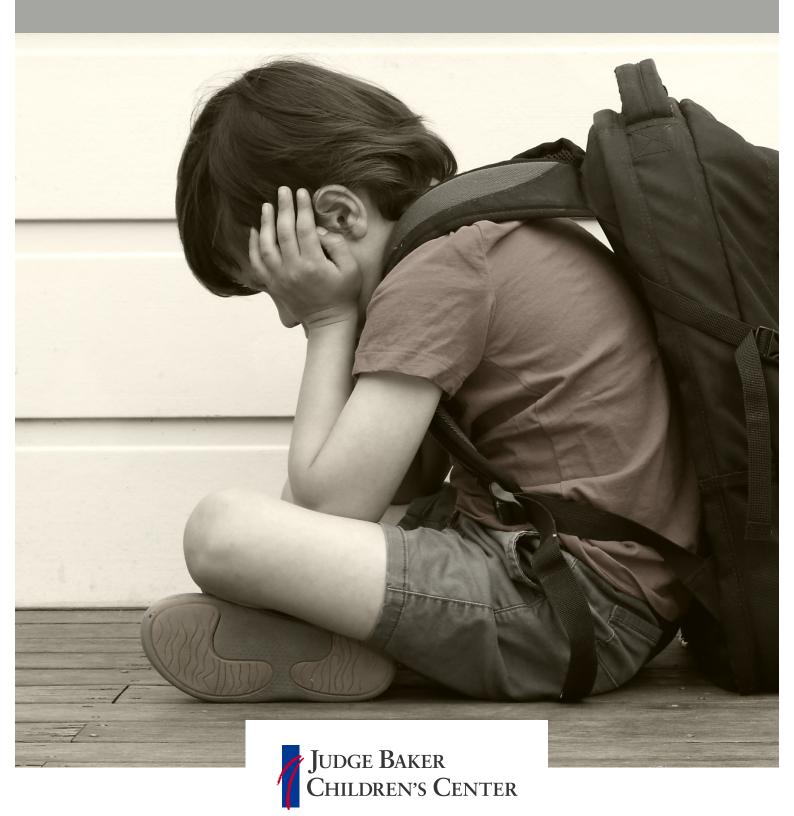
SCHOOL REFUSAL

Reasons and Red Flags that Every Parent Should Know

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As a parent or caregiver, you have likely heard of a child who comes down with the "24-hour bug" the day of a big test.

You may have experienced it for yourself, as statistics indicate that as many as 25% of school-aged children will engage in some degree of refusing to go to school before they reach 18.¹ Periods of transition, such as starting kindergarten, moving, or entering middle or high school will often trigger these behaviors. While frustrating for parents and caregivers, most children overcome these issues with no serious long-term effects.

AS MANY AS 25% OF SCHOOL-AGED CHILDREN WILL ENGAGE IN SOME DEGREE OF REFUSING TO GO TO SCHOOL BEFORE THEY REACH 18 ¹

However, for some students, school refusal (when a child resists going to school on a regular basis or has problems staying in school) can be a symptom of a more significant psychological disorder that deserves attention. The Anxiety and Depression Association of America suggests that as many as 5% of children will experience some sort of anxiety-driven school refusal during their academic careers.²

¹ <u>https://www.anxietybc.com/educators/school-refusal</u>

² <u>https://adaa.org/living-with-anxiety/children/school-refusal</u>

4 REASONS WHY THEY MIGHT NOT WANT TO GO TO SCHOOL

While children can be quite inventive in making up excuses for why they shouldn't go to school, there are generally four potential outcomes that motivate this behavior: avoidance, escape, attention, or secondary gains. Identifying the reason and talking through them with your child is an excellent first step toward finding a solution.

AVOIDANCE

Some children have underlying anxiety regarding things that they think may happen to them while they are at school. The source of that anxiety could be normal school activities: worrying about a test, anxiety about riding the bus, wanting to avoid a potentially stressful situation like a field trip or group event. It could also be something more significant (albeit unlikely) like a school shooting or a natural disaster or something they recently saw on the news.



ESCAPE

Beyond the fear of what may happen, children often find themselves in real-life stressful situations that they want to escape. Scenarios like a bad social situation, rejection from peers, or a negative evaluation from a teacher are examples of real events that may be causing them distress, and thus escape seems like a natural reaction.

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ATTENTION-SEEKING

For some children, a desire for more attention can be at the root for missing school. Since missing school often brings with it consequences that involve parents (meeting with school officials, truancy officers, etc.), it can be an effective strategy for a child to get the attention they are seeking from a parent or other caregiver.



SECONDARY GAINS

Not every child loves school all the time. There are plenty of other ways they may want to spend the day rather than in a classroom. When a child is allowed to stay home, they may get to watch TV, play video games, or spend time with a parent or even a pet. Your child may just be choosing to do what they want to do over what they have to do.



Identifying the underlying cause of your child's school refusal is a critical first step to gauging the seriousness of it and ultimately resolving it. Therapists can use tests that help to assess problems, but concerned parents can start the process on their own by simply talking to the child about why they don't want to go to school and observing their responses, mood, and behavior.



HOW DOES YOUR CHILD RESPOND WHEN YOU DISCUSS SCHOOL WITH THEM? Do they shut down, refuse to discuss it or get angry or upset? These are possible warning

signs that something is wrong.



HAS YOUR CHILD MISSED A SUBSTANTIAL AMOUNT OF SCHOOL, BUT DOCTORS ARE NOT FINDING A MEDICAL EXPLANATION?

Obviously, your child's health is a priority, but if they are complaining of an illness that can't be diagnosed easily by a pediatrician, it is time to consider other reasons.



HAS YOUR CHILD ASKED ABOUT ALTERNATIVES SUCH AS HOMESCHOOLING OR ONLINE SCHOOL?

This type of talk is another warning sign as it indicates that they are already looking for a long-term way to escape or avoid their current schooling situation. These patterns should be addressed as early in a child's development as possible to prevent a longer-term problem.



ARE THERE ANY REPEATING PATTERNS OF BEHAVIOR THAT RELATE TO SCHOOL ONLY?

For example, does your child complain of a headache and need to go to the nurse Monday through Friday after lunch, but on the weekends they are just fine?



DO BEHAVIOR PATTERNS EXTEND BEYOND SCHOOL?

In the same way, look for things that extend beyond school. Do the problems persist at summer camp or in their after-school activities? If so, school refusal might be a symptom of a more significant problem.

What Can Parents Do to Help Overcome the School Refusal?

Once parents and/or their child's therapist have determined that school refusal is something more than a passing phase, it is essential to be proactive. The earlier a child can begin a program that can help them to restructure their thinking around school, the better they and their families - will be in the long-run.

A primary goal of any treatment should be to help the child develop resiliency – an internal sense of stability that allows them to face the challenges of daily life. Resiliency is the ability to bounce back from a setback. It's the sense of empowerment children have when they realize they have control over their feelings and behavior. And it's the ability to grow and thrive. The Center for Effective Child Therapy provides mental health assessments and focused short-term treatments for children and their families. CECT uses only evidence-based treatments, such as cognitive behavioral therapy (CBT), which have been scientifically proven to work. They regularly help children and their families develop individualized treatment plans that are tailored to help the child succeed.

> Parents looking to get a head-start on understanding and solving their child's school refusal issues can call 617-278-4288 or email cect@ jbcc.harvard.edu to begin the process with a free pre-screening with one of the Program Coordinators.

ABOUT

THE AUTHOR



Sarah A. Tannenbaum, Psy.D. is an Associate Director of the Summer Enrichment Institute at Judge Baker Children's Center and a Staff Psychologist at the Center for Effective Child Therapy at Judge Baker Children's Center. Dr. Tannenbaum graduated summa cum laude with her B.S. in Psychology from Northeastern University. She received her Psy.D. in Clinical Psychology from William James College with a concentration in Children and Families of Adversity and Resilience (CFAR). Dr. Tannenbaum completed a clinical internship at Riverbend Community Mental Health, Inc. where she did rotations in early

childhood and Autism Spectrum Disorders (ASDs). She came to Judge Baker Children's Center as a Postdoctoral Fellow at the Center for Effective Child Therapy and accepted a staff position at the conclusion of her training. Dr. Tannenbaum has extensive experience delivering evidence-based treatments to caregivers and children ages 3 to 18 years old in individual, group, family, and parentonly formats.

JUDGE BAKER CHILDREN'S CENTER

An affiliate of Harvard Medical School, Judge Baker Children's Center is a nationally recognized children's mental health non-profit organization dedicated to improving the quality of mental health care for children and families. Named in honor of Harvey Humphrey Baker, the first judge appointed to the Boston Juvenile Court, Judge Baker opened its doors in 1917 and has been serving the children and families of greater Boston for over 100 years. The multi-faceted organization provides the very best in evidence-based practices for children and families struggling with a range of behavioral, emotional, educational, and mental health issues. Judge Baker is dedicated to improving the lives of children and families by bridging the gap between science and practice to improve access to the highest quality care in community-based settings.



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