

Created by Ellington Youth Services



# Ellington schools preventing SCHOOL REFUSAL

WHEN A CHILD REFUSES TO GO TO SCHOOL ON A REGULAR BASIS OR HAS PROBLEMS STAYING IN SCHOOL

## SCHOOL REFUSAL ISN'T A STAND-ALONE PROBLEM.

Left untreated, the underlying mental health problems will worsen and begin to affect other areas of functioning outside of school. Ability to attend social events, hold a job, obtain a driver's license, make and maintain friendships, and attend college become more and more difficult for the child.

#### THIS CONDITION AFFECTS 2% TO 5% OF ALL SCHOOL-AGE CHILDREN

School refusal is not a Diagnostic and Statistical Manual of Mental Disorders (DSM–5) diagnosis.

#### SCHOOL ATTENDANCE RULES MAY RESULT IN LOSS OF CREDITS

By the time a child reaches high school, after only 8 absences for a half-year course and 18 for a full-year course, the child's ability to graduate on-time is affected.

# WHEN CHILDREN ARE FEELING "SICK"

#### SOMATIC COMPLAINTS

WHEN A CHILD EXPRESSES PHYSICAL COMPLAINTS THAT HAVE NO MEDICAL BASIS

- Reoccurring physical complaints of headaches, stomachaches, feeling dizzy or feeling exhausted
- Regular trips to the school nurse for no real medical reason
- Illnesses on test days or days when students need to present oral reports
- Frequent requests to call home/frequent texts to parents asking to be picked up
- Difficulty getting out of bed in the morning

### FREQUENT PHYSICAL COMPLAINTS

CONSULT THE FAMILY DOCTOR TO DETERMINE IF THERE ARE ANY UNDERLYING MEDICAL CONDITIONS

As anxiety and depression can manifest themselves in the body physically, it is typical for children to make physical complaints such as headaches & stomachaches Once a medical condition is ruled out by a hedical professional, the mental illness can be better understood and treated more

AN OVERWHELMING SITUATION CAN BE OVERCOME... ONE STEP AT A TIME

More resources: https://youth.ellington-ct.gov



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# Schools preventing



## **SEPARATION ANXIETY**

This anxiety disorder is common among younger children and includes excessive anxiety concerning separation from parents and an overwhelming fear of harm befalling parents of loved ones when separated.

> Includes performance anxiety

## **GENERALIZED ANXIETY**

Children with this disorder experience excessive anxiety and worry about a number of events or activities, and this anxiety causes distress in social, school, or other areas of functioning.



### TREATMENT

Although school refusal happens suddenly, many children refuse to attend school while attempting to avoid feelings of anxiety and/or depression that have developed over a period of time and is sometimes related to the following mental health conditions:

> can resurface during the transition to middle school & high school

## **SOCIAL ANXIETY**

Students with social anxiety tend to be preoccupied with being scrutinized by others, worry about how they are being judged, and experience significant anticipatory anxiety around public speaking.

#### Anxiety Talk Series

Youth Services discussed the meaning of anxiety, broke down anxiety as a system, shared their favorite practices, and recorded it all to be published, watched, listened to & used.

Find series & resources on website through code



## DEPRESSION

Adolescent depression includes a wide range of symptoms and can include depressed mood, irritability, refusal to participate in normal activities, sleep disturbance, changes in eating habits, social isolation, and suicidal thoughts or plans.

#### MORE RESOURCES: HTTPS://YOUTH.ELLINGTON-CT.GOV/







Ellington schools preventing SCHOOL REFUSAL Transitioning back to

school guide:



Sign child up for social activities well before returning to school.

See Youth Services programs.



Be the key to security: encourage child to go off alone & allow them to come back.



Eat 1 mea together.

Back to the basics (get enough sleep & exercise!).

Make a list of goals.

# TAKE GOOD CARE OF YOURSELF! You cannot give your best if you're not your best self.

Ellington Youth Services' version of the principles of psychological first aid includes a conversation about this issue for parents & caregivers. Watch the video by scanning here.



Start talking about going back to school *now.* Give you & your child time to share and listen to potential fears and concerns.



Respect privacy.



Be available to talk when your child is ready. Take the pressure off of forced conversations.

getting up in the morning with enough time to wash, eat, dress, etc. before logging on.

Follow a routine! Virtual learners should still be

One step at a time thinking can help.







LISTEN!

ORE RESOURCES: HTTPS://YOUTH.ELLINGTON-CT.GOV/







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# What can parents do?



Listen to your child's complaints genuinely. Being "heard" is so important to them.



Obtain a comprehensive evaluation for any underlying mental health conditions.

A mental health professional can guide you through the process of treating your child while getting them back to school.



Make the home environment as unstimulating and unrewarding as possible so that school is the better option. This does not mean make the home environment "unhealthy."

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COMMUNICATE! This is key in understanding if there are specific reasons for why your child is avoiding school.

During the school day, parents can free the home of reinforcing items (iphones, video games, television, etc.).



Work with your child's school on a reentry plan ASAP. The longer a child stays out of school, the harder it will be for them to return.

For some students, breaking tasks down to "one step at a time" makes it easier. For others, falling behind in school results in falling out of a healthy routine

If the child threatens to run away if they are required to go to school, immediately call

Mobile Crisis (211). A trained, licensed clinician will be dispatched to your home to assess your child's safety and help you to put a plan in place.



If the child threatens to harm themselves if required to go to school, immediately call Mobile Crisis (211) or 911 to ensure your child's safety.

This must happen EVERY TIME your child makes a threat to harm themselves for it to be an effective intervention.



<u>MORE RESOURCES: HTTPS://YOUTH.ELLINGTON-CT.GOV/</u>

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<b>TREATMENT OPTIONS</b>	
<b>BREAKING DOWN THE DIFFERENT TERMS</b>	
<u>Inpatient treatment</u> The most intensive level o treatment, offering 24-hour care in a secure unit of a treatment facility or hospital. This treatment option is best for those with severe menta health issues, who need constan monitoring for the sake of their own safety & well-being.	mental illness and substance abuse. The patient continues to reside at home, but commutes to a treatment center up to
<u>Psychiatry</u> The branch of medicine that focuse on the prevention, diagnosis, treatment of mental, behavioral, an emotional disorders. A <u>psychiatrist</u> i a medical doctor who specializes i the mental health field. Psychiatrist get medical training that lets ther prescribe medications & perform procedures.	& diagnosing and treating diseases of d the brain, emotional disturbance, s and behavior problems. n Psychologists can only use talk s therapy as treatment; you must see a
<u>In-Home Therapy</u> A structured, strength-base therapeutic relationship between Master's level clinician, Therapeutic Training & Suppor person and a youth up to age 21 a their family. To support the family is promoting treatment gains. Ma meet few times a week in home available for crisis calls. Some ar called MST, MDFT, IICAPS.	a with a therapist in an office setting. a You can see social worker, t professional counselor or MFT (Marriage & Family Therapist). There are different types of therapies that would be match of what you are dealing with in your life. Sometimes
<u>Mobile Crisis</u> In the state of CT, call 211 for mobile crisis professionals. They will do assessment over the phone and if needed come to house to help you & your family through the crisis and get the proper help needed.	treating diseases of the nervous system. It includes the brain and spinal cord. Illnesses, disorders, and injuries that involve the

## MORE RESOURCES: HTTPS://YOUTH.ELLINGTON-CT.GOV/



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# **OUR words of advice**

Don't ask your child if they think they can go to school.

• Asking your child if they want to go sends the message that it's the child's choice.

• Give them a firm statement about attending school.

• "It's time to go to school. If you need to talk to your counselor during the day, that's ok."

# Don't give up!

• Getting to school late is better than not going at all. Try every hour to get your child to attend.

• Prevent the reinforcement of negative behaviors (i.e. tantrums) by sending the message that they are home "free" if they successfully avoid going to school first thing in the morning.

## Be available!

• Teens appear to reject the values of the adults around them & seem not to want their time and attention BUT they need your support.

 Be open to new self-care and self help ideas so your child is too.

• Help your child establish a support system.

# Consequence negative behavior every single time.

• Allowing your child to manipulate the home environment empowers them.

• The child should know exactly what consequences are before behavioral problems occur.

• Consequences should be delivered ASAP.

Don't let your child's underlying mental illness go untreated.

• Upon the first signs of school refusal contact support (school, doctor, community mental health provider).

• Treatment is available for all mental health conditions.

# Let your child know that their mental health is the top priority.

Left untreated, an inability to function in one area will spread to other areas.

• If your child is not {mentally} well enough to go to school, then they should be receiving {therapeutic} support.

If your child is refusing to attend school, but is allowed to see friends out of school, works, drives, participates in extracurricular activities, etc., they are not getting the help they need &