Agenda

- Demographics
- School refusers described
- Function of school refusals
- Interventions
Demographics

- Approximately 1 to 5 percent of all school aged children have school refusal.

- School refusal can occur at all ages, it is most common for students of five, six, 10, and 11 years of age.

- The rate is similar between boys and girls.

- No socio-economic differences have been identified.
Demographics

- For either group, the longer the student is out of school, the more difficult it is to return.

- One study found that of those refusing to go to school:
  - 45% did not complete high school;
  - 43% received adult psychiatric outpatient care;
  - 14% still living with parents after 20 year follow-up
Description of School Refusers

- School refusers:
  - Severe emotional distress about attending school
  - Parents are aware of the absence
  - Lack of antisocial behaviors
  - Usually stays home, its a safe and secure environment
  - Expresses willingness to do schoolwork at home
Description of School Refusers

- School refusers:
  
  - Initially or previously referred to as having ‘School Phobia’, but most do not fit the pattern of phobias. The term ‘School Refuser’ has been adopted.

  - Although some do have school phobia, most have other mental health disorders.
<table>
<thead>
<tr>
<th>Gastrointestinal</th>
<th>Nausea</th>
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<td>Dizziness</td>
<td>Headaches</td>
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<td>Abdominal pain</td>
<td>Vomiting</td>
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<td>Back pain</td>
<td>Diarrhea</td>
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<td>Palpitations</td>
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<td>Shakiness</td>
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Assessments - Comprehensive

- Behavioral assessment of variables motivating school refusal behavior - Attention, Access to Tangibles, Friends, Avoid work
- Medical status to rule-out underlying causes of physical complaints or reasons
- Screening for, evaluation of mental health
- Identify sources of stress - victim of bullying
- Parent/family conflict
- Conflicts with teachers
Treatments and Interventions

- Behavioral interventions
- Educational-Support Therapy
- Parent-Teacher Interventions
- Psychiatric - medication possible
Other Interventions

- Avoid excessive attention to crying and tantrums, upon arrival to school;
- Systematic desensitization;
- Relaxation Therapy
- Cognitive Behavior Therapy
- Modeling
- Differential Reinforcement of Other behaviors (DRO)
- Social skills training
- Parent training
Collaboration is meaningful if the student is working with community-based therapists.

When addressing mental health or getting students into school, parent collaboration is essential.
Behavioral Considerations

- The reason or motivation for school refusal can and does vary from one student to another.
- Having an understanding of the motivation should drive the intervention.
Refusers - Reactive Motivation

- Students refuse to attend school to avoid negative experiences associated with the environment. School refusal is motivated by escaping negative or uncomfortable feelings.

- School refusal may relate to factors, such as:
  - Fears provoked by the school environment;
  - Social or separation anxiety
Refusers - Reactive Motivation

- Those students presenting with mental health disorders that interferes with school participation fall into this motivation.
  - Requires collaboration with mental health professionals – co-located or community-based;
  - May require educational team to consider expectations of student attendance and performance.
Truants - Proactive Motivation

- Refuse to attend school, motivated by desired outcomes - Attention or Tangibles.
- Child accesses positive experiences when refusing to go to school.
- By not going to school, the student accesses desired tangibles:
  - Video games, television, internet, sleep, friends
Truants - Proactive Motivation

- Frequent antisocial behavior, often in the company of antisocial peers.
- Often attempt to conceal their absence from parents.
- Lack of willingness to do schoolwork or meet academic expectations.
- During school hours may not be at home, or home gaming.
EXAMPLE:

- A 13 year old male student, diagnosed with high functioning Autism who has increasingly required incentives to go to school, significant behavioral escalations in the morning hours.

- Parent requests student received homebound services or go to a boarding school.
Truants - Proactive Motivation

**EXAMPLE:**

- A 17 year old female student, previously presenting with a physical health diagnosis that required frequent and extended absences from school. Has recovered and is unwilling to attend school with complaints she continues to be sick.

- Consideration to have student access her phone contingent on school attendance results in student threatening suicide.
EXAMPLE:

- A 15 year old male student engaged in video gaming with others from around the world. Most accessible timeframe for gaming is 3:00p until 4:00a. Student not attending school, sleeping when not gaming.

- Currently commandeering the entire basement of family home and requires others to ‘serve’ him.
Interventions

- The reason or motivation for school refusal can and does vary from one student to another.

- The intervention will be determined by the motivation.

- Commonly requires parents, educators, county workers, and/or mental health workers to effect change.
Legal Considerations – Homebound Instruction

Care and Treatment Rule. Minn. R. 3525.2325.

Placement by “someone other than the district”

Doctors

Courts

Social Services
Legal Considerations – Homebound Instruction

Into one of these types of facilities:

- Chemical dependency and other substance abuse facilities
- Shelter care facilities
- Home, due to accident or illness
- Hospitals
- Day treatment centers
- Correctional facilities
- Residential treatment centers
- Mental health programs
Legal Considerations – Homebound Instruction

Homebound Students:

Students placed in a homebound setting are entitled to receive regular and special education services from the school district if the student is:

1. Prevented from attending the normal school site for 15 consecutive school days

2. Predicted to be absent from school for 15 consecutive school days by the “placing authority,” which includes doctors or psychologists
Homebound Students (cont’d):

Students placed in a homebound setting are entitled to receive regular and special education services from the school district if the student is:

- Health-impaired and in need of special education and predicted by the student’s IEP team to be absent from the normal school site for 15 intermittent school days
Legal Considerations – Homebound Instruction

Homebound placement is a placement for “care and treatment” if the placement is due to accident or illness.

The IEP team will most likely need to amend the IEP to reflect homebound services.

Before doing so, the IEP team should consider the appropriate amount of homebound instruction and other services and coordinate those services with the other outside treatment provided to the student.
Legal Considerations – Homebound Instruction

Additional Considerations:

- Sharing information/collaboration with the student’s outside providers
- Length of homebound instruction.
- Involvement of County or other outside resources
- Engaging mental health professional as a consultant
Homebound Services for School Refusing Students

Questions?