

School Avoidance:

How to Effectively Intervene with Students and Parents



NEWPORT HEALTHCARE

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**NEWPORT
ACADEMY**

FOR TEENS



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FOR YOUNG ADULTS

School Refusal/ School Avoidance

- **School refusal is both a complex problem and a puzzle that can be solved**
- A challenge for schools is that parents/guardians need to be partners in the solution
- Behavior is information, the foundational skill to addressing school refusal is curiosity, seeking an answer to the question, “Why does this behavior make sense to the student? How does it “help” the student? How is it being reinforced by the home environment and by the school in the past and presently?”

Reasons for School Refusal:

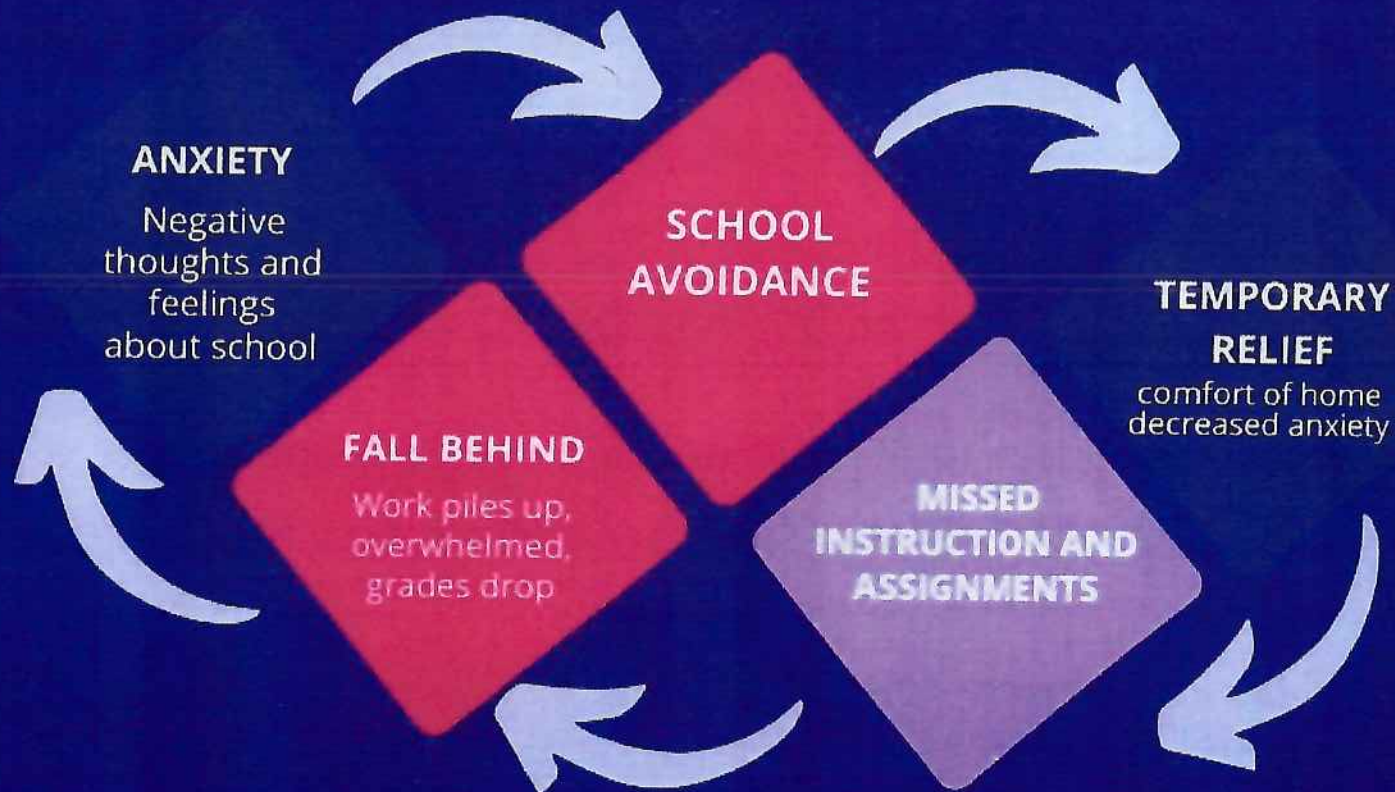
Avoidance: Students refuse school to avoid feeling anxiety or other unpleasant emotions that they experience while at school.

Escape: Students refuse school to escape from unpleasant situations, such as taking a test or being bullied by classmates.

Attention: Students refuse school to gain the attention of parents or other significant people in their lives.

External reinforcement: Students refuse school to participate in more appealing activities at home, such as playing video games (Kearny & Shelton, 2017)

SCHOOL AVOIDANCE CYCLE



What disorders are correlated to School Avoidance?



Anxiety disorders are most common,
Generalized Anxiety Disorder (GAD)
Obsessive Compulsive Disorder (OCD)
and Panic Disorder

Depression is the next common
underlying diagnosis and Post
Traumatic Stress Disorder is also
observed in some students

A Subset of Children with School Avoidance Have experienced Bullying and Even Violence



- These experiences may not be fully known by school staff or caregivers, students are often afraid that school intervention will make their experiences worse
- Bullying may be in person or online and is almost always a combination of both

Limits are an essential part of treatment from the assessment and throughout therapy

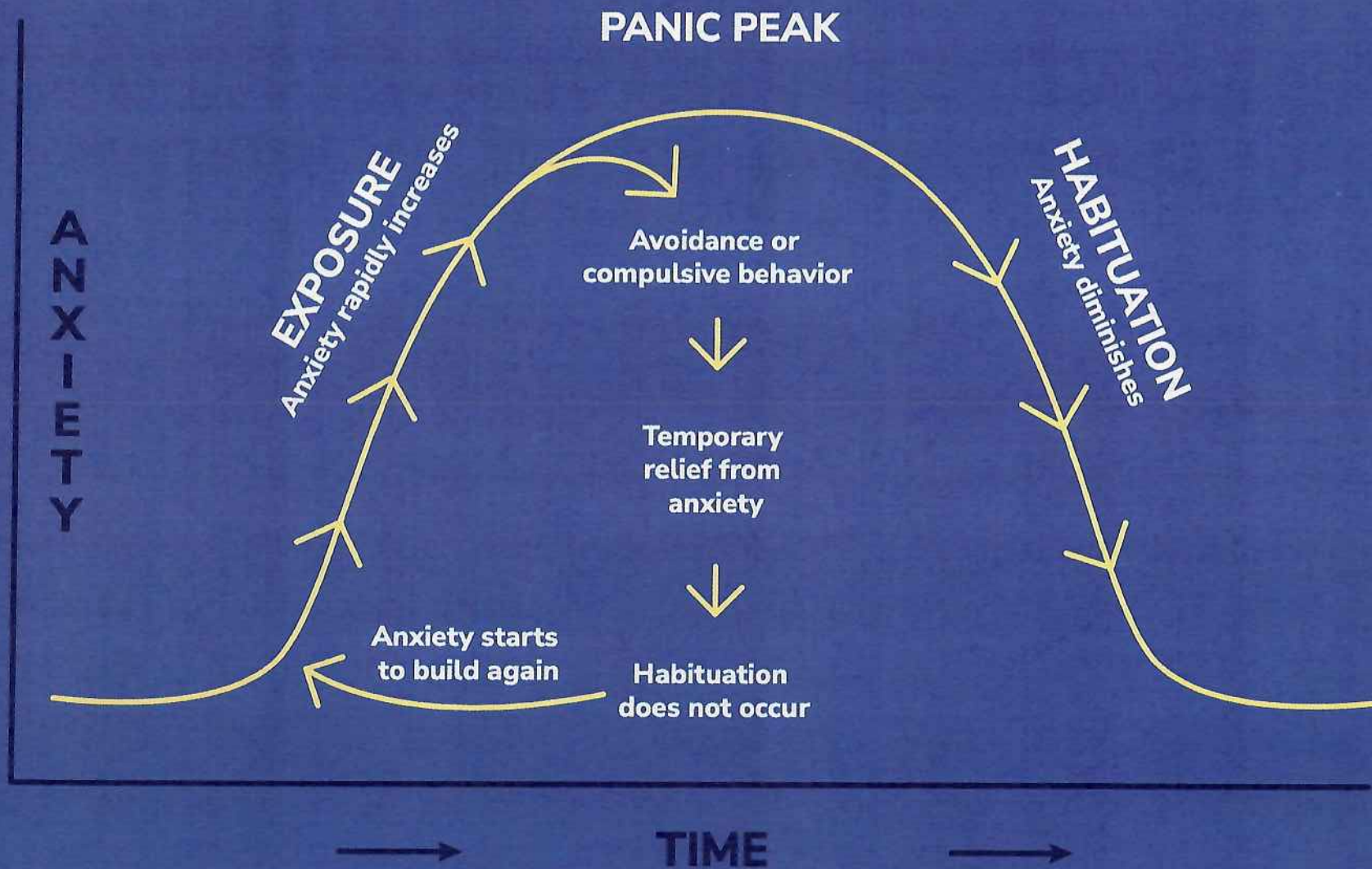
- Teens respond to humor, boundaries, direction when we offer them with **loving authority**
- Many clinicians/school staff make the mistake of trying to bond with the teen through losing their 'authoritative' stance. Teens in distress need and want our active presence guiding them
- They will listen to use if they know we care
- They want limits and boundaries! Students rise up to expectations when they are clearly defined, broken into small manageable tasks and when we give them lots of support

There are key components to a successful re-entry plan

- Assemble a team of stake holders at school
- Assessment of the students' pattern of school avoidance
- Establishing family engagement
- Establishing or engaging outside mental health care team members
- Enacting an exposure therapy plan in writing, sharing with student and parents/guardians
- Trouble shooting and updating this plan
- Giving regular and meaningful reinforcement for student participation in small steps toward the goal of full re-entry

Exposure Therapy is The Gold Standard for Overcoming School Avoidance

- It is a part of Cognitive Behavioral Therapy (CBT) that is highly effective in breaking patterns of anxiety and avoidance due to anxiety
- A counselor must be trained in Exposure therapy, but it is relatively easy to understand.
- We start by interviewing the student with questions very specific to what parts of the entire experience of attending school bring on anxiety and then ranking them from “least anxiety provoking” to “Most Anxiety provoking”



Students and parents need to be patiently taught about exposure therapy including that it is the only way to really conquer severe anxiety about school

- We use positive statements like, “ I wish there was a way to have you return to your education without feeling some temporary discomfort and anxiety about it. Unfortunately, the only way for you to feel in control again is to push through some of your fears with lots of support and help. I guarantee you will feel so much better, even proud of yourself as you face small steps to getting back.”
- “We have helped many students, even kids way more behind in school than you to get back and be successful. Some are even in college or jobs they love now. It is possible.”
- There is a great deal of direct coaching involved

In my Humble Opinion We Often error on the side of too much validation of emotions and not enough emphasis on changing behavior

- Students will need to be nudged, encouraged, cajoled and pushed to push through discomfort to change behaviors
- We can confidently tell them they will feel less anxiety as they push past their cognitive distortions and avoidant behaviors
- We can also predict to them that they WILL feel better when they conquer their avoidance patterns

Clinical “scripts” that can be effective with students

- “Let’s think about future Liz, you in the future. As hard as this is right now for you to take steps back into your education, one step at a time will get you there. Your future self will be very glad you kept going. So let’s work on the plan”
- “I understand you have had panic attacks in school. We are working to break this pattern and part of that plan is trying to face your fears in small steps. First we will have you talk to your school counselor over Zoom and make a plan for a short visit to the school”
- “It’s important that you understand that it is a legal requirement that you be educated and right now, because you have not yet been willing to work on a plan to return to school we will have to file a truancy petition with juvenile court. We don’t want to do this but we are legally obligated to. Will you reconsider working on this plan?”

Entrenched School Refusal

https://www.youtube.com/watch?v=J4x4NW1S_po

www.spacetreatment.net

SPACE --Dr. Eli Lebowitz

Most school refusal is not willful defiance but driven by anxiety, depression, or genuine distress. Understanding the root cause should guide responses and foster empathy rather than blame.

Parents must first set an “expectation level”: a realistic, measurable step toward attendance for the coming week that is a meaningful advancement from the child’s current functioning but not an overwhelming leap. Examples range from being out of bed and dressed by a set hour, to driving to the school and sitting in the parking lot, to entering the building, or full-day attendance. The expectation is then the week’s measurement of progress.

Point 1: Stop excessive nagging. Limit conversations about attendance to once per day at most. Repeated nagging signals parental helplessness and increases family tension without helping attendance.

Point 2: During school hours, remove access to activities and comforts the child would not have at school. This includes video games, TVs (including family TV time), personal electronics, special snacks, and extended parental attention or play. The aim is to make staying home less reinforcing; boredom can become an ally in encouraging movement toward school.

Point 3: Communicate the weekly expectation clearly (ideally in writing) and enforce a consistent consequence: if the child fails to meet the expectation on a given day, remove access to all electronics for 24 hours. Restore access only after the child meets the expectation. The rule excludes supervised, school-related computer work. Implementing full-device removal requires planning but is essential.

Point 4: Ask school staff to reach out frequently to the child, express that they want the child back, and send missed assignments and class information. Even if the child ignores contact, school outreach preserves the child’s identity as a student and signals that school remains part of their life.

Point 5: Mobilize family and friends to send supportive messages that affirm the child, acknowledge difficulty, and reinforce the importance of attendance. Frequent outreach from multiple trusted adults communicates the seriousness of absenteeism and demonstrates communal support, without direct nagging from parents.

Point 6: (This will require school support) When the expectation includes physically going to school (even if not attending class), enlist a plan for at least one friend to meet the student in the morning. Peer presence at departure is one of the most effective components for overcoming entrenched avoidance.

All six steps should be implemented together for best effect; isolated measures are unlikely to produce substantial change. The plan works even if the child refuses therapy, though therapy should be pursued when possible. The approach demands parental persistence, practical planning, and community support; it is difficult but can restore attendance and open future opportunities for the child. The video closes by directing viewers to additional resources (spacetreatment.net) and inviting feedback from parents who try the plan.

Self Care for Parents

is essential when supporting a school-avoidant teen, as the chronic stress, daily morning crises, and emotional exhaustion can quickly lead to caregiver burnout.

Why Parental Self-Care Matters

- **Emotional regulation:** Parents who struggle to regulate their own stress or panic often inadvertently escalate their teen's anxiety during morning battles.
- **Breaking the rescue cycle:** Caregivers can fall into patterns of excessive reassurance or "taking over" tasks, which lowers short-term family stress but prevents long-term coping.
- **Sustaining resilience:** Supporting a teen through mental health challenges or neurodivergent-related school refusal is a marathon, not a sprint; pacing your own nervous system is required to stay steady.

Practical Self-Care Strategies for Parents

- **Drop the guilt and shame:** School avoidance is a symptom of emotional distress or an underlying condition (like anxiety or depression), not a failure of your parenting
- **Step back during non-crisis hours:** When your teen is home on a non-attendance day, enforce a low-stimulation, quiet environment rather than turning it into a high-stress confrontation or a fun "day off". Use that quiet time to step away, breathe, or reset.
- **Seek your own mental health support:** Working with a therapist or counselor can help you process your own grief, anger, and helplessness while learning how to hold compassionate boundaries.
- **Build a neutral support network:** Talk to friends or a partner, or a therapist who understands adolescent mental health so you do not carry the burden in isolation. Consider specialized resources like [School Avoidance Alliance](#) or parent coaching programs like [Child Mind Institute](#) or SPACE, <https://www.spacetreatment.net/>, or Newport Healthcare.
- **Charlie Health**—Virtual Intensive Outpatient Program for ages 8-64. Accepts most major Private Insurances in NY, as well as 5 Medicaid Managed plans. Contact the admissions team at (986) 206-0414.
- **Local support:** TurningPoint Specialized Services, LLC, 91 Old Riverhead Rd, Westhampton Beach, NY 11978 631-998-4644 <https://turningpoint4u.org/>. **Cara Sultan** is the social worker there who has completed the SPACE training.