



# School Avoidance in Teens

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## Help! I can't get my teen to go to school.

The good news and the bad news is that this is not an unusual problem. At least 5% of children refuse to attend school or remain in class an entire day and some studies show that some form of chronic absenteeism affects 28% of youth some time in their lives.

There is a range of such behaviors, as shown below:

- **Substantial distress** while attending school, with pleas to parents for future nonattendance
- **Severe misbehavior** in the morning in an attempt to miss school
- **Chronic tardiness** to school
- **Skipping certain classes** or periods of school during the school day
- **Lengthy absences** from school

The last of these is severe enough for professionals to use the phrase “school refusal.” But this is the extreme end of a series of behaviors that are best addressed at an earlier point—certainly once there is tardiness. Many children and adolescents with school refusal behavior show a wide range of constantly changing behaviors.

## Suppose my teen is just sick a lot?

Common symptoms of school refusal behavior include:

- anxiety,
- depression,
- withdrawal,
- fatigue,
- crying, and
- physical complaints such as stomachaches and headaches

More disruptive symptoms may include:

- tantrums,
- dawdling,
- noncompliance,
- arguing,
- refusal to move,
- running away from school or home, and
- aggression.

The first step is to take your teen to his or her physician. If no problem or only a minor problem is found, school refusal must be considered. If the physician has no experience with this problem, he or she needs to refer your teen to a medical center.

### **What problems does this cause for my teen?**

There are a number of problems caused by school refusal if it is not treated. These include:

- academic problems,
- social alienation,
- family conflict and stress,
- school dropout,
- delinquency, and
- occupational and marital problems in adulthood.

### **Why does this happen?**

Youths refuse to go to school for one or more of the following reasons:

1. to **avoid** school-related situations that cause substantial distress (for example bullying or a phobia),
2. to **escape** painful social and/or evaluative school-related situations (for example performance anxiety, social anxiety, or an undiagnosed learning disorder),
3. to gain **attention** from parents and others, and
4. to pursue **tangible rewards** outside of school (such as getting to sleep late, watching TV or playing video games).

One study found that a clinical diagnosis could be made in 67% of children with school refusal. Of those, 66% had an anxiety disorder (with separation anxiety being the most common), with no other diagnosis being higher than 8%.

### **What can be done?**

For a plan to be effective some or all of the following elements need to be included:

- teaching him or her to reduce anxiety by using such techniques as muscle relaxation and breathing exercises
- using “exposure-based practices” to gradually reintroduce the teen to school (the school will need to be cooperative by allowing the student to attend less than full time for a period of time)
- the establishment of morning (to get going) and evening rituals (to get enough sleep)
- establishing firm rules about what conditions are acceptable for missing school (for example, vomiting, fever, or bleeding) and
- escorting the child to school.

In addition, a plan that includes an anti-anxiety medication (for example Prozac or Zoloft) plus a form of therapy called cognitive behavioral therapy, plus the services of a social worker to work with the parent(s) and the school is generally needed to resolve this difficult problem.