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Ending School Avoidance

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Students who avoid school may be grappling with many challenges. Here's how to address these students' needs—and get them back in.

School truancy—defined by a student's refusal to attend part or all of the school day, along with a defined number of unexcused absences—is an increasingly frustrating and complex problem for teachers and school administrators. Although statistics on the prevalence of truancy in the United States do not exist due to lack of uniformity among states in defining the problem, data show rates as high as 20 percent in some states (Zorn-Heilbrunn, 2007). Data also show that two-thirds of students who refuse to attend school have an underlying psychiatric illness (Bernstein & Garfinkel, 1986).

Intervening with these students requires a careful diagnostic assessment, creative outreach, and persistence. Although teachers certainly are not expected to make a diagnosis, being knowledgeable about behavior as a marker for mental illness can help schools effectively respond and rally a team to provide the student with the necessary support.

Before a student becomes school-avoidant, there are often early signs of problems, such as separation anxiety, irritability, and difficulty getting out of bed in the morning, or somatic complaints such as stomachaches. At this stage, it's crucial to question what is going on and identify targeted interventions. If these problems are not addressed in elementary school, by the time the students are in higher grades, they may refuse to go to school.

Identifying the Why

School avoidance is a multifaceted problem that's often chronic and will require different interventions at various times. Causes can be broken down into four groups.

Cultural Factors

For some students, the presence of gangs, guns, bullying, or poorly maintained facilities make school unsafe. Other students, especially recent immigrants, may feel unwelcome because of language barriers or differences in culture that prevent them from fully connecting with the curriculum. This unease can lead even the most motivated student to feel isolated and anxious and eventually avoid school.

Many schools face the increasing challenge of trying to integrate children from various backgrounds and cultures, making it difficult to meet all students' needs.

Family Factors

Some families may not appear to value education or may put education second to the family's personal or financial needs. Older children may be truant because they're required to watch younger siblings or are pressured to earn money. Other families may move frequently, either because of financial instability or family dysfunction, causing long absences in their children's schooling.

To avoid detection by social service agencies or school systems, abusive families may keep children at home when there's evidence of physical abuse or neglect. Students in unsafe home environments may act out, misbehave, become aggressive, or, in some cases, exhibit sexually inappropriate behavior, leading to detentions and suspensions. These children may suffer from post-traumatic stress disorder and may only be able to communicate their painful experiences through their behavior.

Helping these students can be particularly challenging because schools may have only limited information about their family histories and because family members may not be available to work with the school. Students' persistent disruptive behavior can strain relationships with teachers and peers, leading to eventual avoidance of what the student perceives to be an unwelcoming environment.

Peer Factors

When children enter middle school, they're particularly vulnerable to social factors that can contribute to anxiety and truancy. For students who struggle with managing anxiety and have poor social skills, feelings of isolation and rejection can occur when they try to integrate with their peers. Or, if they're seen as "weird" or "loners," bullying can result.

This situation can be particularly difficult for schools to address because children are hesitant to seek help from adults when they're harassed or threatened by peers. Social media and the Internet allow bullying to extend beyond the school grounds, making it public and humiliating for many students and difficult for schools to detect. Although school districts are trying to be more diligent with comprehensive antibullying programs, students can still feel unsafe and need early and proactive interventions.

Neuropsychiatric Factors

Neurological and psychiatric factors can play a role in school phobia. Younger children may initially manifest as disruptive or withdrawn in the classroom but later develop academic failure leading to truancy and dropping out of school.

Anxiety disorders, such as social phobia, obsessive compulsive disorder, generalized anxiety disorder, panic disorder, and post-traumatic stress disorder, can appear at any age. The selectively mute grade school student may develop social phobia and school avoidance to avoid being noticed by his peers. The child with obsessive compulsive disorder can initially present with separation anxiety or frequent visits to the nurse and later may avoid school because of underlying obsessions around harm to her family or fear of becoming sick. These students' complex rituals can be exhausting and overwhelming and interfere with performance in even the brightest of students, while not being detected by adults. For students with panic disorder and agoraphobia (fear of open spaces), lunchtime, assemblies, and switching classes can be stressful and trigger avoidance.

Other prevalent neurological factors that play a role in school truancy include attention deficit disorder and *learning disorders* such as dyslexia and nonverbal learning disorder. In early grades, students may make effective progress and appear attentive, masking underlying executive functioning difficulties (Casoli-Reardon, 2010). Students who appear to not care about their education may struggle with an underlying learning disability that interferes with their ability to engage. As a result, these students may adopt defensive styles that make their poor academic progress look intentional, when in fact it's not. Attention deficit disorder also has high rates of comorbidity with many other psychiatric disorders, and the student may struggle on multiple levels. (See "[Why Peter Avoided School](#)," p. 55)

An increasing number of children are also being identified and diagnosed with milder forms of autism spectrum disorders (for example, Asperger syndrome). Early on, these students may have significant behavioral difficulties in school as they struggle to communicate; if they have sensory integration problems, they're likely to experience overstimulation in a busy classroom. As these children enter middle school, there's a risk of school avoidance. Moreover, they can become socially anxious and isolated if peers perceive them as being eccentric and odd. (See "[Why Bobby Avoided School](#)," p. 54.)

Mood disorders, whether primary or secondary to another disorder, can present as early as grade school but often begin in middle school. For students with mood disorders, truancy may increase when insomnia interferes with their ability to wake up and get to school on time. Older students may start to gravitate toward marginalized peers and participate in risky behaviors, often drug or alcohol related, and may become truant as they attempt to find relief from feelings of isolation and sadness. Younger children may become hyperactive, aggressive, irritable, and defiant, behaviors that a teacher may misinterpret as oppositional. The negative consequences that may result can worsen the child's feelings of poor self-esteem and result in school phobia.

Other neurological conditions such as *concussions*—often resulting from participation in such sports as football and ice hockey—can lead to school avoidance. The postconcussive syndrome can be protracted by up to two years in adolescents and is marked by neurological changes that include headaches and dizziness, as well as significant changes in behavioral and cognitive function related to damage of the frontal lobe and executive functioning (Kirkwood, Owen-Yeates, & Wilson, 2006). Unable to understand the connection, students who usually excel academically may suddenly find their grades falling, as both concentration and motivation are temporarily affected by their injury, and school avoidance may ensue.

Helping in the Classroom

Accommodations can often provide the student with the comfort of being listened to and supported, significantly reducing anxiety and improving the student's behavior and attitude in the classroom (Minahan & Rappaport, 2012). Reducing the quantity of assignments—for example, assigning 10 math problems instead of 20 to assess a student's understanding—or allowing a student to take a walk to a designated area when stressed in class can help students gain the confidence they need to manage their anxiety. Students with panic attacks and social anxiety may need accommodations so they can switch classes early or eat away from crowded cafeterias. When school staff members reach out to students to acknowledge their distress and provide support rather than taking a punitive stance, they can help alleviate students' anxiety.

In an era of technology and computers, students with learning disabilities have access to many tools that, when used, can prevent school avoidance. For example, word processing can help students with obsessive compulsive disorder avoid

rewriting their work over and over again because it's just not "right"; this feature can also help students with learning disabilities self-correct grammatical errors they would otherwise miss. Speech recognition programs enable students with attention deficit disorder to get their thoughts down on paper and organize their work in a timely manner.

Getting Students Back in School

Along with appropriate psychiatric treatment and care, including medication when warranted, school plans and accommodations can enable a frustrated student with school avoidance issues to reengage with school.

Transitioning Back to School

For students with significant anxiety and school phobias, the transition back to school can be difficult. In these seemingly intractable situations, it may be appropriate to enroll the student in an adolescent day psychiatric program, where he or she can receive intensive psychopharmacological, individual, group, and family therapy. Typically, most programs occur during weekdays, with the child returning home at night. The transition plan often has the student complete two or three half to full days at his or her regular school before being discharged from the program.

A plan of gradual transition, such as having the student attend half days and preferred classes only, helps him or her feel less overwhelmed about returning to school. In addition, it's crucial to allow participation in sports or attendance at important school events (rather than withholding them as punishment)—even when the student doesn't attend school regularly and even when his or her grades are poor—as this can be motivating and provides continuity with peers.

When students are late because of their insomnia, until that issue is addressed, adjusting their schedule so that study halls or noncore classes are at the beginning of the day can prevent them from falling behind. This adjustment can decrease the student's anxiety by preventing gaps in learning.

Identifying a teacher or guidance counselor whom the student feels comfortable talking to is also important. All teachers involved in the student's education should be aware that he or she has permission to seek out the preferred teacher during the day, if necessary. Sometimes it's helpful to have a nonverbal signal or pass for the student and teacher. The student should be aware of the plan and be rewarded when successful. When students are unable to attend class, they should have an alternative place to go to, such as the library or school office, where they can continue to do their schoolwork.

Because of prolonged absences, there may be times when a student falls behind academically. Tutoring is best recommended *in addition* to attending school and is meant to help the student catch up on schoolwork from prior absences. Exclusive home instruction is discouraged, as it reinforces the avoidant behavior.

Addressing Separation Anxiety

The student who avoids school as a result of separation anxiety presents a unique situation because well-intentioned parents often inadvertently reinforce avoidant behaviors. Because of their own anxiety (or anxiety disorder), parents may have difficulty tolerating their child's distress levels and be unable to motivate their child to attend school. Schools can find themselves in a bind as they try to address the avoidance with both parties while maintaining a working relationship with the parent.

Sometimes the parent needs some distance from the situation, such as by having another family member or friend take the student to school. Parents often carry a tremendous amount of guilt about forcing their child to go to school when the child complains of being sick or acts terrified. The school can help by taking on the role of a supportive partner who sets clear limits and consequences with the student while reassuring the parent that their child will be closely monitored at school. It's helpful to have a plan that stipulates how many times and under what circumstances students can call home if they need reassurance.

The school must make it clear to students that school is not a choice that anyone, especially parents, has control over—it's mandatory. In some cases, encouraging a family to file a Child in Need of Services (CHINS) petition—in which the Juvenile Court tries to help parents and school officials deal with troubled youth—is appropriate to allow access to increased support. A truancy CHINS gives the parents back-up because courts can mandate and enforce school attendance. (See "[Why Josie Avoided School](#)," p. 52)

Setting Rules

Children may have less stringent rules at home, but teachers must have clear, consistent rules at school to prevent reinforcing negative or phobic (avoidant) behavior. Helping students function in school even when "they don't feel well" enables them to develop skills for coping with future adversity.

By modeling consistent and firm encouragement for parents who struggle with setting effective limits at home, staff members provide students with the scaffolding they need. Moreover, setting clear expectations with families can help motivate parents to seek mental health treatment for their child when they otherwise wouldn't do so.

Getting Parental Buy-In

Success ultimately depends on having parents agree with their child's education plan. Without this, no plan—no matter how thoughtful—will succeed. Parents may not understand why their child is struggling and may want the school to reassure them that they can figure this out together. Schools and teachers may have strong feelings toward a student who acts aggressively, making it hard to empathize. Remembering that behavior can be a symptom of an underlying problem helps keep the school and family focused on the child—not the behavior—and enables the education team to continue to engage with the family.

For some parents, it may be helpful to have an advocate who can explain education laws and individual educational plans. The advocate may help a rigid parent find a reasonable compromise with the school about the child's plan.

Looking at Alternatives

The ultimate goal is to get students back to school and their education. If a child truly can't go back to school after multiple efforts on many fronts, an alternative high school might be the answer. Options include programs that enable students to work on their high school diploma while receiving college credits or complete their general education diploma (GED).

Reinforcing the Right Things

Avoidant students present a challenge to even the best schools and educators. Being persistent while maintaining a sense of hope is crucial because students often continue avoiding school only because they see no other option. Knowing that teachers are invested in their happiness and success at school goes a long way in motivating avoidant students. By developing an understanding of school avoidant behavior—instead of reinforcing otherwise maladaptive and negative behaviors—schools and teachers grappling with this problem can respond appropriately.

Why Peter Avoided School

Following an in-patient admission for depression, cannabis abuse, and several weeks of school absences, 15-year-old Peter went to an adolescent partial psychiatric day treatment program, where he was identified as having obsessive compulsive disorder. His school was contacted to arrange a transition plan, including accommodations to help him manage his disorder.

Peter's anxiety suddenly increased when he began his school transition, and he refused to go to school. Another meeting with Peter and his family revealed Peter's fears that he wouldn't be able to keep up. It was then that he reported a history of lack of motivation, distractibility, and inattention and admitted that he had compensated for these by working "extra hard." As a result of this admission, Peter started on a stimulant medication for attention deficit disorder, and he noted improvements in focus and anxiety. Shortly after, he successfully returned to school. It was only by addressing these multiple disorders—attention deficit disorder, obsessive compulsive disorder, depression, and substance abuse—that Peter was able to get back on track.

Why Bobby Avoided School

Thirteen-year-old Bobby, a 7th grader at a public middle school, had Asperger syndrome.

Although he had not openly identified himself as homosexual, several of his peers had made this discovery on Facebook and incessantly intimidated him. Although his family approached the school administration for help, the bullying persisted because there were no clear consequences for those who bullied their son. As a result, Bobby became increasingly angry, isolated, and eventually avoidant of school. He felt he wasn't being listened to, and he didn't have the skills to resolve the issue himself. His anger increased to the point where he threatened to physically harm the bullies. He decided that for his own protection he needed to stay away from school.

As a result of collaboration between the special education team at his school and the partial psychiatric day treatment program, Bobby returned to school on a half-day plan. His classes were arranged to avoid him being with peers who bullied him, and the school increased teacher and staff awareness of his situation. He gradually transitioned back to school full-time, although not without some initial struggles.

Why Josie Avoided School

Sixteen-year-old Josie, who had a history of mood and anxiety disorders, was cared for by her grandmother because her mother worked long hours. Beginning in 8th grade, Josie started experiencing somatic symptoms (headache and stomachaches) and missed several days of school. Because her mother would call in sick to work during these absences, Josie received a lot of attention from her.

Her truancy wasn't addressed in middle school, and once she was in 9th grade, Josie continued to complain of pain and avoided school. The school attempted to engage Josie and her family, but it wasn't until a Child in Need of Services (CHINS) was placed on Josie—and the possibility of a residential school placement arose—that she started to attend school daily.

So What's a Teacher To Do?

Many accommodations are helpful in supporting students with a wide range of disabilities.

- Schedule student check-ins with the preferred teacher before the start of the day to assess daily concerns.
- Modify students' schedules.
- Let students go to a preferred designated spot when they're feeling overwhelmed.
- For students who are behind academically, schedule additional tutoring for a few hours each week and consider offering pass/fail grading.
- Modify homework and reduce the amount of missed work to make up.
- Allow students to attend school events and participate in activities—even when they don't attend school regularly and even when their grades are poor.

In addition to those above, here are several more targeted accommodations.

Disability	Possible Accommodation
Anxiety disorders	Schedule preferred classes in the morning. Allow the student to switch classes early, eat lunch outside the cafeteria, and be excused from assemblies.
Separation anxiety	Give the parent an "out" by partnering with the parent to enforce attendance. Use someone other than the parent to transport the student to school in the morning. Consider having the family file a Child in Need of Services petition, if available.
Depression/Insomnia	Schedule noncore classes in the morning.
Asperger syndrome	Offer the student participation in social skills groups, if available.
Learning disabilities/ADHD	Consider modified days initially, with the student attending preferred classes.

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