

# The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.



Center for  
Children and  
Families

# Workshop

## When Children Refuse School: A Prescriptive Treatment Approach

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# Conflicts of Interest

- NIMH: grant support
- Oxford University Press: royalties
- American Psychological Association: honorarium
- Bracket Global: consulting fees

# Transient pleas for school refusal

- Not uncommon and cause relatively little interference in functioning for the average child
- Associated with certain times of the year and/or circumscribed school events (e.g., oral report; teasing; tests)
- Overshadowed by the cumulative effect of positive reinforcement delivered by peers and teachers (habituation occurs to SR-)



Part 1 of 4

# **SCHOOL REFUSAL BEHAVIOR: Parameters**

- Complete absence from school
- Partial attendance (e.g., leaving class or school during day)
- Attendance following intense misbehaviors in the morning
- Unusual distress during the school day that leads to pleas for future nonattendance

# SCHOOL REFUSAL BEHAVIOR: Subtypes

- Initial school refusal behavior often remits spontaneously
- Substantial school refusal behavior lasts at least two weeks

## Subtypes, cont.

- Acute school refusal behavior refers to cases lasting two weeks to one year, having been a problem for a majority of that time
- Chronic school refusal behavior refers to cases lasting more than one calendar year and, therefore, into two or more academic years



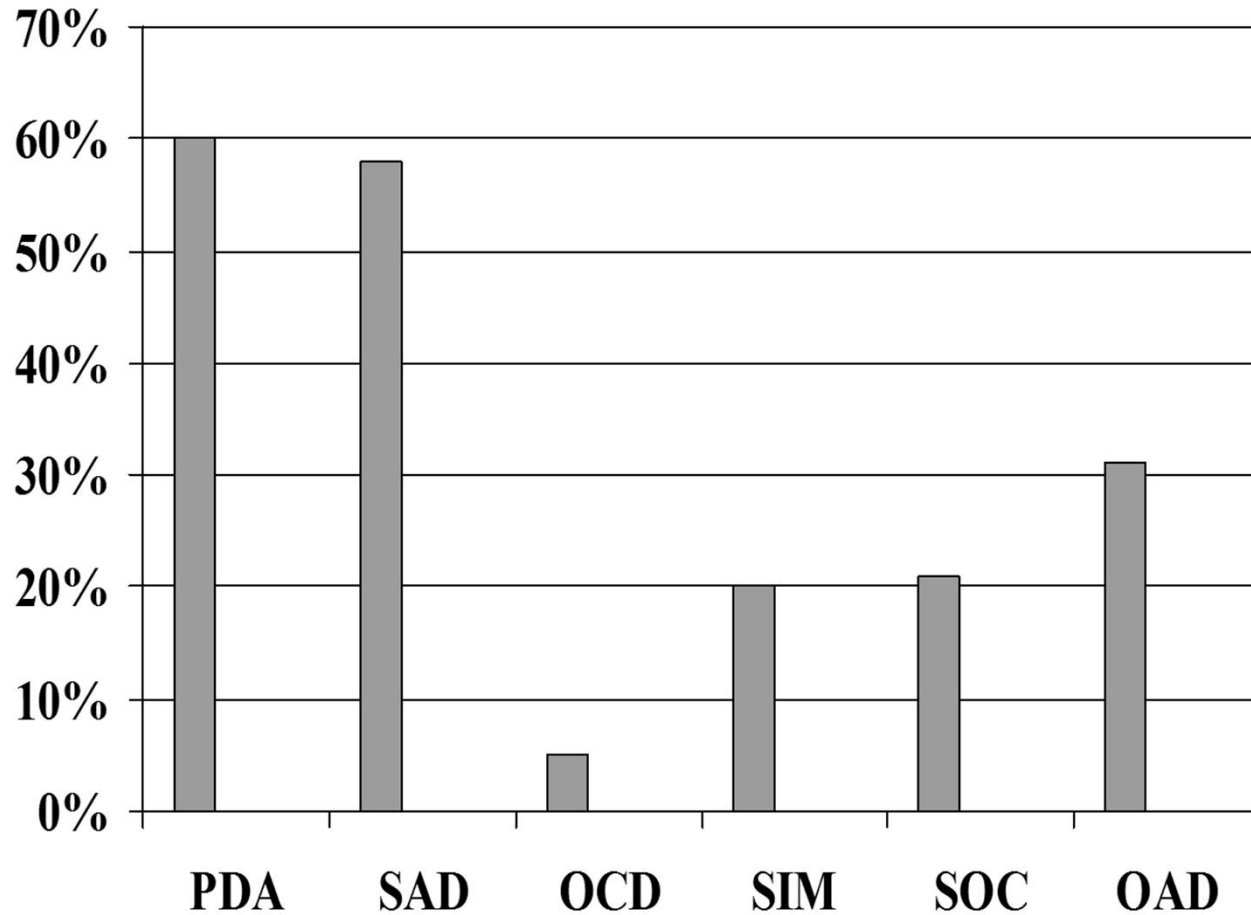
# Scope of the Problem

- Rates: About 5-10% of the school-aged population refuse school at some time or another, although the problem is considerably more prevalent in some urban areas.

Gender/SES distribution: Seen equally in boys and girls and among families of various socioeconomic levels.

- Age trends: Most children who refuse are 10-13 years old.
- Time issues: The problem also peaks at times of school transition, such as 5-6 and 14-15 years as children enter new schools.

# Percentage of School Refusers by Diagnostic Category



Albano, Chorpita, DiBartolo & Barlow, 1996

# Short Term Consequences

- declining academic status
- social alienation
- increased risk of legal trouble
- family conflict
- severe disruption in the family routine

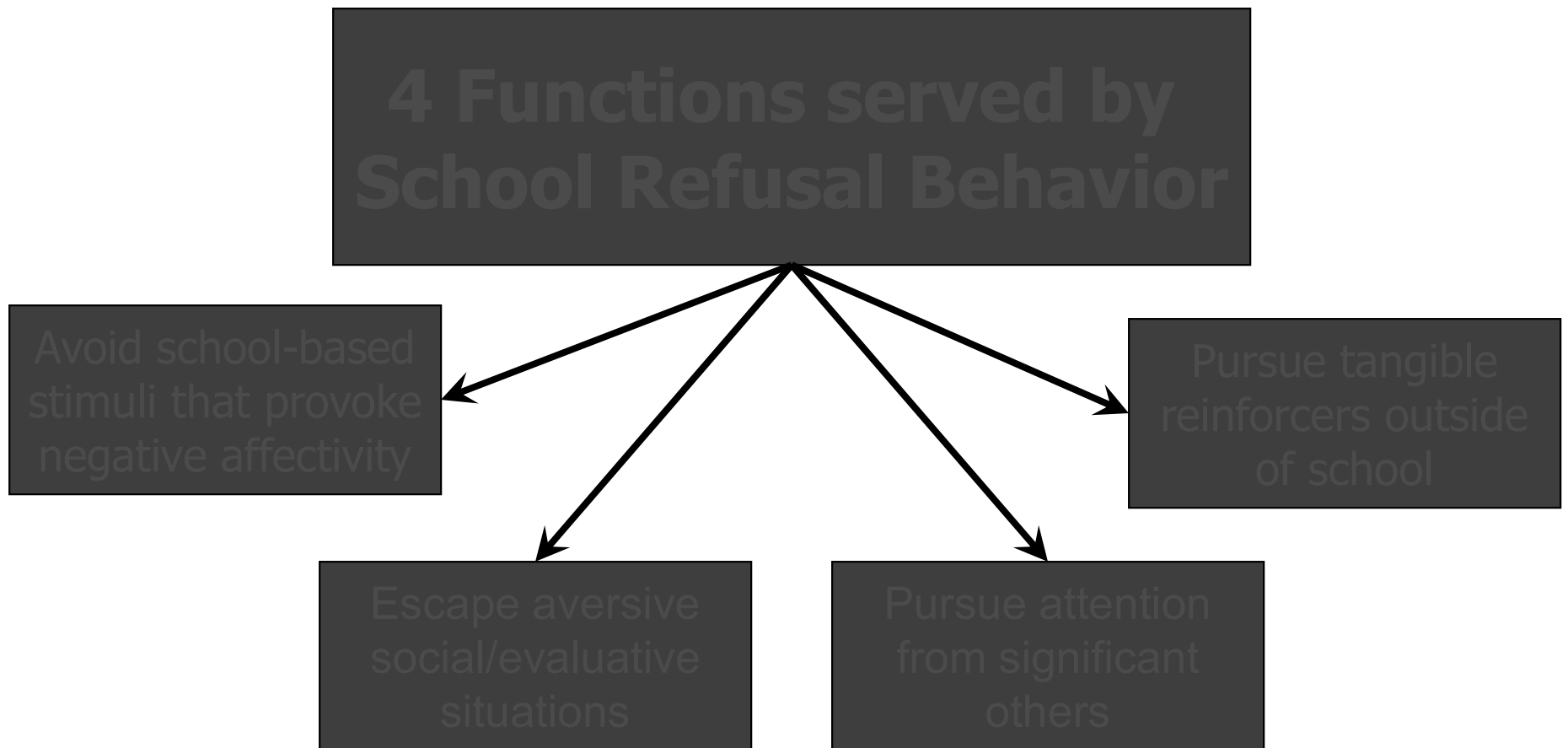
# Long Term Consequences

- economic deprivation
- occupational and marital problems
- alcohol and substance abuse
- criminal behavior
- poor psychosocial functioning often involving anxiety and depression

# School Phobia?

- Missing school is not a diagnosis
- Term does not capture the nature of the school refusal
- May lead to mischaracterization and mismanaged treatment

# A Functional Model of School Refusal Behavior



From Cook & Kearney, 2007

# Negative Reinforcement

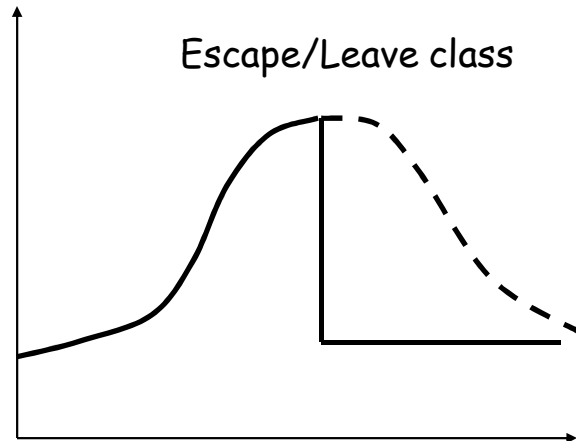
- Function 1: Escape “bad” feelings of anxiety or depression and feel better at home
  - Generalized anxiety disorder
  - Depression
  - Panic/Agoraphobia
  - Dysthymia
  - Phobic disorders
  - PTSD



# Negative Reinforcement

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

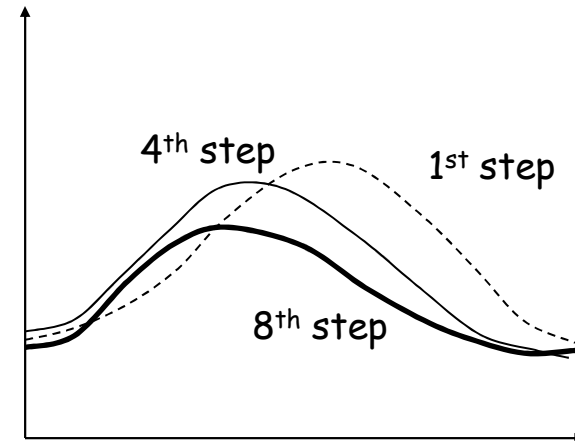
# How negative reinforcement works



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

# CB “Prescriptive Treatment”

- Comprehensive assessment to determine functions of school refusal
- Prescriptive application of treatment techniques addressing each function

# ASSESSMENT

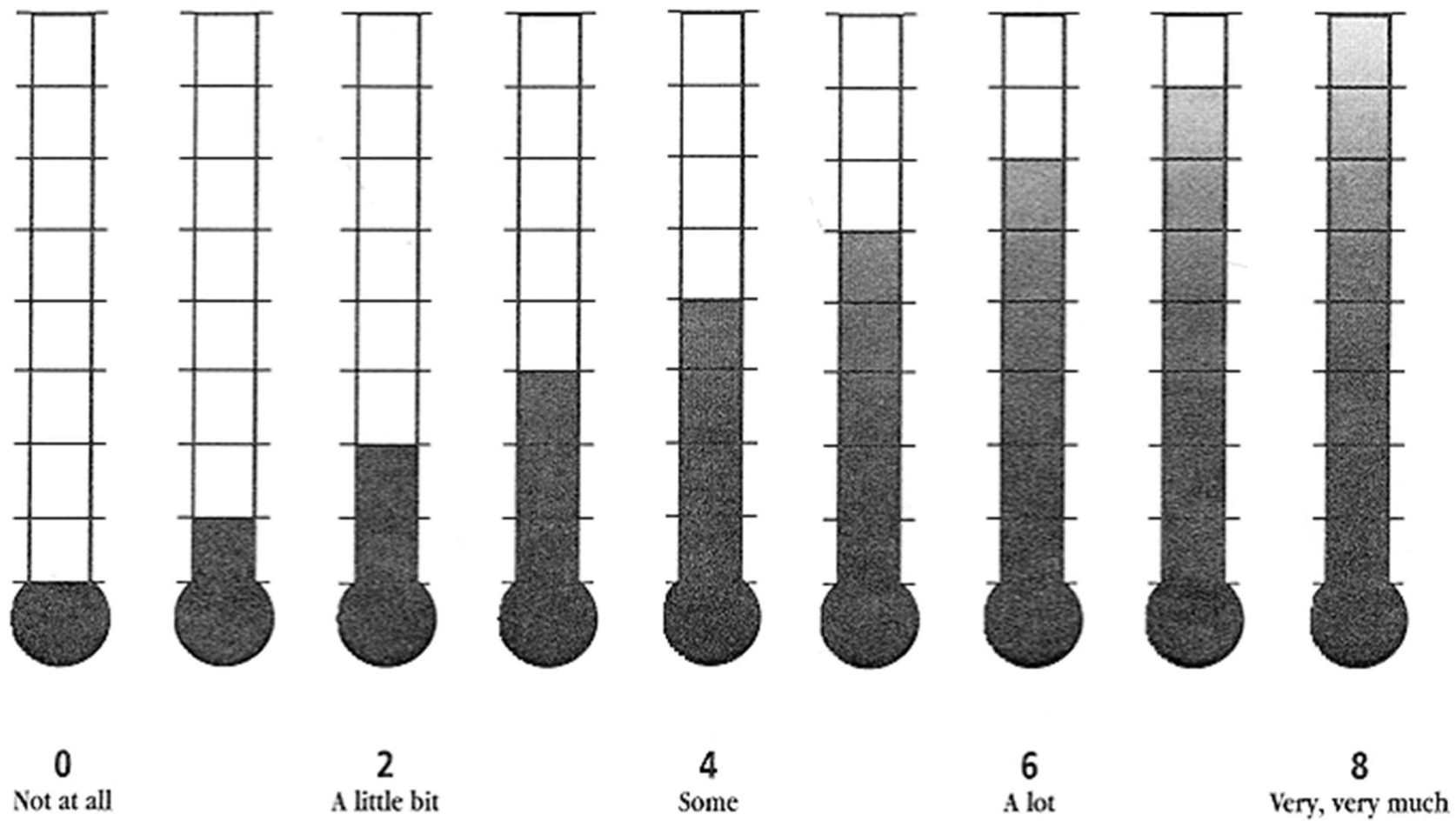
- **Anxiety Disorders Interview Schedule for Children**
  - How often does the child refuse school specifically because he/she is distressed or upset about school?
  - How often does the child refuse school to get away from social situations or situations where he/ she might be evaluated at school?
  - How often does the child refuse school to get attention from you or a significant other?
  - How often does the child refuse school to get something positive and tangible from some source outside of school?
  - Does the child refuse school for a combination of these reasons?

# **Interviewing the child: Using the Feelings Thermometer**

- **The child interview begins with a presentation and explanation of the feelings thermometer**
- **9 thermometers show increasing degrees ranging from 0 to 8**
- **Verbal anchors accompany even numbered thermometers**
- **Children point to the thermometer to rate fear, interference and distress**

## Feelings Thermometer

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# Social Phobia (Social Anxiety Disorder)

Example  
from the  
ADIS

## Initial Inquiry

Some kids (teenagers) feel *really* scared and uncomfortable in situations with other people—so scared and uncomfortable that they might want to stay away from these places. Some kids (teenagers) might also cry, or even have a temper tantrum, or get angry when they have to be in situations with other people. What happens is that they might be told to go to these places, but they would rather not. They are much more afraid of these situations than other kids their age are.

1a. When you are in certain places with other people like school, restaurants, or parties, do you feel that people might think that something you do is stupid or dumb?  Yes  No  Other

If "Yes," place a check mark in the circle.



1b. When you are in certain places with other people, like school, restaurants, or parties, do you think that people might laugh at you?  Yes  No  Other

If "Yes," place a check mark in the circle.



1c. When you are in these situations with other people, do you worry that you might do something that will make you feel ashamed or embarrassed?  Yes  No  Other

If "Yes," place a check mark in the circle.



If one or more "Yes" responses to Questions 1a-1c, place a check mark in the diamond.



For any of Questions 1a-1c that the child endorsed, the interviewer might wish to obtain further elaborations to determine if that area is clinically significant. Also, if the child responded

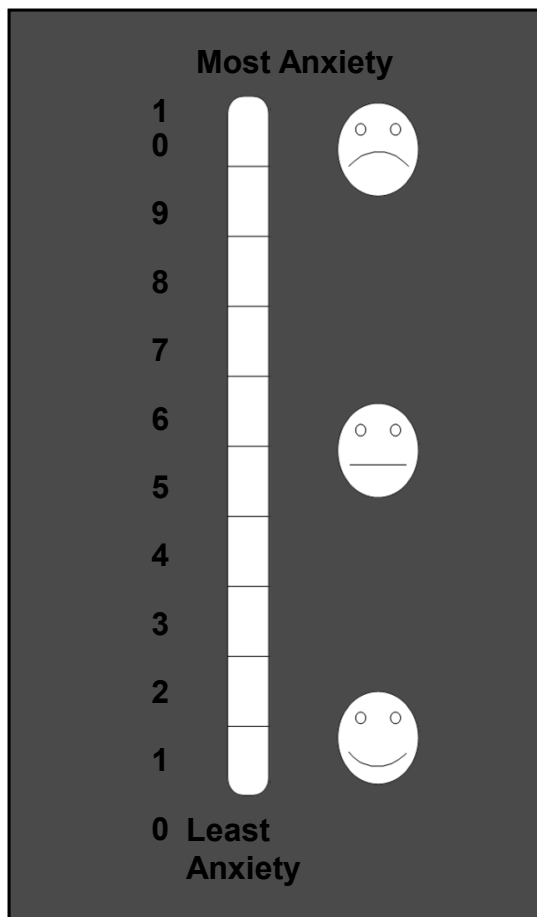


|  | Fear                     |                          | Fear Rating (0-8)        | Avoidance/Distress       |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       |                          | Yes                      | No                       |
| Answering questions in class   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Giving a report or reading aloud in front of the class   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asking the teacher a question or for help  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking tests   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing on the chalkboard  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working or playing with a group of kids  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gym class  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking in the hallways or hanging out by your locker  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Starting or joining in on a conversation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using school or public bathrooms   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating in front of others (e.g., home, school cafeteria, restaurants)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meetings such as girl or boy scouts or team meetings   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Answering or talking on the telephone  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Musical or athletic performances   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inviting a friend to get together  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking to adults (e.g., store clerk, waiters, principal)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talking to persons you don't know well (e.g., strangers, new or unfamiliar people)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attending parties, dances, or school activity nights   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having your picture taken (e.g., for the yearbook)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Being asked to do something that you really don't want to do, but you can't say no. For example, if someone wants to borrow your homework or favorite toy, is it hard to say no?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having someone do something to you that you don't like, but you can't tell them to stop. For example, if someone is teasing you, is it hard for you to tell them to leave you alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# School Attendance Hierarchy

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## Fear Thermometer (SUDS)



## School Refusal Fear Hierarchy

| Situation                               | SUDS |
|---|------|
| Spending a whole day in school          | 10   |
| Spending 2 hours at school              | 8    |
| Spending 30 mins in a class             | 7    |
| Visiting the school for 30 mins in a.m. | 6    |
| Visiting the teacher at school in p.m.  | 5    |
| Doing tutoring at a library             | 3    |
| Talking to the teacher on the phone     | 2    |

Part 2 of 4

# SELF-REPORT MEASURES

- Negative Affect Self-Statement Questionnaire
- Children's Depression Inventory
- Revised Children's Manifest Anxiety Scale
- State-Trait Anxiety Inventory for Children
- Fear Survey Schedule for Children-Revised
- Daily Life Stressors Scale
- Social Anxiety Scale for Children-Revised
- Multidimensional Anxiety Scale for Children
- Youth Self-Report

# PARENT-TEACHER MEASURES

- CBCL/Conners Parent Rating Scale
- Family Environment Scale
- TRF/Conners Teacher Rating Scale
  
- Parent versions of anxiety rating scales

# BEHAVIORAL OBSERVATION

- Behavioral avoidance (e.g., clinging, refusal to move)
- Physiological reactivity (e.g., stomachaches, headaches, pain, tremors, nausea/vomiting).
- Cognitive distortions or verbalizations about discomfort related to school.
- Sudden changes in internal or external behavior.
- Pleas to end the observation and go home.
- Increased family conflict, especially following a curtailment of activities.
- Significant changes in parental behavior.
- Teacher reports of differences in the child's behavior at school.

# The School Refusal Assessment Scale (SRAS)

- 24-item measure assessing the 4 functions of school refusal behavior
- Separate form for parent and child
- Highest function score indicates the primary reason motivating the behavior

First strategy to implement with  
school refusers:

Establish a regular school day routine



# Establishing fixed routines

- Outline typical school day morning and parent responses.
- Give feedback about necessary changes to regulate the morning routine and change parent responses.
- Establish regular routine times.

# Morning Routine

- 6:50 a.m.: Waking and rising from bed.
- 7:00 - 7:20: Toileting and washing.
- 7:20 - 7:40: Dressing.
- 7:40 - 8:00: Breakfast/discussion of day.
- 8:00 - 8:20: Final preparations for school.
- 8:20 - 8:35: Going to school with parents.
- 8:40 a.m.: Entering school and classroom.

# Daytime Routine

- Bring child to work and assign him boring tasks/provide little attention.
- Bring child to a friend, relative, or neighbor.
- If the child is home, arrange supervision.
- Child should receive no extra verbal or physical attention.
- Child should sit alone, do boring chores, or complete homework sent home from school.
- Encourage school attendance hourly.

As quickly as possible, move child out of the home during the school day

- Hold tutoring sessions at local libraries
- Child must go with parents to their workplace and do school papers throughout the day
- No going into the bedroom or playing games during the school day

Second strategy to implement  
for school refusers: Bringing  
the parents and school officials  
together

*Therapists may have to  
arbitrate and bring these  
parties together . . .*

# CONTACTING SCHOOL OFFICIALS: I

- Course schedules, grades, written work, and required make-up work.
- Goals and attitudes of school officials and peers regarding the child.
- Procedures and timelines for reintegrating the child into school.
- Obstacles to reintegrating the child into school.
- Confirmation of past school refusal behavior.

# CONTACTING SCHOOL OFFICIALS: II

- General social or other behaviors of the child.
- Outline of the school (e.g., lockers, cafeteria).
- Feedback as to the effectiveness of the treatment procedures.
- Disciplinary procedures and procedures for contacting parents.
- Rules about absenteeism, conduct, or leaving school areas.

Part 3 of 4



# PRESCRIPTIVE TREATMENT FOR ESCAPE FROM NEGATIVE AFFECT

- Psychoeducation
- Somatic management skills
  - Breathing retraining, progressive muscle relaxation training (PMR)
- Systematic desensitization and exposure
- Gradual exposure to increasing demands
- Self-reinforcement/Self-efficacy focus

# Psychoeducation

- Normalize anxiety & mood changes
- Identify triggers
- 3 Component Model
  - What I Think
  - What I Feel
  - What I Do



- Self-Monitor/Daily Diaries: "Becoming a Detective"

# When is anxiety a "disorder"?

- **Avoidance**  
(reward, punishment, escape, avoidance)
- **Interference**  
(not facing developmental challenges)
- **Distress**
- **Duration**



# Identifying Anxiety

## Potential red flags?

- Expects bad things to happen
- Excessive worry about upsetting others
- Asks questions (or asks for reassurance) too frequently
- Perfectionism
- Excessive worry about failure
- Wiggles, is jittery, shaky, high strung, tense and unable to relax
- Lacks self-confidence



# Systematic Desensitization

- Imaginal exposure to feared situation, alternating with neutral or relaxing scenes
- In-vivo exposure to increasingly challenging tasks, following the graded Fear and Avoidance Hierarchy

# Behavioral Exposure

- Fear and Avoidance Hierarchy
- Graduated exposure to increasingly challenging situations (imaginal/in-vivo)
- Provide experience for success and mastery of anxiety
- Activates youth and challenges psychomotor retardation, fatigue and other depressogenic behavioral reactions
- Decreased use of “safety signals”
- Contingent reinforcement

# Goals: Exposures

- Provide experience performing in and managing difficult situations
- Practice and refine somatic management and problem solving skills
- Habituation to anxiety



# Exposure tid bits

- Fear and Avoidance Hierarchy
  - Provides target situations
- Graduated exposure to increasingly challenging situations (imaginal/in-vivo)
- Decreased use of "safety signals"
- Contingent reinforcement





Part 4 of 4

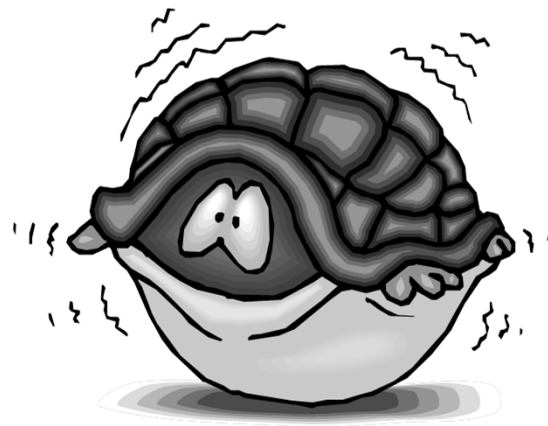
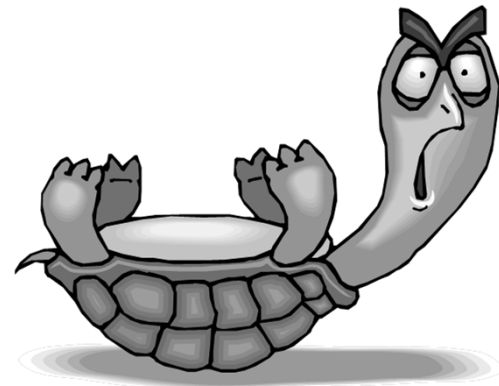
# PRESCRIPTIVE TREATMENT FOR ESCAPE SOCIAL/PERFORMANCE EVALUATION

- Psychoeducation
- Cognitive restructuring: Coaching!
- Role play practice
- Graduated exposure tasks
- Social skills training
- Problem solving skills training
- Building coping templates

# Identifying Social Anxiety

Potential red flags?

- Extreme "shyness"
- Isolation
- Avoids social situations
- Extreme discomfort when the center of attention
- Avoids schoolwork for fear of making a mistake



# Cognitive Restructuring

- Provide corrective information about depression, anxiety, & threat
- Identify Automatic Thoughts (ATs)
  1. Hypotheses vs. Fact
  2. Dispute with realistic evidence
  3. Develop rational responses
  4. Not just "Positive Thinking"

# Cognitive Interventions

- **STOP Model for Young Children**
  - *Scared? Thoughts? Other thoughts?*  
*Praise!*
- **FEAR Model for Older Children**
  - *Feelings? Expectations? Actions or Attitudes? Reinforcement!*
- **Automatic Thoughts and Rational Responses for Adolescents**

# Cognitive Distortions of Youth with Social Anxiety

- I'm not as smart as other kids.
- I don't know what to say to others.
- I know the teacher doesn't like me.
- What if I do something stupid?
- I know that I can't pass this test.

# Typical Cognitive Distortions

- All or None Thinking
  - Either I ace this test, or I fail and I'm a loser.
- Catastrophizing
  - This is the worst thing that could happen to me!
- Disqualifying the positive
  - A B+ on that test just wasn't very good.
- Fortune Telling
  - I know that I won't make friends at this school.
  - I know the teacher won't like me.

- Overgeneralization
  - That person wasn't very friendly to me. There just isn't any nice people around anymore.
- Mind Reading
  - I know they think I'm a geek.
- Shoulds, Can'ts, Won'ts
  - I should've said something different . . .
  - I can't do this, it is impossible!
  - I won't ever be able to . . . .
- Probability Overestimation
  - I'm absolutely positive that I won't get into college.



# Questions to dispute ATs

- Am I 100% sure that \_\_\_\_\_ will happen?
- Do I have evidence that \_\_\_\_\_ will happen?
- How many times has \_\_\_\_\_ happened before?
- Is \_\_\_\_\_ really so important that my whole future depends on its outcome?
- What is the likelihood that \_\_\_\_\_ ?
- Does \_\_\_\_\_'s opinion reflect that of everyone else?
- Do I have a crystal ball?
- Am I responsible for this entire conversation?
- What is the worst that could happen?
- What can I do to cope/handle this situation?

# World Series, 9<sup>th</sup> inning, 7<sup>th</sup> game, 2 outs, the score is tied



- What is Derek thinking when he gets up to bat?
  - “Oh no, I can’t do this.”
  - “My stomach hurts.”
  - “I want to go home.”
  - “If I strike out, I can never play baseball again.”
  - “I’m afraid of that pitcher, he’s mean!”

# Derek takes a swing . . . and misses!



- “I knew I was a loser!”
- “I’m so embarrassed!”
- “I’m gonna get fired.”
- “Now Mr. Torre will really be mad at me.”
- “The guys hate me, I just know it.”

# Derek Jeter's REAL Thoughts



- “Oh, so, he’s throwing me a slider.”
- “I’ve been here before, I know what to do.”
- “This is what I practice for and I’m ready.”
- “I’m gonna put this right into the left field bleachers.”

# Helpful Coaching Style

- Focus on effort, not outcome
- Evaluate the situation realistically
- Think about what you know and what you've done in the past
- Focus on coping: How will I handle this?
- Give opportunities for practice
- Reward (praise) all efforts, no matter how small

# PRESCRIPTIVE TREATMENT FOR ATTENTION-SEEKING SCHOOL REFUSAL BEHAVIOR

- Restructuring parent commands.
- Establishing fixed routines regarding the child throughout the day.
- Possible forced school attendance.
- Setting up negative consequences for school refusal.
- Setting up positive consequences for school attendance.



# #1 Principle to teach parents:

- The Premack Principle
  - High frequency behaviors serve to reinforce low frequency behaviors
    - Grandma's Rule: "You can't get your ice cream until you finish your spinach!"
    - e.g., No school = no computers/tv/gameboy



# RECOMMENDATIONS FOR PARENT COMMANDS: I

- Say when the command is to be carried out.
- Say exactly what is required of the child and keep it simple.
- Give commands the child can physically do.
- Ensure the child understands the command.
- Ensure that nothing competes with the child's attention.



# RECOMMENDATIONS FOR PARENT COMMANDS: II

- Avoid questions, criticism, and lectures.
- Stay as neutral as possible in tone when giving a command.
- Do not reward a child by having someone else carry out the command for him/her.
- Do a task with the child after the command.
- Reward compliance and punish noncompliance.



*A child can win a prize in a pie eating contest, but this won't necessarily make him want to eat more pies*

Combine the parent/family-focused  
interventions with child-focused  
exposures

# POTENTIAL PROBLEMS

- Single-parent family.
- Several children in a household refuse school.
- Parents differ in their responses to the child across different behaviors.
- Parents wait until a problem behavior is severe before responding.
- Parents revert to old patterns of behavior.
- Parent disagreements, escalation of child behavior, and a parent leaving the situation.

*Parents become nonchalant  
or complacent when their  
child returns to school.*

Evaluate and understand family  
dynamics, parent moods and attitudes  
that interfere with treatment.

# Establishing fixed routines

- Outline typical school day morning and parent responses.
- Give feedback about necessary changes to regulate the morning routine and change parent responses.
- Establish regular routine times.

# Morning Routine

- 6:50 a.m.: Waking and rising from bed.
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# Daytime Routine

- Bring child to work and assign him boring tasks/provide little attention.
- Bring child to a friend, relative, or neighbor.
- If the child is home, arrange supervision.
- Child should receive no extra verbal or physical attention.
- Child should sit alone, do boring chores, or complete homework sent home from school.
- Encourage school attendance hourly.



# Reinforcement Procedures

- Shaping
  - Components of a target behavior are reinforced in a step-by-step manner
- The Premack Principle
  - High frequency behaviors serve to reinforce low frequency behaviors
    - "Grandma's Rule": You can't get your ice cream until you finish your spinach!



# Nights and Weekends

- No normal fun activities at night; homework.
- Set routine at night and link to school attendance/refusal.
- Set up consequences for the weekend.
- Initiate part-time attendance.

# FORCED SCHOOL ATTENDANCE

- School refusal behavior motivated only by attention.
- Parents and school officials who are willing to engage in this process.
- Presence of two parents or one parent and another adult who can complete the process.
- Child is under 11 years and understands what the process will involve.
- Child is currently missing more school days than not.

# POTENTIAL PROBLEMS DURING ROUTINES

- Complaints of physical symptoms.
- Parents cannot bring themselves to mandate all-day school attendance.
- School district or officials unable or unwilling to help bring a child into class or monitor a child's attendance during the day.
- Child constantly calls parents during the school day.
- Disruptive behavior to be sent home.

# PRESCRIPTIVE TREATMENT FOR SCHOOL REFUSAL BEHAVIOR MOTIVATED BY POSITIVE TANGIBLE REINFORCEMENT

- Setting up times and places for negotiating problem solutions.
- Defining behavior problems and designing and implementing child-parent contracts.
- Communication skills training.
- Peer refusal skills training.

# RECOMMENDATIONS FOR FAMILY MEETINGS

- Agree who will call the meeting to order.
- Limit discussion to the contract.
- Stick to simple statements and avoid hurtful comments as much as possible.
- Allow people to speak uninterrupted.
- Meeting should not be dominated by anyone.
- Stay at the meeting for its duration.
- Praise everyone for attending the meeting.
- End and re-schedule meetings as necessary.
- Extend healthy meetings.
- Ask disruptive people or saboteurs to leave.
- Contact the therapist as necessary.

# CONTRACTING PROCESS

- Three steps: Basic problem, school preparation, and school attendance.
- Design initial contract around a basic problem.
- Establish problem definitions.
- Initially negotiate contracts separately with youth and parents.
- Develop proposed solutions and choose one most desirable.
- Close loopholes and renegotiate as necessary.

*Pitfalls: Watch for sabotage, problematic dynamics, and low motivation.*

- *Praise family if successful.*
- *School preparation/attendance contracts.*



# POTENTIAL PROBLEMS IN CONTRACTING

- Youth agrees to contract out of pressure or frustration.
- Youth finds the contracting process silly or useless.
- Youth does not believe parents will follow through on contract provisions.
- Youth may manipulate the situation to see what he/she can get or has no intention of ever returning to school.
- Families may abandon the formal contracting process for oral contracts.
- Continuously assess for problems by giving the family hypothetical problems to solve.

# ESCORTING YOUTH TO SCHOOL

- Have parents or others walk a youth from class to class during the day to enforce a school attendance contract.
- Reward the child for school attendance as appropriate.
- Set up strategy for what parents and others can do if the youth leaves the school building prematurely.
- Set up a timeline to relieve parents of this task as soon as possible.
- Develop good relationship with school counselors, teachers, and attendance officers.

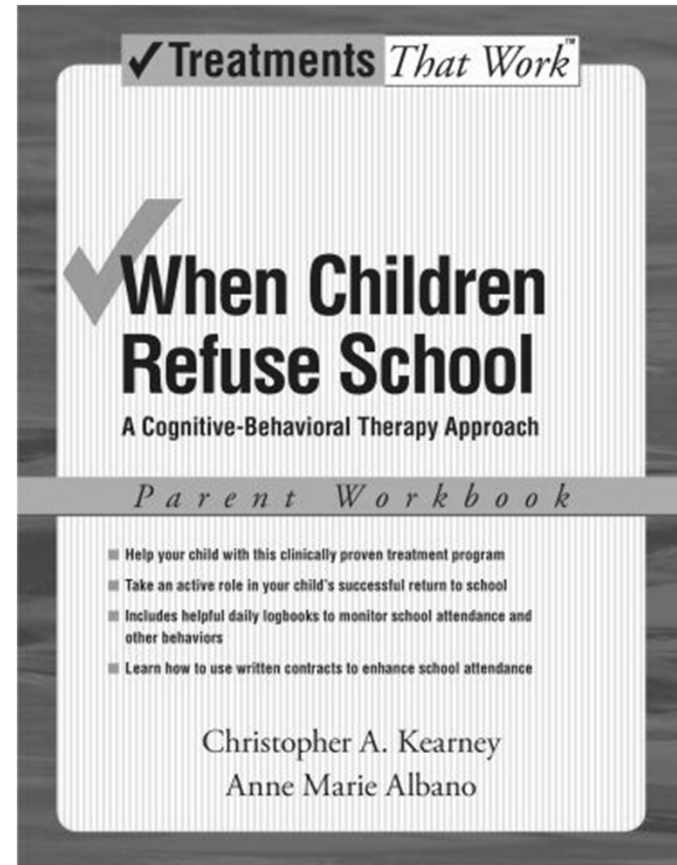
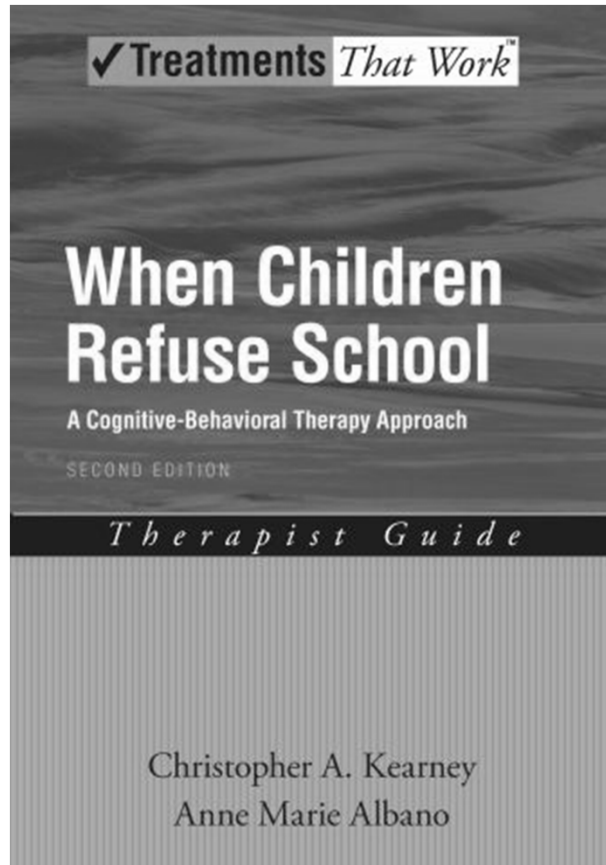
# COMMUNICATION SKILLS TRAINING

- Based on role play and feedback following paraphrasing of family member statements.
- Initially address basic communication problems, clear messages, listening appropriately, and paraphrasing correctly.
- List major problems in communication.
- Practice conversations without hostility.
- Emphasize short, positive conversations under specified rules.
- Advanced training in non-hostile, constructive conversations.
- Summarize guidelines for communication.
- Give hypothetical scenarios to discuss.
- Problems that may lead to relapse.

# PEER REFUSAL SKILLS TRAINING

- Teach skills to resist offers to miss school.
- Focus on modeling, role play, and feedback.
- Assess what peers say to try to induce school absence.
- Role play different scenarios where peer pressure occurs as well as statements to rebuff offers to miss school.
- Recognize and avoid situations that lead to temptations to leave school.
- Continue to explore whether peer pressure prevents contracts from succeeding.
- Address youth's activities outside of school as necessary.
- Develop strategies for making up past work.

<http://www.us.oup.com>



For additional training please visit:

<http://www.anxietytreatmentnyc.org/consultation.html>

For more information, please go to the main website and browse for more videos on this topic or check out our additional resources.

## **Additional Resources**

### **Websites:**

1. The Columbia University Clinic for Anxiety and Related Disorders: <http://www.anxietytreatmentnyc.org/index.html>
2. Society of Clinical Child and Adolescent Psychology website: <http://effectivechildtherapy.com>

### **Books:**

1. Kearney, C.A. (2008). Helping school refusing children and their parents: A guide for school-based professionals. New York: Oxford University Press.
2. Kearney, C.A., & Albano, A.M. (2007). When children refuse school: A cognitive-behavioral therapy approach/Therapist's guide (2nd ed.). New York: Oxford University Press.
3. Kearney, C.A., & Albano, A.M. (2007). When children refuse school: A cognitive-behavioral therapy approach/Parent's guide (2nd ed.). New York: Oxford University Press.
4. Silverman, W.K., & Albano, A.M. (1996). The Anxiety Disorders Interview Schedule for Children for DSM-IV: (Child and Parent Versions). San Antonio, TX: Psychological Corporation

### **Peer Reviewed Journal Articles:**

1. Kearney, C.A. (2007). Forms and functions of school refusal behavior in youth: An empirical analysis of absenteeism severity. *Journal of Child Psychology and Psychiatry*, 48, 53-61.
2. Kearney, C.A. (2008). An interdisciplinary model of school absenteeism in youth to inform professional practice and public policy. *Educational Psychology Review*, 20, 257-282.
3. Kearney, C.A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review*, 28, 451-471.

