

NVR TREATMENT FOR SCHOOL REFUSAL

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What is school refusal?



School refusal (SR) refers to children ages 5-17 that express one or all of the following behaviors:

- Complete abstinent from school
- Cutting school before the end of the day
- Arriving to school late or on time following a severe tantrum or anxiety attacks at home

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- **Accute SR** refers to absence from school of 2 weeks to 6 months
 - **Chronic SR** refers to school absence that lasts more than 6 months

When? Who?



- SR usually begins at ages 5-6, following the beginning of elementary school,
or at ages 10-13, around the beginning of junior high school.
- No difference was found in prevalence of SR between boys and girls.
- No correlation was found between SR and intelligence.

How does SR looks like?



SR could involve the following symptoms:

- Internalizing symptoms: anxiety, Panic attacks, psychosomatics complains (headaches, stomach aces, diarrhea, etc.)
- Externalizing symptoms: refusal to get out of bed, running away from home or school, school truancy, aggressive behaviors (verbal or physical)

Numbers...



The prevalence of the disorders:

- Complete abstinent 5-8%
- Overall prevalence of the SR behaviors 28%
(Kearny at al., 2007; Egger, Costello & Angold 2003)

- SR is considered as one of the most prevalent behavioral disorders among school aged children, (prevalent more than depression or anxiety disorders)

Risks and Consequences



Short term risks:

- Social isolation and social withdrawal
- Decline in academic achievements
- Low self esteem
- Family conflicts
- Lack of age appropriate daily routine

Risks and Consequences



Long term:

- Anxiety
- Depression
- Social avoidance and isolation
- Juvenile behaviors
- Substance abuse
- Marital difficulties
- Difficulty to maintain a working place

Co-morbidity



Most common co-morbidity:

- Depression (13.9%)
- GAD and Separation Anxiety (10.8%)
- Conduct Disorder (5%)
- Oppositional Disorder (5.6%)

The child identity as a student



**By destruct the child identity as a student,
SR has a destructive impact on the
development of the child's identity and
sense of self**

The NVR treatment approach for SR



- -A multisystem approach that includes parents and school (and enhances collaboration between them)
- -A major treatment goal is to help the child restore his identity as a student.

Treatment stages:



Stage 1: Helping parents to see the child and treat him as a student

(even if the child does not see him self as such or continues to refuse to go to school)

Stage 1:



Structuring a daily routine that resembles the routine of a school student:

- asking the child to organize his school bag before he goes to sleep,
- instructing him to go to bed on time,
- wake the child in the morning and helping him to get ready for school on time,
- asking him to wear the school's uniforms
- etc.

Stage 1:



- **Declaration of the parents' NVR towards his school refusal**



Stage 2: Entering the school into the house



- Applying the school schedule at home:
During school hours the child has to behave as if he was in school; no computer games, no TV etc.
He can study, read, or feel bored
- Requiring the child to complete his homework, prepare for exams etc.
- Inviting the class' children to initiate contact with the child and come to his house

Stage 2: Entering the school into the house



- the **staff in school** call the child and **deliver a message that they are still his school, his teachers remain his teachers** and they are not giving up on him, they are concerned about him and would help him as much as they can to return to school.
- **the school staff are invited to visit the child at home.**

Stage 2: Entering the school into the house



- **Informing the child of every activity that happens or planned in school.**
- **Sending the child a photo of his empty chair in class- the message is that his place is kept for him and the class is waiting for his return**

Stage 3: exposure to school & prepare the school for a comfort return

Facilitate a gradual exposure to school and prepare the school for the child's return.

- Structuring an hierarchical exposure program with the child (like in traditional anxiety focused CBT).
- Arranging social support in school.
- Establishing a safe place for the child in school
- nominate a teacher to be the child 'in school supporter'.

Stage 4: Utilization of other NVR tools



- Creating a support network outside school (family, friends of the parents, neighbors, parents of children in class etc)
- Sit-ins
- Reconciliation acts
- Documentation of every minor achievement and successes and celebration of it.

what about child psychotherapy?

- Studies show that CBT for anxiety and depression is effective in addressing SR but **limited to cases in which the child is willing to cooperate with treatment.**
- An Australian **study comparing CBT with Parental Training found** that though both groups showed a significant symptom reduction, children from **the PT group reported higher school attendance and experienced fewer symptoms of anxiety and depression** at the end of treatment.