

# childPSYCH News

A newsletter for professionals and parents

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APS Psychologists



Australian Tutoring Association



QUEENSLAND COLLEGE OF TEACHERS

Special points of interest:

- We have a NEW learning centre! Call us now for more information
- At *childpsych* only psychologists who are registered teachers and/or Educational Psychologists will write the report on learning difficulties
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

## When Children Refuse To Go To School

by Philip Gosschalk, Clinical & Educational Psychologist

This is the time of the year when going to school can be distressing for some children. Between 1 and 5 percent of school age children will refuse to attend school and some because of debilitating anxiety. This is called anxiety-based school refusal.

While "school refusal" is not a psychiatric diagnosis, many children who refuse school will meet the criteria for a formal psychiatric disorder. The most common being separation anxiety, fear of social situations (social phobia), a fear of something in the school such as the toilets (simple phobia), overwhelming anxiety-like attacks (panic disorder) and coping with a traumatic experience (post-traumatic stress disorder). Other psychiatric diagnoses which cause school refusal are depression and adjusting to a stressful life change (adjustment disorder). Younger children tend to school refuse because of anxiety whereas adolescent children tend to be suffering from depression.

### Common Symptoms

Younger children will complain of feeling sick, pains in their stomach etc, on the day of school or the night before. Older children may engage in truancy instead. As a psychologist who worked in schools, I have had to assist children who at the age of 12 were so distressed by attending school that they have cowered in the passenger's seat of the family car.

### Assessment

A careful evaluation is necessary by an experienced clinician



**Going to school can be distressing for some children**

who will need to look for what caused the anxiety to begin, what is keeping it going and what needs to be done so that once the anxiety is treated the problem should not re-surface again. It is also very important to evaluate the family environment. For example, some school refusing children will have developed separation anxiety when the mother is experiencing domestic violence. Being overly dependent on a parent and coming from a family where there is a lot of conflict has also been associated with school refusal. Such children either feel they cannot cope alone in the world or that they feel they must remain with their family because something terrible might happen. Any effective intervention plan must also support the family with any problems.

### Treatment

Treatment of anxiety-based school refusal is mainly divided into behavioural, cognitive-behavioural and pharmacological (medication) approaches. Pharmacological treatment is used when there is severe anxiety or depression and/or when the child has been school refusing for a while and has not responded to non-drug treatments. Cognitive-

behavioural and behavioural interventions have been used very successfully to treat anxiety-based school refusal. Both approaches are usually successful within 3 to 6 weeks and seem to prevent the problem from reoccurring for at least 5 years.

Cognitive-behavioural approaches use strategies such as positive self talk but are not very useful with young children. Behavioural approaches are simpler treatments and are done by either forcing the child to return to school or by gradually returning the child to school. Forced returns, where the child is dragged kicking and screaming and handed over to the teacher, is actually quite successful with children who have developed anxiety-based school refusal *suddenly*. However, for those children who have had anxiety about attending school for some time a gradual return is favoured. Forced returns seem to produce the quickest success (2.5 weeks on average) compared to gradual returns (4 weeks on average), though I personally would rather return the child to school gradually giving them a sense of control. It is also important for children to learn skills such as relaxation for managing their school refusal problems. Making parents co-therapists helps prevent reoccurrence of the problem.

### What Can Parents Do?

Parents can assist their child with returning to school by asking for professional help and reading one of the books recommended below. Parents can ensure that when children are dropped off at school, they are dropped off as soon as the bell goes. This en-

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## Learning Problems?

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### anxiety-based school refusal con't

sure that an anxious wait till school starts is minimised. It is also a good idea to practice saying goodbye appropriately with a quick hug, kiss and "see you this afternoon". It may also comfort the child to hear about the parents own fears as a child and how they overcame them. Finally, some younger children are comforted from having an item of their parents to bring to school, such as a brooch.

### Further Reading

#### For professionals

Gosschalk, P. (2004). Behavioral treatment of school refusal in a 5-year old girl with separation anxiety disorder. *Education & Treatment of Children*, 27, 2, 150-160.

Wanda, F. (2003). School refusal in children and adolescents. *American Family Physician*. 68, 8, 1555-1561.

#### For parents

Hall, Janet, "Confident Kids", Lothian, 1993.

Wever, Chris "The school wobbles", Shrink Rap Press.

## Sleep

Sleep is paramount for children. Poor sleep can lead to problems such as hallucinations, impaired cognitive performance and depressed mood. Good sleeping behaviours for school aged children refer to such things as:

- ✓ a set bed time,
- ✓ no caffeine drinks (such as Coke) after 4pm or four hours before bed,
- ✓ daily exercise,
- ✓ a good diet,
- ✓ and engaging in relaxing activities before bed time.

It is important to make decisions about children's bed time based on their developmental needs.

### Sleep Guide

1-4 Weeks Old: 15 ½ - 16 ½ hours per day  
1-4 Months Old: 14 ½ - 15 ½ hours per day  
4-12 Months Old: 14 - 15 hours per day  
1-3 Years Old: 12 - 14 hours per day  
3-6 Years Old: 10 ¾ - 12 hours per day  
7-12 Years Old: 10 - 11 hours per day  
12-18 Years Old: 8 ¼ - 9 ½ hours per day

## Test Anxiety

Test anxiety is a type of social anxiety where the student becomes anxious in evaluative situations. In general, the anxiety is only confined to test situations.

Test anxiety often effects working memory. Working memory is different from short term memory in that it refers to the ability to hold information and process it at the sometime (e.g. listening and writing). Problems with working memory are linked to reading comprehension difficulties, writing difficulties and other academic difficulties. Test anxiety also "blocks" student's ability to recall what they have been taught. Treatment of test anxiety is important in helping students reach their academic potential.

Anxiety generally contains three characteristics—physical reactions (e.g. racing heart), psychological (e.g. scary thoughts), and behavioural (e.g. avoiding going to the test itself). Research has suggested that focusing on changing how the student thinks about the test is more successful than trying to teach breathing techniques or just forcing them to do the test.



In addition, telling the student to "block it out" or "distract" themselves seems to be ineffective. Cognitive therapy has been shown to be effective by teaching students how to challenge their anxious thoughts. However, while cognitive therapy has been shown to decrease anxiety in test conditions, it seems to overload working memory. A therapy called Acceptance & Commitment Therapy (ACT), seems to help students to accept their feelings and disengage their minds (e.g. meditation). However, research also showed that study skills training also improved test anxiety as some of the students with test anxiety had poor study skills which worsens their anxiety.

As you can see, the psychologist needs to develop a treatment plan that includes a variety of approaches are needed to treat test anxiety.



childpsych is offering this evidence-based working memory training program.

The complete program includes:

- Initial interview
- Start-up session
- Five weeks of training with weekly Coach calls
- Wrap-up meeting
- Six month follow-up interview
- Access to the Cogmed Training Web
- Optional Cogmed Extension Training (12 months)

How long does it take?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

## Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- ✓ Assessment and diagnosis of autism
- ✓ Management of children with autism to age 18 years
- ✓ Behavioural interventions, social skills, transition to school, treatment of other conditions such as anxiety, depression
- ✓ Special education development classes and remedial teaching classes

[childpsych.net.au/autismclinic](http://childpsych.net.au/autismclinic)