

Informational Guide for Primary Care Providers: School Avoidance

What is “school avoidance”/“school refusal”?

“School avoidance” or “school refusal” are broad terms that describe a child’s unwillingness or inability to attend school. These terms are not clinical diagnoses, but rather they describe behaviors related to underlying circumstances or conditions.¹ These symptoms vary but may present as:

- frequent somatic complaints
- temper tantrums or refusal to go to school
- regularly seeking out ways to leave school early
- remaining in the school nurse’s office or bathroom for extended periods

Underlying these behaviors are feelings, experiences, and conditions that explain a child’s resistance to attending school.

Avoidance is a normal, protective reaction to a distressing situation.

Most children who refuse to attend school have a reason for their refusal, even if they cannot articulate it. Generally, children who engage in school avoidant behaviors are attempting to:

- **avoid negative experiences** such as a stressful or shaming social or academic experience, or a person or situation that they experience as distressing;
- or to **increase positive experiences from staying home** such as to gain extra time with a caregiver, to “protect” a caregiver by being present, or to gain access to high preference activities at home.

Using a screening tool will help to identify underlying causes and contributing factors to school refusal:

[School Refusal Assessment Scale - Child](#) (validated for ages 5+)

[School Refusal Assessment Scale - Caregiver](#)

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](#).

¹ School avoidance 102. School Avoidance Alliance. (2021, August 9). Retrieved October 5, 2022, from <https://schoolavoidance.org/school-avoidance-102/>

Most Common Underlying/Comorbid Themes of School Avoidance:²

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?

- **ASK** the child why they have not been attending school
- **LISTEN** to their answer and try to draw out stressors or other factors that may be contributing to their refusal/inability to attend
- **VALIDATE** their feelings and perspective

Discuss the importance of making a **PLAN** for how to get back to school:

- First address underlying issues like sleep, nutrition, and physical movement.
- Partner with the school team and ask that they hold a *Care Coordination Meeting* to gather stakeholders and delegate aspects of the plan.
- Identify key supports at school and any parts of the school day that a child enjoys, and the most distressing experiences at school. Build school attendance back up slowly, starting with the least distressing activities. Focus on re-establishing routines and supporting transitions.
- Talk to the caregiver to make sure that when a child is home, they are safe and comfortable, but not inadvertently gaining positive reinforcement for school avoidance through high preference activities.
- If a specific learning difference is suspected, the caregiver can request additional academic testing to determine learning needs and accommodations.

² 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/>

If school refusal is determined to be a symptom of an anxiety disorder or other underlying mental health condition, the child should be referred to additional **evidence-based treatment** including:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Exposure & Response Prevention Therapy (ERP)
- Family Therapy or family-based supports may be indicated if underlying home-based stressors are a contributing factor to school avoidance

Medications:

School avoidance is not a clinical diagnosis and therefore there are no approved medications to treat school avoidance; however, medications (such as SSRIs) can be used to treat underlying or comorbid conditions that exacerbate school avoidance behaviors.

Resources for Caregivers:

[Books List for School Avoidance & Related Mental Health Topics](http://www.schoolavoidance.org) (www.schoolavoidance.org)

Truancy Programs & Resources in Vermont:

Throughout Vermont, there are programs established to prevent truancy and to respond to chronic absenteeism. Typically, school districts are responsible for identifying at-risk students and referring them to these programs. PCPs can partner with a child's school team if they believe that the child would benefit from accessing truancy prevention programs.

References and Resources:

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>



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