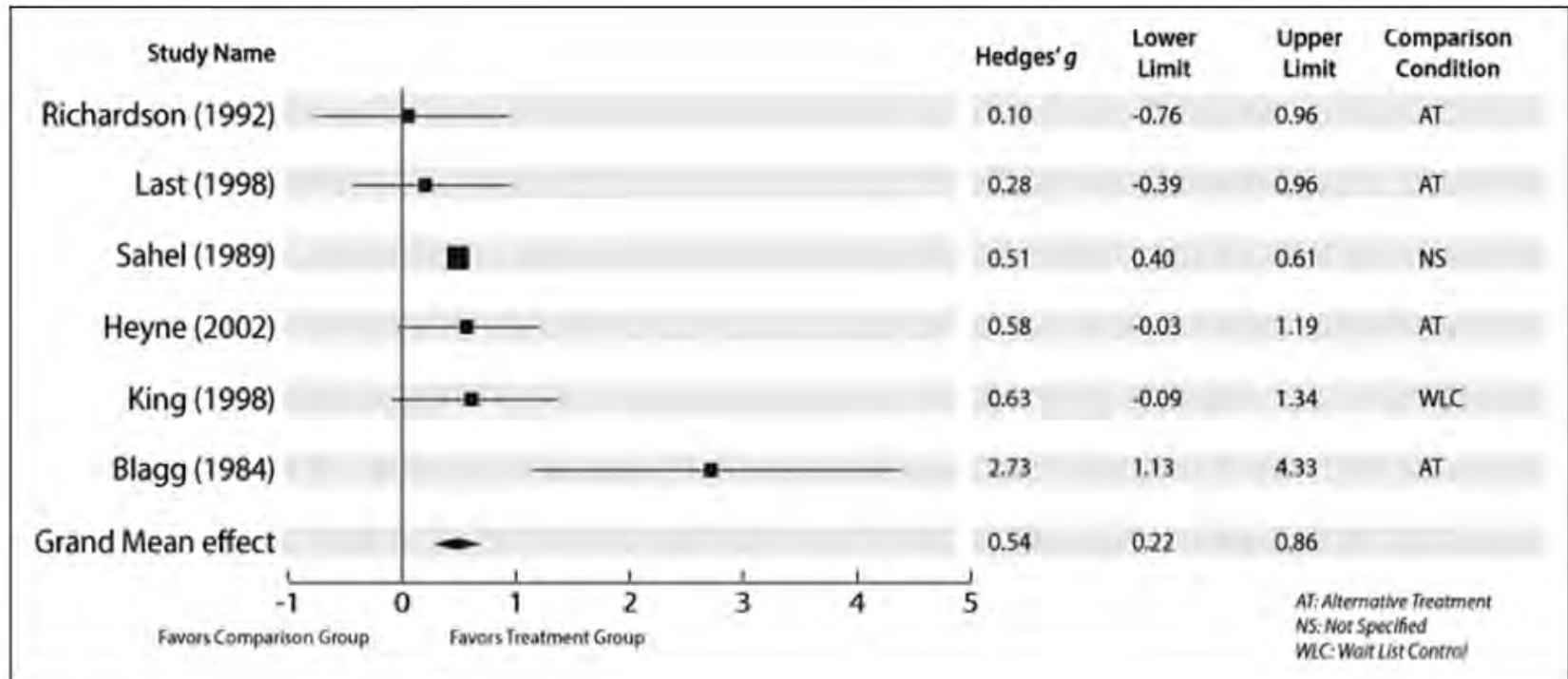


Figure 4. Effects of psychosocial treatments on attendance.

Hedges' *g* (corrects for small *n* bias) = 0.54, *p* = .00

Effects of treatment on anxiety

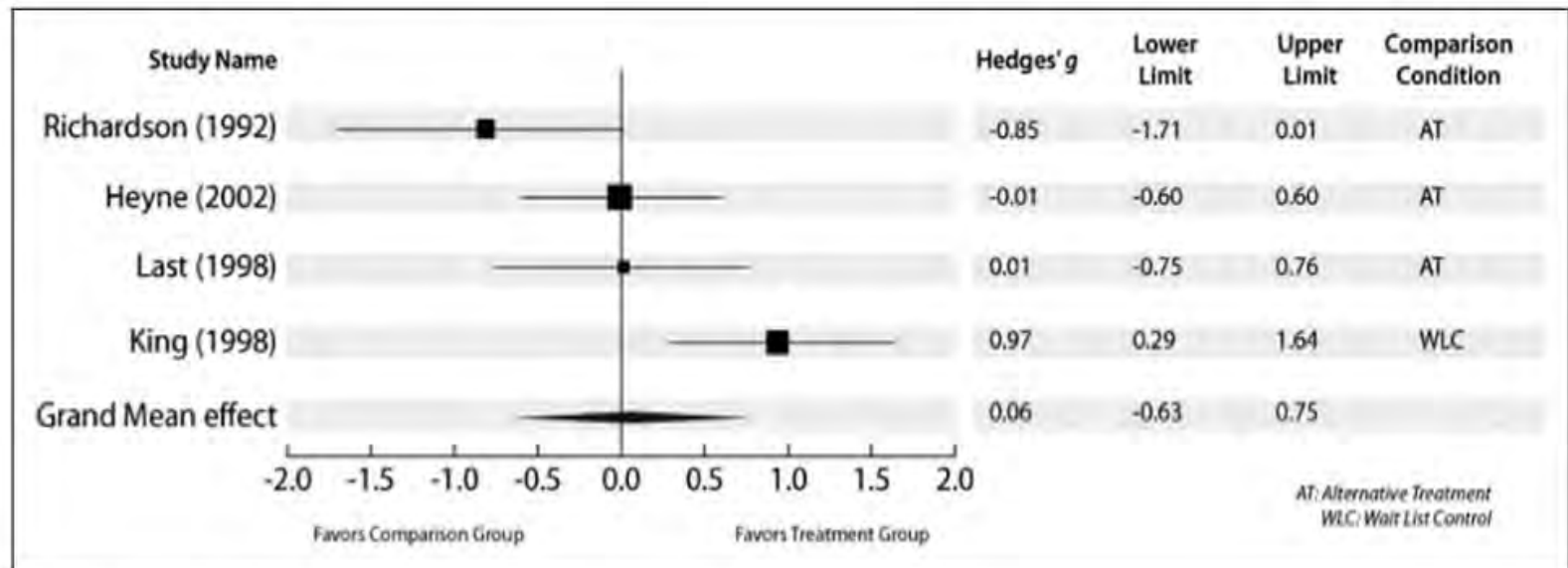


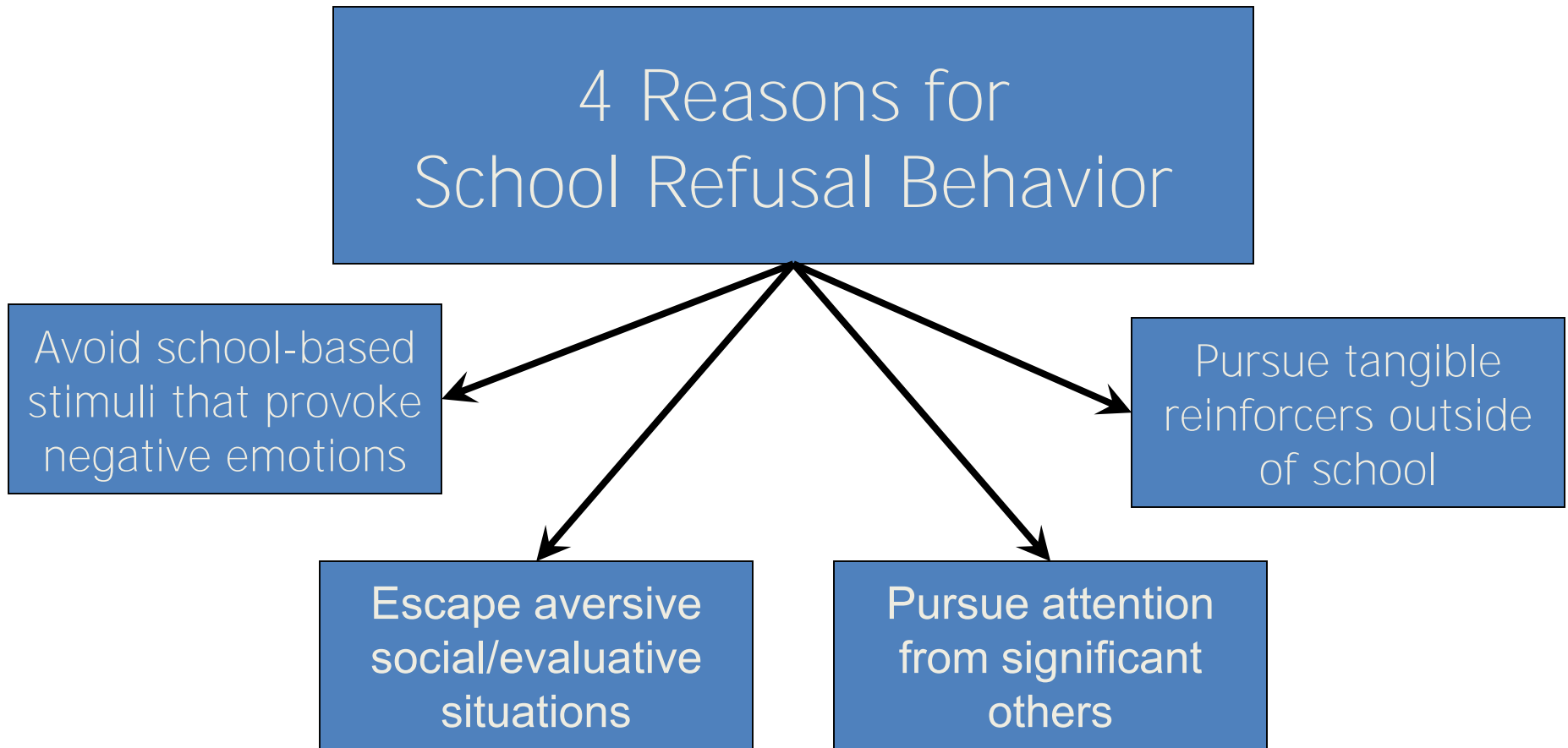
Figure 3. Effects of psychosocial treatments on anxiety.

Hedges' $g = 0.006$ NS

Caveats to the literature

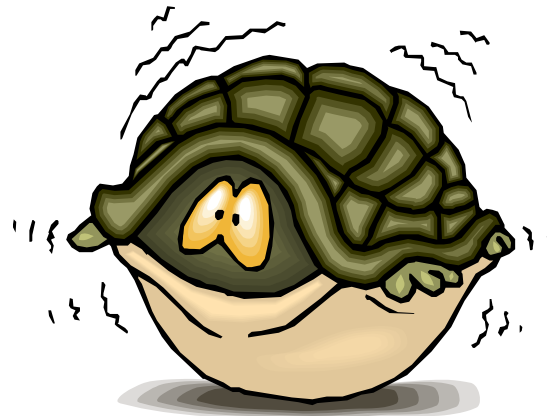
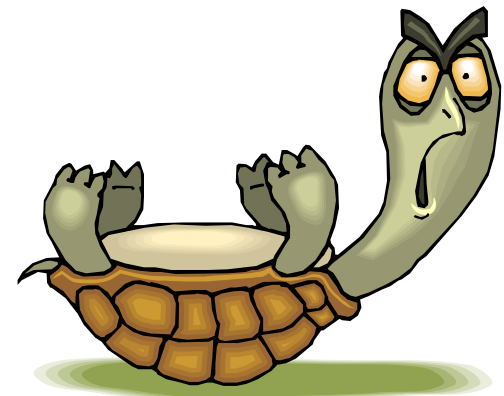
- Evidence is modest but supports CBT
 - Few methodologically rigorous studies: non or insufficient details on randomization; little to no blinding of participants & IEs
 - Weak control conditions
 - Only 1 study had longer-term follow up; unknown if effects are sustained
 - Anxiety not assessed over longer term to know if there is decrease over time with greater exposure to school
- Further empirical study is needed!

A Functional Cognitive Behavioral Model of School Refusal Behavior



Negative Reinforcement

- Function 1: Escape “bad” feelings of anxiety or depression and feel better at home
 - Generalized anxiety disorder
 - Depression
 - Panic/ Agoraphobia
 - Dysthymia
 - Phobic disorders
 - PTSD

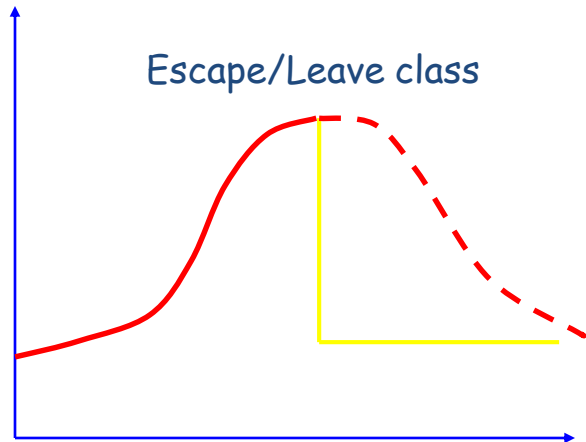


Negative Reinforcement

- Function 2: Avoid or escape social and evaluative situations so that anxiety does not occur
 - Social phobia (social anxiety disorder)



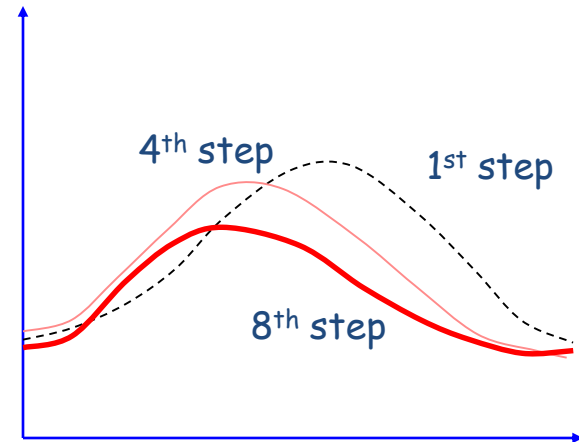
How negative reinforcement works



Impact of rescue:

- remembers situation at the height of fear
- prevents habituation
- no experience of mastery
- escape is reinforced

From Chansky (2004)



Impact of exposure:

- remembers success that allows habituation
- learns anxiety passes on its own
- willing to approach increasingly challenging situations
- feeling of mastery
- reinforcement for hanging in

Positive Reinforcement

- Function 3: Attention seeking behavior
 - Separation anxiety disorder



Positive Reinforcement

- Function 4: Gaining tangible, positive reinforcement
 - Parent-child problems



Assessment of School Refusal Behavior

Clinical Presentations with SR

Comorbid Psychiatric Disorders

- Depression
- Separation Anxiety Disorder
- Generalized Anxiety Disorder
- Social Phobia
- Simple Phobia
- Oppositional Defiant Disorder
- Conduct Disorder
- Substance Abuse
- Learning/ Language disorders?

Family Factors

- Poor cohesion
- High conflict
- Enmeshment
- Detachment
- Divorce
- Child self-care
- Child maltreatment
- Parent psychopathology

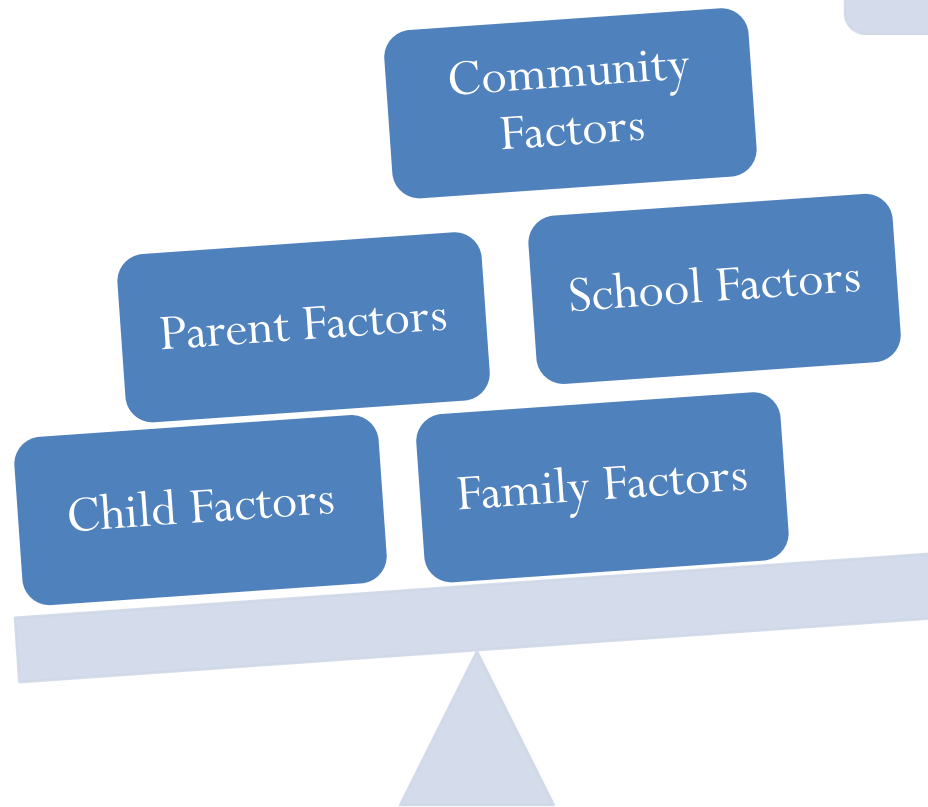
Assessing School Refusal

- What is primary **function** of school refusal? What motivates or maintains this behavior?
- Multi-Method Multi-Informant Assessment
 - Clinical interview with child and caregivers (e.g. ADIS 5)
 - Self- and parent- report measures
 - Assess anxiety, depression, family functioning, ADHD
 - School Refusal Assessment Scale (SRAS)
 - 24-items assessing 4 functions of school refusal
 - Highest score = primary function
 - Collateral information from school officials and other providers
 - CBCL/TRF
 - School records
 - Direct Observation (Behavioral Assessment Tests)

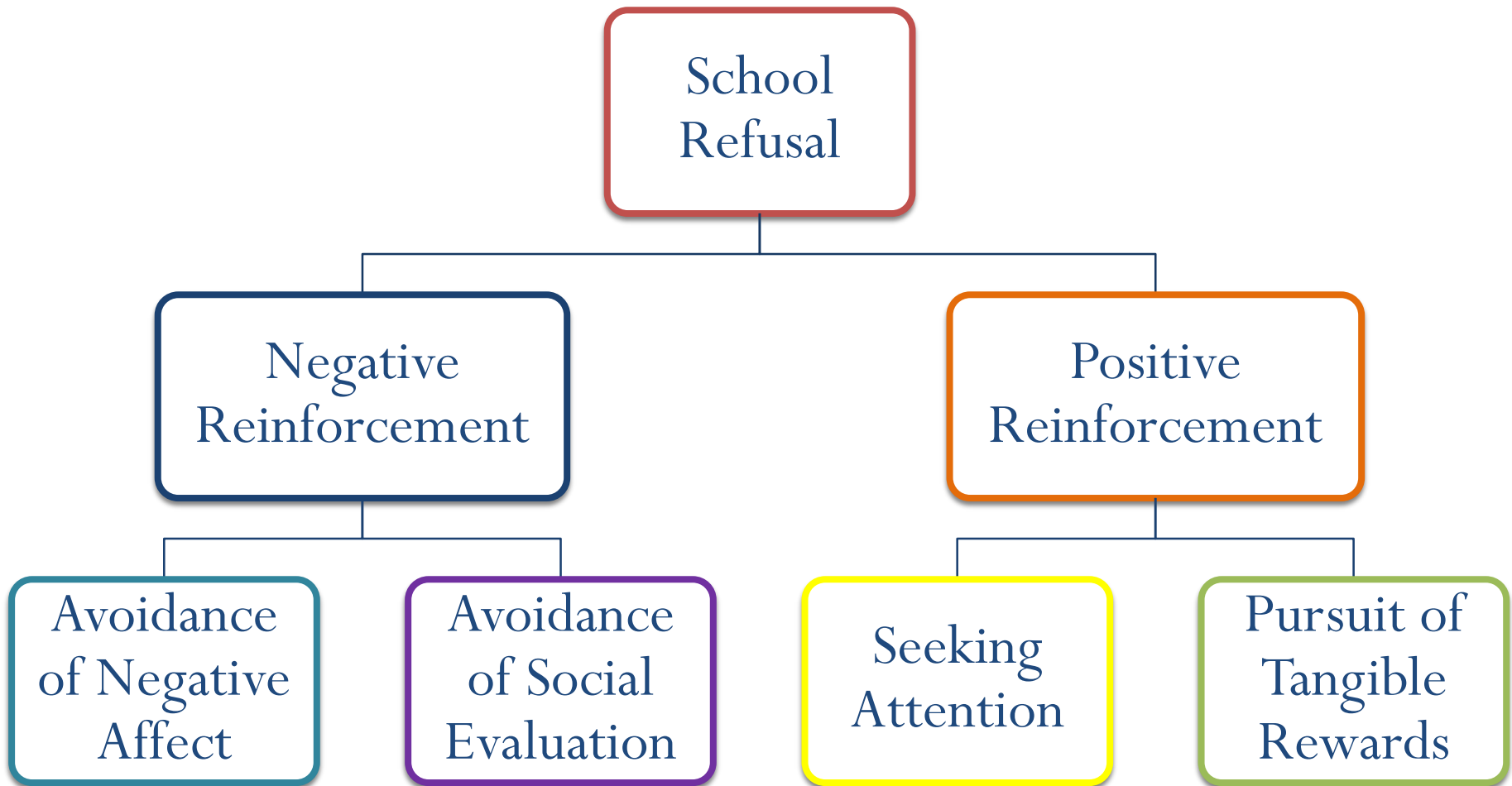
Contextual Factors

May affect school refusal

Can influence the scope and length of treatment



SR Assessment: Focus on Function!



Avoidance of Negative Affect

- Escape “bad” feelings of anxiety, sadness, worry, fear, somatic complaints
- Commonly occurs with anxiety or depression



Relevant SRAS questions:

“How often does your child stay away from school because he/she **will feel sad or depressed if he/she goes?**”

“How often does your child have **bad feelings about school** (e.g., scared, nervous, sad) **when he/she thinks about school on Saturday or Sunday?**”

Avoidance of Social Evaluation

- Avoid or escape social and evaluative situations
- Commonly occurs with Social Anxiety Disorder



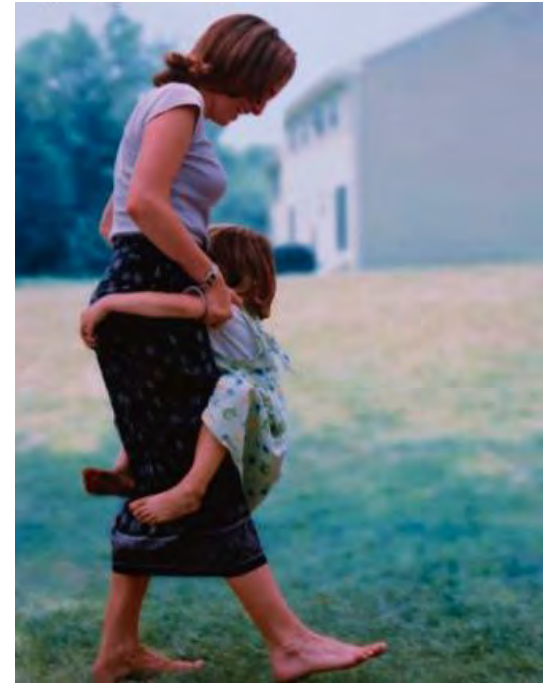
Relevant SRAS questions:

“How often does your child stay away from school because he/she **feels embarrassed in front of other people** at school?”

“How often does your child stay from school because he/she **does not have many friends** there?”

Seeking Attention

- Receive attention or sympathy from parents or others
 - Clinginess, reassurance-seeking, difficulty separating, tantrums in the morning, enjoying one-on-one time during the day



Relevant SRAS questions:

“How often does your child feel he/she would rather be with you or your spouse than go to school?”

“How much would your child rather be taught by you or your spouse at home than by his/her teacher at school?”

Pursuit of Tangible Rewards

- Skipping school or classes to pursue reinforcers that are more powerful than school
 - Video games, sports, friends, Internet, sleeping late



Relevant SRAS questions:

“When your child is not in school during the week, how often does he/she **leave the house and do something fun?**”

“When your child is not in school during the week, how often does he/she **see or talk to other people** (aside from family)?”

Behavioral Assessment Tasks

- Test of the child and parents' behavioral limits
- Identify target symptoms for intervention
- Identify antecedents and consequences
- Provide quantifiable data to track outcomes
- Ideographic, portable, and cost-effective



Individual BAT Situations

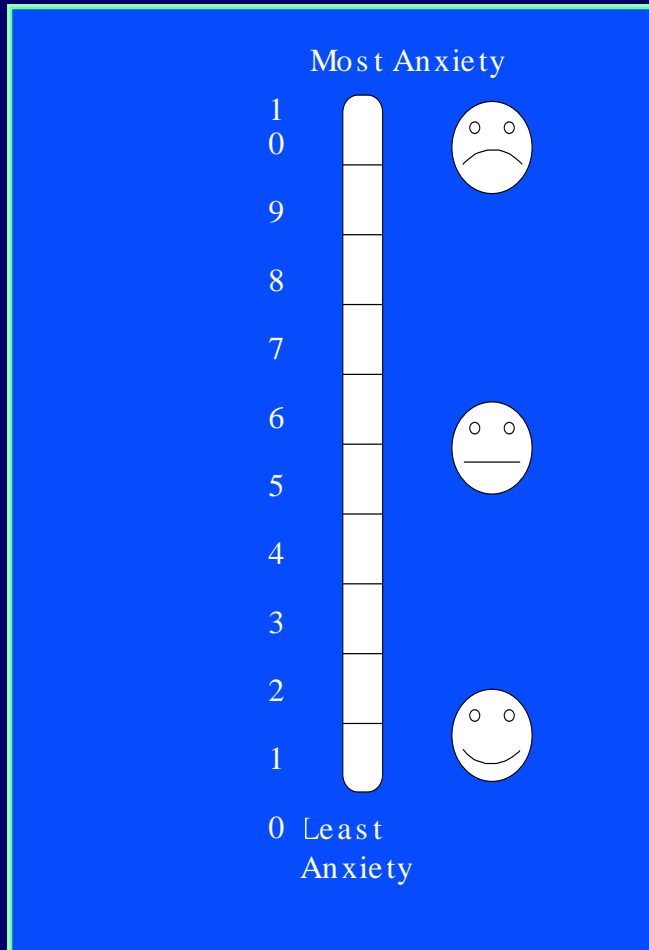
- Social: reading aloud, conversations with peers, asking the teacher for help, taking an exam
- Separation: walking into school, saying goodbye to parent, riding school bus
- GAD: purposefully making mistakes, forgetting to turn in homework



School-based Anxiety Fear Hierarchy

Fear Thermometer (SUDS)

School Situations Fear Hierarchy

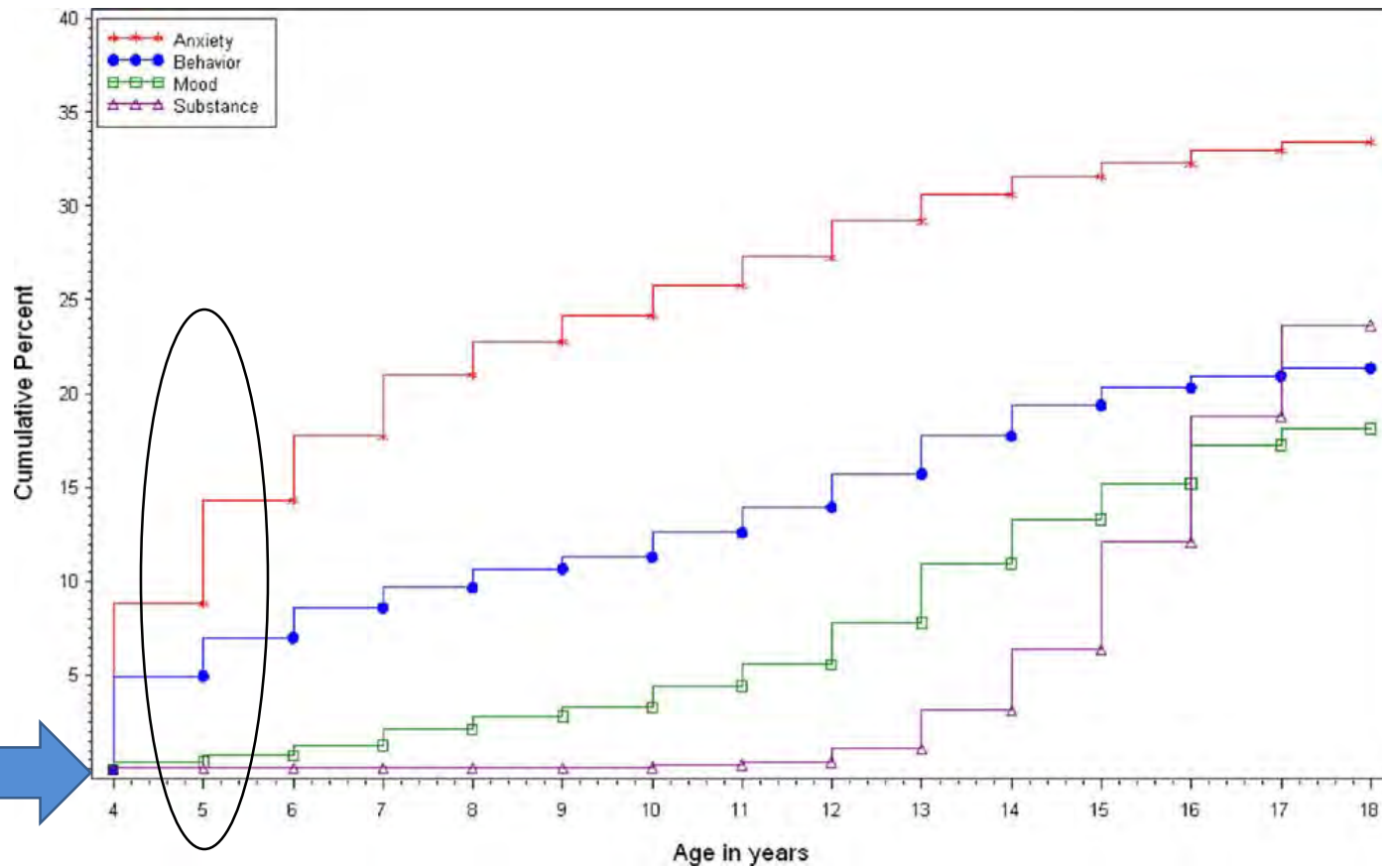


Situation	SUDS
Giving an oral report in class	10
Not calling mom at all during day	8
Taking an exam in the classroom	7
Asking the teacher a question in class	6
Asking the teacher for help after class	5
Having my homework marked up	3
Working on a group project	3

The Neglected Variable in the Equation: Assessing Youth Development

- Anxiety and mood changes are expected and normal
- Temperament sets the stage....
- Tasks of development vary with age

Cumulative lifetime prevalence of major classes of DSM-IV diagnoses



Brainstorming Exercise 1!

- What are the key developmental tasks of childhood, ages 5 through 12?
- How do you know that these tasks are being met?

Main Milestones of Childhood

- Language: ability to speak, communicate, read non-verbal cues, and understand others
- Cognitive: ability to reason, think, learn, problem-solve, remember
- Social: develop and keep meaningful relationships; respond to others' feelings



More Childhood Milestones

- Overcome earlier fears of childhood (the dark, monsters, small animals).
- Your child is capable of greater reasoning and searching for more meaning than simple “Because I said so” statements.
- Children become more curious and seek information from many sources.
- Right versus wrong is a concept that is now understood, as is truth versus lie.
- Children now experience shame and guilt through for their transgressions.

Key early behavioral indicators of meeting milestones

- Initiates friendships, play
- Becomes age/self-sufficient with ADLs
- Self-soothes
- Seeks appropriate stimulation/activity
- Accepts and tests limits within reason
- Learns to negotiate
- Completes tasks; asks for help
- Secure attachment



Brainstorming Exercise 2!

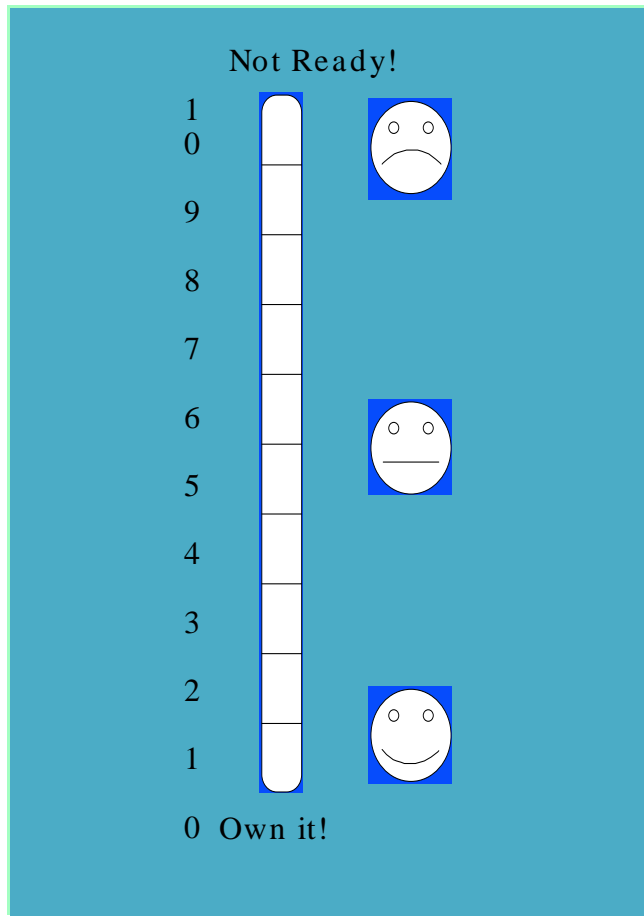
- What are the key developmental tasks of adolescence, ages 12 through 22?
- How do you know that these tasks are being met?

Adolescent Developmental Milestones

- Emotional independence from parents
- Develop self identify (This is who I am)
- Behavioral independence from parents (assertiveness, task completion, initiative)
- Manage money responsibly
- Make and keep long term friendships
- Take control of personal self care (e.g., sleep, health care, exercise, diet, self-soothing)

Developmental Hierarchy: 10 year old

Success Thermometer



Developmental Hierarchy

Situation	Ready?
Owning up to when I make a mistake or mess something up at home	10
Finding something to do when I'm bored	8
Walking my dog after school each day	7.5
Calming myself down	7
Making my own snack/lunch	6
Waking up to an alarm	5
Picking out my own clothes to wear each day	2

Adolescent Independence

Domain	Dependent <i>Lots of Help</i>	In Transition <i>Some Help</i>	Independent <i>On own</i>
Waking up on own (alarm)	X		
Getting dressed			X
Picking out clothes		X	
Making bed		X	
Dealing with boredom	X		
Organizing belongings	X		
Managing friendships		X	
Making meals or snacks (breakfast/lunch)		X	
Brushing teeth		X	
Showering			X
Completing chores		X	
Being on time for things at home or school	X		

Consultation with School Personnel and Parents

School Collaboration

Maintain strong relationships with school officials

Collaborate on treatment plans and exposure planning

Establish reward and consequence system

Agree to an academic “catch up” plan

Identify a “go-to” safe adult at school

Educate them about the child’s anxiety, including likely triggers

Provide strategies to facilitate the child’s coping

Coordinate Parents & School Officials

Identify point person to serve as a liaison between family and school staff

Assess past SR behavior, social behavior, etc.

Assess school environment (e.g., lockers, cafeteria, free spaces) & resources

Understand rules about absenteeism, leaving school early, etc.

Obtain course schedules, grades, required make-up work

Assess and reframe school officials' goals and attitudes regarding child

Provide psychoeducation about school refusal (e.g., function of SR behavior)

Possible School Accommodations

- “If I had a magic wand...”
- Be creative and note that these will be removed/reduced after set period of time

Truncated school day / more "resource" periods	Modified assignments	Creation of "cover story"
Reduce public speaking	Testing in private, quiet place	Use nurse's office restroom
"Free passes" to visit guidance counselor	Dropping a class	Fun activity breaks

- Consider Section 504 plan or IEP if significant and unrelenting impact on school functioning

Putting it All Together: Assigning Roles

Situation	Child Role	Parent Role	School Role
Getting to school			

Putting it All Together: Assigning Roles

Situation	Child Role	Parent Role	School Role
Getting to school	Get out of bed within 3 reminders Get dressed by 7:30am Use coping thoughts & take deep breaths		

Putting it All Together: Assigning Roles

Situation	Child Role	Parent Role	School Role
Getting to school	Get out of bed within 3 reminders Get dressed by 7:30am Use coping thoughts & take deep breaths	Provide clear expectation of school attendance Use “empathize and encourage” Remove fun and comfortable items Praise each step Remind of rewards	

Putting it All Together: Assigning Roles

Situation	Child Role	Parent Role	School Role
Getting to school	Get out of bed within 3 reminders Get dressed by 7:30am Use coping thoughts & take deep breaths	Provide clear expectation of school attendance Use “empathize and encourage” Remove fun and comfortable items Praise each step Remind of rewards	Potentially send attendance officer to home Preferred teacher to meet child at door Scheduled “check in” with guidance counselor after 2 nd period

Case Conceptualization

Prescriptive CBT

- Goal: Re-introduce child to appropriate academic setting and achieve full-time school attendance with minimal distress

ALL Functions

- Attendance is the goal
- Establish Routine
- Bring parents and school officials together

Negative Reinforcement (Avoidance of Negative Affect/Social Evaluation)

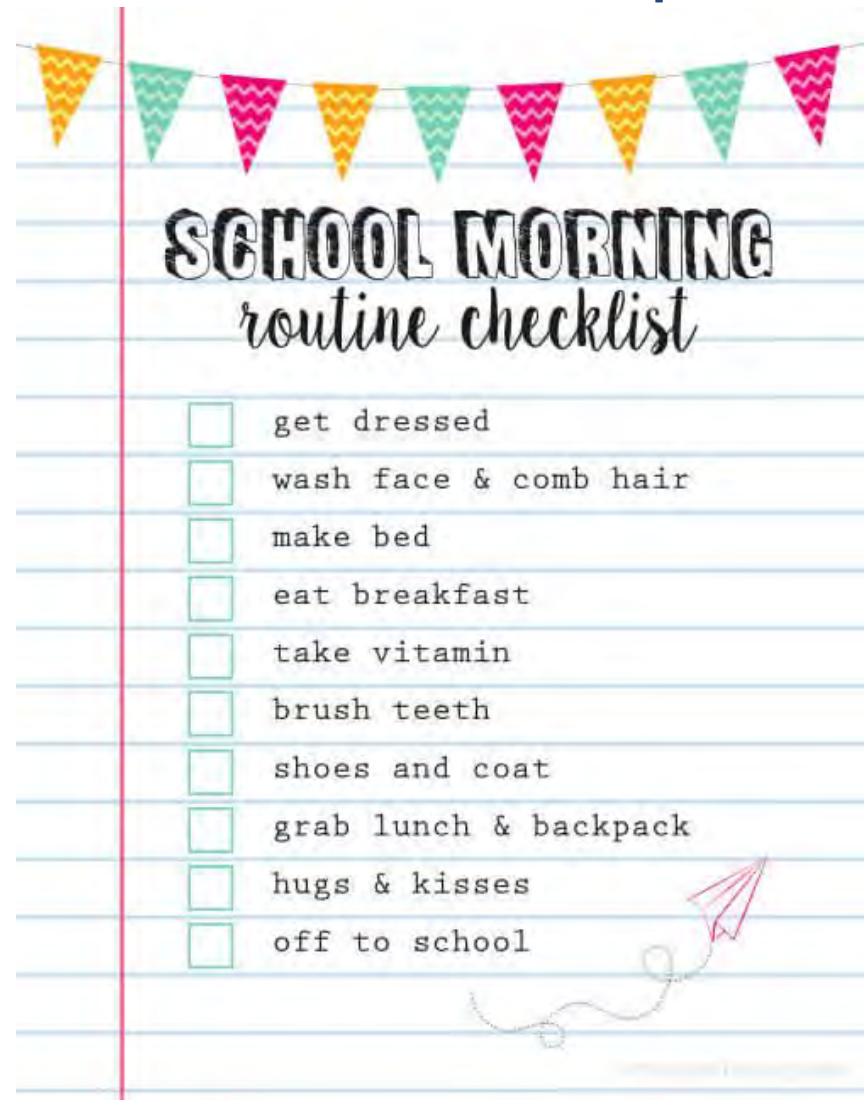
- Psychoeducation
- Reduce accommodation
- Coping skills (cognitive, social problem solving)
- Exposure!!!
- Positive reinforcement

Positive Reinforcement (Seeking Attention or Rewards)

- Psychoeducation
- Reduce accommodation
- Effective commands
- Contingency management
- Consistent expectations
- Increased supervision

Establish Routine: essential 1st step

- Outline typical school day morning (including child and parent responses).
- Establish routine with set times.



Establish Routine

- **Basic rule: Child cannot do anything during school hours that he or she would not be allowed to do at school**
- Child should be **out of the home** and **receiving little attention**
 - Bring child to work, to a relative or neighbor's home, or to local library or café.
- Arrange supervision if child is at home
- **Remove** all games, toys, books, music, snack foods, access to electronics, access to bedroom, reinforcing interactions
- Child should sit alone, do boring chores, or complete homework sent home from school
- Supervising adult is not an entertainer or playmate!

Establish Routine

- Nights and Weekends
 - Link fun activities/rewards to school attendance
 - If child did not attend school that day, no computer time, TV, extracurricular activities, etc.
 - Set up consequences for non-school attendance for the weekend



If child does not attend school:

- Enact routine of chore/school work/reading on own
- Every 45 minutes, ask child if they want to go to school



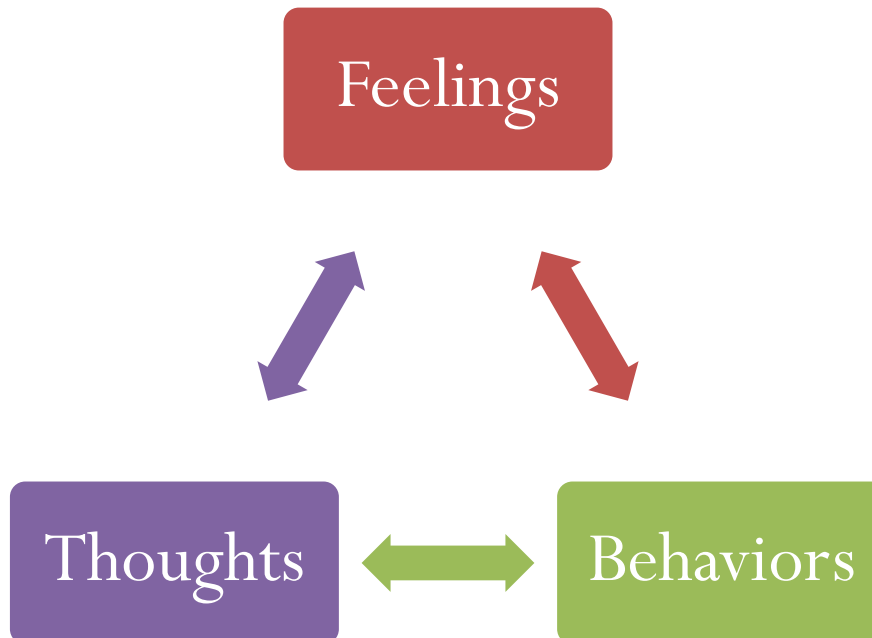
Treatment of SR Motivated by Escape from Negative Affect

Youth-Focused CBT

- Psychoeducation
- Skill building
 - Somatic Management
 - Cognitive Restructuring
 - Problem Solving
 - Social skills training
- Graded Exposure*

Youth-Focused CBT

- Psychoeducation
 - Normalize emotional response: Anxiety and mood changes are safe, natural, adaptive
 - Reduce stigma, blame, and misinformation



Youth-Focused CBT

- Somatic Management: Reduce and/or tolerate physiological symptoms of anxiety and heaviness of depression
 - Breathing retraining
 - Progressive Muscle Relaxation
 - Imagery
 - Mindfulness



Youth-Focused CBT

- Cognitive Restructuring

- Provide corrective information about anxiety and threat
- Identify automatic thoughts and treat these as hypotheses to be tested
- “Check the Facts” on anxious thoughts by searching for evidence
- Develop more helpful, balanced, realistic responses

Do I know *for sure* that _____ will happen?

What else could happen?

What evidence do I have for and against my fear?

What's the worst case/best case/most likely outcome?

What would I tell a friend?

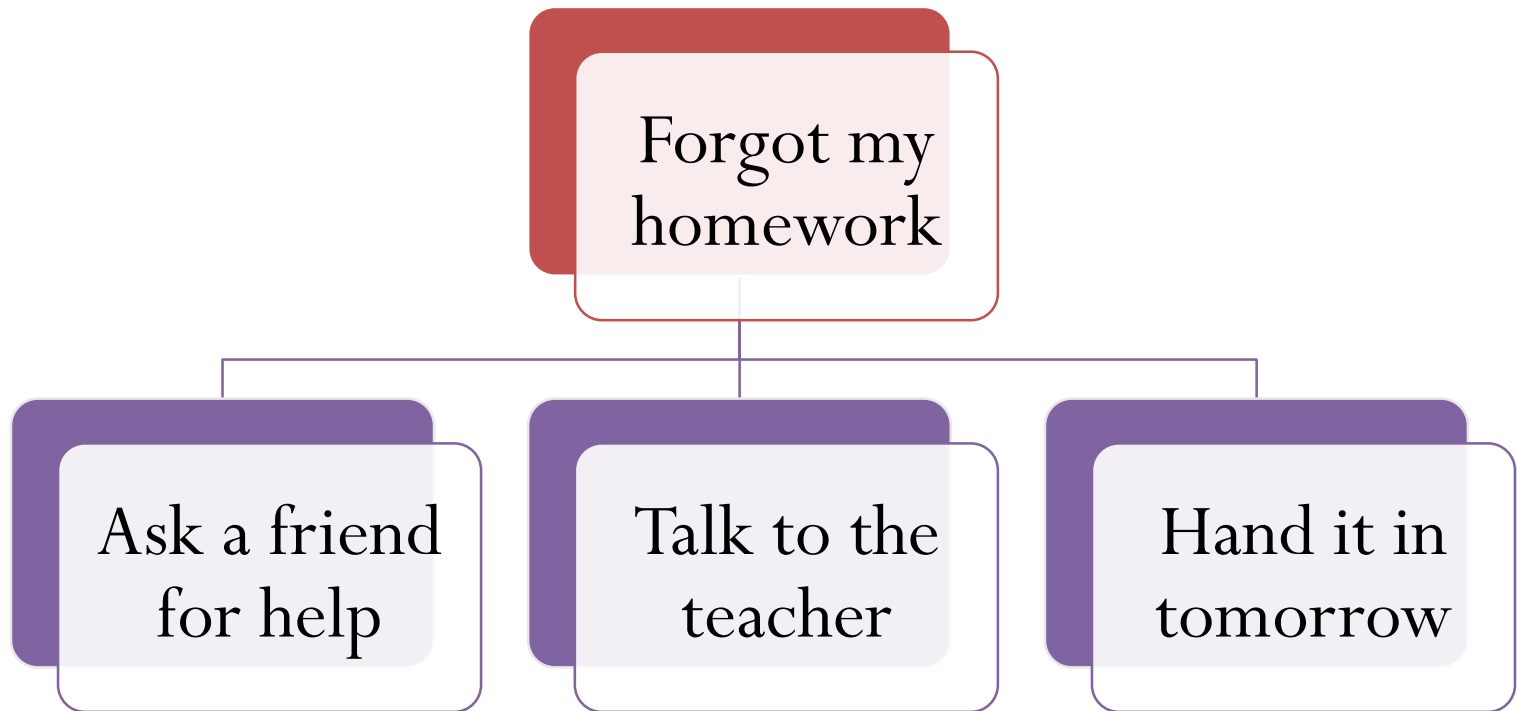
Youth-Focused CBT

- Problem Solving



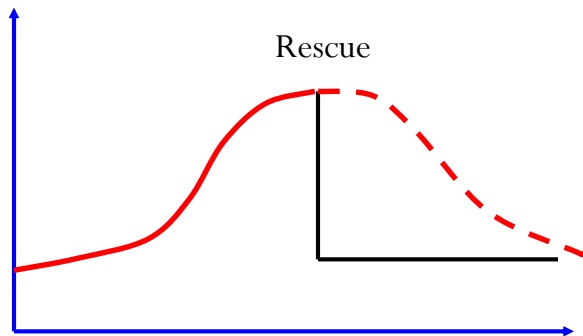
Youth-Focused CBT

- Problem Solving



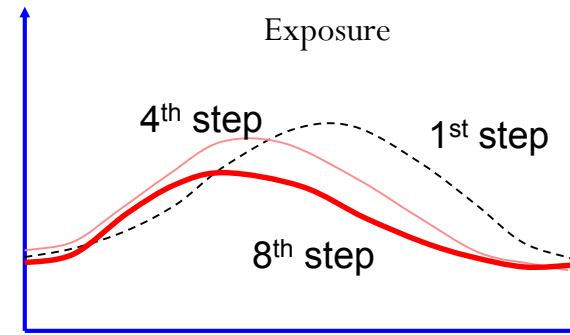
Youth-Focused CBT

- Exposure = facing feared and avoided situations in a graded fashion



Impact of RESCUE (avoidance):

- Remembers situation at the height of fear
- Prevents habituation
- No experience of mastery
- Escape/avoidance is reinforced



Impact of EXPOSURE:

- Remembers success that allows habituation
- Learns anxiety passes on its own
- Feeling of mastery
- Reinforcement for hanging in

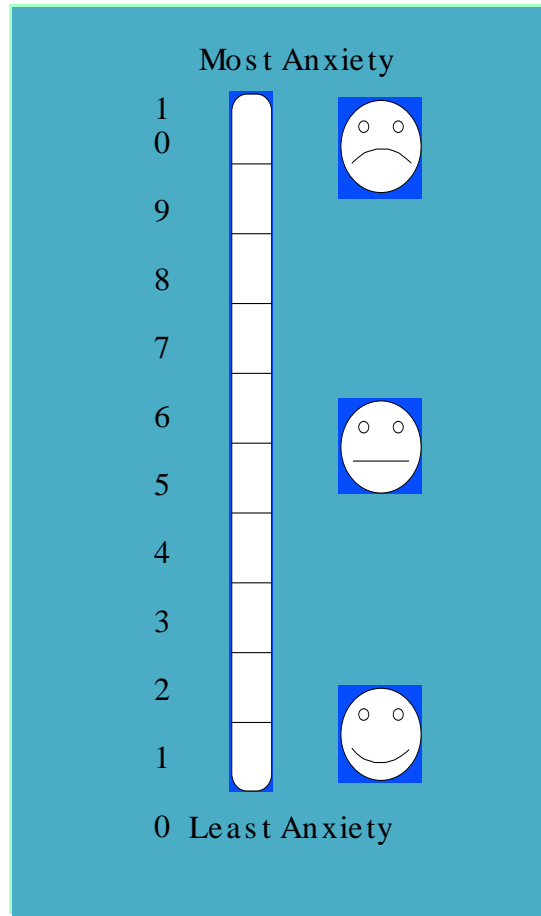
Exposure

- Goals of exposure:
 - Provide experience performing in and managing difficult situations
 - Practice and refine skills
 - Gather evidence to refute anxious thoughts
 - Habituate and/or tolerate anxiety



School Attendance Hierarchy

Fear Thermometer (SUDS)

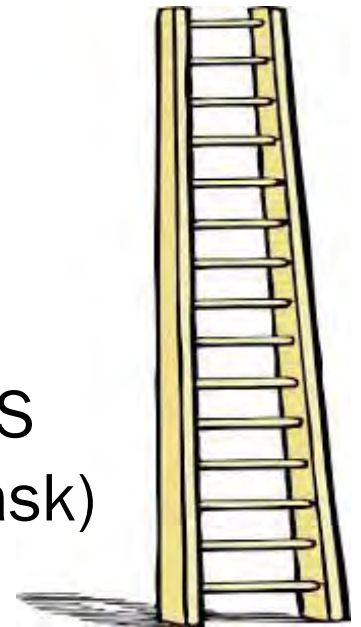


School Refusal Fear Hierarchy

Situation	SUDS
Spending a whole day in school	10
Spending 2 hours at school	8
Going to select classes, rest of day in library	7
Go to school in AM; sit in library	7
Visit a teacher at school	5
Meet with guidance counselor	4
Talk to a teacher on the phone	3
Regulate morning routine	2

Exposure Guidelines

- Start **low** on the hierarchy
 - First exposure should be successful
- Set “doing” (not “feeling”) goals
- Don’t be afraid of repeat exposures
- Keep records/data (e.g. monitoring SUDS before, during, and after the exposure task)
- Be creative!
- Provide child with feedback at the end of exposure



Types of Exposures

In vivo

- Directly facing a feared object or situation in real life

Imaginal

- Often used for tasks that cannot be accomplished in session (or at all)

Interoceptive

- Deliberately bringing on physical sensations that are harmless, yet feared (e.g. panic symptoms)

Common Exposures

Social Anxiety

- Answering questions about absences
- Having a conversation with a peer
Asking/answering a question in class
- Asking a teacher for help
- Giving a speech to a group

Perfectionism

- Practice making a mistake on an assignment
- Completing an assignment “imperfectly”
- Playing Jeopardy and getting questions wrong

Somatic Symptoms/Panic

- Chair spinning
- Breathing through a straw
- Put heads between legs and sit up quickly

Separation Anxiety

- Staying home while parent goes out
- Parent leaves and turns off cell phone

Doing Exposure

Exposure: Facing **all** avoided situations

- **Places**



Doing Exposure

Exposure: Facing **all** avoided situations

- Places
- **People**



Doing Exposure

Exposure: Facing **all** avoided situations

- Places
- People
- **Feelings** (emotions and somatic sensations)

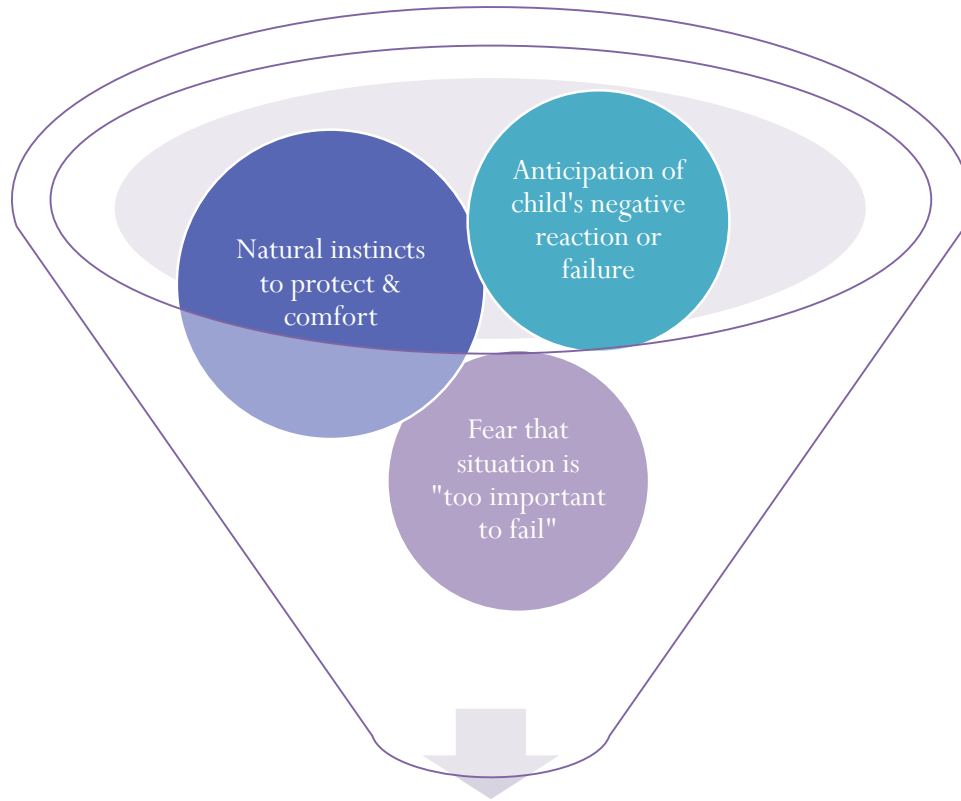


Treatment of SR Motivated by Positive Attention and Reinforcement

Working with Parents

Goals: Reduce child dependence on adults; increase child confidence; child returns to school

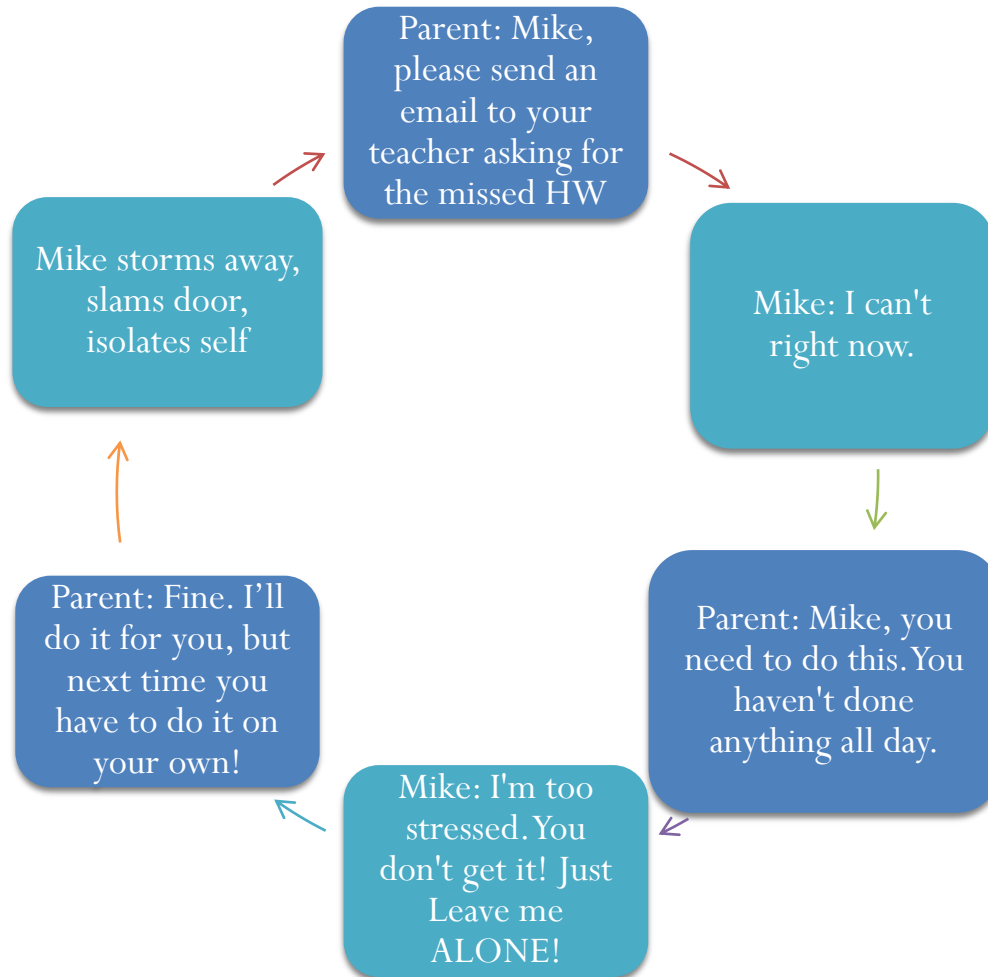
Anxiety: Common Caregiver Responses



Overprotection Trap

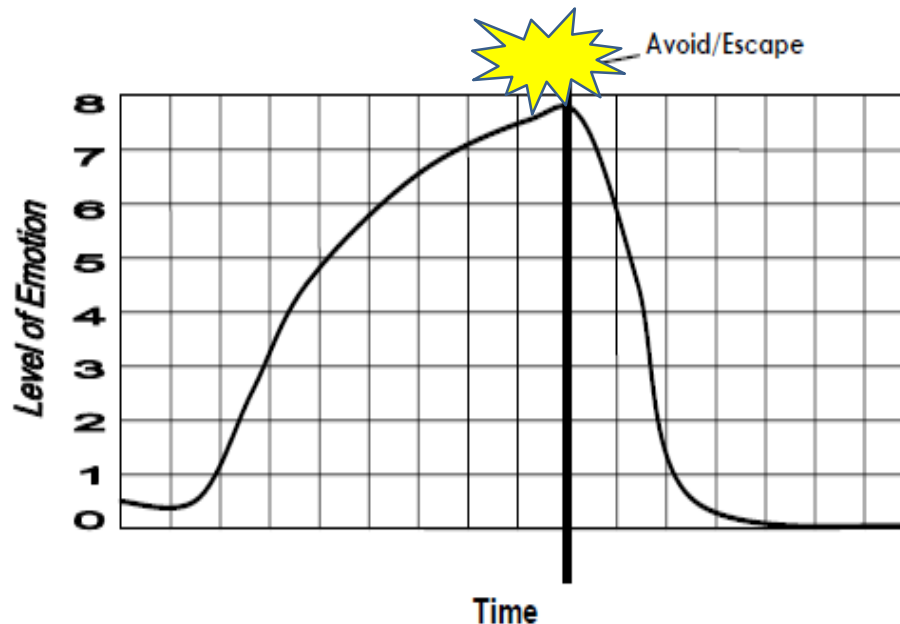


The Cycle of Negative Reinforcement



Why does the cycle continue?

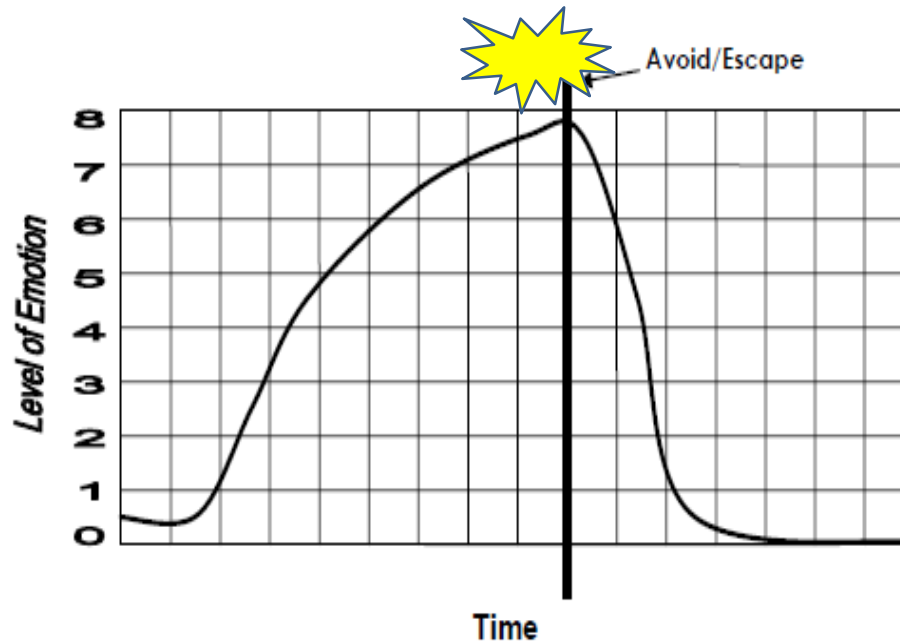
- When the demand is removed (parent completes task or stops asking), Mike's anxious avoidance and acting out behavior is reinforced.



PHEW!

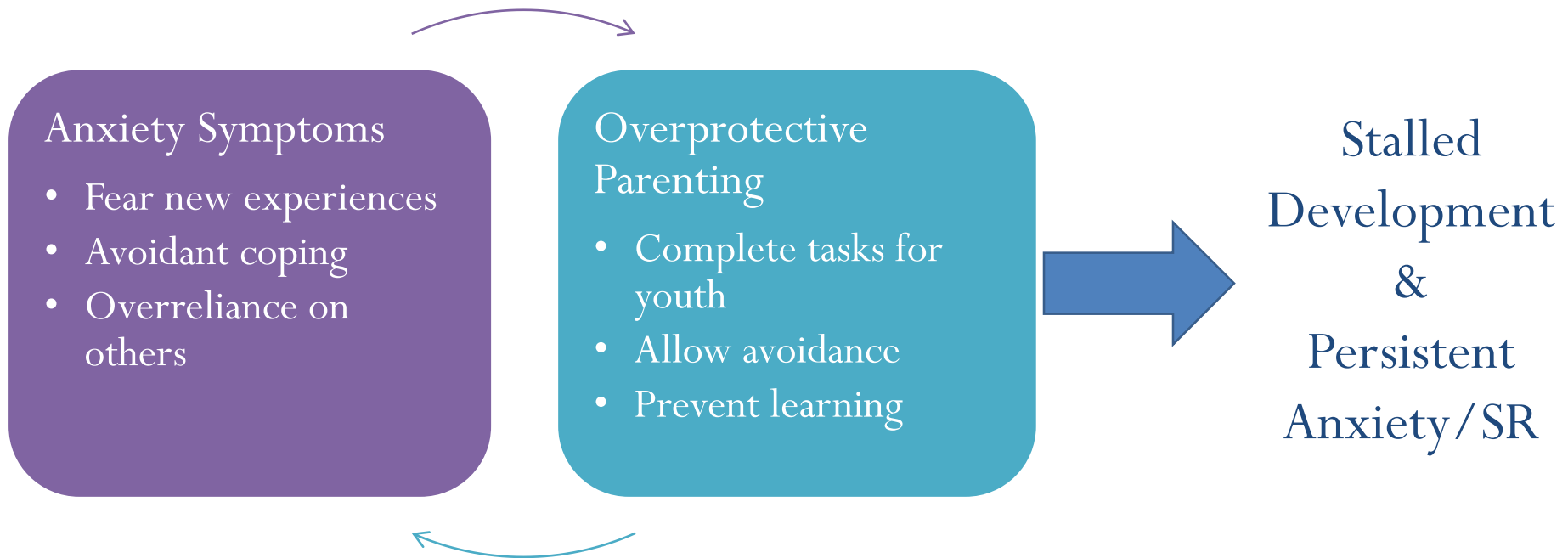
Why does the cycle continue?

- When parent completes the task for Mike, it decreases conflict and possibly gets Mike back on track with school. Frustration with Mike and concern for him decrease. Parent's overinvolvement is reinforced.



PHEW!

Anxiety + Overprotection Cycle



A scene that every parent should watch

- <https://www.youtube.com/watch?v=hkmvuV6PK20>

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction	Child Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	I feel bad. If he's sick, he really can't go to school. I'm rushed to get to work. I make him breakfast and let him stay home. I'll email his teachers for the work later.	Seems relieved. Says, "Thanks, Mom. I love you." Goes back to sleep

Parenting “Dos”

- Be a “coping model”
- Praise approach behaviors
- Ignore avoidance behaviors
- Resist urges for overinvolvement
- Develop reward chart
- Collaborate on hierarchies
- Provide prompts and reminders for coping skills



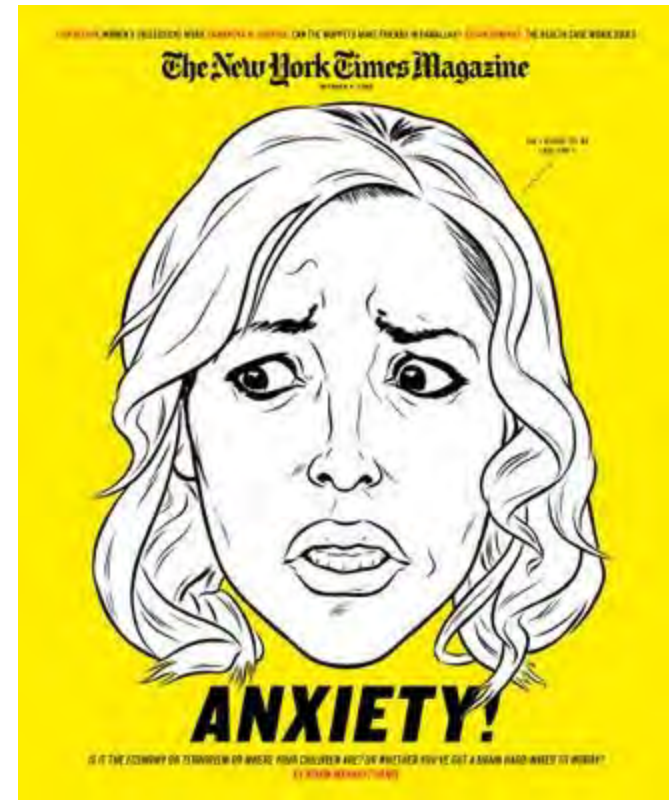
Parenting “Don’ts”

- Agree with or model anxiety
- Reinforce avoidance
- Accommodate by completing tasks for the youth
- Criticize the youth for experiencing anxiety



Manage parental anxiety....

- Transfer to your child?
- Learn to recognize your own triggers
- Self-soothe
- Stick with realities
- Problem solve
- Take care of your own needs!



Communication Skill

- **“Empathize & Encourage”**
 - **Validate** child’s experience & **show confidence** in his or her ability to manage distress and problems
- Empathize
 - Show child that you hear him and understand his anxiety
 - Demonstrate calm, accepting attitude towards child
 - Encourages open communication
 - Helps child identify and label feelings and thoughts
- Encourage
 - Express confidence in child’s ability to cope
 - Remind child of past successes and inherent strength
 - Engage child in problem solving

Communication Skill

- “Empathize & Encourage”
 - **Validate** child’s experience & **show confidence** in his or her ability to manage distress and problems
- “I know that you’re nervous about your math test. You’ve handled lots of math tests before and I know you can handle it again.”



**Permission
to be
cliché!**

Use of Rewards and Consequences

Reward ALL steps towards school attendance

- Praise
- Use of electronics
- Stickers
- New iPhone game
- Choosing special dinner
- Sleepover with friends
- Extra time with parent

Remove ANY and ALL reinforcing activities when youth does not complete step

- Turn off WiFi
- Remove access to phone, TV, books, games
- Play loud music in bedroom
- Remove pillows and comforter
- Restrict extracurricular activities

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	I feel bad. If he's sick, he really can't go to school. I'm rushed to get to work. I make him breakfast and let him stay home. I'll email his teachers for the work later.

Agreeing with anxiety

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	I feel bad. If he's sick, he can't go to school. I'm rushed to get to work. I make him breakfast and let him stay home. I'll email his teachers for the work later.

Reinforcing Avoidance

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	I feel bad. If he's sick, he really can't go to school. I'm rushed to get to work. I make him breakfast and he stays home. I'll email his teachers for the work later.

Completing tasks for him

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SD and give feedback

Situation	Child Behavior	Parent Reaction	Empathize and Encourage
Woken up for school	Says, "I'm sick" Refuses to get out of bed	"I know it's hard to get up when you're not feeling your best, but I know you can do it." "You need to get up and get moving." Removes comforter and pillow "Great job getting into the shower." "Remember, if you go to school you will earn computer time later today."	

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	"I know it's hard to get up you're not feeling your best know you can do it." "You need to get up and get moving." Removes comforter and pillow "Great job getting into the shower." "Remember, if you go to school you will earn computer time later today."

Setting clear expectations

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	"I know it's hard to get up when you're not feeling your best, but I know you can do it." "You need to get up and get moving." Removes comforter and pillow "Great job getting into the shower." "Remember, if you go to school you will earn computer time later today."

Not reinforcing avoidance

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	"I know it's hard to get up when you're not feeling your best, but I know you can do it." "You need to get up and get moving." Removes comforter and pillow "Great job getting into the shower." "Remember, if you go to school you will earn computer time later today."

Praise each step

Assess Parent-Child Interactions

- Highlight parent-child interaction patterns that maintain SR and give feedback

Situation	Child Behavior	Parent Reaction
Woken up for school	Says, "I'm sick" Refuses to get out of bed	"I know it's hard to get up when you're not feeling your best, but I know you can do it." "You need to get up and get moving." Removes comforter and pillow "Great job getting into the car." "Remember, if you go to school you will earn computer time later today."

Reminder of rewards

Additional Strategies

- Restructure parent commands
 - Coach parents to provide clear instructions in a calm, neutral tone
- Develop reward/consequence plan for school attendance
- Family communication skills training
 - Coach all family members to use active listening skills and engage in joint problem-solving
 - Reduce criticism, hostility, detachment
- Peer refusal skills training (for youth)
 - Teach skills to resist offers from peers to miss school
 - Focus on modeling, role play, feedback
- Behavioral contracting

Behavioral Contracting

- **Goal**
- **Steps for Success**
- **Rewards**
- **Consequences**
- **Signatures**



Behavioral Contracting



- **Goal**
 - Mary will be ready to leave for school on time
- **Steps for success**
 - Mary will back her backpack the night before
 - Mom will remind Mary of the time 15 minutes before it's time to leave
 - Mary will wait to go on computer until after she is ready to leave
- **Rewards**
 - Mary will earn 30 minutes extra screen time each day she is on time for school.
 - If Mary is on time 4/5 days per week, her weekend curfew will extend 30 min
- **Consequences**
 - Mary loses access to all screens if she is late to school
 - If Mary does not follow her steps for success at least 4/5 days, her weekend curfew will be moved 30 min earlier
- **Signatures**

The Role of Medication and Combination Treatment

TIME

A medicated generation is growing up with quick fixes for mood and behavior. Here are the benefits—and the risks

ARE WE GIVING KIDS TOO MANY DRUGS?

Jamari, 8, is being treated for what doctors believe is a mood disorder

NOVEMBER 3, 2003

School Refusal Meta analysis:

Maynard, Heyne et al., 2015

- Medication + CBT: Fluoxetine or Imipramine
 - Effects on attendance positive and significant ($g=0.61$; $p=.046$)
 - Effects on anxiety not significant ($g= -0.05$, $p=.80$)

Medication and child anxiety

- Evidence supports SSRI efficacy for child anxiety triad (SAD, SoP, GAD)
- Good evidence specifically for: fluvoxamine, fluoxetine, paroxetine, sertraline

Meta-Analysis: Rates of Improvement

Study	Difference	PBO	SSRI
RUPP Anxiety Study (2001)	47%	29%	76%
Birmaher et al. (2003)	25%	36%	61%
Rynn et al. (2001)	80%	10%	90%
Wagner et al. (2004)	40%	38%	78%
Rynn et al. (2007)	12%	24%	36%
Walkup et al. (2008)	31%	24%	36%
Total	30%	31%	61%

NNT=3.3

Courtesy of D. Pine



Child / Adolescent Anxiety Multimodal Study

CAMS Overview

- SAD, SoP, GAD
- N = 488, ages 7-17
- 12-week acute trial: CBT, SRT, Comb, Pill PBO
- Pills-only double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders

CBT Treatment in CAMS

- 12 weekly individual child CBT sessions
- 2 parent sessions
- Sessions 1-6: psychoeducation, new skills
- Sessions 7-14: “exposure”

PT Treatment: Sertraline

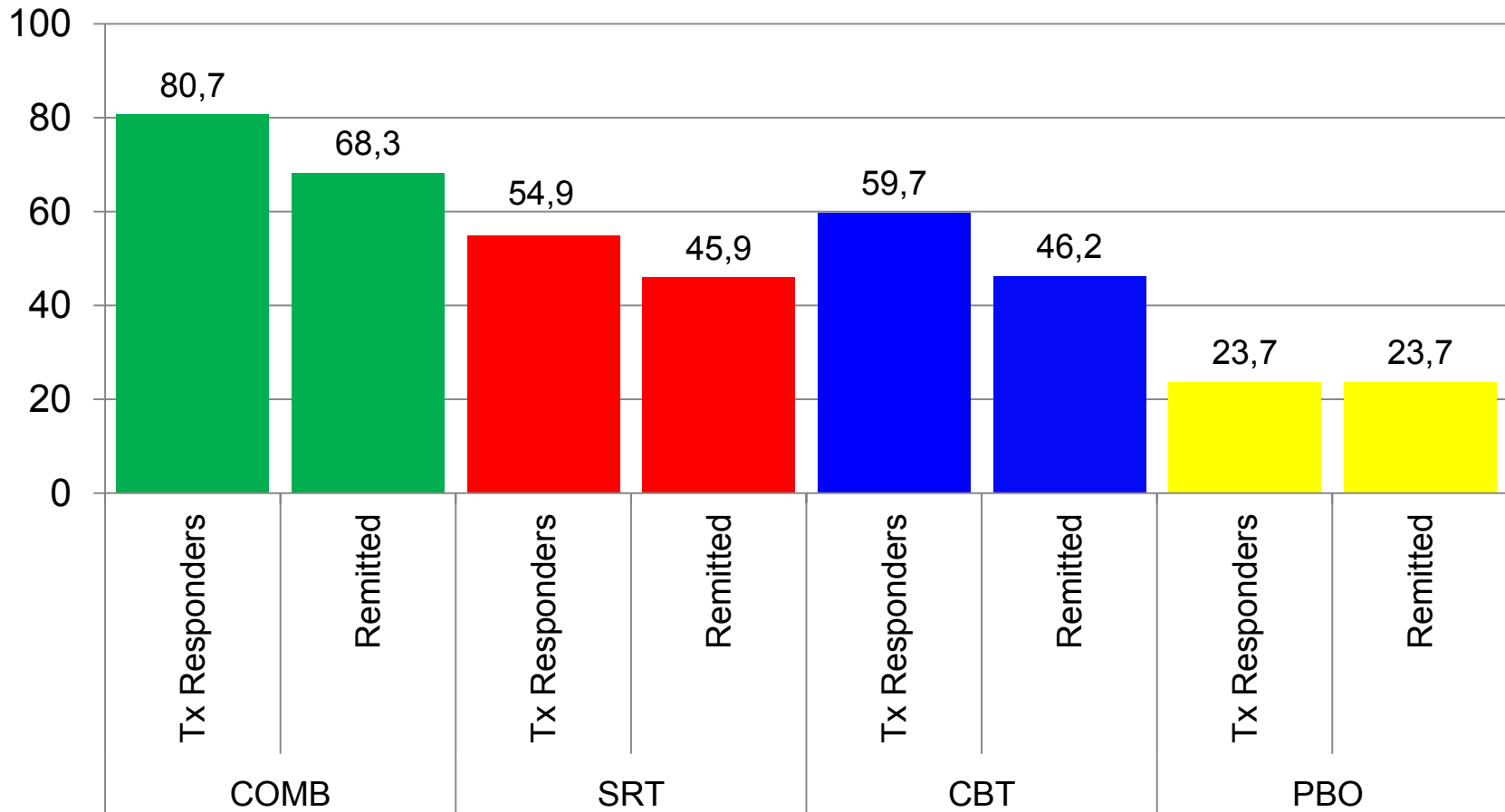
- Dosing strategy: fixed, flexible
- Dosing range: 25-200 mg/day
- Dosing schedule
 - Week 1 25 mg/day – titration
 - Week 8 200 mg/day (maximum)

Baseline Characteristics

- 74% ages 7-12, mean age 10.7
- 79% Caucasian
 - 12% Latino; 9% African American
- 50% male children
- No group differences at baseline

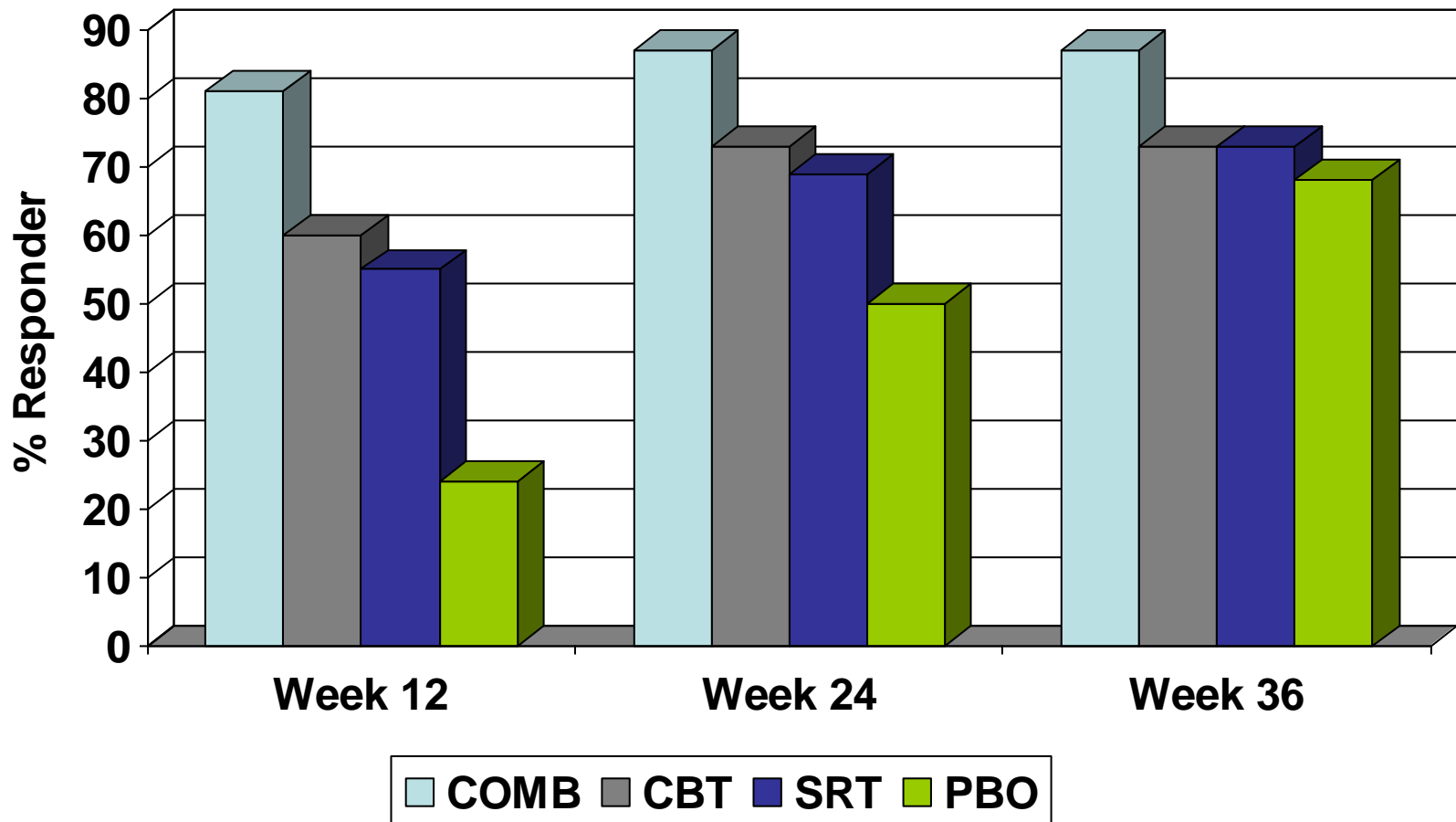
Acute Response & Remission

COMB > CBT = SRT > PBO

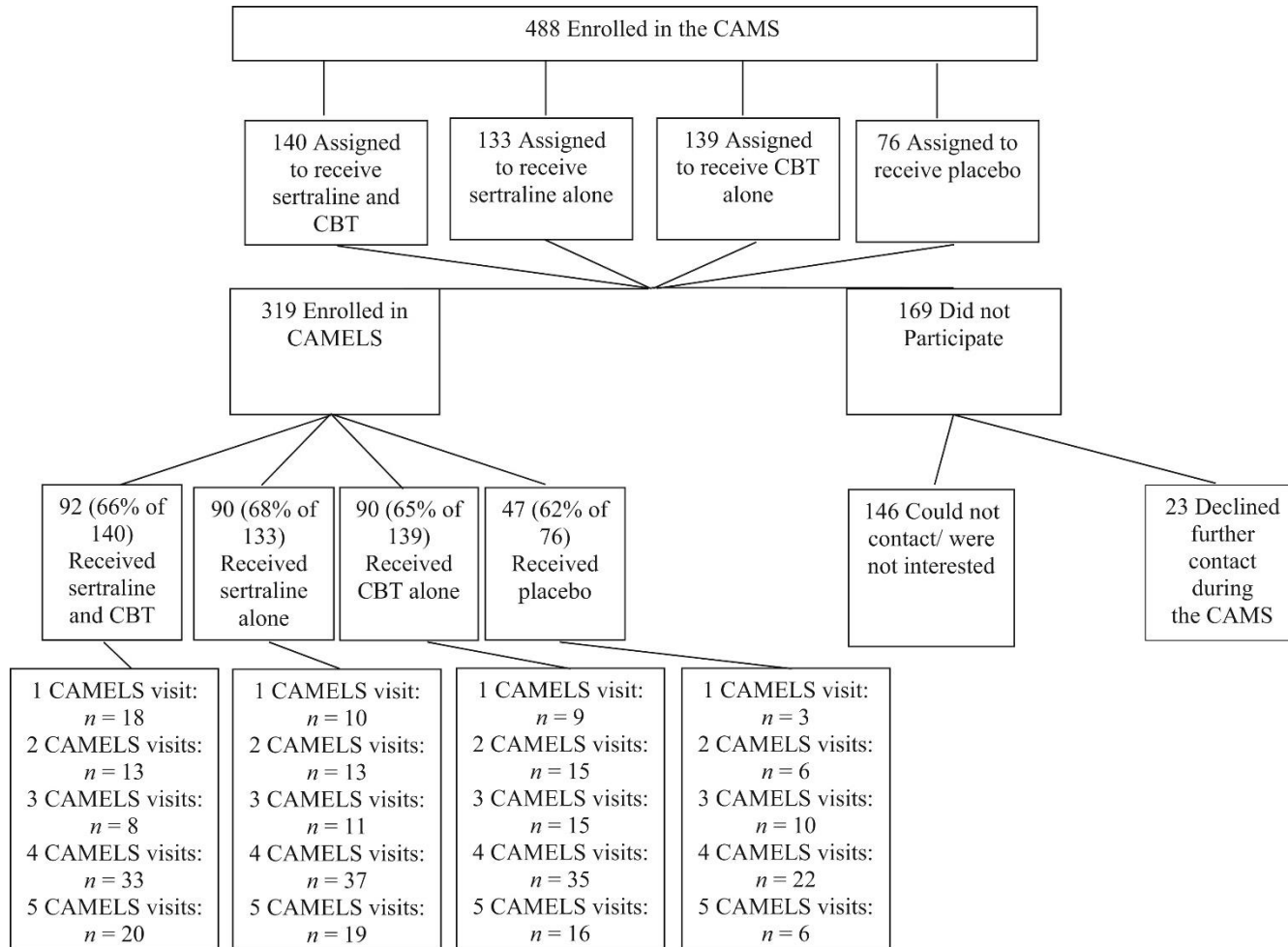


Response=CGI-I; Remitted=No AD

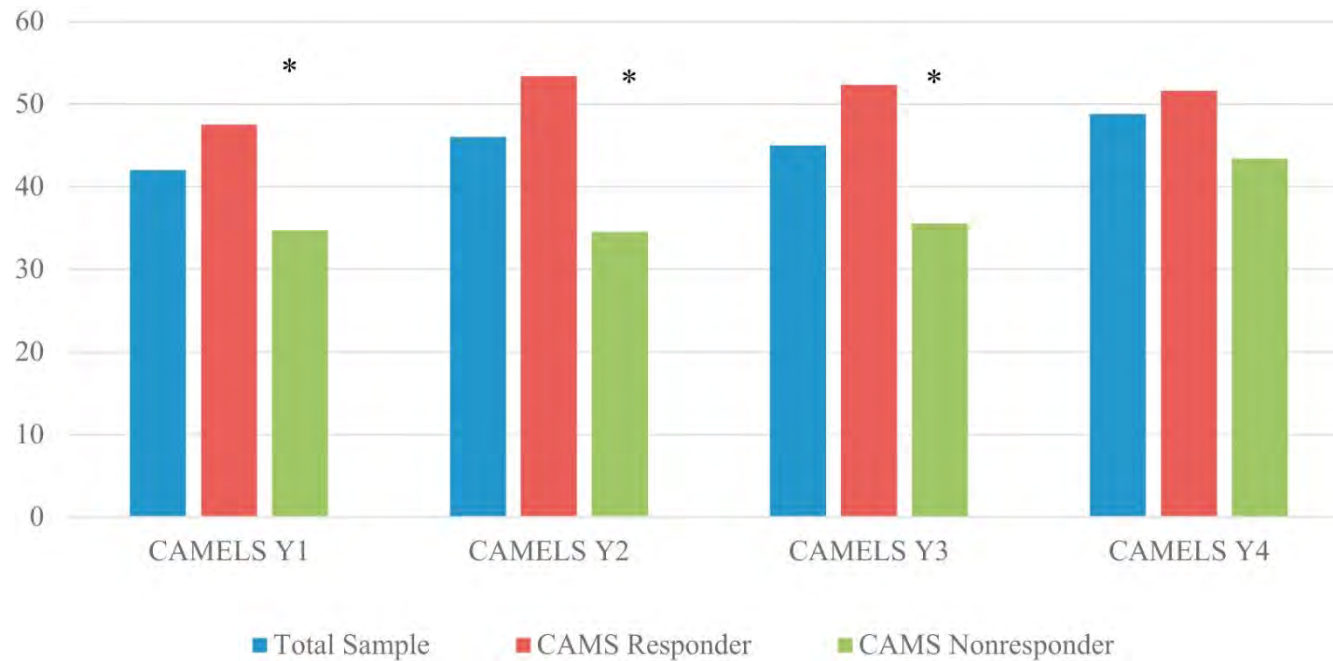
CAMS Long Term Response



CAMELS Long Term Follow-up

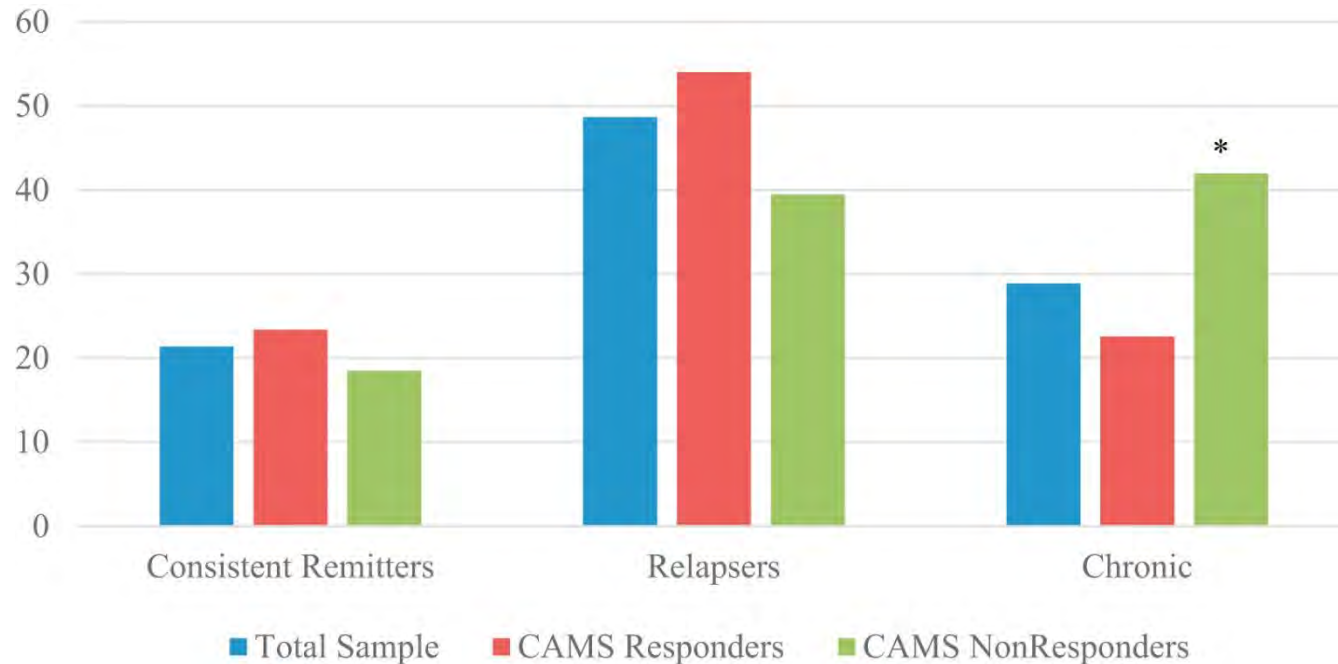


CAMELS: Rates of Remission Across Follow-up Assessment Time Points



Responder status associated with increased likelihood of remission.
*p < .05

CAMELS: Percent Remitters, Chronic, and Relapsers Across Follow-up Period



Responder status associated with increased likelihood of group membership.

* $p < .05$

Sobering Take Home Message

- CAMS did not enroll youth with significant school refusal
- Despite high-quality treatment, stable remission is difficult over the long term (only 21.7% consistently “anxiety-free”)
- Many youth in need of longer and more robust treatments

Strategies for Difficult to Treat Youth and Families

Dig deeper: Factors limiting response

- Inadequate treatment plan
 - Review with supervisor/team
 - Need to increase exposure intensity/frequency?
 - Consider adjunctive treatments for specific conditions (e.g., HRT for trich/tics; medication augmentation)
- Comorbidity not adequately identified or addressed
- Development: What normative tasks are not being mastered?
- Social/Environmental stress
 - Bullying, peer issues, social media
- Unidentified learning problem
 - Consider neuropsychological evaluation
- Family factors
 - Are parents following through with their part?

Alternative Schooling Options

- May be appropriate for chronic school refusal with significant emotional, behavioral, or family needs
- Inform parents about their special education rights and the CSE process
 - Consider consulting with an educational advocate
- Placement options include:
 - Smaller private schools
 - Special education schools with enhanced therapeutic support
 - 1:1 school settings (e.g. Fusion Academy, Links Academy)
 - Residential schools
 - Day treatment programs
 - Wilderness programs

For more information

- www.effectivechildtherapy.com
- www.anxietybc.com
- www.adaa.org
- www.abct.org

- Special thanks to Lauren Hoffman, Psy.D.!

- Follow me on twitter!
 - @AnneMarieAlbano