

Helping Students and Parents with Anxiety and School Avoidance: Guidelines for Educational Teams *

Dr. Matthew A. Carlson, Psychologist
Parkland School District

Dr. Monica Ouly, Assistant Principal
Parkland School District

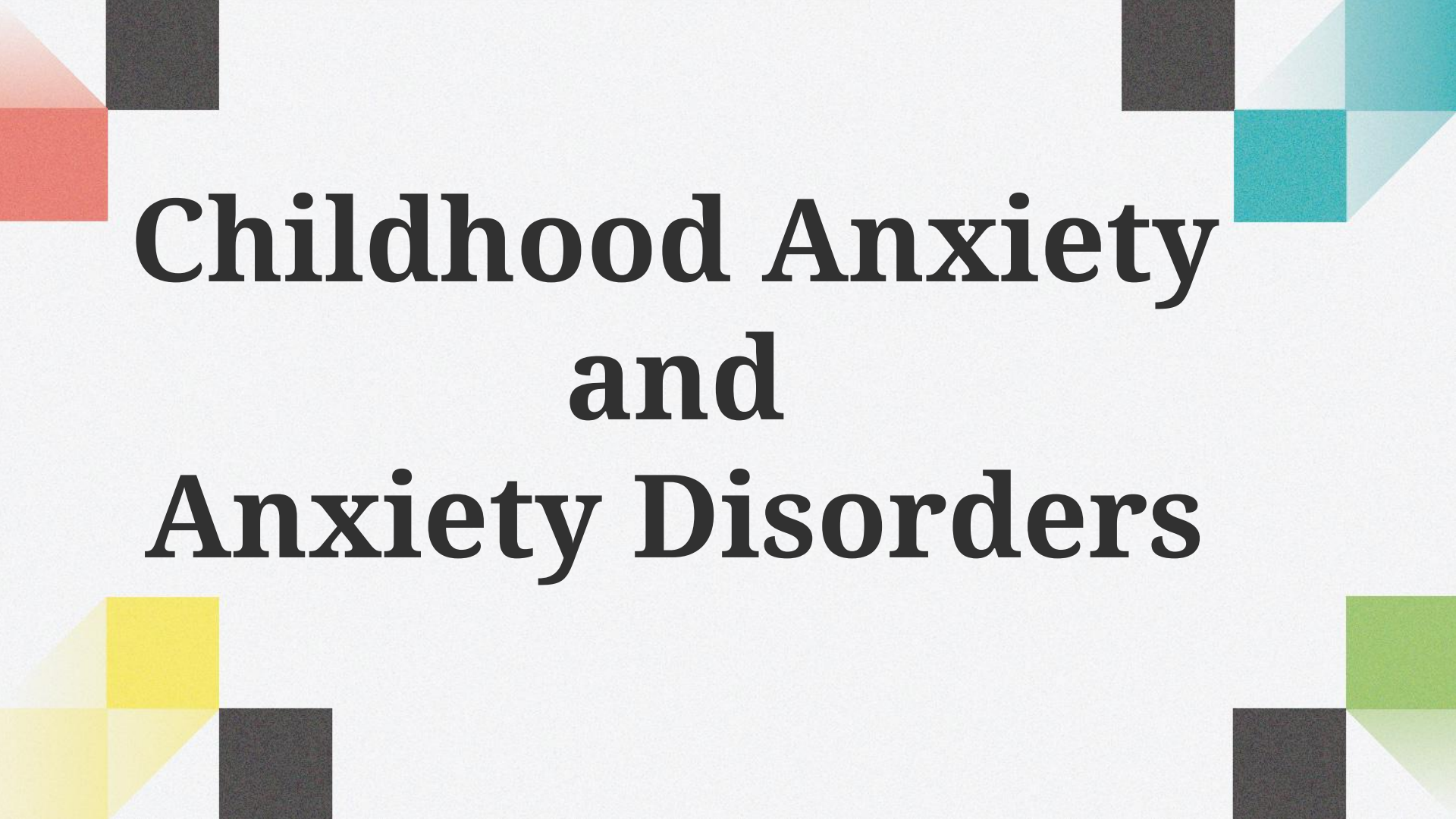
**Want a Copy of this Google Slide
Presentation? ***

**Type this
shortened link:
t.ly/tosF**



The image features a white background with decorative geometric shapes in the corners. The top-left corner contains a cluster of squares in shades of red, orange, and black. The bottom-right corner contains a cluster of squares in shades of green, teal, and black. The word "Attendance" is written in a large, bold, black sans-serif font, followed by an asterisk (*).

Attendance *



Childhood Anxiety and Anxiety Disorders

Case Vignette: Noah Anderson

After the December holiday break, Noah started to show signs of anxiety in the form of somatic symptoms such as stomachaches and headaches. He felt trapped at school and that he wanted to get out. He frequently visited the nurse. Noah believed that being in the classroom caused his somatic symptoms. When visiting the school nurse, he would become agitated, cry, refuse to leave the nurse's office, and insist that the nurse call his mother to pick him up. He started to frequently miss school due to anxiety. His mother informed the school team that he is seeing a therapist and psychiatrist.

What could Noah's parents and the educational team do that might help him with his anxiety disorder? ([Carlson et. al, 2020](#))

Childhood Anxiety & Anxiety Disorders

- Most frequent mental health disorders at any stage of life
- Lifetime prevalence among adolescents may be as high as 30%
- Tend to be chronic conditions without treatment
- Psychotherapy is the first line treatment for anxiety disorders
- Anxiety is the most treatable mental health problem in childhood and adolescence

Anxiety

- System that makes us aware of possible threats or dangers to keeps us safe.
- Normal, healthy, and adaptive system.
- Fight-or-Flight-or-Freeze Response.

Anxiety Disorders

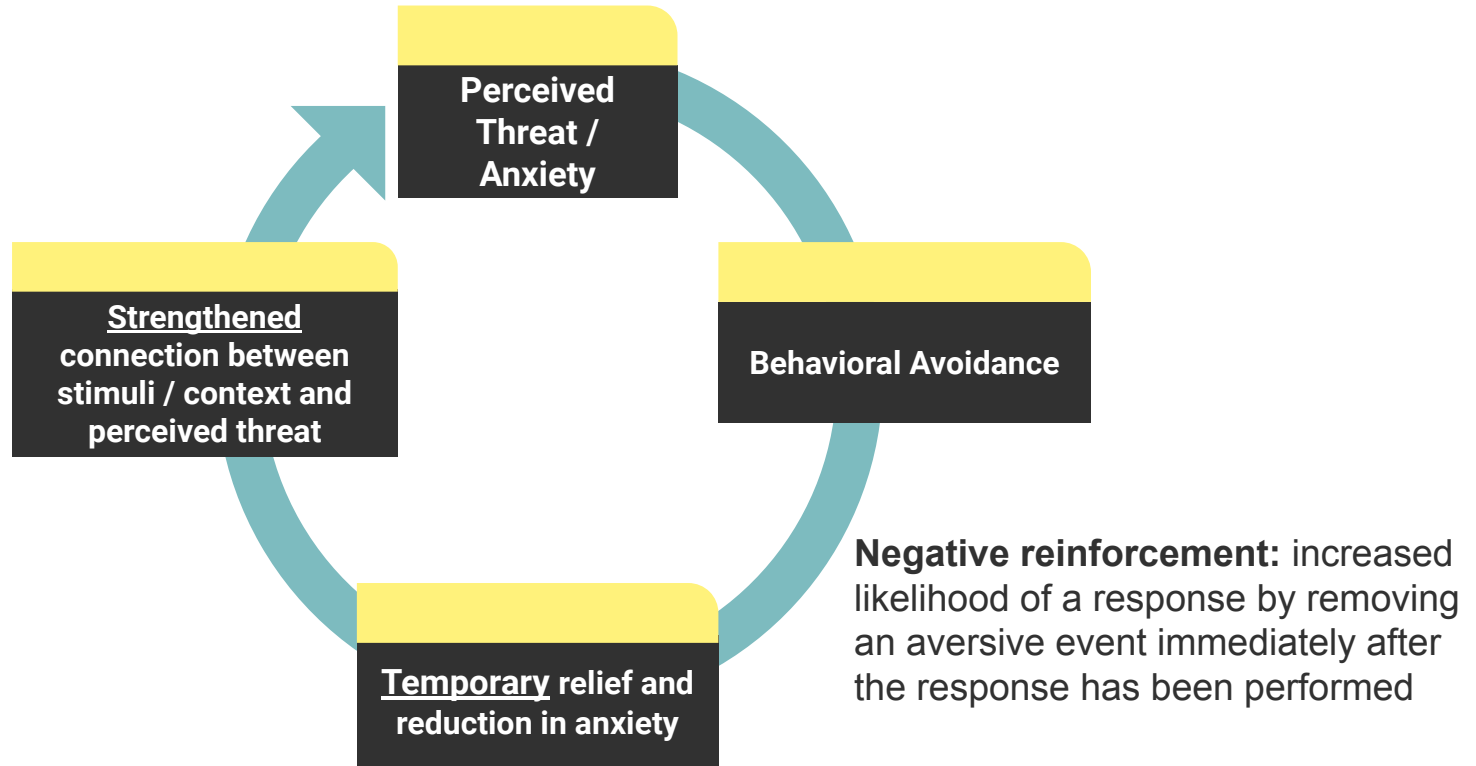
- Misperception certain stimuli or contexts as being a threat
- Avoidance of stimuli or contexts that evoke anxiety
- Cognitive, affective, physiological, and behavioral symptoms
- Impairment in functioning in school, home, and/or community

Types of Anxiety Disorders

- Separation Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Generalized Anxiety Disorder



Cycle of Anxiety and Behavioral Avoidance



Family Systems, Anxiety, and Family Accommodation

- **Family Systems:** All behavior is communication. Interactions in the family maintain patterns of behavior—circular not linear and causal.
- **Anxiety:** is an interpersonal system. Support and protection are important parts of parenting
- **Family Accommodation:** Things family members do (or do not do) that assists the child in behavioral avoidance (e.g., sleeping in the parents' bed, speaking for the child in public, offering frequent reassurance, helping the child avoid social situations, and permitting the child to avoid school)

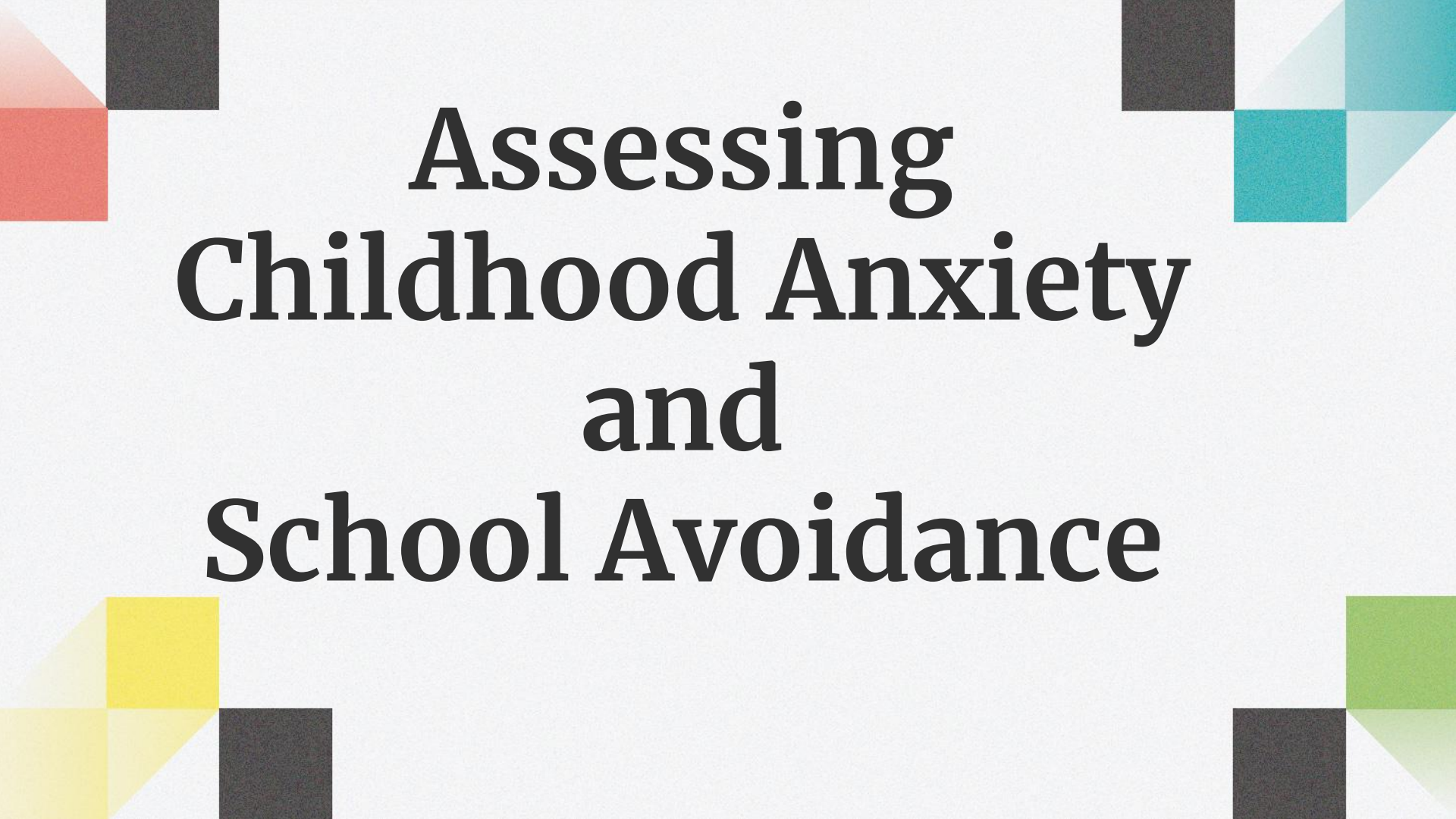


Parenting Approaches to Childhood Anxiety *



- **Protective** = high acceptance of child's experience + low confidence in child's abilities to do developmentally typical tasks
 - ◆ Beliefs: "It's too much for him to deal with." "All this anxiety will traumatize him."
- **Demanding** = low acceptance of child's experience + high confidence in child's abilities to do developmentally typical tasks
 - ◆ Beliefs: "If we baby him, he'll never get over it." "It's no big deal, he just needs to do it."
- **Supportive** = high acceptance of child's experience + high confidence that child can do developmentally typical tasks
 - ◆ Beliefs: "I know that this is challenging for him, but I know that he can do it." "It's okay to feel anxious sometimes."



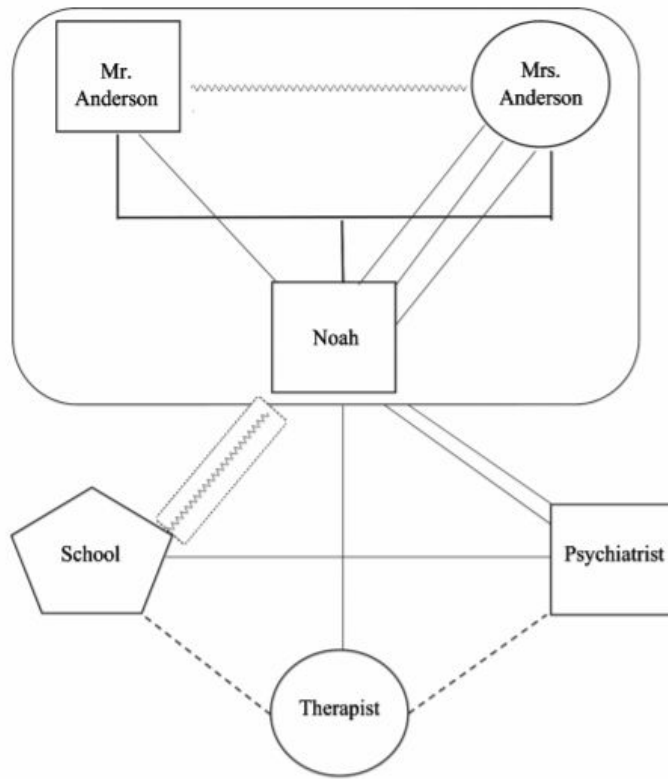


Assessing Childhood Anxiety and School Avoidance

Team Approach *

- Parent
- Student
- Administrator
- School-based mental health professional(s) (e.g. school counselor, psychological, social worker)
- School nurse
- Teacher
- Community-based professionals (therapist, psychiatrist, truancy services, Children and Youth)





Key

Cordial Relationship —————

Hostile Relationship ~~~~~

Strong Relationship = = = = =

Distant Relationship - - - - -

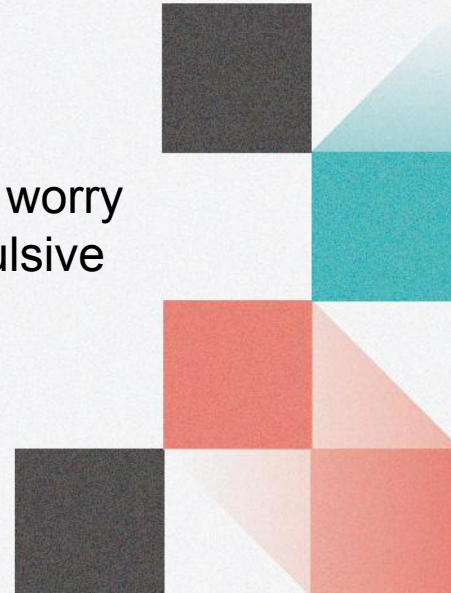
Enmeshed Relationship
 = = = = =
 = = = = =
 = = = = =

Assessing Childhood Anxiety and School Avoidance

- Is the child in **therapy** or receiving **psychiatric services**? If yes, request consent to consult.
- Does the student have **other mental health** difficulties or disabilities (e.g., SLD, depression, trauma)?
- What are the parents' **goals**? What are the student's goals?

Assessing Childhood Anxiety and School Avoidance

- What are the student's **anxiety symptoms** (e.g., worrying, feeling nervous, stomach, headache, panic episodes, tension, difficulty sleeping, irritability)? Think in terms of thoughts, feelings, behaviors, and physiological responses.
- What **things or situations** make the anxiety worse (e.g., separation, social interaction or performance, certain places, worry about bad events happening, not being able complete compulsive behavior)?
- How does anxiety affect student's **functioning** at home, community, with peers, and school?



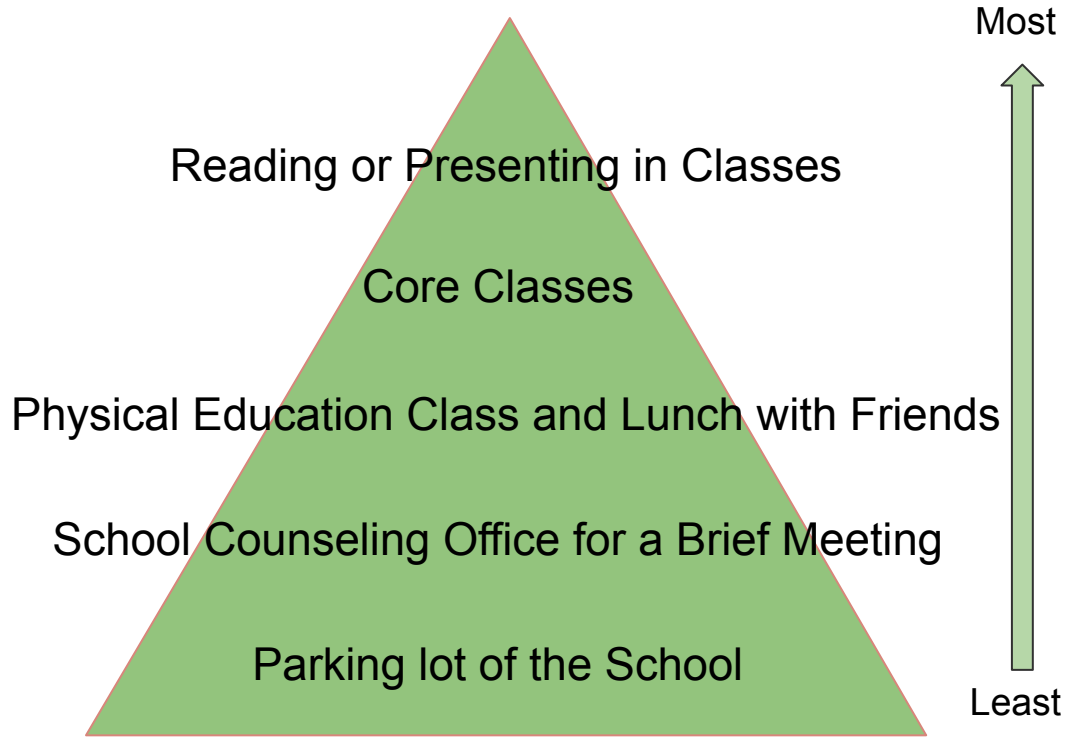
Assessing Childhood Anxiety and School Avoidance

- How does the child attempt to **avoid** situations (e.g., school)?
- How do the parents **accommodate** the child's attempts to avoid anxiety evoking situations?
- How has the child gotten to school on certain days (i.e., **exceptions to the problem**)?
- What are the student's **strengths and interests**?
- Are there **other problems** besides anxiety that contribute to school avoidance (e.g., peers issues, academic issues, home difficulties, physical health issues)?

Exposure Hierarchy

Use a **scale** to rank order anxiety-provoking things from least to most.

Exposure is the most “active ingredient” in treating childhood anxiety





Educator-Family Relationship, Plan, and Interventions



**“If all you have is a hammer,
everything looks like a nail.”**
Abraham Maslow



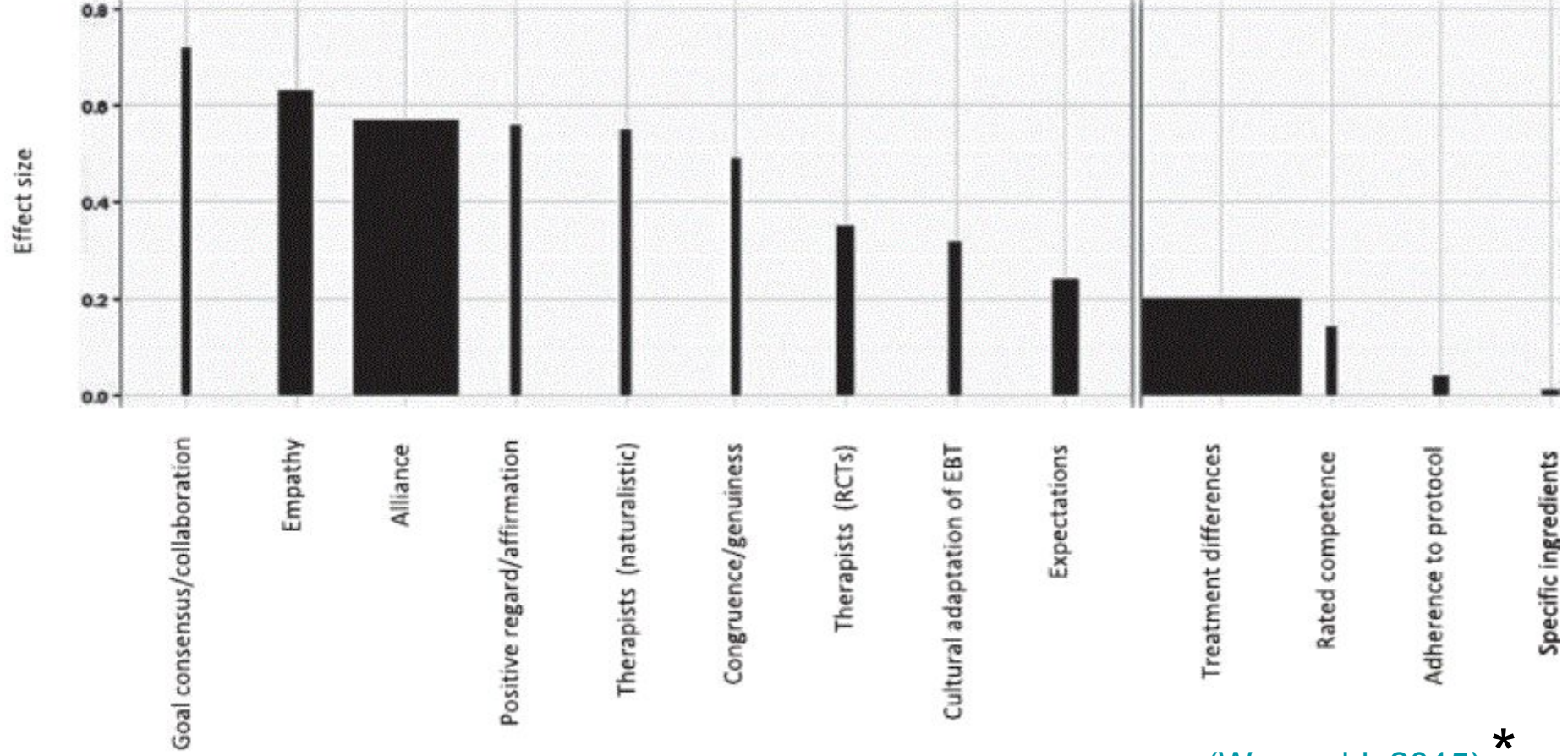


Team Approach *

- Parent
- Student
- Administrator
- School-based mental health professional(s) (e.g. school counselor, psychological, social worker)
- School nurse
- Teacher
- Community-based professionals (therapist, psychiatrist, truancy services, Children and Youth)

Contextual model factors

Specific factors



(Wampold, 2015) *

Educator–Family Relationship *

- Collaborative relationship: co-create goals, co-develop a plan, and ask for student and parent feedback
- Empathy-- “To sense the client’s private world as if it were your own, without ever losing the ‘as if’ quality” (Rogers, 1961).
- Respect and positive regard for family
- Mindful of the family’s values and beliefs regarding mental illness
- Congruence/genuineness
- Hope and expectations
- Strengths and progress ([Carlson, 2017](#))

Working with Family: Psychoeducation

- Provide the family with information about anxiety, avoidance, family accommodation, and exposure-based strategies.
- Parent Article [What Parents Can Do When Their Child Is Anxious](#)
- Parent Book [Breaking Free of Child Anxiety and OCD](#)

Working with Family: Reframing

- Reframe **avoidance and family accommodation** as maintaining the problem
- Reframe **exposure-based strategies** and **reducing family accommodation** as the healing process and learning process
- **Metaphors:** healthy food, medicine/shots, physical therapy, exercise, dentist, etc...
- Pick a metaphor that is congruent with **family's values and beliefs**

Working with Parents: Teaching a Supportive Approach *



[Lebowitz, 2021](#)

Working with Parents: Co-Create Goals, Plan, and Interventions



Goals = gradual increase in exposure and decrease in family accommodation

Plan and interventions

- Who will do what (or not do what)?
- When?
- How or how much?
- What will be done instead?

Plan must be presented to the student in a **clear and concise** manner

Allow student input and choice when reasonable, but goals and plan ultimately decided by parents and educational team

Noah's Plan and Interventions

- Parents will explain plan to Noah that they will not allow him to stay home due to anxiety
- Parents will drop off and pick up at beginning and end of day
- Counselor will give Noah permanent pass to counselor's office for brief check-ins before returning to class
- Counselor will give Noah break card that he can use three times a day to temporarily leave the classroom, included time-limited visits to nurse
- Counselor will give Noah a behavioral point sheet (earns points and reinforcement for not exceed breaks and completing work in class)
- Parents and team will provide reinforcement when behavioral points are earned
- Teacher will provide him with a seat next to the door

Noah's Plan and Interventions Continued

- Counselor or nurse will allow Noah a parent phone call (with plan to fade this intervention)
- Parents will involve family members or family friends in situations whereby Noah is refusing to follow directions at home related to the plan
- On days that Noah refuses to go to school, parents will remove all reinforcers during school hours
- Staff will contact Noah and parents when he is absent due to anxiety
- Parents will continue to have Noah involved in mental health services
- Team will consult with Noah's mental health professionals
- If absences continue, the team will make a referral to truancy services, Children and Youth, and/or magistrate



Working with Parents: Responding to Child's Problem Behavior

Remember: Fight-or-Flight Response
Aggression at home:

- Maintain physical safety
- Be consistent with the plan. Discontinuing plan likely to lead to more aggression
- Express expectations, but don't argue with child (ping-pong metaphor)
- Disclosure instead of secrecy: Get support from friends, family, and in-home services (Lebowitz, 2013)

Working with Parents: Responding to Child's Problem Behavior



Remember: Fight-or-Flight Response

Self-harm comments and behavior:

- Take all self-harm comments and behavior seriously
- Have the child evaluated by a mental health professional
- Supervise child closely
- Be consistent with the plan. Discontinuing plan likely to lead to more self-harm comments and behavior.
- Disclosure instead of secrecy: Get support from friends, family, and in-home services (Lebowitz, 2013)

Consulting with Mental Health Professionals

- Consultation increases the likelihood that all the professionals use a **consistent approach**
- Describe **purpose** of consultation (i.e., to share information and ideas regarding the case and get feedback)
- Offer **case conceptualization** and confirm agreement
- Explain the **rationale for all strategies**, including exposure-based strategies
- Ask the professional for **feedback** and ideas

Working with the Student: Exploring Strategies

- **Cognitive Strategies:** Teaching connection of thoughts to emotion and behavior; challenging anxious thoughts; externalizing anxiety; noticing thoughts leave; guided imagery
- **Behavioral Strategies:** Gradual exposure--in vivo and imaginal
- **Physiological Strategies:** Relaxing breathing; mindfulness; progressive muscle relaxation
- **Emotion-Based Strategies:** Identifying emotions and connection to thoughts and behavior; using humor; anger toward externalized anxiety



Working with the Student: Noah's Strategies

- Struggled to identify problematic cognitions
- Used helpful belief card for a brief time (e.g., “I’ve gotten through the school day before. I can do it again.”)
- Made use of externalizing anxiety and focusing anger at externalized anxiety
- Explored times when successfully faced fears
- Liked progressive muscle relaxation
- Did not like mindfulness

**Want a Copy of this Google Slide
Presentation? ***

**Type this
shortened link:
t.ly/tosF**

SCAN ME

