



School refusal in children: Overview and recommendations for providers

8th annual OHSU Pediatric mental health update

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Disclosures

Presenters have no conflicts of interests or financial disclosures related to this presentation

*Our pictures are from pexels.com a free stock photo site



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OHSU child and adolescent
neuropsychology clinic in
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Goals for today's presentation

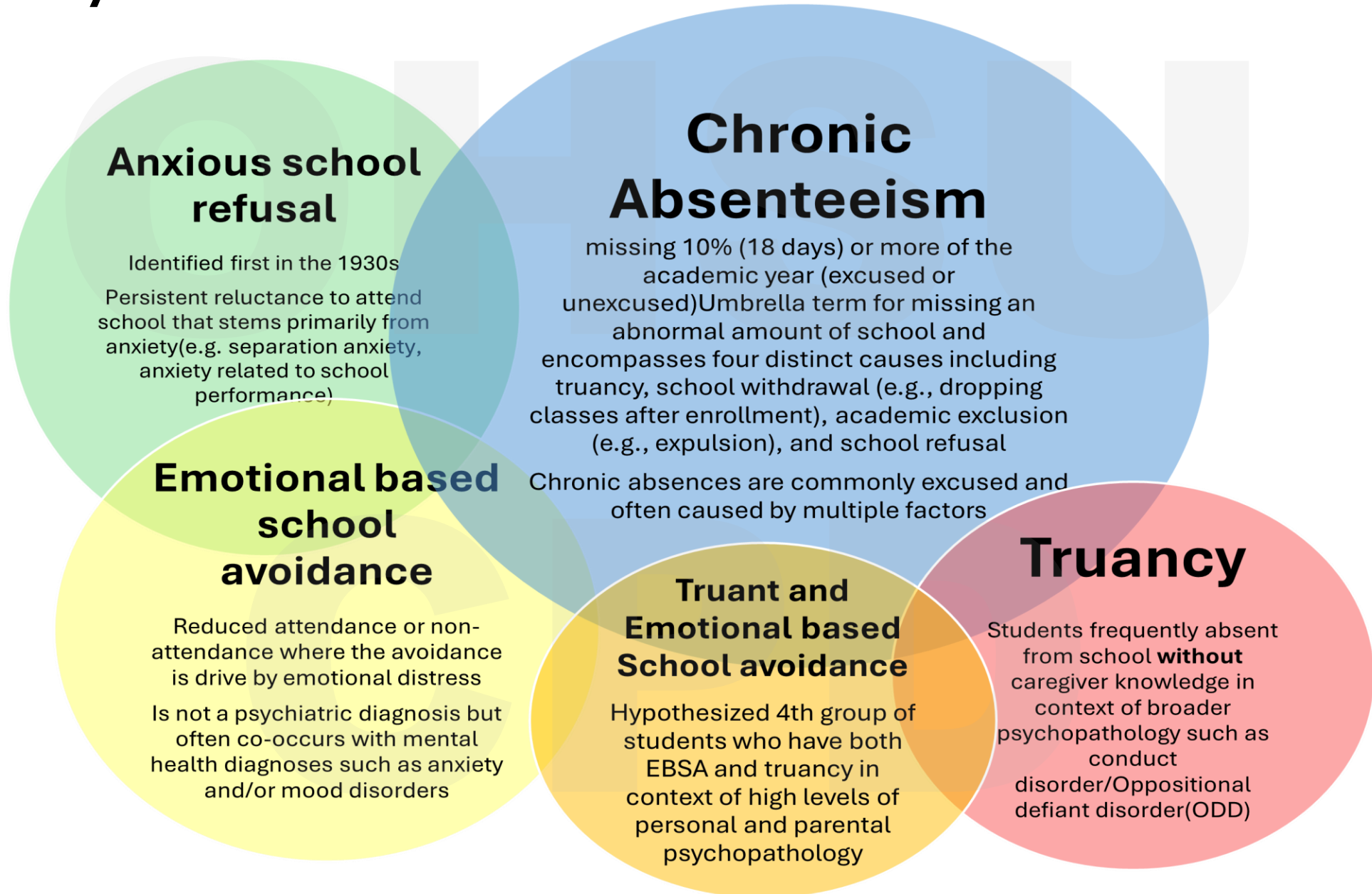
- Define school refusal
- Identify impact of chronic absenteeism and associated terms
- Diversity factors in school refusal/absenteeism
- COVID-19 Pandemic academic changes
- Local/National/World overview of prevalence
- Case presentation
- How can we help?
- Resources and Recommendations

Defining School Refusal

Multipart definition outlined by Ian Berg in 1997:

- A child wants to but displays reluctance or refusal to attend school
- Being at home/out of school during school hours **with** caregiver knowledge
- Emotional Distress at the prospect of school (actual or associated i.e., attending a school mates birthday party)
- An absence of severe antisocial behaviors aside from behaviors/resistance associated with caregiver attempts to enforce school engagement
- Reasonable yet ineffective attempts by caregivers to enforce school attendance

History and relevant definitions



Signs and symptoms specific to School Refusal

Expressing negative/nervous feelings about school

- Statements about anxiety, nervousness, embarrassment, loneliness, fear, irritability, sadness, or shame related to school
- Negative feelings about school impact other areas of life
- Negative feelings related to pressures to perform

Behaviors outside of school

- Protesting
- Tantrums/emotional outbursts on school mornings
- Inability or reluctance to get out of bed/start the day
- Frequency of stalling behaviors that lead to tardiness
- Skipping class or school repeatedly with caregiver knowledge
- Refusal to attend school on significant days

Behaviors when at school

- Falling behind on work
- Challenging behaviors when arriving at school
- Frequent requests or begging to leave school or be picked up early
- Eloping/hiding at school
- Leaving school before day ends
- Long or regular visits to the nurse/office
- Persistent distress such as crying during class

Physical/somatic complaints

- Frequent complaints of physical distress that have limited/no known cause
- Complaints subside when child is able to stay home

Emotional and psychosocial challenges

- Withdrawal from others
- Difficulty with sleep during nights before school
- Morning tearfulness or distress before school
- Wanting to stay home from school-related activities (e.g. field trips, peer birthday parties)

School refusal factors

Functional model developed by Kerney and colleagues hypothesized the following four factors

- General negative affectivity avoidance
- Escape from aversive social/evaluative situations at school
- Pursue attention from significant others
- Pursue tangible reinforcement outside of school settings

Kearney et al. 2004

Risk factors for chronic absenteeism

Individual factors

- Temperament
- Medical/psychiatric comorbidities
- Low self esteem
- Heightened sensitivity to school failures

Peer factors

- Relationship difficulties
- Bullying
- Discrimination

Family related

- Poverty/homelessness
- Single parent household
- Parent history of psychiatric illness
- Low parent involvement
- High conflict in home
- Family enmeshment

Structural issues

- Limited transportation
- Neighborhood violence/unsafe conditions in neighborhood or bus stop

Chronic absenteeism— associated factors

- One study noted students who miss 10 percent of Kindergarten lag on average about a year behind in reading by 3rd grade and are unlikely to catch up to peers
- High school graduation and college attendance connection
- Children who are homeless or from diverse backgrounds more likely to be chronically absent
- Children from low-income families are around 50% more likely to be chronically absent than other students
- Children in rural areas are more likely to miss school
- Absenteeism is a better predictor of failing classes and getting a diploma than standardized test scores

Chronic absenteeism by student group

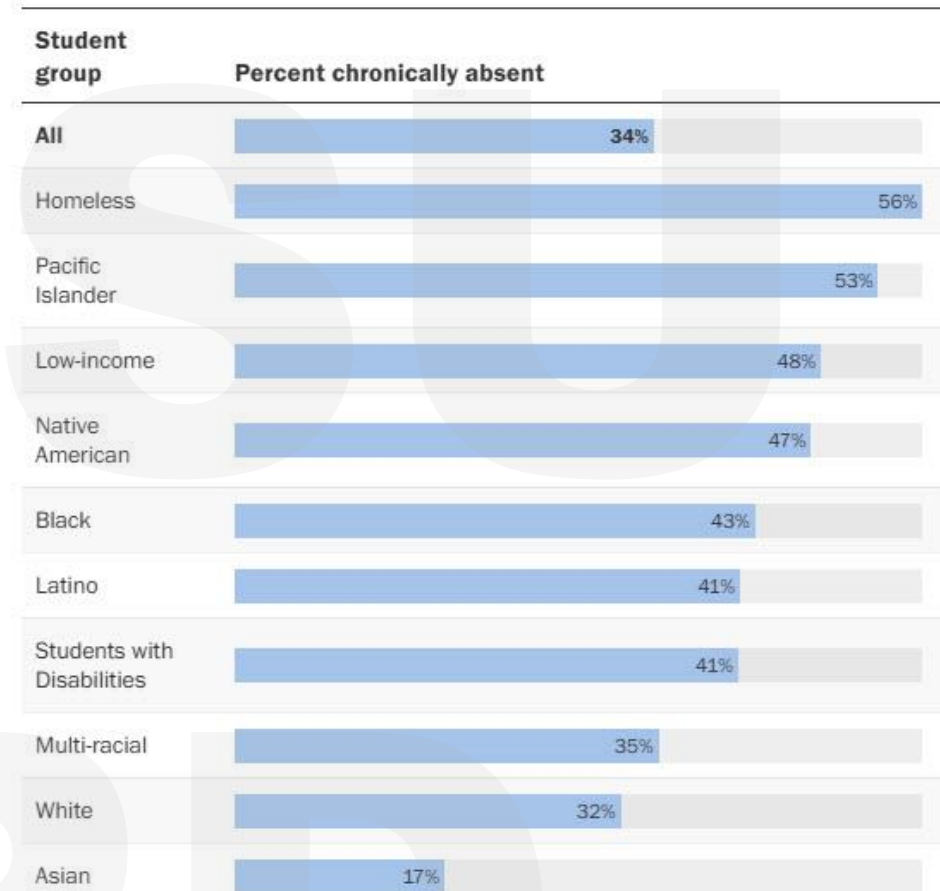


Table: Dave Cansler/staff • Source: Oregon Department of Education • [Get the data](#)



Silverman, J.; The Oregonian/Oregon Live; 11-21-2024

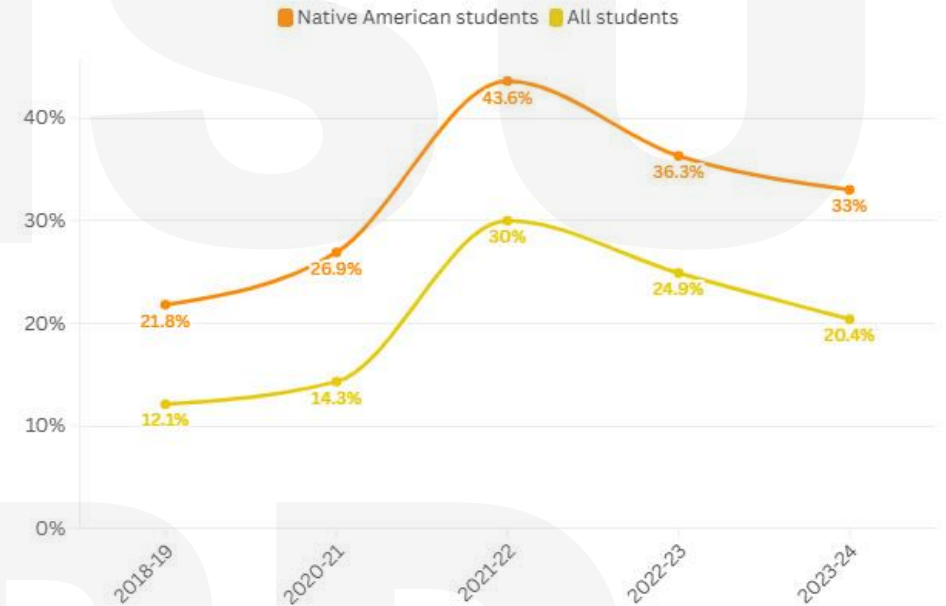
Hammond, B; 2014; The Oregonian/Oregon Live

Gecker et al, EdSource, 2024

Cultural and diversity factors in absenteeism and school refusal

- Children from disadvantaged backgrounds/Low SES, minority groups/BIPOC, LGBTQIA+ are more likely to experience chronic absenteeism and school refusal
- Chart to the right shows rates of absenteeism for California students as a whole compared to Native American students in California

Chronic absentee rates for Native American students compared to all students



Source: California Department of Education •
*2019-20 absenteeism data are not valid and reliable.
Chart by Yuxuan Xie

Made with **Flourish**

EdSource

Absenteeism and Mental health

Report from USC in August 2024 examined mental health and chronic absenteeism

Teen girls and pre teen boys are groups showing highest rates of psychological/behavioral issues

Teen girls are most likely to report emotional symptoms such as anxiety, depression, worry, nervousness and somatic symptoms(e.g. headaches/stomachaches)

Preteen boys are most at risk for hyperactivity, inattentiveness and conduct problems

Strengths and Difficulties questionnaire

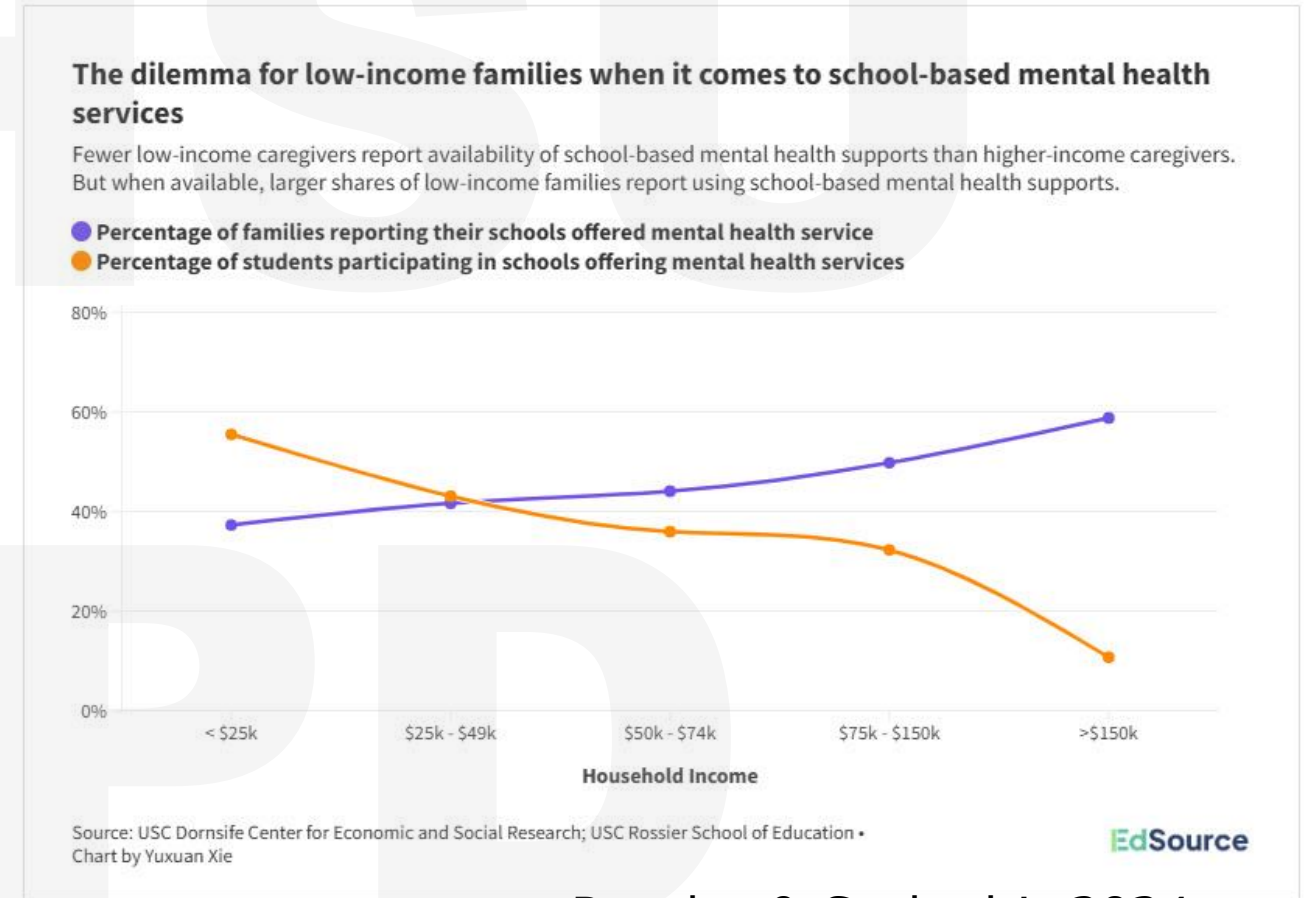
TABLE 8. PERCENT OF STUDENTS SCORING IN THE ABNORMAL RANGE ON SDQ DOMAINS, BY FALL 2023 COURSE GRADES

	EARNING AS AND BS IN ALL SUBJECT AREAS (N=1,944)	EARNING CS OR LOWER IN AT LEAST ONE SUBJECT AREA (N=344)
Emotional Symptoms	3%	7%
Conduct Problems	5%	20%
Hyperactive/Inattentive	12%	23%
Peer Problems	4%	8%
Overall Difficulties	6%	19%

Rapaport, et al. USC;
2024

Disparities in access to MH services in schools

- Chart to the right shows less availability of mental health services for low income families in schools (59% of high income families vs. 37% of lowest income families)
- 52% of white families report having mental health services available in their child's school compared to 29% of Black families
- Poverty/family financial issues are a significant risk factor for school refusal and missing school



Rosales & Seshadri; 2024;
Edsource



Covid19 pandemic and Children's mental health

- Covid 19 pandemic created increase in mental health conditions in youth including higher rates of internalizing conditions like depression, anxiety, suicidal ideation/attempts and externalizing behavioral conditions.
- During the pandemic, Oregon saw an increase in school absences year over year until 2023 when rates dropped slightly
- Gains in college enrollment in children from minority groups declined(e.g. Latino/a/x students 57% of high school graduates attending college in 2011-2019 after high school to 49% in 2021)

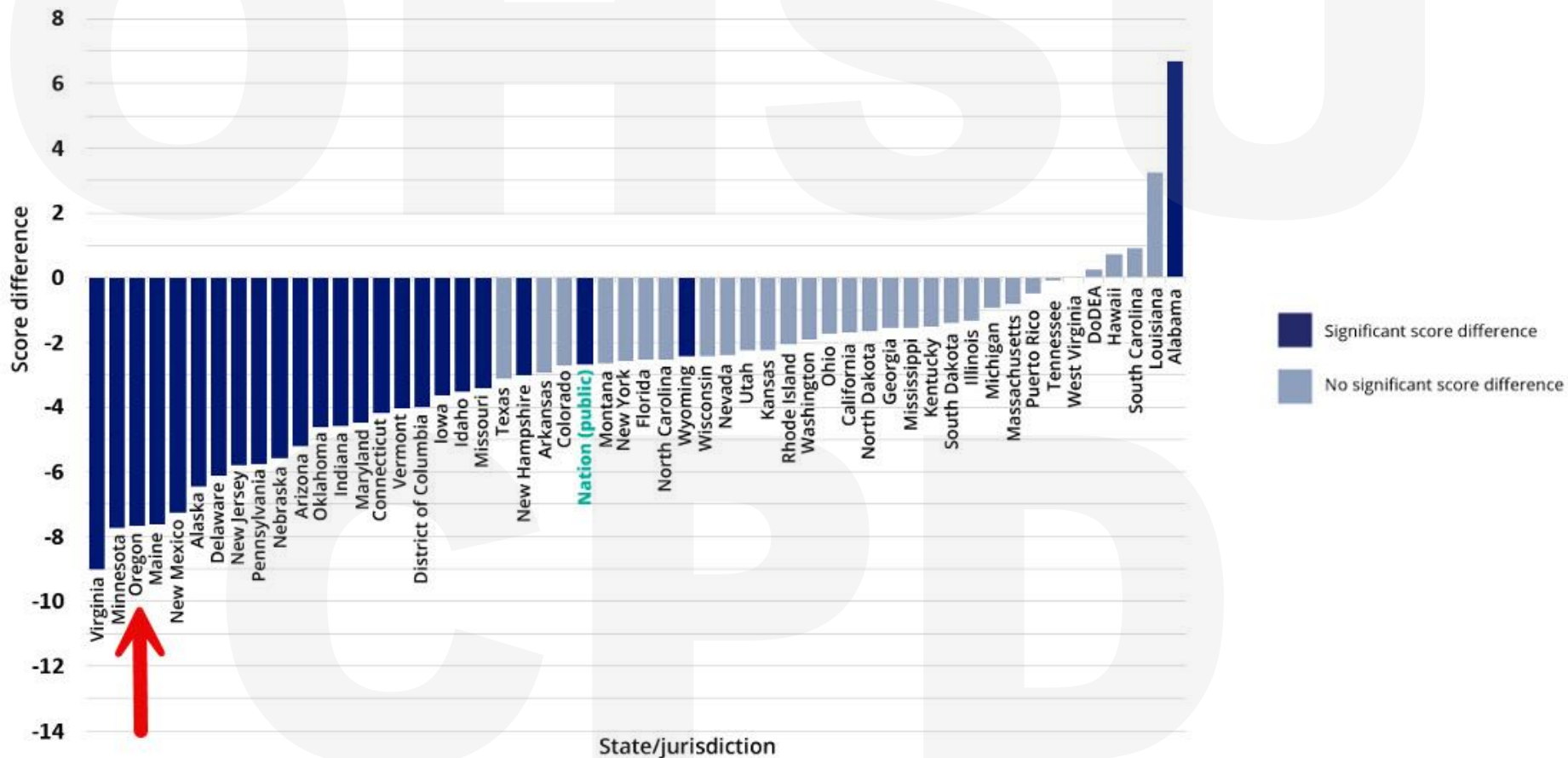
Silverman, J.; The Oregonian/Oregon Live; 11-21-2024

Edge, S.; The Oregonian/Oregon Live; 6-28-2024

MedStar Health 2023

Change in math scores by state 2019-2024 4th graders

Score point difference from 2019 to 2024 in grade 4 mathematics by state/jurisdiction

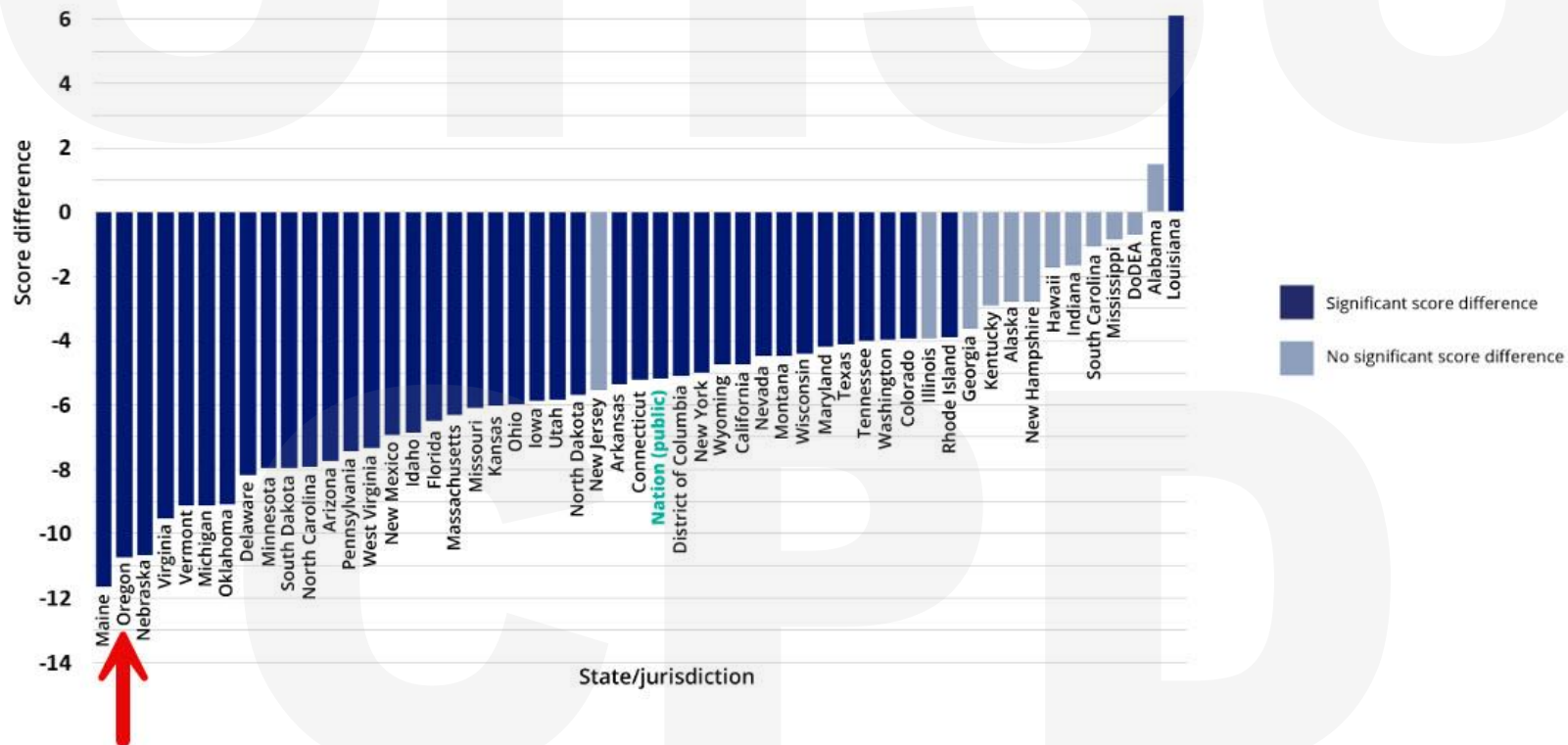


The Nation's report card; National center for Education statistics 2022/2024

NOTE: DoDEA = Department of Defense Education Activity, a federally operated nonpublic school system responsible for educating children of military families.

Change in reading scores by state 2019-2024 4th graders

Score point difference from 2019 to 2024 in grade 4 reading by state/jurisdiction



The Nation's
report card;
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National statistics

- 70% of US public schools saw an increase in chronic absenteeism compared to start of pandemic
- Average scores of 9 year old students dropped by 5 points in reading and 7 points in math nationwide between 2020-2022 with greater decreases for low performing students. Largest score decline in reading since 1990 and first ever decline in math
- Slight rebound in math in 2024 by 2 points
- Reading comprehension dropped in 4th and 8th graders nationally from 2022 compared to 2024

Current socio-political climate

- Recent executive orders targeting immigrants and birthright citizenship are relevant for children of immigrants or undocumented students and school attendance/school refusal (e.g. feeling afraid of attending school due to immigration concerns, bullying/mistreatment by peers)
- **“According to UCLA’s policy brief, children of “unauthorized immigrants” between the ages of 6 and 16 are 14% more likely to repeat a grade, while those aged 14 to 17 are 18% more likely to drop out of school altogether.” ***
- Immigration status impact
 - Decreased access and utilization of care
 - TBD—fallout of all of this is not yet known

*Edsource; Seshadri 2024

Stats on undocumented youth in U.S

Education and Language	Estimate	% of Total
School Enrollment of Children and Youth		
Population ages 3 to 17	733,000	100%
Enrolled	651,000	89%
Not enrolled	83,000	11%
Population ages 3 to 12	381,000	100%
Enrolled	324,000	85%
Not enrolled	57,000	15%
Population ages 13 to 17	352,000	100%
Enrolled	327,000	93%
Not enrolled	25,000	7%
Population ages 18 to 24	1,411,000	100%
Enrolled	569,000	40%
Not enrolled	842,000	60%

The US is not alone in this issue

During the covid19 pandemic many countries have reported experiencing decline in school attendance

In 2021 Belgium reported a 35% increase in unexcused absences

School absenteeism surged in countries like Australia where students who attendance rate was equal or greater than 90% fell by 21%

Students reporting higher rates of feeling disconnected from their teachers

Teacher burnout at an all time high

Child and parental mental health worsened during the pandemic in particular for kids with special needs or preexisting mental health challenges

- Covid anxiety connection to school avoidance noted in research

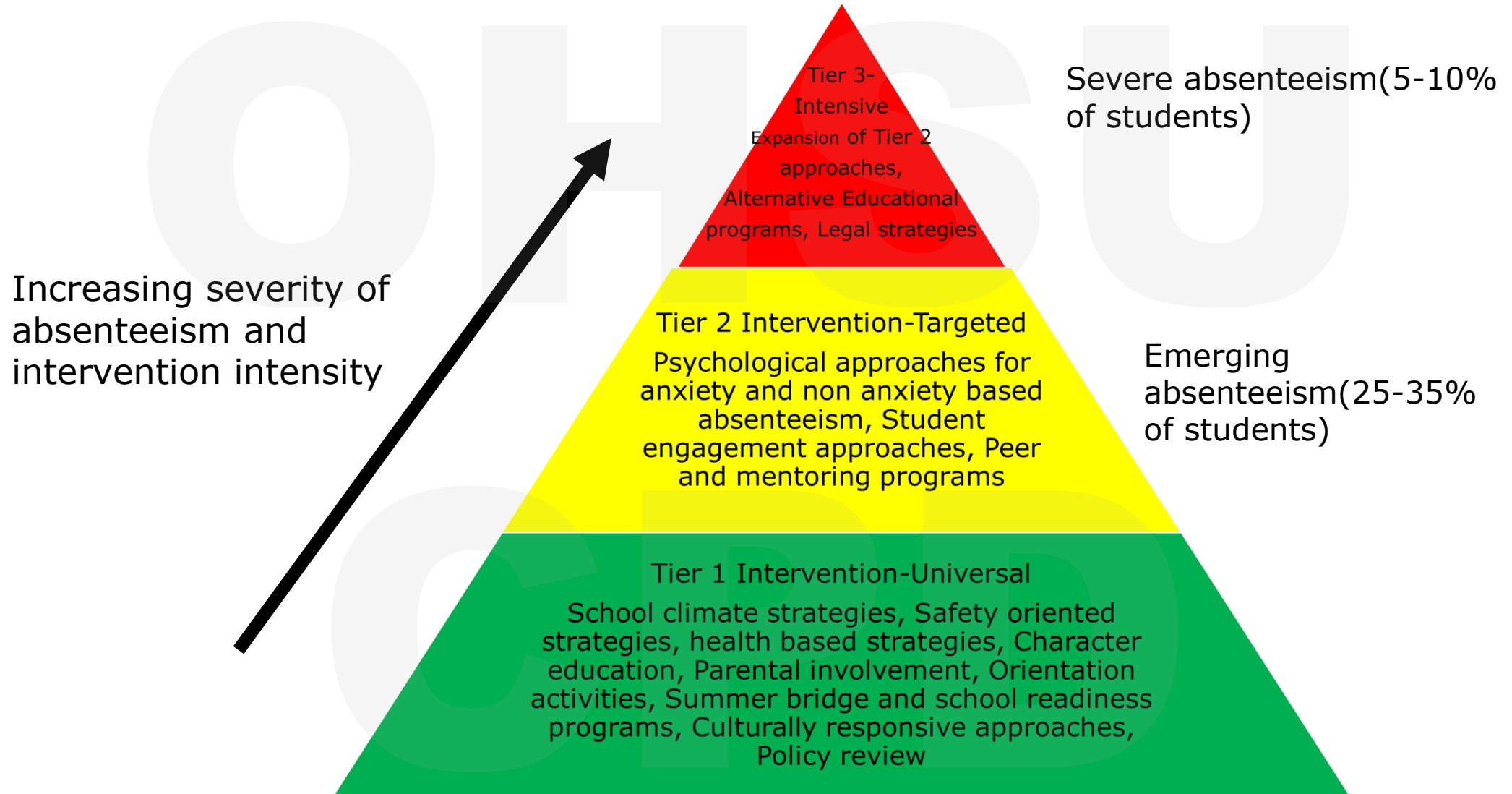
Case presentation

- 12 y.o male with history of anxiety, depression and suicidal ideation referred by PCP
- Referred to outpatient neuropsych for anxiety and depression clarification with additional rule outs of autism, ADHD, and ODD
- Presenting concerns: panic/severe anxiety when being dropped off to school; social isolation, agitated in class
- Found major depression, generalized anxiety and a specific learning disorder in written expression
- Recommendations: IEP development, day treatment program, follow-up individual and family therapy

So what
can be
done?



Response to intervention(RTI) model to promote school attendance and decrease school absenteeism



Neuropsychological and Psychiatric referrals

- A comprehensive evaluation may aid in identifying the cause of school refusal
 - Academic difficulty
 - Neurodevelopmental Disorders
 - Emotional Disturbance
 - Family dynamic issues
- Psychiatric referrals may be used to determine if medication could be a helpful intervention for mental health related causes

Psychological interventions for school absenteeism

- Student engagement
- *Check and Connect* model
 - Building relationships school staff and family
 - Routine monitoring of absenteeism and other behaviors
 - Cognitive behavioral problem solving/Collaborative problem solving
 - School based monitors to meet individually with students/family
- Peer mentors
- Teacher/community mentoring

Building relationships to buffer school avoidance

- No one size fits all approach
- Strong relationships matter
 - Expressing care
 - Challenging growth
 - Providing support
 - Sharing power
 - Expanding possibilities
 - Relationship building through an equity lens—supporting positive racial, cultural and ethnic identity development

Treatments

- Early and multisystemic interventions to address school avoidance should involve parents, school staff, and other individuals in the child's care
- Parental skill training—authoritative parent training
- Exposure therapy
- Family therapy
- Social skills training
- Older youth—contingency management/contracting approach
- Alternative educational programs
 - School within a school approach—small class size, project based and cooperative learning, individualized and interdisciplinary instruction such as vocational or technical skills training, apprenticeships, and diverse instructional methods such as computers, direct experience, and service-learning activities.

Recommendations for primary care providers

- **Assess**

- clinical interview, physical exam, structured behavior ratings
- Screen at risk children
- School refusal assessment scale-revised(SRAS-R)—24 item questionnaire measures 4 factors driving school refusal and is free and available online
- Screen for bullying/mental health conditions/parent mental health/family resources

- **Provide psychoeducation**

- Educate family about consequences of poor school attendance

- **Collaborate** with mental health providers and schools

- Social workers/therapists/psychologists/psychiatrists/caseworkers
- Occupational therapists/speech therapists
- School based mental health services

- **Refer**

- Cognitive behavioral therapy(CBT) referrals, systematic desensitization
- Department of child services referrals/contact/reporting

- **Enhance parental involvement**

- Use interpreters when there are language and cultural differences
- Offer telehealth visits when possible

- **Inconclusive data/few studies on pharmacological interventions for school avoidance**

- SSRIs can be used for comorbid anxiety/depression



Resources

- **www.attendanceworks.org** (has handouts for families and resources for providers)
- **[Annie E Casey Foundation](https://www.aecf.org/topics/education)**
<https://www.aecf.org/topics/education>
- **[International Network for School Attendance](https://insa.network/my-country/usa/)** <https://insa.network/my-country/usa/>
- **[National education association:](https://www.nea.org/advocating-for-change/racial-social-justice/tools-justice/immigration-justice)**
<https://www.nea.org/advocating-for-change/racial-social-justice/tools-justice/immigration-justice>
- **[Child mind institute:](https://childmind.org/article/when-kids-refuse-to-go-to-school/#reaching-out)**
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Thank you for
your time and all
the work you do
with kids and
families!

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