



Episode #203

**Dr. Chris Kearney Talks About School Refusal—
What It Is, Why It Happens, and How to Handle It**

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Debbie: Hey, Dan, welcome to the podcast.

Dan: Great to be back, Debbie.

Debbie: Hello, Chris, welcome to the podcast.

Chris: Thank you. It's good to be here.

Debbie: So this is a really hot topic. I was just telling you before I hit record, this is a conversation my community is really eager to have and before we kind of dive into it, would you mind just taking a few minutes to introduce yourself and just tell us a little bit about what you do?

Chris: Sure. Well, my name is Christopher Kearney. I'm a professor of psychology and Chair of the Department of Psychology at the University of Nevada, Las Vegas. I've been in Las Vegas for about 29 years, started looking at this population in graduate school, became part of my dissertation, and we work pretty closely with the Clark County School District here in Nevada as well as an on-campus clinic that we have that deals with children with a variety of different kinds of school attendance problems.

Debbie: Fantastic. So okay, as a way to get started, is there kind of a simple definition of what school refusal is? What actually qualifies as school refusal?

Chris: Yeah, school refusal is kind of a technical term that refers to anxiety-based absenteeism. So it refers to children in adolescence that have school attendance problems, specifically due to an anxiety related kind of condition. So it could be general anxiety or worry, social anxiety, separation anxiety, could even be something like panic or obsessive compulsive disorder. Sometimes within that group, you'll include symptoms of depression. In younger children, sometimes it's hard to distinguish between anxiety and depression, they have a lot of overlapping symptoms, like withdrawal or irritability or crying are things like that. But there are other kinds of absenteeism of course, as well, but school refusal is kind of a specific term to anxiety based absenteeism.

Debbie: Okay, thank you. That's so helpful. And that was actually one of my questions. I'm wondering, you know if this looks different at different ages, because I assume when kids are younger in preschool or elementary school, that separation anxiety might be the perceived reason for not wanting to go to school. But could you talk about what it looks like in different age groups?

Chris: Sure. You're right. So in preschool and elementary school grades if it's an anxiety based kind of condition, and again, not all school attendance problems are anxiety related. So right now I'm just talking about the anxiety related kind of cases. In preschool and elementary school, it's primarily if it's going to be anxiety based, more general distress and physiological arousal that's associated with school, so they feel very uncomfortable at school. They don't always articulate

exactly what it is that they're upset about at school. Part of that is their cognitive development level. They're just not quite able to sort of articulate very clearly what it is that bothers them at school, but clearly, there's a lot of physiological or physical anxiety as well as behavioral anxiety or withdrawal or escape from school. And then the other anxiety related condition in preschool or elementary school is more separation anxiety. So the concerns about separating from a primary caregiver are sometimes that happens at home, sometimes on the way to school, sometimes on the playground right before school. But in those cases where it's clinical is usually a situation where the child either can't go into the school building, or if they do go in are so distressed for the rest of the day that they can't concentrate on their schoolwork or it's disruptive to the class somehow. When you get into middle school and high school, if it's an anxiety based kind of condition, it's a lot of times more focused on social and evaluative kind of situation. So the anxiety tends to be more about interactions with other people. You know, as kids enter into middle school, it's a much more chaotic, diverse and challenging kind of place, both socially and academically. So you get a situation where they'll have difficulties interacting with adults or with peers or both groups, in addition to being evaluated in some way, so that could be academically maybe on tests. It could be athletically, you know, participating in physical education class, it could be musically. I've had kids that will skip or refuse to go to band class because they don't want to play in front of other kids. So it could be a variety of situations where they feel they're being evaluated in front of other people. At the middle school and high school level, you could also have more general distress as well. Obviously, you can get a lot more cognitive worry about things. So middle schoolers and high schoolers are more likely than elementary school kids to have specific worries about a variety of different things that could happen. Younger kids might worry about their parents being in a car accident, but middle schoolers and high schoolers will have a much broader range of worries, including their reputation and how other people see them. And that can also influence their ability to go to school and obviously that can be impacted by things like social media. Other kinds of things that they tend to be more exposed to.

Debbie: Wow. And this is something you know, my audience is primarily parents who are raising what I call differently wired kids. So kids with ADHD or might be on the spectrum or gifted or twice exceptional, and many have anxiety. So one of the questions that comes up all the time in my groups, and the parents are just so kind of unsure where the line is, right? So there's a lot of questioning, especially when a kid is younger. How do I know if this is school refusal? Or if they're just kind of pushing back? Like, when do I know if I should be forcing the issue or this is something I really need to take seriously and figure out a plan for?

Chris: Yeah, there are certain benchmarks that we rely on to distinguish whether it's something that we might want to see in our clinic versus something that's not quite across the threshold. So one thing that we look at is How much the behavior is interfering in the family's daily life routine? So is it to the point where if there's behavioral issues in the morning or refuses to go to school that the family's constantly late for school or work? It's always a big battle in the morning almost every morning. Is it a situation where the child is actually missing school?

So that's a key benchmark. So if they're, they're missing a lot of school, and how long it's lasted. So, you know, typically in the beginning of the school year, a lot of kids will have some difficulties adjusting to school, especially if it's a new school building. We actually don't start our clinic until two weeks after school starts because a lot of these cases sort of spontaneously remit. So if it lasts longer than two weeks, then it starts getting into more what we call clinical territory. So again, if it's interfering in the family, or the child's daily life routine, if it's getting to the point where they're avoiding things and they're missing school, and if it's lasting longer than two weeks. If all those benchmarks are sort of hit, then it tends to be more of a clinical issue.

Unknown Speaker

And I'm wondering what your experience has been with schools? Because that's a question that comes up a lot is there are a lot of schools that really don't get it. What's going on? Do they think a parent is being indulgent or rewarding a child for pushing back? What is your experience and how schools are able to understand and or support families going through this.

Chris: Most schools that we deal with are receptive to the kinds of things that we're suggesting, and that can be things like initial part time schedules or other accommodations that might be needed temporarily. While we're trying to reintegrate a child back into a regular classroom setting full time, there are going to be some schools that are a little bit more rigid, and they're going to be less receptive but I would say the large majority are willing to work with us in different kinds of ways. Sometimes we have to work within their administrative system. And so developing a combination plans, for example, is something that we sometimes do in conjunction with school officials. And we never, we never implement anything in the school until we consult with the school officials and make sure that they're on board, it doesn't make any sense to ask the families or the students to do anything that the school is not going to be on board with. So it's usually a negotiation, you know, we have to work within their constraints, they try to understand where we're coming from. And if those two parties work together, the therapists and the school officials with the parents and the kids and things usually work out pretty good.

Debbie: So what I'd love to do for this conversation is I'd love to hear a little bit about what this might look like, you know, if a child does get the support they need, how we get them back into school. And then I actually have reached out to my community and I have some really specific questions that were repeated over and over the kind of the same key themes that I'd love to talk through with you. But first, what does that process look like, and what specifically do you do in your clinic that helps turn things around and get these kids back in school and help the family be in a better place.

Chris: So it depends a little bit on the duration of the problem. So the way we address problems that are lasting less than one year, less than one calendar year are sometimes a little different from cases that we address that are lasting for multiple years. So if it's less than one year, and it tends to be an anxiety based case, we usually work on the three major response systems of anxiety. So we'll

work initially on the on the physical aspects, we'll do a lot of relaxation training, somatic management, breathing retraining, to try to get the kids to control their physical aspects of anxiety, and sometimes we'll go into more depth, if they have very specific kinds of issues related to that. It's always a good idea to make sure the kids go through a whole pediatric exam to rule out any kind of medical issues. We also do address the behavioral response. A lot of these kids have been out of school for several weeks, sometimes months at a time. And we don't try to get them back into school full time right away. It's a gradual reintegration process. So usually we'll have them go to school, maybe an hour at a time, then two hours, three hours, usually adding at least an hour per week over a few weeks to try to get them sort of eased back into school. But the older kids then we we also deal with sort of the more cognitive response system of anxiety will work with the thought patterns that they have, as they're engaging with other peers will have them practice conversations, practice giving oral presentations, practice, doing things under pressure, like taking tests so that they become more adept at those kinds of things. But the key really is sort of this gradual reintroduced reintroduction back into the school setting. And that works pretty well. Usually at the same time we're trying to work with the school officials to make sure that the child's completed Make up work. We want to get them to the point where when they're back in school, they know what's going on in the classroom. And they're pretty dialed in academically, they know what's happening in their algebra class or their science class or something like that. And then with younger kids that there's more of a separation anxiety issue, then we do a lot of work with the parents structuring the morning routine, focusing on brief parent commands that don't give a lot of attention to misbehaviors. We talked a lot about when and where the child is going to be dropped off at school, we'll have school officials help escort the child into school. So again, it sort of depends on duration and the type of anxiety that's involved.

Debbie: So when I'm hearing and what I'm imagining my listeners are thinking is okay, I don't live in Las Vegas, I don't have access to this clinic and to the work that you're doing. Is this something that people do throughout the country throughout the world, or is this something that there are just therapists who can say support families and moving through this?

Chris: Well, the good news is I do think the therapeutic community has become more educated about how to address this population. One thing that we've tried to do and other researchers have tried to do is put a lot of resources out there a lot of how to kinds of guides with respect to what parents can do with respect to what school officials can do and what with respect to what therapists can do on a session by session basis. And we've written a variety of different kinds of manuals and books that sort of outline, not just the broader, more technical or sophisticated procedures, but also what you can do sort of an A nuts and bolts level on a day to day kind of basis in more layman's terms. So we've, you know, I think a lot of those resources are, are now more widely distributed. So if you're a therapist and you're in a, you know, fairly rural area, and you're not too familiar with this, resources that are available that can kind of walk you through step by step, how to help this population.

- Debbie: So, okay, I'm gonna want to ask some questions that have come up. One question that parents want to know, this seems to be the time of year. I don't know if that's when things really pick up on your clinic after the holidays, but I'm hearing about this a lot from my community. And parents even don't know what to do while their child is at home. They are you know, are they rewarding their kids for letting them watch TV or you know, be playing a video game or kind of de stress? Or what should that look like if they are in a refusal pattern, maybe initially before they're ready to start being reintegrated?
- Chris: Well, we always recommend that if during formal school hours even if the child's at home, they should be doing some form of academic work. So the most ideal optimal form of academic work would be worked out sent home from the school that the classes are actively working on so that the kids are caught up by the time they're reintegrated into school. short of that it can be things like reading, working on math, worksheets, writing, there's a variety of different kind of academic things that can be done about what they should not be doing is things that they would normally not be doing during school hours of playing video games, sleeping in watching TV, those are all things they wouldn't be doing from nine o'clock to three o'clock on a school day. So we would discourage that.
- Debbie: Got it. Okay. makes total sense. Another parent wanted to know, you know, I think this is definitely one of those situations where there can be a lot of judgment from other parents or maybe school administrators who don't really get this and again, maybe think parents are over indulging their child who may be strong willed and you know, just don't get it. So a lot of people suggest just forcing the child to go, you know, you don't have a choice and you have to go whether You know, physically forcing them or whatever that looks like, what are your thoughts on that?
- Chris: Well, you know, if again, it sort of depends on the individual circumstances of the case and what the family's value system is. I mean, in our situation at our clinic, when we're dealing with kids that have been out of school for several weeks, or several months, or sometimes several years at a time, forcing a child to go back the next day is not going to work, they're actually going to become more sensitized. A lot of these kids, if they've been out of school for some time, they're very worried about how other people are going to react to them when they suddenly show up. So we have to do a lot of preparation work with them, what are some responses that they can use if people ask them where they've been, for example. So from our standpoint, what's in a lot of our recommendations is sort of more of a gradual reintroduction kind of approach. And that allows the kids to sort of practice their anxiety management skills, it gets them used to the cues that are associated with school, but it also allows them to do it on more of a gradual kind of basis. Now for a lot of these kids, once they're going back to school, say 50% of The time their anxiety level is dropped quite a bit. And they just say, Well, I just want to go the rest of the day. And we allow them to do that. So it doesn't always take hour by hour by hour. But the forcing kind of thing is generally something that I would reserve for only a very specific kind of case. So that's something we only do kind of rarely. And so it's not something I would generally recommend.

Debbie: Yeah. Okay. I'd love to talk about schools a little bit more, because what I hear from parents, too, is a lot of schools saying, you know what, he's fine. Once he's here. You know, they don't really believe that this is an issue because sometimes when the child actually does get to school, everything seems to be okay. And then they fall apart at home. Do you have any? I don't know if it's language that parents can use when trying to communicate what's happening with the school and get them to really understand you know what's happening and be more in alignment or a partnership in fixing the problem rather than jumping it off on their parents.

Chris: Yeah, we do see a lot of those kind of cases where the main issue is morning misbehaviors to avoid school and once the child gets to school, they're in the classroom, they're actually fine for the rest of the day. In that case, the interaction is going to be primarily between the parents and the therapists to try to address the morning routine. However, it does affect school attendance, to some extent, when these kids are chronically tardy to school they're refusing to go to in the morning, they're non compliant, or they're having a lot of difficulties, a lot of distress, and so they're often coming in at 9:30 or 10 o'clock. Or if there's a lot of separation anxiety involved, especially in say, the playground in the morning before school. We do involve a lot of the school officials. In that regard. You know, as I mentioned earlier, one key thing we had them do is take the child from the parents and escort the kids into the classroom. Sometimes we'll have the parent call the school counselor say around 10 o'clock just to check in to see how the child's doing in the classroom. We'll also work on sort of frequent communications between parents and teachers to let them know if there's an upcoming attendance problem that particular day and if the day could be salvaged, so if a kid is maybe missing most of the morning, sometimes parents just say, well, the day is over with, but we always encourage parents to still try to bring the child into school, even if it's 10 o'clock or 10:30 or 11 o'clock, because being in school part of the day is much better than if they missed the entire day.

Debbie: Yeah, I'm wondering, is it the kind of thing that the more school refusal there is, the harder it is to get them back into school? Is that a habitual thing in that way, or pattern?

Chris: Well, the longer child is out of school, the more difficult it is to reintegrate them back into school. And so as I mentioned earlier, I was talking about cases that lasted less than one calendar year for cases that last more than one calendar year. It's a much slower, different kind of process. reintegration back into a regular classroom setting 100% of the time is less likely in those cases. So it's up sometimes we have to work with the school officials to do more of a hybrid kind of approach, maybe some online plus, in schoolwork. Sometimes we can get the kids back into school full time. But the longer it lasts, the more difficult it is to do the reintegration.

Debbie: And what about if a parent suspects, not suspects, but they're just noticing, oh, we are moving in this direction. Maybe their child hasn't fully refused. But getting to school is becoming harder and harder and we're noticing anxiety

ramping? Is there something that parents can kind of do if they're concerned that they're moving down this path?

Chris: Yeah, so I mean, it's important to sort of maintain a very regular morning routine and to make sure in those cases that the child understands that going to school is the basic expectation. However, there are a lot of procedures out there. mentioned some of them earlier that parents can work on with their kids to sort of reduce some of their physical anxiety. So the relaxation training, the breathing training, and it's important to sort of talk to the child about what their concerns are worries about, I would not do that in the morning as everybody's trying to get ready for school, but I would save some part of the evening so that the child can sort of talk about his or her day, talk about any problems that they're having And personally, or with the teacher or homework or anything else, and get a chance to sort of process that through a little bit. But there still needs to be a general expectation that you're going to be getting up in the morning, you're going to be going through your regular routine, you are going to go to school. That's the basic expectation. But we're going to help you with some of these other kinds of things. If you're feeling physically anxious, or if you're worried about something.

Debbie: Okay. You mentioned earlier about working with the parents to help structure routine at home and give them support as well. But I'm wondering about kind of emotional support for parents. So I know for many Parents, this is really just a very hard thing to go through. It can be stressful because of work obligations, it can be stressful, because we feel judged or like we're failing as a parent, and we're doing something wrong. And I don't know if your clinic offers support for parents, or if you have just thoughts on what could help a parent kind of emotionally and mentally get through this.

Chris: Yeah, it's important to understand that rates of anxiety and depression among children and adolescents are rising in this country, it doesn't necessarily always translate to school attendance problems, but those rates have been going up. Our kids are much more stress than they used to be. So it's important for parents to understand that it's more of a universal condition than it used to be a lot of these kids are going through this as they age. Part of that, too, is you know, kids are exposed to a lot more technology than they used to be. And so I think parents need to understand that what they're going through with their child or the adolescent isn't necessarily all that much different from what the parent next is going through. But it's also important to talk to other people about the concerns, it's important to talk to the school counselor about problems that are developing, because there may be things that can be done at school to sort of lessen some of the anxiety, it's important to talk to maybe extended family members are other people that can help. So for example, people that can help with homework, people that can help drive the child to school, people that can help with the morning routine, if the parents feel kind of overwhelmed. It's important to sort of mobilize the social support network to talk about those kinds of things. And if the problem is escalating, then I'd certainly encourage parents to consult with a therapist and, and work through some of these issues.

- Debbie: Yeah, it's I know that it's just so difficult, especially if you have a child who's differently wired and you're already dealing with maybe some other tough behavior, and other challenges related to that as well. So as a way to wrap up, I'm just you've shared so many insights. with us and lots of best practices for a parent who's listening to this and is very much like, this is my life right now, this is everything we're going through. If there's one thing you would want them to know, that could be just comforting or just to kind of help them take the next step that they need to, what would that be?
- Chris: A lot of parents come to our clinic and they are kind of embarrassed . They're shocked that there's actually a clinic that's designed just for this population. And I tell them that this is a very common kind of occurrence. I mean, up to one third of all kids, at some point in their young life, have difficulty going to school. So it's really not an unusual kind of occurrence. It's really how to address it once it happens. And again, that's going to involve a lot of consultation with the school counselor, potentially with the therapist, and other people to sort of understand how far afield the child's behavior is from other kids and what needs to be done next. It's a common problem. And it's not necessarily anyone's fault. It's just a sort of a combination of things that need to be addressed.
- Debbie: That is so helpful, actually. I mean, I think that's one of the things I try to do through Tilt Parent is just remind parents that actually you're not alone. And there are many people who are sharing the same struggles, but to know that a third of kids struggle going to school at some point that is actually really helpful to hear. Thank you for sharing that.
- Chris: Yeah, and I have, I have two teenagers, you know, they both have their share of anxieties about school and evaluation situations. And you know, they're pretty normal kids, but that's just the way a lot of kids and adolescence are growing up today.
- Debbie: Yeah, it's true. It's true. I had Dr. John Duffy on the show. A few months ago, he wrote a book called *Parenting the New Teen in the Age of Anxiety*, and he was just saying it's just even from 10 years ago. It's such a different landscape for teens today. So before we go, is there a Place where listeners can connect with you or learn more about your clinic and your work.
- Chris: Well, they can Google me at UNLV and our website, I'll come up with a variety of different kinds of resources. Like I said, I can send you some things that are out there. But you know, the most important thing is really going to be the local resources that parents have. And one of the most valuable resources will be the school counselor at the child's school.
- Debbie: Awesome, okay. And listeners, I don't get as many links as I can, and they'll be on the show notes page, so you can check that out. And Chris, I just want to thank you so much. This has really just been fascinating. And again, so needed. I'm so glad that you are doing this work. And yeah, when I discovered you, I was like, Well hold clinic for this and I'm just really grateful that you're doing the work you do.

Chris: I appreciate the podcast and appreciate getting the message out about this important population.

RESOURCES MENTIONED:

- Chris Kearney, PhD at University of Nevada Las Vegas
- Dr. Kearney's books on school refusal
- UNLV Child School Refusal and Anxiety Disorders Clinic
- Association for Behavioral and Cognitive Therapies (for local resources and therapists)
- Parenting the New Teen with Dr. John Duffy (Tilt Podcast episode)