VERMONT Consultation & Psychiatry Access PROGRAM

Supporting Pediatric and Perinatal Providers

PRIMARY CARE PROVIDERS GUIDE

SCHOOL AVOIDANCE

(802) 488-5342 | Mon–Fri 9AM–3PM | vtcpap@vtcpap.com | www.vtcpap.com

WHAT IS "SCHOOL AVOIDANCE" OR "SCHOOL REFUSAL"?

School avoidance and **school refusal** are broad terms used to describe a child or adolescent's difficulty attending or remaining in school. They are not clinical diagnoses; rather, they describe behaviors that may be related to a variety of underlying experiences, stressors, or mental health conditions.

School avoidance can look different from one young person to another. Signs may include:

- Frequent physical complaints, such as headaches or stomachaches, particularly on school days
- Tantrums, distress, or refusal when it is time to go to school
- Frequently seeking ways to arrive late or leave school early
- Spending extended periods of time in the nurse's office, bathroom, or other areas outside the classroom
- Missing individual classes, portions of the school day, or entire school days

UNDERSTANDING WHAT IS BEHIND THE BEHAVIOR

Avoidance is a normal, protective response to something that feels distressing or overwhelming. Most children who struggle to attend school have a reason for doing so, even if they cannot identify or communicate that reason themselves.

Understanding the **function of the avoidance**—what the child is trying to get away from or gain by not attending—is an important first step in helping them return to school successfully.

School-avoidant behaviors may serve to:

- **Avoid or escape difficult experiences at school**, such as academic struggles, social anxiety, bullying, embarrassment or shame, sensory challenges, separation from caregivers, or interactions with a particular person or situation that feels distressing.
- **Increase access to something reassuring or rewarding outside of school**, such as spending more time with a caregiver, remaining home to monitor or "protect" a caregiver, or having access to preferred activities at home.

Identifying what is driving the avoidance can help families, schools, healthcare providers, and mental health professionals develop a plan that addresses the underlying need while supporting a gradual and consistent return to school.

Using a screening tool will help to identify underlying causes and contributing factors to school refusal: School Refusal Assessment Scale - Child & Caregiver Versions

If indicated, also screen for anxiety, depression, and trauma using screeners such as the SCARED, GAD-7, PHQ-9 or PHQ-A (for adolescent patients), or CATS.

MOST COMMON UNDERLYING/COMORBID THEMES OF SCHOOL AVOIDANCE:[1]

ANXIETY DISORDERS	LEARNING DIFFERENCES	OTHER
Panic disorder	Processing Speed Disorders	Developmental Trauma
Social anxiety	Dyscalculia-"Math Dyslexia," not math anxiety	Perfectionism
Separation anxiety	Dysgraphia–Disorder of written expression	ADD/ADHD
PTSD	Executive functioning deficits	Bullying
OCD	Working memory deficits	Prolonged absence due to injury or illness
Specific phobia		Death or illness of family/pet
Generalized Anxiety Disorder		Changes in class/school
Selective mutism		New teacher
Emetophobia-fear of vomiting		Toxic teacher
Oppositional Defiant Disorder		Feeling unsafe

WHAT CAN A PCP DO TO SUPPORT STUDENTS WITH SCHOOL ATTENDANCE?

Primary care providers can play an important role in identifying what may be contributing to school avoidance and helping families develop a plan for returning to school.

START BY UNDERSTANDING WHAT IS GETTING IN THE WAY

- **ASK** the child or adolescent what makes it difficult to attend or remain at school.
- **LISTEN** for underlying stressors, including anxiety, social challenges, bullying, academic difficulties, learning differences, sleep problems, family stressors, or other factors that may be contributing.
- **VALIDATE** the young person's feelings and perspective while reinforcing that avoiding school can make returning increasingly difficult over time.

MAKE A PLAN FOR RETURNING TO SCHOOL

The goal is to address underlying concerns **while supporting a return to regular school attendance as soon as possible**.

- Address factors such as **sleep, nutrition, physical activity, and mental or physical health concerns** that may be affecting the child's ability to attend school.
- **Partner with the school team.** Encourage the family to request a care coordination meeting that brings together caregivers, school staff, healthcare providers, mental health clinicians, and other relevant supports to develop a shared plan.
- Identify **supportive people, preferred activities, and less stressful parts of the**

[1] *Adapted from: School avoidance 101: Assessment Scale & Parent Resources. School Avoidance Alliance. (2021, November 16). Retrieved October 5, 2022, from https://schoolavoidance.org/school-avoidance-101/*

school day, as well as the situations that are most difficult. When a gradual return is appropriate, use these strengths to build attendance and re-establish predictable routines and transitions.

- Work with caregivers to make time at home **safe and supportive, but not more rewarding than attending school**. Consider limiting access to high-preference activities that may unintentionally reinforce staying home.
- If a **learning difference or other educational need** may be contributing, encourage caregivers to work with the school to explore appropriate evaluation, supports, and accommodations.
- Consider whether additional **mental health assessment or treatment** is indicated, particularly when anxiety, depression, trauma, neurodevelopmental differences, or other concerns appear to be contributing to the attendance difficulty.
- **Early intervention is important**. The longer a student is out of school, the more difficult returning can become. A collaborative plan that addresses the reasons behind the avoidance while maintaining a clear expectation of returning to school can help prevent school avoidance from becoming more entrenched.

WHEN IS ADDITIONAL MENTAL HEALTH TREATMENT INDICATED?

If school avoidance is related to an **anxiety disorder or another underlying mental health condition**, the child or adolescent should be referred for appropriate evidence-based treatment. Depending on the underlying concerns, treatment may include:

- **Cognitive Behavioral Therapy (CBT)** to identify and change patterns of thinking and behavior that contribute to anxiety and avoidance.
- **Exposure-based therapy**, including **Exposure and Response Prevention (ERP)** when clinically appropriate, to help young people gradually face feared situations and reduce avoidance.
- **Dialectical Behavior Therapy (DBT)** or DBT-informed approaches when difficulties with emotion regulation, distress tolerance, or related concerns are contributing.
- **Family therapy or family-based interventions** when family dynamics, caregiver stress, or other home-based factors are contributing to school avoidance.

Treatment should be coordinated with the child's **school re-entry and attendance plan** whenever possible so that therapeutic strategies support a consistent return to school.

MEDICATIONS

School avoidance is not a clinical diagnosis, so there are no medications specifically approved to treat school avoidance. However, medication may be appropriate when a child has an underlying or co-occurring mental health condition contributing to the avoidance.

For example, **SSRIs may be considered for anxiety or depressive disorders** when clinically indicated. Medication should be used to address the underlying condition and, when appropriate, as part of a broader treatment plan that includes behavioral and school-based interventions.

TRUANCY PROGRAMS & RESOURCES IN VERMONT

Throughout Vermont, schools and community partners offer programs and supports aimed at **preventing chronic absenteeism and helping students re-engage with school**.

School districts are typically responsible for identifying students with attendance concerns and connecting families with appropriate supports and resources.

PCPs can play an important role by **partnering with the child's school team** when attendance concerns arise. With appropriate caregiver involvement and consent, PCPs can communicate relevant health or mental health concerns, encourage care coordination, and advocate for supports that address the underlying factors contributing to a student's difficulty attending school.

REFERENCES:

School avoidance 101: Assessment Scale & Parent Resources. School Avoidance Alliance. (2021, November 16). Retrieved October 5, 2022, from https://schoolavoidance.org/school-avoidance-101/

School avoidance 102. School Avoidance Alliance. (2021, August 9). Retrieved October 5, 2022, from https://schoolavoidance.org/school-avoidance-102/

Vermont Law Help. (2019, February 6). School attendance and truancy in Vermont. School Attendance and Truancy in Vermont | VTLawHelp.org. Retrieved October 5, 2022, from https://vtlawhelp.org/school-attendance-truancy

HOSTED BY VPQHC Vermont Program for Quality in Health Care, Inc.

*This project is supported by the **Centers for Medicare & Medicaid Services** (CMS) of the **U.S. Department of Health and Human Services** (HHS) as part of a financial assistance award totaling $1,324,117.02 with 91.80% funded by CMS/HHS ($1,215,585.48) and 8.20% funded by **Four Pines Fund** ($108,532.54) a non-government source. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*